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The impact of children’s literature and discussion on attitudes toward disability

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The Impact of Children’s Literature and Discussion on Attitudes Toward Disability

by

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Thesis

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ABSTRACT

This study examines the impact of reading children’s literature that contains a positive and realistic portrayal of a character with a learning disability on the attitudes of students without disabilities toward their peers with disabilities. Children completed the Attitude Toward Disabled Persons Scale (ADTP) before and after listening to a story and participating in guided discussion. The researcher conducted individual interviews with a smaller group of children based on changes in their attitudes on the surveys. Quantitative results indicate a statistically significant and large positive effect on attitudes towards persons with disabilities from participating in reading and discussion. Qualitative results indicate the students made significant gains in decreasing stereotyping of people with disabilities, with the largest attitude change in students who had connections with people with disabilities in their lives.
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Chapter 1: Introduction and Background

Introduction

Beginning at a young age, people without disabilities develop stereotypes towards people with disabilities, leading to lifelong prejudice and discrimination (Ho, 2004; Reid & Knight, 2006; Smart, 2001; Yuker, 1988). Changing these attitudes in children without disabilities, or at least opening their thoughts to change, is a complex process. The researcher designed this mixed-methods research project to evaluate the potential of literature to change the negative attitudes and stereotypes toward persons with disabilities. Can quality children’s fiction with positive portrayals of people with disabilities change the negative perceptions held by students without disabilities? Through surveys, observations, and interviews, this study seeks to examine the impact of children’s literature and discussion on attitudes toward disability.

Statement of the Problem

Negative images of disability surround people from birth in all aspects of society, from everyday life to media images. Children watch their peers with disabilities leave the regular classroom for instruction, feel disgust when adults in their lives move away from someone who is using a cane on the street, listen to neighbors grumble about a group home located nearby, read about Lenny killing a little girl in *Of Mice and Men* (Steinbeck, 1937), and watch Ben Stiller’s character in *Tropic Thunder* (Stiller, 2008) repeatedly be called “retard” onscreen.

It should not be surprising that children have extremely negative perceptions and low social acceptance of children with disabilities. Negative attitudes, discrimination, and social isolation begin in school, despite a long-standing romanticization of the natural kindness of
children toward people with disabilities (Quicke, 1985). Peers without disabilities are less likely to accept children with disabilities and more likely to bully them in the school environment (Guralnick, 2002; Kuhne & Weiner, 2000; Llewellyn, 1995; Maras & Brown, 2000; Siperstein, Parker, Bardon, & Widaman, 2007; Nowicki & Sandieson, 2002; Townsend, Wilton, & Vakilirad, 1993). Negative or rejecting attitudes toward people with disabilities form as early as kindergarten (Yuker, 1988), and kindergarten children without disabilities demonstrate rejection of classmates with disabilities without programs to support social integration (Favazza, Phillipsen, & Kumar, 2000).

Socialization and social acceptance from peers is a critical part of child development. Skills such as emotional control, communication skills, problem solving abilities, and conflict resolution are encouraged and developed through play, friendship, and connections with peers (Hartup, 1983; Hepler, 1995, 1997; Putallaz & Wasserman, 1989). Children identified as having low social status struggle to acquire social competence skills due to fewer opportunities for interaction (Ladd, 1983). Research has identified poor academic performance, depression, low self-esteem, substance abuse, and reduced future employment prospects with the long-term negative effects of social isolation and low social status in school (Boiven & Begin, 1989; Coie, Dodge, & Kupersmidt, 1990; Kline, Canter, & Robin, 1987; Parker & Asher, 1987; Seigel & Griffin, 1983).

Children with disabilities grow into adults who face these long-term effects of social rejection, and children without disabilities grow into adults who continue to reject people with disabilities. Adults with disabilities face social and employment discrimination, which generally restricts equal access to U.S. society (Antonak & Livneh, 2000; Smart, 2001; Smith, 1999a). There is a critical need to change the negative perception of children toward
their peers with disabilities, in order to improve the lives of children with disabilities and without disabilities now, and as they become adults.

Methods to improve the acceptance of students with disabilities have included inclusion of students with disabilities in general education (Fryxell & Kennedy, 1995; Kennedy, Shukla, & Fryxell, 1997; Maras & Brown, 2000) and diversity education (Andrews, 1998; Baer, Hammond, & Warren, 2004). Research has demonstrated success with these approaches (Bunch & Valeo, 2004; Rimmerman, Hozmi, & Duvdevany, 2000; Slininger, Sherrill, & Jankowski, 2000; Swaim & Morgan, 2001), as well as failure to significantly change stereotypes and decrease social exclusion of people with disabilities (French, 1992; Richardson, 1990; Salend & Garrick-Duhaney, 1999; Siperstein et al., 2007; Stanovich, Jordan, & Perot, 1998). While research has demonstrated that meaningful interaction with peers without disabilities can lead to greater social acceptance for children with disabilities (Bunch & Valeo, 2004; Rimmerman, Hozmi, & Duvdevany, 2000; Slininger, Sherrill, & Jankowski, 2000; Tripp, French, & Sherril, 1995), mixed results are apparent regarding attitudes and inclusion of students without disabilities toward their classmates with disabilities in the general education setting. In an analysis of the literature on inclusion and social status, Salend & Garrick-Duhaney (1999) concluded that students with disabilities in general education settings are “less often accepted and more often rejected by their classmates” (p. 116). Stanovich, Jordan, & Perot (1998) found that students without disabilities assigned lower social value to students with disabilities in a school following a full integration service delivery model. Roberts and Zubrick (1992) found that students more frequently rejected and less frequently accepted their peers with mild academic disabilities who were integrated in the classroom.
Having a student with a disability in the classroom does not automatically create a change in attitude in students without disabilities (Siperstein et al., 2007), potentially due to significant differences in implementation of the inclusion process (Salend & Garrick-Duhaney, 1999) and varying levels of acceptance for children with different disabilities (Evans, Salisbury, Palombaro, Berryman, & Hollowood, 1992; Harper, 1999). Contact between children with disabilities and their peers in an inclusive environment increases, but cursory and surface interactions characterize these relationships (Dore, Dion, Wagner, & Brunet, 2002).

Diversity education yields even poorer results in improving attitudes toward people with disabilities. Providing educational information about disabilities results in small improvements in attitudes (Swaim & Morgan, 2001). Disability simulations, where people potentially experience how it feels to have a disability through techniques such as using a wheelchair, can actually invoke a negative response from participants who are embarrassed or self-conscious (McGowan, 1999) and reinforce stereotypes and myths about disability (French, 1992; Richardson, 1990). With stereotypes at the core of negative attitudes toward disability (Yuker, 1988), awareness programs that focus on differences and simulations of impairments have the unintended side effect of increasing negative attitudes (French, 1992; Johnson & Johnson, 2000; Richardson, 1990; Swaim & Morgan, 2001).

**Purpose of the Study**

Experts debate the effectiveness of different methods to improve acceptance of people with disabilities. Meaningful contact is clearly an important method in reducing stereotypes and prejudice and improving attitudes toward people with disabilities (Fichten, Schipper, & Cutler, 2005; Hunt & Hunt, 2000; Yuker, 1994). Unfortunately, the presence of
“culturally devalued groups often triggers the activation of stereotypical thoughts and negative evaluations” (Bodenhausen, Todd, & Richeson, 2009, p. 122). Children hold over-generalized, negative disability stereotypes, even when they have significant opportunities for meaningful contact with peers with disabilities through inclusion at school (Maras & Brown, 2000; Siperstein et al., 2007). Awareness programs and curricula that teach about disabilities also demonstrate limited success in improving attitudes (French, 1992; McGowen, 1999; Richardson, 1990).

Society needs to focus on changing the “disabling barriers of unequal access and negative attitudes” (Morris, 2001, p. 9) in order for people with disabilities to live as valued members. Multiple authors advocate for the use of literature to change the attitudes of children (Blaska, 2003; Dyches & Prater, 2000; Iaquinta & Hipsky, 2006; Prater, Dyches, & Johnstun, 2006; Sridhar & Vaughn, 2001) and thus remove one of the disabling barriers, although there is minimal research available on the success of this method. There is suggestive evidence that fiction containing realistic and positive portrayals of persons with disabilities can change the negative attitudes of students without identified disabilities toward their peers with disabilities (Salend & Moe, 1983; Favazza & Odom, 1997), and therefore could play a role in removing a barrier to meaningful contact between these students.

Although not targeted toward disability issues, research has found that literature used with structured discussion, following the best practices outlined for bibliotherapy and/or guided reading, was successful in altering behaviors and attitudes among children (Amer, 1999; Schectman, 2000; Trepanier-Street & Romatowski, 1999). Salend and Moe (1983) identified an increase in positive attitudes toward people with disabilities when they paired fictional literature with discussion. More recently, research identified a role for literature and
fiction in changing perceptions toward people with disabilities, although these can not be specifically attributed to literature due to other variables such as increased contact with individuals with disabilities (Favazza & Odom, 1997).

The use of children’s fiction to change attitudes toward people with disabilities is appealing because books are already part of school curriculum, teachers can tailor the choice of stories to meet the needs of individual classrooms, and the use of fiction does not require an investment of time and money in a specialized curriculum (Baskin & Harris, 1984; Salend & Moe, 1983; Trepanier-Street & Romatowski, 1996). While there is not enough evidence currently to support the claim that literature with positive portrayals of people with disabilities can change negative perceptions, changing the attitudes of people without disabilities is vital to decreasing the social isolation and inequality, and the potential to change these attitudes warrants further investigation. This study seeks to determine if reading fiction with positive portrayals of persons with disability has the potential to alter the attitudes of children toward people with disabilities, including their peers.
Chapter 2: Review of the Literature

Stereotypes and Stigma

*Categorization and Discrimination*

Society constructs disability as a stigma, defined as an “attribute that is deeply discrediting” (Goffman, 1963, p. 3). Susman (1994) considered stigma to be a negative reaction to a perceived socially undesirable trait. Identified components of stigma include stereotyping, discrimination, labeling, separation, and status loss (Link & Phelan, 2001). Stigma is linked to disability through interactional processes where society stereotypes individuals as helpless or dangerous (Dresser, 1996; McCaughey & Strohmer, 2005), labels them as if diseased and lacking in important human characteristics (Green, Davis, Karshmer, Marsh, & Straight, 2005; Hehir, 2002; Smith, 1999b), discriminates against them in school and in the work force, (Antonak & Livneh, 2000; Louvet, 2007; Smart, 2001;), separates them from society through implicit and explicit actions (Ferri & Connor, 2006; Guarlick, 2002; OSERS, 2007), and strips them of equal status (Hahn, 1988).

Stereotypes are qualities viewed as attributes of social groups (Stangor, 2009) that are shared within a society or culture and tend to continue over time even when evidence demonstrates inaccuracies (Kashima, Fiedler, & Freytag, 2008). A variety of forces encourage the groups and individuals to reify disability or treat this abstract category as real and not socially constructed. Media portrayals and images (Ablon, 1995), identification and labeling in schools (Algozzine & Ysseldyke, 1988), language that focuses labels (Danforth & Navarro, 2001), and social institutions (Meekosha, 2004) all work to establish disability as an authentic category instead of a collective creation. As a cultural phenomenon, communities
use stereotypes to make sense of real and perceived differences observed in the real world (McGarthy, Yzerbyt, & Spears, 2002).

While one can view the impressions of groups as value neutral and important to aid explanation while saving cognitive energy for other tasks, stereotypes are often negative as assigned to differences perceived as socially significant (Green et al., 2005). Stereotypes are not necessarily rooted in any reality:

Stereotypes are inferences and embellishments evolving from a categorical property or social identity as conceived and perceived. These stereotypical generalizations often override the individual differences of the target person and usually “color” them with erroneous and presumptive characteristics or behavioral intentions (Harper, 1999, p. 133).

Since development of stereotypes by adults and children may be completely unconnected to the observable qualities or actions of individuals or groups (Bigler & Liben, 2007), stereotypes are not merely methods to process information quickly formed through necessity and by examination of others.

As a societal construct, stereotypes become a method of control and a perpetuation of power (Smith, 1999a). Social Identity Theory (Tajfel & Turner, 1979) emphasizes the justification of the position held by a powerful group in society through the negatively stereotypic views of devalued groups. Rodriguez-Bailon, Moya, & Yzerbyt (2000) found that individuals with power in employment settings placed more emphasis on stereotype consistent information than those without power and more consistently disregarded stereotype inconsistent information. Negative stereotyping justifies power relationships, in both work and social settings, as individuals believe that power is earned through skills and
abilities (Goodwin, Gurbin, Fiske, & Yzerbyt, 2000). Individuals in devalued groups also participate in stereotyping, although for different reasons. In order to predict threats and avoid them, individuals with less power activate stereotypes in order to predict the perceptions and actions of more powerful persons (Lammers, Gordijin, & Otten, 2008) as well as to avoid and control those actions (Anderson & Berdahl, 2020; Guinote, 2007).

While the purpose of stereotypes and the motivations in forming them is complex, research has demonstrated several key factors that lead to increased rigid generalizations of groups that are particularly relevant to the group identified as disabled. Individuals and groups are more likely to stereotype when the other individual/group is part of a minority (Oakes, Turner, & Haslam, 1991). Physically or otherwise obvious differences also play a role in increased stereotyping (Brewer, 1988). When the individuals in a category or group are unknown or unfamiliar, people have a greater tendency to judge based on stereotypic generalizations (Brodt & Ross, 1998). Individuals and society perceive people with disabilities as a small group of individuals who are somehow in violation of the “normal” standard (Garland-Thompson, 1997; Green, et al., 2005). Many labeled disabilities are also highly visible (Cook & Semmel, 1999; Harper, 1999; Roberts & Zubrick, 1992). Finally, society segregates individuals with disabilities in schools and in adult life (McCaughey & Strohmer; OSERS, 2007; Smart, 2001; Wolfensburger, 1969).

In particular, stereotypes of non-normative groups focus on characteristics that make members appear peculiar, deviant, and strange as “not all identities are created equal” (Pratto, Hegarty, & Korchmaros, 2008, p. 294). Society holds an imaginary vision of “normal” marked by physical perfection (Garland-Thomson, 1997). Science, medicine, statistics, and psychology have all worked to reinforce the concept of the normal person:
The concept of a norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm. The norm pins down that majority of the population that falls under the arch of the standard bell-shaped curve. This curve, the graph of an exponential function, that was known variously as the astronomer's "error law," the "normal distribution," the "Gaussian density function," or simply "the bell curve," became in its own way a symbol of the tyranny of the norm. Any bell curve will always have at its extremities those characteristics that deviate from the norm. (Davis, 1997, p. 13)

The groups who hold power in society have institutionalized the imaginary standard of normal, and marginalized individuals who are designated as falling outside that standard (Davis, 1995), despite the small number of people who actually meet the normal standard (Goffman, 1963). Schools mirror the normal construct in society, as children are identified as abnormal through labels, special education services, test scores, and behaviors (Ferri & Connor, 2006; Gallagher, 1999).

The medical model of disability, based on the stereotypic image of the person with disabilities as sick and lacking something fundamental (Scherer, 2000), creates and reinforces stereotypes in society while dominating law and public policy (Ho, 2004; Longmore & Umansky, 2000). Within the power structure of society and the medical model of disability, the able-bodied person is valued and the person with a disability needs to be fixed (Hehir, 2002).

Stereotypes are “driven by the ideological and political needs of a particular social context and environment” (Augostinos & Walker, 1998, p. 637) and linked to hierarchy and power in society. Devaluing persons with disabilities reinforces the power structures that
provide control and authority for people who are considered “normal.” Pratto, Hegary, &
Korchmaros (2008) identified the privileged identities that are labeled as deserving of rights
and power as “whiteness, masculinity, and heterosexuality” (p. 295). Able-bodied or
temporarily able-bodied belongs on the list of groups afforded privilege in the hegemonic
discourse (Vernon, 1998), as individuals labeled as disabled experience discrimination
through implicit and explicit exclusion (Smith, 1999a; 1999b). Smith (2004) noted that
whiteness and disability have been linked throughout history, particularly in education, and
the over-representation of minority students in special education (Bennett, 2001) and
increased segregation for those students as compared to white students in special education
(Losen & Orfield, 2002) demonstrate this link.

As stereotypes provide the method of categorizing individuals, so prejudice and
discrimination are the behavioral components (Stangor, 2009). Disability identity is one of
the most devalued identities in societies around the world, evidenced by discrimination and
prejudice faced in employment, education, health services, and social life and reported in
hundreds of research studies. While it is impossible to cite all of these studies, there are
several findings from the past ten years that demonstrate the enduring strength of disability
stereotypes to perpetuate discrimination and prejudice. Louvet (2007) recently found that
people with disabilities in the workforce are judged based on the stereotype of disability held
by the employer instead of individual competency. Teachers hold negative views about
students with disabilities and their inclusion in a general education setting (Elhoweris &
Alsheikh, 2004; Mastropieri, 2001), and often provide less instruction to individuals with
disabilities in their classrooms (Cook, Cameron, & Tankersley, 2007). As Reid and Knight
(2006) state, the “strong association with abnormality and monstrosity made disability the
quintessential marker of hierarchical relations used to rationalize inequality, discrimination, and exclusion” (p. 19).

People with disabilities are frequently stereotyped as dependent and emotionally unstable (Goddard & Jordan, 1998). McCaughey & Strohmer (2005) identified prototype characteristics (stereotypes) of individuals with disabilities held by persons without disabilities, such as dependence on others and emotional dysfunction. Seventy percent or more of these prototypes held negative connotations for disability sub-groups ranging from intellectual impairment to hearing impairment.

**Stereotypes and Prejudice Formation in Children**

Rauscher & McClintock (1996) define ableism as “a pervasive system of discrimination and exclusion that oppresses people who have mental, emotional, and physical disabilities” (p. 198). Ableism in education may play an “influential, but overlooked role” in the inconsistent result of measures designed to include students with disabilities and improve the attitudes of their peers without disabilities (Storey, 2007, p. 56). Schools become the place where the concepts of normalcy are reinforced by “socializing students into certain ways of being and thinking” (Ferri & Connor, 2006).

The formation of stereotypes and prejudice in children, including those directed toward disability labels, is explained through differing theories such as psychodynamics, cognitive, social learning, and social-cognitive theories. Since the root cause of stereotyping influences the effectiveness of amelioration strategies, researchers and educators must understand how stereotypes and prejudice form in children (Bodhausen, Todd, & Richeson, 2009; Levy, 2009).
The psychodynamic theory, based on the belief that stereotypes and prejudice are a rare occurrence in children based upon growing up in an authoritarian family, has been largely refuted by evidence about the widespread nature of stereotyping and prejudice and cultural influences on the process (Levy, 2009). Adorno, Frankel-Brunswick, Levinson, and Sanford (1950) argued that prejudice was rooted in personality and unconscious thought, and researchers afford lesser consideration to the psychodynamic approach due to the weaknesses inherent in measuring unconscious thoughts (Christie, 1991).

Cognitive theories of stereotyping originate in the Piagetian concept that the ability of children to categorize information appears at different developmental stages. In early developmental stages, children are only able to group themselves and others based on a few obvious categories, such as gender or skin color. Aboud (1988) identified a reduction in prejudice beginning at age seven, when children begin concrete operational thought and are better able to understand multiple perspectives. However, research demonstrates that there are significant variations in stereotyping and prejudice among adults and children with similar cognitive skills (Levy, 1999; Ocampo, Knight, & Bernal, 1997) that can not be explained without the introduction of other influences. Additionally, stereotypes, prejudice, and the social isolation of people with disabilities continue far past the age of seven and into adulthood in school and work settings (Jordan, & Perot, 1998; Louvet, 2007; Nowicki & Sandieson, 2002; Siperstein et al., 2007; Smart, 2001).

Social-cognitive theories acknowledge the role of cognitive development and the categorization processes in developing prejudice and expand the role of the environment in learned stereotyping and prejudice. In examining children’s attitudes toward race, Aboud & Amato (2001) determined that while children under the age of five categorize superficially,
social and emotional influences impacted the development of prejudice. Factors such as group status (Nesdale & Flesser, 2001) and perceived threat from another group (Nesdale, Maass, Durkin, & Griffiths, 2005) influence the development of prejudice in children.

Developmental Intergroup Theory (Bigler & Liben, 2006) is a social-cognitive theory that attempts to explain the growth of bias in children based on a combination of four factors: explicit labeling, segregation, proportional group size, and discernable salience. This integrated theory draws support from a variety of social-cognitive sources including in-group theory (Tajfel & Turner, 1979). DIT suggests roles for both environmental and cognitive influences on the development of stereotypes and prejudice (Bigler & Liben, 2006). Research-based evidence demonstrates that formal labeling and functional use of grouping increases the formation of bias in children (Patterson & Bigler, 2006), and conspicuous categories such as race and attractiveness typically become the foundation for social stereotyping in children (Rutland, 1999). Additionally, people who identify a shared identity experience heightened in-group favoritism (Gaertner, Dovidio, Guerra, Rebelo, Monteiro, Riek, & Houlette, 2008). Therefore, an examination of the components of DIT has particular relevance for explaining the intense and enduring disability stereotypes held by children.

First, no other group in a school environment is so explicitly labeled (disabled, learning disabled, autistic, cognitively impaired, mentally retarded, dyslexic, etc.) than people with disabilities. The label gives social importance to the differences between the child without a disability and his or her peers with a disability (Green et al., 2005). The action of labeling individuals contains a bias in language that gives legitimacy to implicit discrimination (Pratto, Hegarty, & Korchmaros, 2000). Social labeling that provides negative evidence about a person’s abilities or disposition results in negative perceptions independent
of the person’s actions (Darley & Gross, 1983) and creates social distance (Angermeyer & Matschinger, 2005). Labels facilitate the belief in children that members of a certain category also share important qualities that may not be readily apparent (Disendruck, 2001). The label of disability creates social distance, dehumanizes the individual given the label, and attempts to render him or her powerless (Smith, 1999a; Swain & French, 2000). These adult-sanctioned labels in the classroom are also transformed into more derogatory labels used by children in schools, such as stupid, mental, or “emo.”

The second factor in the development of stereotypes and prejudice in Developmental Intergroup Theory (DIT) is segregation. Goffman (1963) also includes segregation in his definition of stigma. No group in school is as explicitly segregated as children with disabilities: only 11.66 percent of children with intellectual disabilities and less than 50 percent of children with all disabilities are educated in general education settings for more than 79 percent of the school day (OSERS, 2007). Children with and without disabilities experience serious social ramifications from this explicit segregation:

….for example, each time a children with a perceived difference is removed from the classroom for special instruction or isolated from his or her peers within the classroom, the student and all of his or her classmates learn an important lesson about the educational, social, and cultural response to difference. (Ferri & Connor, 2006, p. 127)

Children with disabilities are also educated in completely segregated settings, with 6.7 percent of public schools in the United States set aside as schools only for children with disabilities (National Council on Teacher Quality, 2004). Adults and children clearly identify the person with a disability as the “other” through the isolating educational process.
DIT cites proportional group size as the third factor. The most recent government figures estimate that more than 15 percent of the non-institutionalized U.S. population reports having a disability (U.S. Census, 2006). While this is not a small number of people, it obviously constitutes a minority. Furthermore, because children may perceive that disability is much rarer than in reality, the effect of explicit segregation is to visually remove persons with disabilities from society.

Finally, DIT identifies discernable salience, or the ways in which disability stands out in relation to other characteristics, as the fourth factor. While this is somewhat variable based on the disability, school is an environment that increases the salience of disability as classrooms and schools define and teach about what is valued and normal (Ferri & Connor, 2006). Jones, Hastorf, Mitler, Scott, & French (1984) defined several features that have influence over the perceived salience of differences, including concealability and disruptiveness. While visible physical differences can be difficult to conceal in any environment, the classroom environment highlights differences where the focus is on defining normalcy and general education (Ferri & Connor, 2006). Labeled differences are marked by removal from some or all of the tasks assigned to other “normal” students and legitimimized by teachers (Ho, 2004).

Application of DIT to the attitudes of children toward their peers with disabilities renders it unsurprising that children with disabilities are more likely to be bullied and teased by their classmates (Gray, 2002) and experience social isolation (Weiserbs & Gottlieb, 2000; Guarlick, 2002). Cook and Semmel (1999) studied 2nd to 6th grade children and found that all students with disabilities, regardless of being rated by teachers as having severe, mild, or no immediately noticeable disabilities, were less socially desired than their peers without
disabilities. Overall, students without disabilities indicated a lack of willingness to play or work with peers with identified disabilities.

While Siperstein, Bak, and O’Keefe (1988) found a direct link between children’s negative attitudes toward peers with disabilities and a lack of social acceptance, Cook and Semmel (1999) found that students without disabilities verbally reported more play interactions than actually visually recorded by the researchers. These results indicate that students with disabilities are even more isolated than can be assumed from the self-reported information by their peers.

Changing Attitudes

*Increased Contact*

Clearly, children develop strong stereotypes and prejudice toward their peers with disabilities. These stereotypes manifest in typical ways, such as ideas that are rigid and resistant to incorporating new information and a tendency to treat people (such as a child with a disability they may know in their classroom) as an exception when the person does not fit a preconceived notion (Cortes, 2001).

Multiple forces perpetuate stereotypes and prejudice among children, including the impact of adult prejudices and information (Morton & Campbell, 2008; White, Jones, & Sherman, 1998), negative media messages (Biklen & Bogdan, 1977; Black, 2004; Divya & Narayan, 2006), and oppressive labeling and competition in schools (Brantlinger, 2006). Many researchers believe that inclusion of children with disabilities works against these forces, based on contact theory (Slininger, Sherrill, & Janowski, 2000). Allport’s (1954) intergroup contact theory stated that contact among groups would lead to decreased prejudice
if there was equal status, cooperative activity toward common goals, personalized acquaintance, and support for the contact by authority figures or social norms.

While research demonstrates that inclusion decreases the social isolation of children with disabilities (Vaughn, Elbaum, & Boardman, 2001; Weiner & Tardif, 2004), research has also found mixed results in the social acceptance of children with disabilities in inclusion classrooms (Salend & Garrick-Duhaney, 1999). Maras and Brown (2000) found that bias and knowledge about disabilities among students without disabilities was highly generalized, even among students with a greater contact with people with disabilities. For example, students characterized children with hearing impairments as having the greatest difficulty with hearing, but also believed that students with physical impairments and learning disabilities had some degree of hearing problems.

Siperstein et al. (2007) surveyed more than 5,000 middle school students on their attitudes toward the inclusion of students with intellectual disabilities and found that even students who reported having a child with a disability in their classroom had a generic disability “image” of someone who is “severely impaired and not capable of basic adaptive, behavioral, and communication skills,” even if personal experience differed from that image (p. 25).

In fact, Allport (1954) emphasized that casual contact would have the effect of increasing negative attitudes and prejudice toward minority groups. He advocated for enhancing quality, structured contact with creditable information, such as multicultural education, in order to address multiple components of attitudes and prejudice. Developmental Intergroup Theory (DIT) would support that the most effective way to eradicate stereotypes and prejudice would be to address several of the four major factors and the way they work
together: labeling, segregation, group size, and salience. Including children with disabilities in general education addresses the explicit segregation factor but often leaves the other pieces untouched. The lack of peer acceptance for students with disabilities in inclusion settings (Jordan & Perot, 1998; Roberts & Zubrick, 1992; Siperstein et al., 2007) is reflective of this. Negative stereotypes and prejudicial viewpoints held by children identified as normal, perpetuated by forces within the school and society, hamper the personalized acquaintance and cooperative activities in inclusion (Ho, 2004).

In particular, the negative attitudes of children toward their peers with disabilities is often used as an argument to end or slow the process of inclusion in schools by denying access to individual children based on their particular social skills (Boutet & Bryant, 2005) and initiating training programs to increase the social skills of children with disabilities (Nelson, McDonnell, Johnston, Crompton, & Nelson, 2007). These approaches miss the mark in justifying prejudice by placing the blame for stereotyping and stigma with the people who are stigmatized. The desire to believe in the illusion of a fair and equal society results in justification of inequalities (Jost & Banaji, 1994). Individuals and groups create “cognitive consistency” through a belief that people who experience stereotyping and discrimination are less deserving or less desirable (Kay, Jost, & Young, 2005). More damaging may be the dangerous circular logic that results, whereby children with disabilities can not be included because they will not be socially accepted, so they are not socially accepted because they are not included.

In order to facilitate inclusion in school and society, individuals need to take initial steps to develop equal status and, in a sense, train children without disabilities to believe that the labels, categories, and manifestations of disability are not the most noticeable or
important features of other human beings. The application of the Sapir-Whorf hypothesis demonstrates this approach, which suggests that reality is based on the language habits of society, to advocate for the use of person-first language (Hadley & Brodwin, 1988; Murphy, 2003).

The Impact of Using Children’s Literature

Historically, literature has portrayed disability in an extremely negative light. Stereotypes abound in our stories, from villains with physical disabilities in Grimm fairytales, Lenny as an intellectually impaired menace in Of Mice and Men (Steinbeck, 1937), pitiful Billy in Jo’s Boys (Alcott, 1886), and into the present day portrayal of Dudley as fat, stupid, and aggressive in Harry Potter and the Sorcerer’s Stone (Rowling, 1999). In the words of Thurer (1980, p. 12), “the disabled have had a bad literary press.” Biklen (1981) identified six common stereotypes of persons with disabilities in literature: menacing, extraordinary, incompetent, child-like, victimized, and “outsider and interesting scenery” (p. 6). These stereotypes mirror the six of the conceptions of persons with cognitive impairments on which historic institutional models were based: sick person, subhuman organism, object of pity, burden of charity, and holy innocent (Wolfensberger, 1969).

If literature is a resource for society to transmit values (Trautman, 1978), then the message transmitted by most literature for children is to fear, pity, and isolate individuals with disabilities (Bowe, 1978; Margolis & Shapiro, 1987). While authors and publishers have taken some steps in recent years to lessen other stereotypes in children’s fiction, such as those related to ethnicity, race, and gender, distortions of disability have not received the same attention (Ruben & Watson, 1987). In trying to overcome the negative images of disability in literature from the past, authors have relied on giving a special talent to
characters with disabilities in order to “convey the message that although a disabled character lacks one kind of value, he or she compensates for this by having more of another kind of value, so that we all end up ‘equal’ in some sense in the end” (Mills, 2002, p. 537).

However, researchers express interest in using children’s literature as a vehicle to increase understanding of disabilities and thus take this initial step to increase social acceptance of children with disabilities. Dyches and Prater (2005) noted that there are positive trends in the characterization of people with disabilities in literature, with more multifaceted and positive portrayals of individuals written since 1998. Children’s literature, if applied appropriately with discussion, can be used by a classroom teacher to address three of the dimensions of DIT: student perceptions of labeling, group size, and salience. If teachers can use children’s literature successfully to crack the rigid stereotypes and prejudice held by children without disabilities, it could provide the window of opportunity to allow the success of a decrease in segregation through inclusion. Whether through guided discussion of classical literature containing negative stereotypes toward disability (Margolis & Shapiro, 1987) or using newer books with positive and realistic portrayals of individuals with disabilities (Blaska, 2003), using literature may change the message that children receive.

Counselors and therapists first described bibliotherapy in 1916 as a method of reading and discussing books with a therapeutic intent in order to help patients needing clinical support to recognize their problems (Myracle, 1995). Beyond using books for academic objectives, professional educators and counselors have long appreciated the worth of literature as a resource for self and social understanding (Ford, Tyson, Howard, & Harris, 2000). Counselors and teachers have used bibliotherapy with children since 1946 and gained a more credible approach in the 1970s with the evolution of realistic children’s literature as a
respected genre (Myracle, 1995). Researchers have expanded the definition of bibliotherapy to include any use of children’s literature to help children solve problems and “generate alternate responses to their issues” (Forgan, 2002, p. 77).

Researchers have obtained mixed results from the use of bibliotherapy over the past 40 years. In a meta-analytical review of research from 1965 to 1981, Steven and Pfost (1982) found limited effects of bibliotherapy as a therapeutic intervention but noted the demonstrated effectiveness of the technique in impacting attitudinal changes. Riordan and Wilson (1989) found mixed results for the effectiveness of bibliotherapy among research conducted from 1981-1988 but noted that evaluating results was difficult due to inconsistent research designs. Previous research that exposed children to stereotyped groups through stories did not establish change in children’s attitudes unless it was accompanied by supportive factors, such as positive teacher attitude toward the stereotyped group (Aboud & Levy, 2000).

Forgan (2002) identified four elements that should be used to engage in effective bibliotherapy: pre-reading, guided reading, post-reading discussion, and a problem solving/reinforcement activity. Older research that examines the impact of bibliotherapy does not consistently apply this strategy or any other uniform method, and thus the lack of dependable results may be more a failure of methods than ideas.

In recent years, researchers using more consistent implementation techniques found more positive and consistent results. When used with children with diabetes and short stature, researchers found that bibliotherapy elevated open discussion of concerns, promoted coping strategies, and increased self-management such as dietary adherence (Amer, 1999). Sheetman (2000) noted a significant reduction in aggressive behavior and adjustment
problems and a concurrent increase in self-esteem over ten weeks among aggressive students aged ten to fifteen when using a structured program of short stories, poems, and films selected to highlight the dynamics that lead to aggression and the consequences of behavior. Trepanier-Street and Romatowski (1999) noted that exposing children to non-stereotypic models in literature and related literature activities cultivated more gender-equitable viewpoints.

Educators and researchers have not yet fully applied the recent success in the utilization of bibliotherapy to change the attitudes of children toward their peers with disabilities. Of the four studies examining attitude change of children without disabilities and literature, three are more than 20 years old. The three older studies (Beardsley, 1982; Monson & Shurtleff, 1979; Salend & Moe, 1983) contain conflicting results and incomplete information regarding the methods and materials, which makes it difficult to evaluate these results. Beardsley (1982) is unique in that his research found that bibliotherapy and group discussion were ineffective in changing the perceptions of third-grade students toward people with disabilities. However, the published results did not discuss the specific methods or reading materials in enough detail to draw conclusions from this research alone.

Monson & Shurtleff (1979) concluded that the attitudes of children without disabilities could be altered in a positive way through non-print and print media. In their study, 208 children without identified disabilities watched two short March of Dimes videos, approximately 13 minutes total, about a young child born without arms or legs. The authors note that the video was told through the viewpoint of the child and was a positive portrayal of her abilities. The teachers were then given lists of books to use to support the information in the video. The authors concluded that the most significant positive change in attitudes
towards persons with disabilities took place in the students who self-reported that they had read or heard read to them several books in addition to the video during the process. However, due to the lack of a control group, it is difficult to evaluate whether the positive impact was due to the non-print and print media or another external factor.

Salend and Moe (1983) evaluated the impact of literature on the attitudes of children toward their peers with disabilities through the use of two books, including a book entitled *Lisa and Her Soundless World* (Levine, 1974). The researchers divided more than 200 students into three groups: a group with no interventions, a group that read the two books selected by the researchers, and a group that read the two books and participated in discussions/activities. The authors found that there was no significant difference after the study in the attitudes toward their peers with disabilities of the group with no interventions and the group that read the selected books. However, the attitude of the children toward their peers with disabilities in the group that read the books and participated in planned activities such as teacher led discussion, activities involving sign language, and simulations showed a positive improvement. Salend and Moe concluded that with the combination of reading and guided learning, “the books were highly successful change agents” (p. 26).

Favazza and Odom (1997) examined the effects of books, discussion, and contact with persons with disabilities on the attitudes of kindergarten-aged children toward their peers with disabilities. The researchers split forty-six children into three groups: a group with no contact with children with disabilities in school and no additional treatment; a group with low contact with children with disabilities (lunch, recess, etc.) and no additional treatment; and a group with structured play time with students with cognitive impairments, as well as a nine-week treatment that included literature about people with disabilities with guided
The high contact group that received additional treatment was the only group of students to demonstrate significant positive changes in attitude toward peers with disabilities. Since the no-contact and low-contact students did not receive the literature and guided discussion portion of the project, it is impossible to determine to what degree literature and discussion influenced the change in attitude versus the level of contact with peers with cognitive impairments.

Due to the small amount of evidence supporting bibliotherapy to change attitudes toward persons with disabilities, Lenkowsky’s (1987) warning against its use for special education without additional controlled studies is still relevant, due to the potential for increasing stereotyping when used incorrectly. But while there is minimal research available on the successful use of bibliotherapy and/or guided reading of children’s literature to change the attitudes of children without disabilities toward their peers with disabilities, educators and researchers advocate for the use of literature to teach about disabilities and promote acceptance of those with disabilities (Blaska, 2003; Dyches & Prater, 2000; Prater, Dyches, & Johnstun, 2006; Sridhar & Vaughn, 2001). Education and literature experts hold an enduring belief that “books serve as mirrors for children” and students will be positively influenced by encountering a variety of characters representing and valuing the diversity of people in the world (Blaska, 2003). Children may be motivated to be more accepting of individual variations through children’s fiction and bibliotherapy or guided reading (Iaquinta & Hipsky, 2006).

Despite this impression, research has not presented enough evidence to support the claim that quality children’s fiction with positive portrayals of people with disabilities can change the negative perceptions held by students without disabilities. However, this does not
change the potential impact that the success of this practice could have on the lives of persons with disabilities. Changing attitudes toward individuals with disabilities is vital to decreasing social isolation and inequality, and the potential for literature to change these attitudes warrants further investigation.

**Selecting Literature to Change Disability Prejudice**

The process of carefully choosing and presenting literature in order to change attitudes is challenging due to the need to balance literary quality and the quality of the portrayal of persons with disabilities. As Heins (1982) noted, even the general nature of quality in children’s literature is elusive. Awareness information can actually increase stereotyping and prejudice when materials over-emphasize differences between groups (Aboud & Levy, 2000). Dyches and Prater (2000) suggest an evaluation of theme, setting, plot, point of view, literary style, and characterization of persons with disabilities in the process of selecting appropriate materials. This includes complexity in each of these areas that is appropriate for the age of the anticipated reader. Educators and researchers should also consider the reader response to the text in terms of the depth of thought driven by the transactional nature of reading (Smith-D’Arezzo, 2003).

Heim (1994) suggests that additional factors to consider are an absence of stereotypes and accuracy of information about the disability. Heim noted that most books reviewed did not achieve success in both the areas of literary quality and a lack of stereotypes. There are numerous problems in selecting appropriate books that portray people with disabilities positively and realistically. When people with disabilities are included in literature, negative stereotypes often prevail or the disability is the main personality trait accentuated to the reader (Blaska, 2003). Only a few current fictional children’s books contain portrayals that
are dynamic, realistic, and positive, and demonstrate that people with disabilities enjoy meaningful relationships with others (Dyches & Prater, 2005).

Perhaps the most elusive part of quality fiction for children is in the connection the target audience is able to build with the text and the protagonist of the novel. Quality literature can bring a child to a deeper understanding of themselves, others, and even social concerns (Prater, Dyches, & Johnstun, 2006). Identification with the character in a story, where the reader is able to see similarities between him or herself and the book character, is one of the keys to the impact of the literature (Sridhar & Vaughn, 2000).

Smith-D’Arezzo (2003) found four areas that a teacher should focus on when choosing fictional books about disabilities: well-developed structural elements, a story that is engaging to children with well-developed and realistic characters with disabilities, accurate depiction of special education issues as applicable, and the teacher’s emotional connection with the text. Carefully constructed discussion surrounding the stories is also important, as children may glean reinforcement of negative stereotypes they personally hold from reading even the highest quality stories with positive portrayals of persons with disabilities without guidance (Smith D’Arezzo, 2003).
Chapter 3: Research Design and Methodology

Design

This project evaluates the potential for changing the attitude of children toward people with disabilities using children’s fiction by reading and discussing a children’s fiction book containing a realistic portrayal of a person with a disability and measuring any shift in attitude. The project used quantitative and qualitative research methods in order to evaluate the significance of any change and analyze the factors behind any change.

The researcher used the mixed-methods approach to offer more detailed results than one method alone, with the goal of providing a more interconnected and complete understanding of the issues while overcoming the weaknesses of only quantitative or qualitative results (Creswell & Clark, 2006; Gelo, Braakman, & Benetka, 2008; Mogaddam, Hare, & Walker, 2003). While testing the impact of an educational procedure is suited for quantitative research and experimental design (Creswell, 2003), qualitative research procedures are an important way of exploring social constructions (Glesne, 2006) and unpacking issues of disability (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005; Giangreco & Taylor, 2003; Hanley-Maxwell, Hano, & Skivington 2007; O’Day & Killeen, 2002; Smith, 1999a; 1999b; Taylor & Bogdan, 1998).

Participants

Selection

Research on stereotyping and prejudice demonstrates that children obtain the cognitive skills to recognize similarities between groups, which can assist in reducing prejudice, between the age of seven and eleven (Levy, 2009). Therefore, the target population for this study was 5th grade students in order to maximize the chance that the
children would have obtained these skills and would be able to apply them. Further delimiting variables included necessary geographic constraints and school willingness to participate. The potential population for this study was narrowed to two classes within a school system in a large, semi-rural Midwestern town that self-identifies as middle-class in materials published by the town and the school. The 2006 U.S. Census identifies the community population as 95 percent white and 51 percent male, with 4 percent of families living at or below the federal poverty level.

According to the classroom teacher, no students with identified disabilities were in the fifty-two-student pool. This school has several segregated classrooms for students in 5th through 8th grades with identified disabilities and an established system whereby students with disabilities traditionally considered to be severe are educated in a setting outside of the “regular” school. The school method of inclusion or integration places students with disabilities in elective classes with the regular education students, such as physical education. Alternatively, a paraprofessional accompanies three to four students identified as having mild disabilities to a selected regular education classroom for a single academic subject such as science. Research does not identify this method as a best practice for inclusion of students with disabilities in regular education (Hardin & Hardin, 2002; Hunt & Goetz, 1997; LaFlamme, McComas, & Pivik, 2002; Lewis & Doorlag, 2006)

Based on willingness to participate, the researcher randomly assigned a total of twenty-one 5th grade students from these two classes of 52 students to a control group and an experimental group using a simple raffle method. One student in the control group exercised the right to decline participation during the study, leaving ten individuals in the control group and ten individuals in the experimental group. From the ten students in the experimental
group, the researcher chose five children for interviews based on their ATDP survey scores. The two students with the largest change in attitude, the two students with the smallest change in attitude, and the one student with a score closest to the mean participated in individual, hour-long interviews to discuss their attitudes, opinions, and experiences regarding disability.

Protection of Vulnerable Subjects

The researcher gave an in-depth verbal explanation of the project, an opportunity to ask questions, and a packet of written information to all of the students in the two classes. The packet included a letter of introduction (Appendix A), an informed consent form for the student (Appendix B), an informed consent form for the parents/guardian (Appendix C), a copy of the ATDP survey (Appendix D), and sample interview questions (Appendix E). This information was orally reviewed with the students during established classroom time.

The researcher informed parents and guardians in the introduction letter that they could meet at a time and location convenient to their needs to receive additional information. While no parent chose this option, eight parents contacted the researcher to ask questions via the telephone. As part of the consent process, the researcher informed participants and parents or guardians that their participation was voluntary and they could withdraw at any time without negative consequences. A total of 20 students chose to participate in the study out of a possible group of 52.

Students did not participate in the surveys or interviews unless they and their parents completed the consents. Oral and written information informed the students and parents that no classroom grade, credit, or privilege would result from participation in the surveys or interviews. The classroom teacher was not informed which students declined in order to
ensure voluntary participation without negative consequences. Participants were informed that the research involved interviews in addition to the surveys and reading. They were also told that interviews lasting up to one hour would be tape-recorded.

Students who declined to participate still took part in listening to the classroom reading and the literature discussions since the school utilizes the Accelerated Reading (AR) program, and both books are part of the program. As such, the school considers these books a part of the regular curriculum. The researcher conducted class in a manner typical to the classroom, including asking content questions as well as questions that require student opinions and impressions. The researcher did not document or include comments in the results from students who did not participate in the research.

This research posed minimal risk to the student participants. The researcher identified students by numbers in order to track the change in their individual attitudes from the survey before and after the reading, as well as to select the five students for in-depth interviews, while maintaining confidentiality. A single document was maintained containing the names of the students and their corresponding numbers in a locked file cabinet within a private, locked home office. The researcher transcribed audio tapes of the five student interviews within 5 days of completing the interviews and then destroyed the tapes. The transcripts do not contain the name of the student or any other children. The researcher destroyed the document containing student names corresponding to numbers upon completion of the data gathering. No retained data contains information regarding the actual state or locale of residence of the participants.

Minimal risk was also associated with participation related to any apprehension in reporting a personal attitude toward persons with disabilities and discomfort arising from
discussing thoughts that arise from the literature during class discussion. Students were advised that they could discuss any feelings of discomfort privately with the student researcher, classroom teacher, or school counselor. The researcher conducted literature discussion on a voluntary basis and did not coerce or force students to speak who did not volunteer answers in the oral discussion of book chapters. Several students participating in the research were initially more comfortable in sharing their thoughts with the researcher privately after class, and this was encouraged. The researcher was alert to discussion that appeared to be causing discomfort and paused, redirected, and stopped the dialogue as needed.

Attitude Toward Disabled Persons Survey

The researcher evenly divided by gender the 20 students who chose to participate and then randomly assigned the students to an experimental and a control group using the raffle method. All participating students were given the Attitude Toward Disabled Persons (ATDP) survey prior to any interventions (Appendix D). Yuker, Block, & Young (1970) developed this scale to quantify attitude toward people with disabilities in general, highlighting perceived differences between people with and without disabilities as opposed to specific disability groups. The ATDP has been available for almost 40 years, and it is still used today in a variety of research measuring attitudes toward persons with disabilities (Albritton, 2005; Chan, Lee, Hon-Kueng, & Fong, 2002; Chen, Brodwin, Cardoso, & Chan, 2002; Fichten, Schipper, & Cutler, 2005; Holliman, 2008; Tervo, Palmer, & Redinius, 2004).

The ATDP Form A consists of 30 statements, uses a 6-item Likert scale, and takes about 10 minutes to administer. Responses range from “I agree very much” to “I disagree very much,” and there is no completely neutral response category. A high score indicates that
the person perceives people with disabilities to be similar to people without disabilities.

Antonak and Livneh (1988) tested the ATDP for internal consistency and reliability, and found split-half reliability from .75 to .85 and test-retest reliability of .66 to .89. Yuker and Block (1986) found reliability of the ATDP Form A ranging from .71 to .83.

The ATDP is designed to be given either as an individual or a group test, and it was administered for this study in a group setting. Brief instructions were printed on the test, and the researcher also read these instructions aloud in order to answer any questions for the entire group. The researcher did not answer or discuss individual questions and statements beyond dictionary definitions of words used in the questions, in accordance with the guidelines on administering the scale (Yuker, Block, & Young, 1970).

Methods

After the participants completed the initial ATDP survey, the researcher read one book to each group and guided the students in content discussion as per the regular classroom procedures. The control group listened to and discussed *Maze of Bones* (Riordan, 2008), the recently published first book in the “39 Clues” series. This book does not contain a character with a disability, and the researcher selected this story due to the potential for high student interest and the quality reputation of the author. The experimental group listened to and discussed *Sixth Grade Can Really Kill You* (DeClements, 1985). The researcher selected this story based on an evaluation of the theme, setting, plot, point of view, readability, connection with the story, and characterization of a girl with a learning disability using criteria recommended by Dyches and Prater (2000) and Smith-D’Arenzo (2003).

Helen, the main character, is a student similar in age to the children who participated in the study. The story depicts Helen as good in mathematics and sports, and well-liked by
other students. Helen’s teachers identify her as a child with a learning disability during the course of the story, and she begins receiving special education services for reading in a separate room in the school. The depiction of a student receiving these services outside of the regular classroom was not ideal in that Helen became less than fully included in the general education classroom, which highlights segregation and thus could have the intended effect of increasing stereotypes (Bigler & Liben, 2007; Patterson & Bigler, 2006; Swain & Morgan, 2001) without carefully constructed facilitator-led discussion (Iaquinta & Hipsky, 2006; Margolis & Shapiro, 1987; Smith-D’Arezzo, 2003). However, the story was a realistic portrayal of the process in most schools today and met the criteria outlined by Dyches & Prater (2000) and Smith-D’Arezzo (2003). Additionally, Helen’s personal experiences and qualities allowed for multiple points where students could identify with her point of view, which is crucial to decreasing stereotyping (Bigler & Liben, 2007; Blaska, 2003; Bodenhausen, Todd, & Richeson, 2009; Hewstone & Brown, 1984).

During the reading, both the control and the experimental groups participated in discussion related to the books that were being read. This included the researcher asking semi-structured reading comprehension questions with concrete answers and asking open-ended discussion questions, following discussion guidelines established for using literature as bibliotherapy and to reduce prejudice (Blaska, 2003; Forgan, 2002; Iaquinta & Hipsky, 2006; Margolis & Shapiro, 1987; Smith-D’Arezzo, 2003).

In the experimental group, the researcher asked open-ended discussion questions designed to reduce the salience of the social category by helping the students identify how a person with disabilities is similar to them, highlight individual uniqueness, and demonstrate how explicit and implicit labeling damages individuals. The researcher chose this approach
to address several components involved in the growth of bias in children as identified by Developmental Intergroup Theory (Bigler & Liben, 2006).

For example, Helen is struggling to practice her reading at home with her mother during the story, and lamenting about how she doesn’t seem to improve. In order to help students identify similarities between themselves and the character, the researcher asked the students to think about a time they tried their best and still didn’t excel. The researcher then shared with the students a personal experience of practicing soccer for weeks and still being the worst player on the team, and asked for volunteers to tell about their experiences. To highlight the unique individual qualities of people with disabilities, the researcher asked the students if they thought everyone with a disability was going to be a good baseball pitcher like Helen, and then led a discussion about generalizations. Appendix F contains examples of questions outlined prior to discussion of one chapter in *Sixth Grade Can Really Kill You*.

After the reading was completed, both the experimental and the control group were again given the ATDP survey. The researcher paired individual student surveys with the pre-reading surveys through numbers assigned to the participants. The researcher then read *Maze of Bones* to the experimental group and *Sixth Grade Can Really Kill You* to the control group in order to provide any potential benefits regarding attitudes toward disability to both groups.

While one group of students read with the researcher, the other students completed regular classroom work in another room in the building with a classroom teacher. This was a normal procedure for the students, as the total group is typically split into two classes among two teachers.

The researcher then selected the two students with the largest change in attitude, the two students with the smallest change in attitude, and one student with a change in attitude
that most closely mirrored the class mean from the experimental group for in-depth, qualitative interviews. Interviews were conducted in the school setting for the convenience of the students, in a quiet and private location. Each interview was individual, lasting 45 to 60 minutes, and was audio-taped.

Data Collection and Analysis

The researcher gave students as much time as needed to complete the ADTP survey before and after reading. The researcher collected and scored the surveys in accordance with the published guidelines from Yuker, Block, and Young (1970), and compiled in a Microsoft Excel document for initial analysis. The mean score was calculated for the experimental and control groups before and after reading. A one-way Analysis of Variance (ANOVA) was completed using MedCalc for Windows, version 9.5.0.0 (MedCalc Software, 2008) to test the significance of the effects of the reading on the scores of the experimental and control groups. MedCalc is a comparable program to the more widely used SPSS, producing effective and efficient calculations (Stephan, Wesserling, Shink, & Jung, 2003). A one-way ANOVA was chosen to compare the four means (before and after reading for the experimental and control groups) instead of completing multiple t-tests in order to minimize the experiment-wise error rate (Stockburger, 2001). Cohen’s g was used to calculate the effect size in order to focus on the meaningfulness of the results by judging the size of the experimental effect (Cohen, 1988; Kotrik & William, 2002; Cohen, 1992).

In addition to the quantitative data gathered from the ATDP scale, qualitative data was collected through classroom observation, discussion, and in-depth interviews with a small number of students demonstrating the most and least significant change in attitudes after the reading. The researcher took notes during guided discussion and reviewed the notes
immediately after the sessions for accuracy. The researcher also took notes during discussion between the students and the classroom teacher for periods of 15-30 minutes before and after reading began in order to develop a sense of the classroom learning climate.

The student interviews included structured, open, and depth-probing questions (Glesne, 2006). While the researcher based many of the interview questions on the individual information provided by the students, the basic starting questions are included in Appendix E. The purpose of the interviews was to obtain additional information on the ways the literature and discussion did or did not change the students’ perspectives and why. The researcher recorded and transcribed the interviews and analyzed the data for information regarding attitudes toward disability, explanation of survey results, and themes. Interview responses were categorized and coded and themes developed (Glesne, 2006; Emert, 2003; Patton, 2002; Marshall & Rossman, 1999; Maxwell, 1996).

The researcher identified used keywords, common phrases, and common ideas to identify codes from the data. Passages and paragraphs were assigned descriptive codes corresponding to the potential themes. Codes were then examined for overlap and/or excessive broadness. Interview transcripts and discussion data were reviewed on multiple occasions in order to identify all data that supported identified themes and identify any additional themes. Themes identified from the interviews and observations included classroom segregation, separation of disability categories, defining the concept of normal, identification of similarities between the self and persons with disabilities, and applying the principles of equality and fairness to persons with disabilities. The researcher completed a substantive review of the literature related to the development of stereotypes and prejudice in
children and attitudes toward persons with disabilities for the purpose of supporting the qualitative data.
Chapter 4: Results

Quantitative Data

Analysis of the quantitative data from the ATDP survey was completed using MedCalc (MedCalc Software version 95.0.0, Mariakerke, Belgium). The mean and standard deviations before and after reading are listed in Tables 1 and 2 and displayed graphically in Figure 1 for the experimental and control groups. The higher the mean, the more the children believed that persons with disabilities are similar to persons without disabilities, with a maximum possible score of 180.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Pre-Reading ATDP Survey Results</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental Group</td>
<td>91.50</td>
</tr>
<tr>
<td>Control Group</td>
<td>95.60</td>
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</tbody>
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<table>
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<tr>
<th>Table 2</th>
<th>Post-Reading ATDP Survey Results</th>
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<tr>
<td></td>
<td>Mean</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental Group</td>
<td>120.70</td>
</tr>
<tr>
<td>Control Group</td>
<td>92.6</td>
</tr>
</tbody>
</table>
These data were tested using a one-way analysis of variance (ANOVA). This was used to test the null hypothesis that there was no difference between the means of the experimental and control groups before and after reading. The null hypothesis was rejected based on a significant difference (p=.004) with an F-ratio of 5.196 (df 3,36). The Student-Neuman-Keuls Test determined that the mean (120.7) of the experimental group was significantly different (P<0.05) from the pre-test of the experimental group and the pre- and post-reading mean scores for the control group. Effect size was calculated at d=1.46 and r=.58 with Cohen’s d, using the mean and standard deviation for the experimental and control groups. This indicated a “large” positive effect from reading, as defined by Cohen (1992, p. 157).

While Yuker & Block (1986) identified a higher mean score for females on the ATDP scale, there were no significant differences by gender in the experimental or control groups in this study.
Qualitative Data

Recognizing Similarities

This research gathered qualitative data during interviews and classroom discussion, as well as through observation of the classroom teacher prior to and after reading. The research also documented discussion comments from the ten students in the experimental group. The researcher chose five students for interviews based on their ATDP scores. Betty\(^1\) and Crystal had the largest positive change in their scores (more than 30 points each), Ken had a positive change closest to the mean change in scores (25 points) and Cara and Tyrone had the smallest positive change (less than 10 points). Statistical significance for the difference between these scores was not tested due to the small group size.

All of the students in the experimental group demonstrated consistent interest in the story, and became more eager to discuss important points in the large group as time advanced. In an early chapter of *Sixth Grade Can Really Kill You*, the main character, Helen, creates a barrier between two desks with some thread and attempts to make a sign with the word “detour.” The attempt ends in embarrassment, as she faces the “d” in wrong direction and spells the word as “betour.” The students quickly identified what Helen’s problem could be, shouting out comments such as “lots of little kids do that with b and d,” but they were unwilling to relate it to their own lives in the large group. In filing out of the room that day, six students waited to speak to the researcher privately, all wanting to share personal stories relating to Helen’s struggle in the book. Anna waited behind her classmates to whisper to the researcher, “I mix up lower bs and ds and ps and qs all the time, like every day. I don’t write anything down without something to copy from.”

\(^1\) All student and teacher names are pseudonyms, and the school location has not been identified to maintain anonymity for the participants.
The comfort level of the students appeared to increase as the story advanced, with more students raising their hands straight in the air and waving them vigorously to attract the researcher’s attention during guided discussion. In a discussion about practicing and trying as hard as possible in school, several students were quick to offer examples of how that does not always work for them and might not work for Helen in the story. “I do a lot of homework every night,” Tyrone stated. “My reading grade doesn’t seem to get better. I read the books, but they just don’t stay in my head.”

During the second week of reading, Ed recognized Helen’s motivation for some of her actions as similar to his own, stating during discussion:

Like when she spray-painted the school, that was funny and cool. It sounds like something I would do [laughter and some shouts of “yeah, for sure” from the class]. She was so mad, that’s why she did it. ‘Cause like, everyone was mean about it all, and she was doing all that work and still had to go to the special room. I do small stuff, I don’t like school either. It makes me mad, even when I try, we still get [from the teacher] about how stupid we are.

Each of the five students selected for the individual interviews, even the two with the smallest change in their attitude scores, recognized either similarities between themselves and Helen or similarities between Helen and someone they know.

Tyrone stated, “She is similar to me because she likes to have fun, and she doesn’t like school. Mostly because she likes to have fun all the time. And I like to have fun all the time.” Tyrone was taking an important step by recognizing Helen as a child who is similar to himself and not someone solely defined by the category of disability based on school
performance. Ken recognized similarities between the educational experience of Helen and his brother, who is not identified as having a learning disability:

He has to try really hard in school to pass sometimes, but the teachers are rough with him, he gets in trouble all of the time. For talking and being funny. He’s in 6th grade, so it’s really like the book, 6th grade could kill him [laughs]. …he comes home and tries to memorize stuff so he can get it if the teacher calls on him. Like Helen was doing with her mom…..And, I think it’s like in the story too, how people kind of laugh a little and stuff when he reads.

Ken also identified ways that he was similar to Helen, because he enjoys and excels in science but not in mathematics.

Tyrone’s personal experiences played a role in his identification with the character of Helen in the story resulted. He said that he has considerable experience being teased by his classmates, including teasing based on his academic performance and reading ability. Tyrone stated, “I don’t understand why people are even mean to regular people, like when they are mean to me. So I don’t understand why people would be mean to her [Helen].”

His impression of Helen as someone similar to him, who just needed something additional in order to succeed, as well as his own contact with classmates, gave him the ability to be empathetic toward the character.

The students displayed positive attitudes toward Helen in their interview responses. All of the five students interviewed could picture themselves as her friend and someone in their academic classes. Crystal said, “She [Helen] was good at math, and sports and gym and stuff. She was good at making people laugh……I would like to have her in our school, because she was interesting. It wouldn’t be as boring if she was in a class. It would make my
day a little more exciting than it is already.” The characterization of Helen in the story challenged and altered the negative stereotypes of people with disabilities held by Crystal and her classmates, as the students recognized the unique individual qualities of the character, such as her sense of humor.

Understanding Differences

While the students recognized the similarities between Helen and themselves, some of them were also aware of the differences in learning styles, appearances, and abilities among people. During discussions, the several students volunteered the ways in which differences occur among all people, and not just individuals who are categorized as disabled. Responding to a discussion question about how it would feel to be judged by a label, Jenna said, “It’s not fair, like, you can’t say Mr. Jones’s class is loud in the hallway. We aren’t all noisy. And like, some disabled people are quiet, you can’t say they all scream when they are mad.” In his interview, Ken acknowledged differences in how people learn when he stated:

When I read a good book, I don’t want to put it down. When I hear it, I think about other stuff. [But] like Helen, she was interested when she was hearing Old Yeller. And she, like probably couldn’t have read that by herself. So it just depends, like on the person. Everybody likes it a different way….everybody is different.

Ken and several other students demonstrated awareness that a person with a disability is not the only category of person who can be different, and there is a vast variety of characteristics among all people.

In contrast, Tyrone and Cara continued to assign high levels of importance to the differences of people with disabilities. Tyrone indicated that people with disabilities acted differently because, “they sound different. One person that I see around town, he walks
different.” During discussion of the last chapter of the story, Cara stated, “Helen didn’t read like the other kids, so she had to be moved, but it was no big deal. Wheelchair people, they don’t walk like everybody else, that’s big.”

Several of the students continued to acknowledge the presence of separate disability categories and identifying characteristics, but Tyrone and Cara remained focused on these categories as explanatory about individuals. “If they told us more about what they had, maybe some kids would be nicer [to children with disabilities],” Tyrone said in class discussion where he mentioned two children with disabilities in his gym class. “Like, I’d know what they were gonna do and it wouldn’t be a surprise.”

Generalizing from the Story

The student responses illustrated the degree to which they generalized information from the story about Helen to the broader concept of disability. As the two students with the smallest change in their scores, Tyrone and Cara did not generalize the change in their thought process beyond the specific disability identified in the story, despite class discussion that centered on broader topics. Cara indicated that she knew that people with disabilities could be very different. “They could be like Helen,” she stated. “They could be in the middle, between the mental kids and us…..they could get, like, regular grades and look like us and whatever.” She identified the possibility of having a student with disabilities in an academic classroom with her, and believed they would look, “like normal, probably. They’d be more like Helen, not mental. The mental kids are in other classes.”

Tyrone primarily maintained his belief that some people with disabilities “aren’t like other people,” and he was specific in identifying which people are different. Tyrone complained about the general questions in the survey during his interview, stating that he had
agreed a little that people with disabilities were untidy because, “well, [because] of the people with autism. Not all disabilities, that’s why I put a little. But like with autism, they are untidy and stuff, their papers are all over, people have to help them and stuff.” Tyrone wanted the survey to identify which disability groups he should think about when he answered the questions. “It would be better if I knew which disability they were talking about,” he stated.

In contrast, Betty generalized the theme in the book and in class discussions of recognizing similarities instead of differences to a considerable degree and was not concerned with the categories of disabilities in answering questions. When asked how a student with a disability might fare in her current classroom, Betty replied,” I think they would do pretty good…..any grade that a normal kid could get…I talk to a lot of people, and I don’t always realize they have a disability, that is, like something pretty big. So like we talked about, you can’t really tell. They don’t always act differently, either.” Crystal was also less interested in specific disability categories, stating that the word “disability” simply, “means to me someone who might need a little extra help with something, like it could be physical activities.”

*Disability and Normalcy*

Regardless of whether they generalized the information from the story, each of the students interviewed maintained the traditional medical model perspective, identifying disability located in the individual and similar to a condition or an affliction that needs to be fixed (Cooper, 1997; Hahn, 1988; Hehir, 2002). When asked about how a student with a disability might fare in her classroom, Betty immediately jumped to thinking about things with which the student would have “trouble” and the ways that could be “fixed.” Betty also
discussed her cousin, a child with a disability in a resource room setting in the school, as “pretty much normal.”

This impacted the ways the students felt about how to address inequalities they noticed. During discussion and interviews, students articulated ways that people with disabilities could be changed in order to help them in daily life. “We could make sure the disability kids know better,” Ken said in answering a question about how teachers or students could ensure that children with disabilities aren’t mistreated. “Teach them more math and stuff…..and teach them to stand up and not take it.”

This is consistent with the approach of the medical model, where the problem lies in the person with the disability and not in the larger way society views the person (Pfeiffer, 2001). When disability is constructed as a deficiency or a sickness, the socially acceptable solution is to cure the disability (Hahn, 1988; Hehir, 2002). On the basis of normal and abnormal test scores and behaviors, students are differentiated from each other in schools (Gallagher, 1999). The student responses demonstrated a lack of success in moving beyond the concept of disability as a medical condition and toward disability as a social construction (Smith, 1999a, 1999b; Smith, 2004).

Tyrone was extremely straightforward in his beliefs about normalcy and disability. “Usually, when you say ‘disability,’ I picture somebody that doesn’t have, like something that people who don’t have a disability have,” he stated. Tyrone focused on aspects of disability that he felt could be “fixed” with the use of items like a wheelchair or a hearing aid. He indicated a desire to fix disabilities because, “I think they would have more friends….and I think their life could be better.” Cara believed that she could be friends with
a person with a disability if they seemed “normal” and whether or not they were normal
could depend on the type of disability, although she was not able to be specific.

Student responses demonstrated that the concept of normal was important to each of
them in relation to their own lives, how they are perceived by their peers, and how they
perceive people with disabilities. At least one student on each day mentioned the word
normal, regular, and average. During discussion, Edward stated, “being normal means you
blend in. No one makes fun of you. You aren’t smart or fat and you don’t get too much
attention.” The idea of normal as average and almost invisible was identified by Measor and
Woods (1984), who found that students in the transition between elementary school and
secondary school wanted to avoid the stereotypes of “too conforming to adult
expectations” and “too aberrant.” Despite a more positive attitude toward disability, the
students still felt that their peers with disabilities could be considered abnormal. Crystal
pointed out that, “Disability [sic] kids might have something missing you notice,” and
Edward replied, “Yeah, you mean get them made fun of.” This emphasis on normal or
average as a desirable state was an impediment to moving beyond the medical model of
disability in discussions.

Language and Environment

The impact of what the students see and hear in their school retained a strong
influence on their opinions. Each of them noted the presence of a “special” table where a
small group of children with disabilities from a segregated classroom eat lunch together.
Crystal recognized that children with disabilities are highly segregated in their school,
indicating that these are children that have few friends, and “most of them [friends] would be
other kids with disabilities….From what I’ve seen, it’s like nobody wants to be with them,
they call it the mental kids.” She goes on to identify the cause of this isolation and negative attitudes as a lack of familiarity, saying, “I think it’s because they [regular education students] aren’t used to it. We don’t have a lot of people [with disabilities], they mostly aren’t here, or we don’t see them.”

Betty related her experience with the “special” table and her cousin Audrey. “The first few days at school, I tried to sit with Audrey at another table, and her aide wouldn’t let her,” Betty said. “So I always had to sit by them if I wanted to sit with her, and there wasn’t enough room for my friends too, so I was kind of back and forth.” She also remarked that Audrey is “getting made fun of” in the hallways by one of her classmates, and it is up to her to defend her cousin. Betty stated, “Her aides don’t do anything really. They just walk away. They’ll go like, c’mon Audrey, let’s go.”

Ken also related how students identified as having disabilities are mistreated by children in school, stating, “I know one kid, he had a dollar. And this other kid, he found a penny on the ground. And he said, ‘I’ll trade you this very shiny penny for your dollar.’ And the other kid traded.” Betty, Ken, and Crystal all related these attitudes to a lack of understanding of disability by other students and the way that students absorb the attitudes of teachers in the school.

In their interviews and class discussions, many of the students commented on the classroom teacher’s use of the word “retarded” to chastise the students for poor performance on exams. Crystal believed that if Helen were to come into her class, she would be “hurt” because, “Mr. Jones gets really mad sometimes and he tells us we are stupid. He sometimes says we are retarded in math when we don’t get it. Like when we don’t know our multiplication facts, he says we’re retarded.”
Mr. Jones used the word “retarded” on five separate occasions during the 30 minutes before or after reading during a period of 23 school days. One day, he told the students about a school-wide assembly that rewarded high performance and improved performance on the statewide standardized testing with cash, prizes, and gift certificates. In explaining how the tickets that went into the raffle during the assembly would be distributed, he informed the class:

You get two tickets for a 1, and one ticket for a 2. You don’t get a ticket for a 3 or a 4. If you scored a 4, you are like, dumb, dumb, dumb. It’s like, are you retarded, can you even spell your own name? So you don’t get a ticket. But if your score went up, and now you have a 3 instead of a 4, you get one ticket for that section because, you know, you are still dumb, but at least you have a chance.

After reading, some of the children in the experimental group connected the attitude and language used by teachers such as Mr. Jones and how children without disabilities treated their peers with disabilities. Ken believed the reason that his peers without identified disabilities target children with disabilities for ridicule is, “because they think they are being cool. And it’s like, the other kids do it, and the teachers do it.”

Crystal drew a parallel between the experiences of children in her school and the school in the story, stating that:

They [the other children in the story] didn’t know about disability, they didn’t really know anyone that went into a special room for extra help. If they had known about it, they would have acted different. Like here, if kids knew about it, it would be different. Some kids would still make fun of kids with disabilities, but then other
kids would be nicer and some kids would help them out and be friends and stuff. Because they would understand it more.

While Tyrone recognized that children with disabilities could be in general education classrooms because, “when this country was first made, they said everybody was equal,” Cara inferred from her experiences that some children with disabilities might not belong in her general education classes, “if they were mental.”

**Impact of Personal Contact**

According to the classroom teacher, these two classrooms of 52 students did not contain any students with identified disabilities. Six of the ten students in the experimental group indicated knowing someone with a disability, either as a friend, family member, or neighbor. The degree of contact with persons with disabilities differed among the students. Betty and Crystal both have significant personal contact with persons with disabilities. Betty’s cousin and brother are autistic. Crystal’s uncle is quadriplegic, her mother has a learning disability, and she has pleasant memories of a babysitter who had a physical impairment. Ken has a friend in school with a learning disability.

In contrast, both Tyrone and Cara have limited experience with persons with identified disabilities. Tyrone’s experiences are limited to interaction with a small number of autistic students who participate in his physical education class, and Cara remembers a single student in early elementary school who “bothered us a lot.”

Tyrone noted the presence of one child with a disability in his gym class, several children with autism that he has seen in the hallway, and one visit to the special education room. He remembered, “Like, when I went in there, there was, like, it didn’t look like a 5th grade room. It looked like a 2nd grade room, because they had, like, instead of multiplication
and division, they had pluses and minuses.” Because their contact with students with disabilities is so limited, Tyrone and Cara have no firsthand opportunities to see how children with disabilities are similar to themselves and their friends, and so they focus on the differences, such as different classroom material.

*Unexpected Survey Responses*

The researcher identified the students as numbers on the ATDP surveys and matched the numbers to the master list of student names and numbers after the post-reading survey in order to compare responses to information gathered during classroom discussions. In individual interviews, the researcher asked the students about responses to the ATDP survey that seemed incongruous with other answers on the survey or inconsistent with comments made during classroom discussion. This revealed some problems with the constructed questions in the survey, or at least interesting interpretations of those questions from these children.

There were several questions where Tyrone’s answers appeared more accepting of persons with disabilities prior to the reading and discussion. For example, prior to reading, Tyrone strongly disagreed that “most disabled people feel they are not as good as other people.” After reading, he agreed with that statement. When asked about his answers to this question, Tyrone said:

Well, I thought [before the reading] that they didn’t know better, ya know, they wouldn’t know they couldn’t walk or read or something. But like Helen, in the book, she wasn’t stupid, she knew she was having trouble reading and she felt bad. And like, being in a wheelchair doesn’t mean stupid, so they know they can’t walk and we
can. So, like, now I know that they aren’t all stupid, they probably know what things they can’t do, and I bet it makes them mad.

While Tyrone’s thinking is still reflective of the identification of disability with the lack of something, it is nevertheless an improvement from his attitude before the reading. While the scoring assigned a positive value to his answer prior to reading and discussion, it is obvious that believing that people with disabilities are self-confident because “they didn’t know better” is not a positive attitude, and his thinking did shift to acknowledge that people with disabilities are not “stupid.”

There was a similar issue with student answers to the statement, “Most disabled people resent physically normal people.” This was a statement on the ATDP survey where overall student answers reflected a negative change in attitude, with more students agreeing with the statement to some degree after reading. However, the students interviewed believed that resentment was justified on the part of persons with disability labels. “Yeah, I think they probably are mad about it,” Ken said. “Like, I would be, if I had to put up with crap all day from people.”

Each of the students interviewed explained their answer to this question by imagining how they would feel in a similar situation in light of the information they had received during reading and discussion. Betty said:

I didn’t really think before about how much they [people with disabilities] have to just deal, and like, the history stuff, where they weren’t allowed to go to school, or like, how they don’t get to be in regular class. They have a lot to be mad about, that’s why I agreed. I would be mad, I am mad about my brother and my cousin. I wouldn’t put up with it, I’d be yelling all the time and stuff.
The students equated the word “resent” with being angry and believed that the targets of anger on the part of persons with disabilities would rightly be people viewed as “normal” who were not treating them fairly. In terms of the ATDP, this does not result in a positive change in scoring but does represent an understanding on the part of the students of some of the experiences of persons with disabilities in school and everyday life.

**Gender Differences**

While the quantitative data did not reveal any differences in attitudes toward people with disabilities based on gender, there were small differences in qualitative responses during the interviews and guided reading discussions.

During class discussions, female students were more likely to express sympathy or pity for students with disabilities. For example, during a discussion on students with disabilities in physical education classes, Betty said, “I feel bad for them because they kinda have trouble, and like, people look at them funny when they are trying to jump rope and stuff.” Female students in the experimental groups stated they “felt bad” or “felt sorry” during class discussions involving labeling, prejudice, and discrimination.

Male students did not volunteer expressions of sympathy or pity during large-group discussions. The two male students selected for interviews briefly expressed these emotions on an individual basis with the researcher. Male students in class discussions and interviews were more likely than female students to volunteer specific stories of their friends “picking on” students with disabilities or other students who did not fit their version of normal, and provide suggestions as to how teachers could prevent these occurrences. When Ken related the story of a peer with a disability who “traded” a penny for a dollar at the urging of another student without a disability, he wanted to researcher to be aware that “they [teachers] should
really give them something to hold their money, so other kids can’t see it and then they won’t take it.”

This is consistent with the research involving children ages 10-11 that found males more likely to offer advice in challenging or negative social situations and females more likely to attempt to offer comfort (Banerjee, Rieffe, Terwogt, Gerlein, & Voutsina, 2006). This may be a result of the male student perception of negative consequences to expressing emotions (Parmley & Cunningham, 2008) and gender differences in verbal expression of emotions (Gleason & Ely, 2002; Shields, 1995).
Chapter 5: Discussion

Reduction in Stereotypes

Students in the experimental group responded to literature with a positive portrayal of an individual with a disability and targeted discussion with a significant positive change in their attitudes toward disability. The numerical results from the ATDP survey demonstrated a large positive effect from the reading and discussion, with a change of 29.2 points in the mean scores in the experimental group. Student participation during class discussions and student responses during interviews showed an increased understanding of the similarities of persons with disabilities to themselves and recognition of the unique qualities of individuals who are labeled as having a disability.

If, as the literature suggests, stereotyping is a categorization process (Kiger, 1997) whereby students identify one person with a disability as representative of all persons with disabilities, it is important that the reading and discussion led the students to believe that there is little difference between themselves and a person with a disability, and thus decrease the salience and magnitude of the differences in their minds. Student responses indicated a decrease in the importance assigned to the category of disability and the importance of differences between themselves and children with disabilities. The decrease in the discernable salience of the differences, one of the four factors identified by Developmental Intergroup Theory (Bigler & Liben, 2006), was a key factor in improving attitudes. Recognizing the similarities between people instead of the differences, as did the students in the experimental group, is part of reducing ingroup favoritism and bias against individuals considered to be part of the out-group (Crisp, 2005).
The recognition of the differences among individuals in the category considered disabled was also evident among each of the students. This type of personalization, or a crack in the rigid mental categorization of a group, is essential to the reduction of stereotyping (Hewstone & Brown, 1984). Stereotypes are usually activated immediately after a child labels a person as part of a devalued group (Richburg, Nelson, & Reid, 1994), but the characterization of Helen in the story challenged and altered the children’s negative stereotypes of people with disabilities. This is consistent with interactional and labeling theory, where implicit labeling “represents an interactive process that develops over time” and changes in a person’s perception of the behavior and characteristics of another can result in changes to the label (Downs, Robertson, & Harrison, 1997). In this case, the children perceived Helen’s personal characteristics as likable and engaging, which changed their perception of the disability label.

Differences in the Amount of Change

The degree to which the stereotype was altered from reading differed between the students with the largest and smallest changes in their opinions. Cara and Tyrone, who showed the smallest change in their attitudes on the survey, appeared unable to generalize positive feelings about students with learning disabilities such as Helen to the broader category of disability. There are three major factors that potentially played a role in the decreased benefit of reading and discussion for these two students: different learning styles, rigid stereotype beliefs prior to reading, and a lack of personal contact with persons with disabilities.

Learning styles may have played a role in the effectiveness of the intervention in this project. Ken, Betty, and Crystal all stated that they enjoyed reading in school, received
grades of As or Bs, and mentioned books they were reading independently. Tyrone and Cara, who had the smallest changes in their attitudes based on the ATDP survey, both mentioned struggles in reading during their interviews. Cara stated that she was “failing” English this year, and she did not pass the Accelerated Reader computer test for *Sixth Grade Can Really Kill You* that was available for the students to take. She was forceful in stating that she did not have a disability, said that according to Mr. Jones, “I just have to try harder….I need more time to think.”

Struggles in reading, as self-reported by Tyrone and Cara, may have decreased the effectiveness of the intervention due to difficulty comprehending information provided. Additionally, their concerns about the meaning of their struggles in school and potential peer rejection as a consequence of academic difficulties may have contributed to their prejudicial attitudes. Previous research has indicated a causal link between peer rejection and out-group prejudice (Williams, Case, & Govan, 2002) and linked prejudice in children to a need to establish solid in-group membership (Nesdale, Maass, Kiesner, Durkin, Griffiths, & Ekberg, 2007). Because of their own academic concerns and potential feelings about fragile in-group status, as identified in self-reported concerns about teasing from classmates, Tyrone and Cara may be predisposed to exhibit stronger prejudice than the other students in the experimental group.

Cara and Tyrone were also among the lowest scores in the experimental group on the ATDP survey prior to reading. Their post-reading scores and interview responses indicate that they ignored or discounted information from the story or discussion that was significantly different from their prior attitudes about disability. This is consistent with the way Frawley (2008) found that young children process information from picture books.
related to gender. When a child held a strong prejudicial or stereotyped viewpoint, it hampered accurate processing of information from stories that was inconsistent with their prior beliefs. Smith-D’Arezzo (2003) determined that new evidence from reading was not always assimilated by her research participants when the information completely contradicted their existing ideas.

Finally, their limited personal contact with persons with disabilities led to a fractured change in attitudes and beliefs. After reading, Cara believed that students like Helen in the story were similar to her, but the “mental kids” were still completely different. Cara and Tyrone could not recall any personal, sustained contact with an individual with a disability. This is in contrast with Betty, Crystal, and Ken, who all had personal friendships and close relative connections with individuals with disabilities. Thomson and Lillie (1995) found that “children who do not have regular, ongoing contact with a person with a disability, whether they are a fellow school pupil, a friend outside school or a relative, are more negative in their attitude toward disabled peers” (p. 750). Harper (1999) determined that children who had personal contact with people with physical disabilities were more likely to view individuals with these disabilities in a positive light, and that lower incidence disabilities were more likely “to violate expectations of the nondisabled observer” (p. 142) due to limited contact, and thus be more negatively stereotyped.

These results provide evidence that the educational status of the child, rigidity of prior attitudes, and contact with individuals with disabilities impact the effectiveness of interventions using literature and discussion.
Effects of Labeling and Segregation

This project found mixed results on student comprehension of the negative effects of explicit labeling and segregation. While the student responses in discussion and interviews indicated understanding that derogatory language, labeling, and the isolation of children with disabilities played a role in negative attitudes, the students still clung to the medical model and a belief in the need to “fix” disability as a condition. There are several potential reasons for this failure of this study to help children break away from traditional thinking about disability.

First, there is a significant lack of available children’s literature with positive portrayals of people with disabilities (Dyches & Prater, 2005), particularly literature that does not contain a medical model of disability. *Sixth Grade Can Really Kill You* is a noteworthy story for its high readability and realistic portrayal of the main character. As Smith-D’Arezzo noted, Helen is characterized as a student who could be well-liked in many classrooms. However, Helen is also presented as a student who needs the assistance provided by a special education classroom in order to improve in reading, and thus is someone who can not spend a full day in a regular education classroom.

Other chapter books frequently mentioned for use with children to “cultivate compassion and tolerance” (Stewart, 2006, p. 86), such as *Crazy Lady* (Conly, 1993) and *Joey Pigza Loses Control* (Gantos, 2000) share the same difficulties as *Sixth Grade Can Really Kill You* in the presentation of a disability as a characteristic that deserves sympathy or needs to be fixed. Ayala (1999) found only 20% of children’s literature provided realistic portrayals of people with disabilities, and Dyches & Prater (2005) found that only half of the characters portrayed as having disabilities in recent fiction had reciprocal friendships.
Despite discussion questions structured to encourage students to challenge this thinking, the survey results indicate that the power of the story in *Sixth Grade Can Really Kill You* reinforced the medical model of disability, or the single story and short time frame of the study was not sufficient to break the entrenched nature of this thinking. The reading and discussion did not move the students towards an understanding that people with disabilities are disabled by the stereotyping and discrimination they face and not disabled by an impairment (Cooper, 1997). The acceptance of the medical model of disability, with its excessive labels and enforcement of normalcy as the desired state, fails to consider the inherent harm to people with disabilities through this process (Smith, 1999). The students’ understanding of what is “normal,” whether reinforced by the reading or an effect of the everyday messages they receive, was a barrier to moving their thoughts “into the discourse of human construction, diversity, and discrimination” (DePoy & Gilson, 2008, p. 34).

The lack of inclusion for students with disabilities in this school is another noteworthy barrier to developing positive attitudes to the greatest degree possible. Research studying other stigmatized groups, such as individuals with mental illness, have concluded that greater degrees of familiarity with the stereotyped group increased the positive effects of an education program on attitudes (Corrigan, Larson, Sells, Niessen, & Watson, 2007). While students with disabilities in inclusive settings often do not achieve social status equal to that of their peers without disabilities (Maras & Brown, 2000; Salend & Garrick-Duhaney, 1999; Siperstein et al., 2007; Stanovich, Jordan, & Perot, 1998), meaningful contact in inclusive settings plays a role in decreasing stereotyping and increasing social acceptance (Bunch & Valeo, 2004; Fichten, Schipper, & Cutler, 2005; Hunt & Hunt, 2000; Yuker, 1994).
The culture of this school established by school leadership personnel, as well as the culture of the classroom established by Mr. Jones, played a prominent role in the attitudes of the students. The focus on normalcy, the importance of labels, and the identification of children with disabilities as the “mental kids” is developed, supported, and reinforced through the school emphasis on achievement test scores and segregation. For example, the school principal establishes an assembly to reward high achievement test performance with prizes, and Mr. Jones hands out tickets to each student in full view of the entire class so that everyone can identify who fell outside of the acceptable norm. Initial attitude scores for the students in this study demonstrate the school culture, as they were more negative than the norm scores for the ATDP that was reported more than 20 years ago (Yuker & Block, 1986). School leadership and educators in this school bear responsibility for the climate that has supported these negative attitudes. Research demonstrates that substantive change needs administrative and leadership support (Bartholomay, Wallace, & Mason, 2001; Cook, Semmel, & Gerber, 1999; Fullan & Steigelbauer, 2007). The moral responsibility of establishing a culture where, at a minimum, it is unacceptable for a child to trick a student with a disability into “trading” a penny for a dollar lies with the school leadership.

While Tyrone recognized that children with disabilities could be in general education classrooms because, “when this country was first made, they said everybody was equal,” the reality is that the message he receives daily is that everyone is not equal. This message is transmitted through school policies such as explicit and implicit segregation and language used by educators in school. Mr. Jones’s repeated use of the word “retarded” when students did not perform as expected in the classroom reproduces the concept of disability as outside
of the realm of normalcy and establishes a barrier between the students in his class and
students with disabilities.

However, the changes in attitude effected with literature could become an important
first step in desegregation for students with disabilities. As previously discussed, attitudes are
often a barrier to successful inclusion (Vilchinsky & Findler, 2004), creating a pattern
whereby children are not included because of negative attitudes that decrease the potential
for success, and yet attitudes do not improve because of explicit and implicit segregation.
The improvement in attitudes from literature and discussion as demonstrated in this project
could provide an open window whereby inclusionary practices would have a greater
opportunity to succeed and further break down attitudinal barrier.

Limitations

This study represents a small sample of students from two specific classes in a single
geographic area that is heavily white and middle-class. It is unknown if results would be
similar if the research were duplicated with students from other racial, ethnic, and
socioeconomic groups that experience prejudice and discrimination in their lives. Future
research could involve larger populations of children representing various backgrounds.

Less than half of the potential population chose to participate in the study. Parents
and children who chose to participate in the study may have had a more favorable attitude
toward people with disabilities than the other students in the class, which could have
impacted the results. Since the mean scores on the ATDP survey from those who chose to
participate were below the norm identified by Yuker & Block (1986), this may indicate the
strength of the stereotypes and bias in this potential population.
Additionally, two classes that participated in this study were not chosen at random. The willingness of the teacher to participate was a delimiting factor. While it did not appear that this teacher exhibited a more positive attitude than his peers toward people with disabilities, potential differences in the environment of these two classes as established by the teacher could have impacted the results.

Students in the experimental group had the benefit of reading only one story that contained a character with a disability. As previously discussed, this story can be considered flawed in presenting a learning disability as something that should be diagnosed and fixed. Due to the limited time span of the project (23 school days), this was not possible. Additionally, this project did not examine sustainability of attitude changes, which clearly impacts the usefulness of reading for this purpose.

This research used the ATDP scale (Yuker, Block, & Young, 1970) to measure general attitudes toward people with disabilities. While a significant amount of research uses the ATDP due to demonstrated internal and external reliability (Antonak & Livneh, 1988, p. 137), there are potential problems with this tool. Due to the time period when it was developed, the ATDP does not use person-first language. It is possible that this had a negative effect on the attitudes of the students, as language can create reality (Hadley & Brodwin, 1988; Kashima, Fiedler, & Freytag, 2008; Murphy, 2003). Second, the students in this project discussed interesting interpretations of several questions, and in some instances the scoring resulted in attributing a positive attitude to a response that was truly negative, and vice versa. Consideration of these challenges with the ATDP may imply a need for research that measures attitudes and behaviors using more than one tool to confirm the validity of the results.
Finally, it is unknown if a desire to please the researcher impacted the answers provided by the students. During the guided discussion, the researcher was clear about her personal beliefs and encouraged the students to examine available information to reach their own conclusions. While there is mixed data on the fakeability of the ATDP (Antonak & Livneh, 1988), assessments of attitudes is prone to distortion as people seek to provide a “socially desirable response” (White, Jackson, & Gordon, 2006, p. 34). While the children appeared to provide genuine opinions, and their interview statements were compared across the ATDP and classroom discussions, it is possible that responses were tailored to meet the expectations of the researcher.

Implications

Messages are sent to children as readers of literature about how to respond to similarities and differences, and these messages impact the way children act in everyday life (Dyches & Prater, 2005; Mills, 2002). Results indicate that it is possible for carefully selected literature and guided discussion to have an ameliorating effect on negative attitudes and create a window of opportunity for further change through personal contact with people with disabilities. The effectiveness of the use of literature implies a potential need to alter classroom practices and teacher preparation to take advantage of the chance to change children’s negative attitudes toward people with disabilities.

Taxel (1992) maintained that exposure to multicultural literature is important to help children as they assess the world and social constructions. Exposure to literature with positive portrayals of persons with disabilities is equally important. Teachers need to examine the books they read and discuss stereotypes about people with disabilities with their class. Ideally, teachers would replace books with negative and prejudicial information with
books with positive and realistic portrayals; in the case of classic literature, teachers should engage in “discussing and explaining symbolism so that damaging messages are negated” (Margolis & Shapiro, 1987, p. 21). Presenting children with classroom environments and educational experiences where stereotypes and prejudice are minimized is challenging but possible (D’Angelo & Dixey, 2001). Educators can use literature with positive and realistic portrayals of disability, along with carefully planned discussion, as a component in creating such an environment where diverse students are included and respected by their peers.

Clearly, teachers cannot engage in this reading and discussion without an examination of their own attitudes toward disabilities. Teacher education programs need to ensure that future teachers have positive attitudes about disability (Silverman, 2007) and not the negative, stereotypical images of disability perpetuated in society. As the mediators of literature discussion, teachers can play a significant role in how disability information is offered through literature (Margolis & Shapiro, 1987; Smith-D’Arezzo, 2003; Stewart, 2006). Yet the dominant medical model of disability in teacher training and preparation programs reinforces the perception that there are defined groups of disabilities with specific identifying characteristics (Titone, 2005). This is demonstrated by the attitude of Mr. Jones toward students with disabilities and his repeated identification of these students as different or less than the students whom he is responsible to teach. In order for teachers to create positive change, through literature or any other mechanism, teacher training and education needs to stop providing present and future teachers with stereotypic information about disability categories that is then transmitted to children.

This will mean that teacher education programs will need to adopt an interdisciplinary disability studies approach to training educators, one that steps outside the dual training track
of special and general education (Rice, 2006; Smith, in press). These kinds of programs will
counter the medical model of disability in special education by using a social model of
disability as the tool of analysis (Smith, 1999a; 2004; 2006; 2008; Young & Mintz, 2008).
Such an approach encourages what Ferri (2006) calls a “pedagogy of disruption” (p. 299),
confronting ableism in teachers, schools as social institutions, and the culture at large. Such
programs will unpack “…the external factors such as cultural, social, political and economic
conditions that contribute toward how people with disabilities are treated” (Lim, Thaver, &

A long-term study with careful attention to a multi-year faceted reading curriculum
and multiple measures of attitude change is needed to study the complete impact of literature
and discussion on changing attitudes. An ideal study would incorporate multiple books where
disability is present in main characters but is not a primary focus, as well as stories that focus
on disability with structured discussion. Researchers could also measure changes in the
behavior of children toward their peers with disabilities, in addition to examining changes in
attitude.
References


Brault, M. (2008). Disability status and the characteristics of people in group quarters: A brief analysis of disability prevalence among the civilian non-institutionalized and total populations in the American Community Survey. Retrieved February 20, 2009 from the U.S. Census Bureau website at:


OSERS- Office of Special Education and Rehabilitative Services (2007). _27th annual report to Congress on the implementation of the Individuals with Disabilities Education Act_. Washington, DC.


Appendix A
Letter of Information- Parents

I would like to invite your child to participate in a research study about how s/he feels about people with disabilities, and whether his or her opinions could be changed after reading a story about a person with a disability. Your child’s class will be reading and discussing books selected to be appropriate for his or her grade level and eligible for points in the Accelerated Reader Program. Your child will read and discuss *Maze of Bones* by Rick Riordan and *Sixth Grade Can Really Kill You* by Barthe DeClements for an estimated time of 30 minutes per day for three weeks.

If you allow your child to participate in the research, s/he will complete a short survey before and after reading. The survey is attached for you to review. The survey will ask your child about their impression of people with disabilities. Your child may also be chosen for a more in-depth oral interview (60 minute) interview with the researcher to talk about their opinions. The questions that will be asked during the interview are also attached.

If you do decide to allow your child to participate, all results will be kept confidential; the name of your child and any other information someone could use to determine their identity, such as the name or specific location of the school district, will not be shared with anyone.

Your child may benefit from this study through increased understanding of their beliefs, attitudes, and opinions toward people with disabilities. Information related to this research will help to broaden understanding about the attitudes of children toward people with disabilities.

If you would like to participate, please read and sign the attached consent form. You may contact the researcher at any time with questions before or after you chose to participate in the research.

If you would like to allow your child to participate, please read and sign the attached consent form. Your child must also sign their own consent form, which has been read and explained to them. You may contact the researcher at any time with questions before or after you chose to participate in the research. Thank you for your consideration.

Christie Routel
Eastern Michigan University
Appendix B
Informed Consent- Students
Title: Quality Children’s Literature and Its Impact on Attitudes Toward Disability

Purpose of the Study: The purpose of this project is to study how you feel about people with disabilities, and whether your opinions could be changed after reading a story about a person with a disability.

Procedure: Your class will be reading and talking about two books, Maze of Bones by Rick Riordan and Sixth Grade Can Really Kill You by Barthe DeClements. Both stories are eligible for points in the Accelerated Reader Program and will be read to you for about 30 minutes a day for three weeks. If you agree to be part of the study, you will complete a short survey before and after the reading. The survey will ask you about your impression of people with disabilities. You may also be chosen to talk to the researcher about your opinions in an interview that will last about an hour.

Confidentiality: Your name will be protected at all times. You will be given a number that will only be known to the researchers. Your name will not be on any of the surveys you fill out- only your number. Audiotapes of any interview will be written out by the researchers – no one else will listen to them. Except when they are being written out, the tapes will be kept in locked file cabinets of the co-investigator. Your name and any other information someone could use to figure out who you are will not be shared with anyone. After the research is done, your name and your identifying number will be destroyed, along with any audio tapes of interviews.

Expected Risks: You may feel nervous in discussing the books and your opinion. You can choose not to talk during class at any time. Although your name will not be shared with anyone else, there is a small chance that someone could figure out your name from reading or hearing about this research.

Expected Benefits: You may benefit from this study through understanding your opinions toward people with disabilities. Information related to this research will help to improve understanding about the attitudes of students toward people with disabilities.

Voluntary Participation: Participation in this study is the decision of you and your parents. You may choose not to take the surveys or be interviewed. If you do decide to participate, you can change your mind at any time and withdraw from the study without negative consequences. There is no benefit to participation or penalty for not wanting to participate; your classroom teacher will not know who is participating.

Use of Research Results: The results of this study may be presented at research meetings and conferences, in scientific publications, as part of a master’s thesis of the co-investigator, in college courses, or in public exhibitions.

Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Dr. Phil Smith, at 734.487.7120 x2656, or via email: psmith16@emich.edu. You may also contact the student researcher at

This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from 3-9-2009 to 3-8-2010. If you have questions about the approval process, please contact the Human Subjects Review Committee in the College of Education at Eastern Michigan University through Dr. Michael Bretting at 310 Porter Building, Ypsilanti, MI 48197 at 734-487-0496.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

PRINT NAME: __________________________________________

Signatures:

Student (your signature) Date Investigator Date
Appendix C

Informed Consent- Parents/Guardians

Title: Quality Children’s Literature and Its Impact on Attitudes Toward Disability

Purpose of the Study: The purpose of the study is to determine the effect of reading high quality literature containing realistic portrayals of persons with disabilities on the attitude of children toward people with disabilities.

Procedure: Your child’s class will be reading and discussing books selected to be appropriate for his or her grade level and eligible for points in the Accelerated Reader Program. Your child will read and discuss Maze of Bones by Rick Riordan and Sixth Grade Can Really Kill You by Barthe DeClements for an estimated time of 30 minutes per day for three weeks. If you allow your child to participate, s/he will complete a short survey before and after reading. The survey will ask your child about their impression of people with disabilities. Your child may also be chosen for a more in-depth oral interview (60 minutes or less) with the researcher to talk about his or her opinions.

Confidentiality: Your child’s confidentiality will be protected at all times. During the research, your child will be assigned a number that will only be known to the researchers. No other identifying information will be used. Interview tapes will be transcribed by the researchers – no one else will listen to them. Except when they are being transcribed, they will be kept in locked file cabinets of the co-investigator. Your child’s name and identifying information will not be shared with anyone. After the research is completed, the name of your child and their identifying number will be destroyed, along with any audio tapes of interviews.

Expected Risks and Benefits: There is minimal risk of experiencing anxiety in discussing literature and opinions during this research. Children who participate in the research are able to choose not to participate in class discussions if they experience any discomfort. Although the name of your child and any identifying information, including the school name, will not be disclosed to anyone, there is a minimal risk that your child may be identifiable in publications or presentations. Your child may benefit from this study through increased understanding of their beliefs, attitudes, and opinions toward people with disabilities. Information related to this research will help to broaden understanding about the attitudes of children toward people with disabilities.

Voluntary Participation: Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you can change your mind at any time and withdraw your child from the study without negative consequences. No classroom grade, credit, privilege, or penalty will result from agreeing or declining to participate in the surveys or interviews.

Use of Research Results: The results of this study may be presented at research conferences, in scientific publications, as part of a master’s thesis of the co-investigator, in college courses, or in public exhibitions.

Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Dr. Phil Smith, at 734.487.7120 x2656, or via email: psmith16@emich.edu. You may also contact the student researcher at . This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from 3-9-2009 to 3-8-2010. If you have questions about the approval process, please contact the Human Subjects Review Committee in the College of Education at Eastern Michigan University through Dr. Michael Bretting at 310 Porter Building, Ypsilanti, MI 48197 at 734-487-0496.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and allow my child to take part in the study.

PRINT NAME: ___________________________ STUDENT NAME: ___________________________

Signatures: ___________________________
Appendix D

ATDP Scale

Read each statement and put an “X” in the appropriate column on the answer sheet. Please answer every question.

<table>
<thead>
<tr>
<th></th>
<th>I agree very much</th>
<th>I agree pretty much</th>
<th>I agree a little</th>
<th>I disagree a little</th>
<th>I disagree pretty much</th>
<th>I disagree very much</th>
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<tbody>
<tr>
<td>1.</td>
<td>Disabled people are often unfriendly.</td>
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<td>2.</td>
<td>Disabled people should not have to compete for jobs with physically normal people.</td>
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<td>3.</td>
<td>Disabled people are more emotional than other people.</td>
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<td>Most disabled persons are more self-conscious than other people.</td>
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<td>5.</td>
<td>We should expect just as much from disabled as from non-disabled people.</td>
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<td>6.</td>
<td>Disabled workers can not be as successful as other workers.</td>
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<td>7.</td>
<td>Disabled people do not usually make much of a contribution to society.</td>
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<td>8.</td>
<td>Most non-disabled people would not want to marry anyone who is physically disabled.</td>
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<td>9.</td>
<td>Disabled people show as much enthusiasm as other people.</td>
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<td>10.</td>
<td>Disabled people are usually more sensitive than other people.</td>
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<td>11.</td>
<td>Severely disabled persons are usually untidy.</td>
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<td>12.</td>
<td>Most disabled people feel that they are as good as other people.</td>
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<td>13.</td>
<td>The driving test given to a disabled person should be more severe than the one given to the non-disabled.</td>
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<td>13.</td>
<td>The driving test given to a disabled person should be more severe than the one given to</td>
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<td>I agree very much</td>
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<td>14.</td>
<td>Disabled people are usually sociable.</td>
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<td>15.</td>
<td>Disabled persons are usually not as conscientious as physically normal people.</td>
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<td>16.</td>
<td>Severely disabled persons probably worry more about their health than those who have minor disabilities.</td>
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<td>17.</td>
<td>Most disabled persons are not dissatisfied with themselves.</td>
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<td>18.</td>
<td>There are more misfits among disabled persons than among non-disabled persons.</td>
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<td>19.</td>
<td>Most disabled persons do not get discouraged easily.</td>
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<td>Most disabled persons resent physically normal people.</td>
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<td>22.</td>
<td>Most disabled persons can take care of themselves.</td>
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<td>23.</td>
<td>It would be best if disabled persons would live and work with non-disabled persons.</td>
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<td>24.</td>
<td>Most severely disabled persons are just as ambitious as physically normal persons.</td>
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<td>25.</td>
<td>Disabled people are just as self-confident as other people.</td>
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<td>26.</td>
<td>Most disabled persons want more affection and praise than other people.</td>
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<td>27.</td>
<td>Physically disabled persons are often less intelligent than non-disabled ones.</td>
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<td>28.</td>
<td>Most disabled persons are different from non-disabled people.</td>
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<td>29.</td>
<td>Disabled persons don’t want any more sympathy than other people.</td>
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<td>30.</td>
<td>The way disabled people act is irritating.</td>
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Appendix E
Interview Questions

1. What did you like about reading Sixth Grade Can Really Kill You?
   Probe: a. What did you dislike about the story?
   b. What was your favorite part of the story?
   c. Did you think Helen was like you in any way? How?
   d. Do you know anyone (else) who is like Helen? How?

2. Do you know any teachers like the one Helen had first? What are they like?
   Probe: a. Do you think this teacher was mean? Why? Can you think of any way she could have helped Helen?
   b. Do you know any teachers like the one Helen had in the second half of the year? What are they like?
   c. What do you think the second teacher did that was different from the first? Did it help Helen? How?
   d. Have you had a teacher who helped you? What did they do that helped you? (If no, then what do you think a teacher could do to help you?)
   e. Do you think the help you need from a teacher is different than what someone like Helen needs? How?

2. Why do you think Helen’s friend teased her about the “special” room?
   Probe: a. Do you think going to the “special” room helped Helen? Why?
   b. Why do you think Helen and her mother didn’t want to go to the “special” room? Do you think they were right?
   c. Do you think your classmates would tease someone who went to a “special” room?
   d. How do you think Helen’s friends could help her in school?
   e. What do you think they did in the “special” room?
   f. Do you think Helen needed help in the “special” room that is different from the other students? How?
   g. Is there a room like that in this school? What do you think the students do in that room?

3. Do you think you could be friends with someone like Helen? Why/Why not?
   Probe: a. What are some of the things Helen was really good at doing?
   b. What do you think made someone popular in the story?
   c. What kinds of things make people popular in your school?
   d. Do you think Helen would be popular if she was in school with you? Why/Why not?
   e. Do you think students with disabilities in your school have a lot of friends? Why/Why not?

4. How do you think Helen would do in your classroom with grades and assignments?
Probe:  a. Would you want to do a group project for reading with someone like Helen? Why/Why not?
   b. Have you done any group projects with someone with a disability? What was it like?
   c. Do you think students with disabilities can get good grades in your school? Why?
   e. What do you think makes it easier or harder for a student with disabilities in your school?

5. What do you think “disability” means?
   Probe:  a. Does a person with a disability look differently than other people? How?
      b. Does a person with a disability act differently than other people? How?
      c. Do you think a person with a learning disability can go to college? Why?
      d. Do you think a person with a vision impairment can go to college? Why?
      e. How many people do you know with disabilities? Tell me about them.
Appendix F
Discussion Questions
Sixth Grade Can Really Kill You
Chapter 8- Red Eye

Summary: Helen tells her Mrs. Martin, her friend’s mom, about the discipline slip she is bringing home from school while they are baking a pie. Helen goes home and her mother asks her to keep trying in school. Helen’s report card is mostly “Fs.” Helen’s mother schedules a conference at school with Mrs. Lobb and the principal to talk about Helen’s grades. Helen’s mother refuses to let the school place Helen in special education.

Discussion
What are the reasons Helen gives Ms. Martin for getting a discipline slip?

_Helping another child on his math test, giving another child a pencil_

Was Mrs. Lobb jumping to conclusions when she gave Helen the discipline slip? Have you ever had a teacher assume you were doing something bad when you weren’t? Why do you think that happens?

_Guide discussion toward concept of a reputation, and how Helen’s reputation as “Bad Helen” made school difficult._

What grades did Helen bring home to show her mother on her report card?

_Fs, a C in math, a D in health, a U in citizenship_

What happened with her math and health grades? Do you think those grades are a good reflection of what she knows in those subjects? Has there ever been a time when you didn’t get a good grade on a test, but you think you knew the subject? How could Helen have shown Mrs. Lobb she knew those subjects?

_Math- helped another student during one test, health- knew the answers, but couldn’t read all the words on the test. Use F/U questions as needed to discuss how testing is not always an accurate portrayal of what you know. Provide a personal example, if needed._

So, what does Helen’s mom do when she sees that report card?

_Calls the principal and schedules a conference._

During the conference, why does Mrs. Lobb say she can’t work individually with Helen? What do you think Mrs. Lobb could have done differently to help Helen? Do you think any of the other students might have benefitted from something different like Helen?

_She has 30 students to work with. Guide the discussion toward ways to help Helen and how that would also help the other students, such as working in small groups, reading test questions out loud, counting homework toward their grade, using things other than tests for grades._

Why do you think Helen’s mother doesn’t want Helen in a special education program for reading?

_Worried about label, other children teasing her_

Helen says she feels like a “cripple” when the principal call her learning disabled. Why? How would you feel? Do you think the label of learning disability would help or hurt Helen’s reputation with teachers? How do you think students in this school treat someone who has that label?

_Guide the discussion toward how the label might harm Helen, how the label doesn’t tell you about her (label leaves out important things like her ability at math, memory skills, sense of humor), what other people would assume they know about her from the label._