Aversive Ableism: Subtle Discrimination and Prejudice
Towards Disabled People

BY
CARLI FRIEDMAN
B.A., University of Delaware, 2010
M.S., University of Illinois at Chicago, 2013

DISSERTATION
Submitted as partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Disability Studies
in the Graduate College of
the University of Illinois at Chicago, 2016

Chicago, Illinois

Defense Committee:
Carol Gill, Chair and Advisor
Glenn T. Fujiura
Mary Kay Rizzolo
Sarah Parker Harris
Sam Gaertner, University of Delaware
ACKNOWLEDGEMENTS

I am grateful for many people, especially my advisor Carol Gill for her guiding hand and thoughtful insight. I consider it a privilege to work with someone who is so critical to the field of disability studies. Thank you also to the rest of my wonderful dissertation committee: Glenn T. Fujiura, Sam Gaertner, Sarah Parker Harris, and Mary Kay Rizzolo. Glenn, I (perhaps surprisingly!) cherished our quantitative discussions. Sam, it was wonderful to have an expert of your caliber to help me bridge social psychology and disability studies. Sarah, you are ever a source of encouragement, guidance, and thought-provoking conversation. Finally, Mary Kay, whom I owe some of my deepest gratitude, thank you for being an incredible mentor throughout my graduate career. I am also indebted to my brilliant research team who graciously volunteered their time to help me see this project through; I couldn’t have done it without you!

I am much obliged to my family, especially my mother Kim and my brother Alex. I am also thankful for those friends who supported me during my journey through the Ph.D. program, particularly my wonderful cohort. I could not think of a better group of women to take the red pill with. Finally, Natasha Spassiani, I cannot thank you enough for your compassion and guidance; thank you for being a friend.
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<td>BIAT</td>
<td>Brief Implicit Association Test</td>
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<td>DA-IAT</td>
<td>Disability Attitude Implicit Association Test</td>
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<td>DHSP</td>
<td>Disability Health and Social Policy (building)</td>
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<tr>
<td>DHD</td>
<td>Disability and Human Development (program)</td>
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<td>DSDS</td>
<td>Disability Social Distance Scale</td>
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<td>IAT</td>
<td>Implicit Association Test</td>
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<tr>
<td>ID</td>
<td>Intellectual Disability</td>
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<td>IDP</td>
<td>Interaction with Disabled Persons Scale</td>
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<tr>
<td>LGBQ</td>
<td>Lesbian, Gay, Bisexual, and Queer</td>
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<td>MDIAT</td>
<td>Multiple Disabilities Implicit Association Test</td>
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<td>MFT-IAT</td>
<td>Multifactor Trait Implicit Association Test</td>
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<td>MRS</td>
<td>Modern Racism Scale</td>
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SUMMARY

In order to examine the complexities of subtle contemporary prejudice this dissertation helps reconceptualize ableism as a spectrum by establishing the viability of the concept of aversive ableism and exploring how explicit (conscious) and implicit (unconscious) disability prejudice interweave. Social psychology research on contemporary racism, particularly aversive racism theory, was used as a window to examine this complex phenomenon.

This dissertation examined aversive ableism by answering the following research question: how do different combinations of conscious (explicit) and unconscious (implicit) prejudice apply to disability? In doing so I theorized people’s interaction with disabled people is most likely to be prejudiced in an aversive fashion. The aim of this study was then to establish a construct of aversive ableism by: examining the patterns of explicit and implicit disability prejudice; examining theoretical variables that may be aversive ableism and disability prejudice; and examining one-on-one interactions between nondisabled and disabled people.

Part I of this study was the quantitative analysis of the participants’ implicit and explicit levels of disability prejudice using the Disability Attitudes Implicit Association Test (DA-IAT), an adapted version of the Symbolic Racism Scale 2000, and other questions about demographics and relationships with disabled people. Part I was administered to eighty-four undergraduate and graduate students. One-quarter of part I participants ($n = 21$) also completed part II of this study, which involved an exit interview administered by a disabled interviewer. Moreover, the disabled interviewers were also paying attention for cues of prejudice. To compare disabled and nondisabled peoples’ perceptions of prejudice four nondisabled people also reviewed videos of each interview and noted cues of prejudice.
SUMMARY (continued)

Findings revealed the majority of participants’ preferred nondisabled people implicitly. Moreover, the majority of participants were prejudiced according to the aversive ableism pattern, with low explicit prejudice and high implicit prejudice. Participants understood disability through both concepts and different relationships to it. Accordingly, participants’ knowledge about disability and relationships with disability significantly related to aversive ableism.

As aversive racism research found Black people are better at reading subtle prejudice directed towards them, this study also had disabled and nondisabled people examine participants’ behavior for cues of prejudice. While disabled interviewers predicted participants’ explicit prejudice, nondisabled disability studies reviewers predicted both explicit and implicit prejudice, and significantly read markers of truly low prejudiced people. Meanwhile, nondisabled reviewers with no disability background could not predict any prejudice, suggesting nondisabled people without disability consciousness may not be able to read prejudiced situations.
I. INTRODUCTION

‘Like motherhood and apple pie’ disabled people often are free from overt attack, particularly since their physical characteristics may elicit sympathy; but covertly this ‘aura of paternalism’ continues to ‘permeate relations between disabled and nondisabled segments of the population,’ perhaps reinforcing rather than eradicating the social and self-perceptions of disabled individuals’ inferiority, and consequently their predilection for failure. (Phillips, 1985, p. 48)

Disability studies theorist Simi Linton (1998) describes disability studies as an interdisciplinary field that analyzes disability as a social, political, and cultural construct. The social model of disability is the theoretical framework that has had the most substantial impact on disability studies and the disability rights movement. The social model perspective considers disability as originating in broad social structures and relations that consistently oppress people.

Unlike the historically prominent medical model of disability that frames disability as an individualized problem one “suffers” from and needs treatment for (Linton, 1998), the ideological shift to the social model conceptualizes disability as something that is socially constructed—a form of social oppression. Under this model, Barnes and Mercer (2003) “conceptualize disability as a form of social oppression akin to sexism and racism, although it exhibits a distinctive form, with its own dynamics…as a historically and culturally specific form of social oppression” (p. 18). Abberley (1987) also argues that the social model or social theory of disability is strongest when it is based on the concept of oppression. Abberley discusses oppression as socially created disadvantages that are placed upon disabled1 people. This includes

1 Disability studies scholars view people with impairments as disabled by society. This understanding of disability is why people have started reclaiming disability and identifying as ‘disabled people’ rather than ‘people with disabilities.’ Disabled people is used throughout this dissertation for this reason. Moreover, ‘nondisabled’ is used to referred to people without disabilities instead of ‘able-bodied’ in parallel with Linton (1998) who explains her usage of nondisabled saying, “the terms disabled and nondisabled are used frequently to designate membership within or outside the community. Disabled is centered, and nondisabled is placed in the peripheral position in order to look at the world from the inside out, to expose the perspective and expertise that is silenced…The use of nondisabled is strategic: to center disability” (p. 13).
the recognition of the social origins of impairment, and opposition to the economic, social, environmental, and psychological disadvantages imposed on disabled people.

Systemic discrimination, which is rooted in history, constitutes a significant amount of the oppression disabled people face. Barnes (1997) suggests,

to appreciate fully the extent and significance of the oppression of disabled people an understanding of history and its relationship to western culture: the central value system around which western society is clustered, is vital. (p. 4)

According to Barnes (1997), one of the important tenets of ancient Greek and Roman society was citizenship. The creation of the civilized man justified oppression because the creation of this category (civilized) also created an opposite; it made others, such as disabled people, uncivilized and justified their unequal treatment as such. In early Christian and Jewish culture impairments were viewed as God’s punishment for wrongdoing. In the 16th century, plagues, poor harvests, and reduced church wealth pressured the State to intervene in poverty. In doing so, the first poor laws created a distinction between deserving and undeserving poor.

Industrialization, which began in the 18th century, brought a period of enlightenment that emphasized science and reason. Barnes argues this is where disability in its current form emerged as a result of productivity, medicalization, and the creation of normality.

In more recent history, disabled people were first addressed as a class by policy that defined them as sickly, such as ugly laws or “unsightly beggar ordinances” (Schweik, 2009, p. 140). Developed out of fear, these policies’ suggested purpose was to prevent people from getting disease by making sure they did not gaze upon those who were “ugly;” they also served to keep disabled people out of sight. Another example of disability discrimination is when disability was used to justify the oppression and unequal treatment of women and other social
minority groups in America (Baynton, 2001). According to Baynton in the past Black people were seen as a disabled race in terms of biology because they were thought to have weaker organs and “suffered” from conditions such as Drapetomania, which caused enslaved people to run away. Moreover, suffragettes argued, “they were not disabled…and therefore were not proper subjects for discrimination” in order to win the right to vote (Baynton, 2001, p. 34). The linking of Blacks and women with disability revealed not only an attempt to portray these groups as weak but also served to reinforce stereotypes of disability as unfit and therefore deserving of less than.

Although these historical examples may seem like ignorant decisions of the past, disabled people still face pervasive discrimination. About 50% of disabled people experience poverty (Fremstad, 2009). To this day, disabled people can still be forcibly sterilized (Tilleya, Walmsleya, Earlea, & Atkinsona, 2012). The unemployment rate for disabled people has never been below its pre-civil war rate of 70% (Russell, 2000). These are just a few examples of how disabled people are commonly discriminated against on both individual and systemic levels.

Ableism, which Linton (1998) defines as “discrimination in favor of the able-bodied,” including “the idea that a person’s abilities or characteristics are determined by disability or that disabled people as a group are inferior to nondisabled people” (p. 9), still occurs today, although less often in the form of policies such as ugly laws. Instead, many disabled people face subtle discrimination (Chen, Ma, & Zhang, 2011; Doyle, 2002; Keller & Galgay, 2010; Proctor, 2011; Rojahn, Komelasky, & Man, 2008). However, very few theorists have examined these subtle forms of discrimination toward disabled people. Fortunately, disability’s theoretical and policy

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2 A note on language: a decision to use Black instead of African American throughout this dissertation was intentional in alignment with Black feminism and Black pride/identity (hooks, 1995; Kvasny & Hales, 2010; Larkey, Hecht, & Martin, 1993; Smith, 1992). It is similar to the reclaiming of disabled by people with disabilities.
designation as a social minority, analogous in some ways to race, allows for other theories about
discrimination, such as aversive racism, to be investigated for relevance to disability.

Pioneered by Gaertner and Dovidio (1986), aversive racism theory distinguishes
traditional dominant racists from aversive racists. Aversive racists are those who believe they are
not prejudiced yet act in prejudiced ways in ambiguous situations where it is harder to be
“caught” being racist (Dovidio & Gaertner, 2008; Gaertner & Dovidio, 1986, 2005; Gaertner,
Dovidio, Nier, & Hodson, 2005; Murrell et al., 1994). When situations are not ambiguous and
norms for behavior are well defined they will not participate in prejudiced acts or hold
prejudiced beliefs; in fact, they may go out of their way to appear non-prejudiced in these

There have been only two manuscripts that have focused on aversive racism transposed
to disability. Deal’s (2007) article theoretically describes what he calls aversive disablism as
aversive racism by another name. By doing so, this article fails to explore unique experiences
and forms of discrimination disabled people may face. The second article to apply aversive
racism to disability was conducted by Dovidio, Pagotto, and Hebl (2011). Although they argue
that the “focus on antipathy toward people with physical disabilities obscures the complexity
of… discrimination” (p. 157) Dovidio et al. (2011) problematically frame disability’s stigma as
due to evolutionary reasons (e.g., illness, ways to identify pathogens, etc.) and mortality rather
than contextualizing it within historical and institutional systems. Disability “in a historical
vacuum ignores the many forms of suffering that result from dehumanizing and oppressive
practices, attitudes, and institutions” (Carlson, 2010, p. 180).

Both Deal (2007) and Dovidio et al. (2011) leave large gaps because of their macro focus
and their pre-conceptualizations of disability. For this reason and because the subtle experiences
of discrimination disabled people face are unique to disabled people it is important to get a better understanding of aversive ableism. Aversive ableism will not just be aversive racism by another name applied to another group.

Although disability is heterogeneous, disabled people are still a social minority group; as such I believe aversive ableism to be relevant to both apparent and non-apparent disabilities. Certainly the ways disability microaggressions are inflicted on disabled people may differ depending on if their disabilities are apparent or not. However, we live in a culture of ableism, so even if people are interacting with someone with a non-apparent disability they can still be aversively ableists. Aversive racism, and now aversive ableism, describes a larger theoretical problem of people believing they are egalitarian but perpetrating prejudice, intentionally or not.

Thus, in order to help complicate current understandings of ableism – to interrupt a dichotomous understanding of ableism in which one is prejudiced, or not – this dissertation explores many different types of contemporary prejudice, particularly aversive ableism. This dissertation examines contemporary prejudice by answering the following question: how do different combinations of conscious (explicit) and unconscious (implicit) prejudice apply to disability? I theorize that nondisabled people’s interaction with disabled people is more likely to be prejudiced in an aversive (low explicit, high implicit) fashion because social norms dictate it is not acceptable to discriminate (at least overtly) against disabled people – people would look ‘bad’ doing so. The aim of this study is then to establish a construct of aversive ableism by: examining the patterns of explicit and implicit disability prejudice; examining theoretical variables that may be aversive ableism and disability prejudice such as demographics, knowledge about disability, and political orientation; and examining one-on-one interactions between nondisabled and disabled people.
To do so I first summarize literature on disability prejudice and social devaluation, especially speaking to disability’s complexities that can produce both negative implicit attitudes and positive treatment. As it is a useful framework, in Chapter III I detail social psychology research on implicit racial prejudice, particularly focusing on aversive racism theory. Next, in Chapter IV I discuss gaps in both disability attitude literature and aversive racism disability literature. I also theoretically frame this dissertation and present an extended version of the research question and hypotheses. Chapter V provides the detailed methodology of the dissertation, including information about participants, procedures, instruments, and analyses. Chapters VI through IX present the results of different parts of the study. Chapter X, the discussion, interweaves all of the results to note patterns of explicit and implicit prejudice and develop the construct of aversive ableism. In doing so I also present directions for future study and study limitations. This dissertation concludes in Chapter XI with a summary of findings.
II. DISABILITY PREJUDICE AND DEVALUATION

A. **Introduction**

The quality of research on people’s attitudes “is dependent upon the data that are obtained, and that, in turn, is dependent upon the method selected to measure attitudes” (Antonak & Livneh, 2000, p. 211). Assumptions regarding the participants’ beliefs, the relationships between the conscious and the unconscious, and the research situation all impact researchers’ selection of measurement methods (Antonak & Livneh, 2000). For this reason, it is important to understand the two major categories of cognitive methods that measure attitudes and prejudice—explicit and implicit—before moving on to the actual attitudes and disability narratives.

The most common type of method used in psychology to research attitudes related to disabled people is called explicit bias. As it measures conscious attitudes, participants are aware of what attitudes are being measured (Antonak & Livneh, 2000). Examples of direct explicit methods include: interviews, ranking methods, paired comparisons, questionnaires, and rating scales. There are concerns that explicit methods do not capture everything because norms can lead to concealing biases or participants may be unaware of their biases (Amodio & Mendoza, 2011). As a result, explicit methods are associated with many threats to validity such as respondent reactivity when the participant distorts their attitudes because they are conscious of what is being measured (Antonak & Livneh, 2000). Participants may do so in an attempt to please the researcher, give a good impression, deny socially undesirable traits, sabotage the study, or avoid being outside the norm.

Implicit (unconscious) bias examines automatic processes that are triggered by external cues (Amodio & Mendoza, 2011). Implicit bias reflects associations between attitudes and concepts. “‘Implicit’ refers to [lack of] awareness of how a bias influences a response, rather
than to the experience of bias or to the response itself” (Amodio & Mendoza, 2011, p. 359).

Explicit and implicit biases do not necessarily relate to each other because of explicit bias’ threats to validity and implicit bias’ examination of unconscious attitudes. Actually, it is not uncommon for studies to find no relationship between the two, especially because of more contemporary forms of prejudice, which are described in the next chapter.

Expanding our knowledge of attitudes helps us to understand social interactions. As attitudes can be learned and unconscious, studying attitudes also provides information related to socialization and prejudice formation (Antonak & Livneh, 2000). In this chapter, I detail disability stereotypes, narratives, and attitudes that all contribute to the social devaluation of disabled people. Disability oppression is pervasive; however, while larger discrimination research has focused on ableism in institutions and systems, less research has focused on subtle and implicit prejudice.

B. Disability Social Devaluation

Groups are socially devalued when their difference is considered deviant as a result of social norms, roles, and expectations (Wolfensberger & Tullman, 1982). People who are devalued can be seen as pitiful, charity cases, menaces, sick, and/or subhuman. Those socially devalued groups face social distancing, segregation, and, on an extreme level, genocide. As a result of the treatment from others and the internalization of this devaluation, devaluation also negatively affects peoples’ self-esteem and life satisfaction (Beals & Peplau, 2005; Chae & Yoshikawa, 2008; McCarrey et al., 1990).

Although disabled people have gained significant strides when it comes to rights, services, and supports, they are still socially devalued (Barker & Wright, 1952; Gill, 2000; Wright, 1972). Social devaluation produces many negative effects for disabled people. For
example, disabled people are often patronized, made fun of, and avoided (Nario-Redmond, 2010; Wright, 1960). Shakespeare (1996) also cites the “critical role” prejudice and stereotypes play “in disabling social relations” (emphasis mine; p. 192). For this reason, it is important to first explore common disability stereotypes, narratives, and prejudiced views.


Some disability narratives underestimate disabled people as they portray them as helpless, vulnerable, dependent, incompetent, helpless, and passive (Barker & Wright, 1952; Crawford & Ostrove, 2003; Davis, Watson, & Corker, 2002; Nario-Redmond, 2010; Wright, 1960; 1983; Zola, 1985). In alignment with these themes, one common disability narrative is that of the saint. The disabled saint is portrayed as innocent, child like, and often an object of charity (Crawford & Ostrove, 2003). As a result, disabled people are often also portrayed as asexual (Crawford & Ostrove, 2003; Heim, 1994; Longmore, 1987; Nario-Redmond, 2010; Shakespeare,
These narratives are often associated with nondisabled people being paternalistic and infantilizing towards disabled people. Another prominent disability narrative portrays disabled people as less than and incomplete (Cahill & Eggleston, 1995; Longmore, 1987). Disabled people are often portrayed as maladjusted, self-pitying, and bitter as a result of their impairments (Hardin, Lynn, Kristi Walsdorf, Hardin, Lynn, & Walsdorf, 2001; Heim, 1994; Longmore, 1987; Schwartz, Blue, McDonald, Giuliani, Weber, Seirup, Rose, Elks-Albuhoff, Rosenfeld, & Perkins, 2010; Wright, 1960, 1985). Nondisabled people understand this rage as justified because of their understanding of disability as tragic. Accordingly, disabled people are medicalized and portrayed as victims at the mercy of their impairments (Dahl, 1993; Hardin et al., 2001; Krahe & Altwasser, 2006; Nario-Redmond, 2010). As such they are burdens to those around them, their lives are not worth living, and they are better off dead (Davis & Watson, 2002; Hardin et al., 2001; Heim, 1994).

One example of the angry and bitter disabled person is the common portrayal of the monster or villain in television and film. While disabled monsters are scary and less than human, impairment and/or disfigurement serve as common markers of evil (Hardin et al., 2001; Heim, 1994; Krahe & Altwasser, 2006; Longmore, 1987; Nario-Redmond, 2010). The evil disabled person is either angry and seeks revenge because of their disability, disabled as a punishment for their villainous nature, or resentful of nondisabled people (Hardin et al., 2001; Hartnet, 2000; Longmore, 1987).

Finally, the most prominent disability narrative is that of the inspiration. This disability narrative tends to manifest in two different directions, however both relate to “overcoming” disability. The first narrative is that disabled people are inspirational for their everyday activities. In the second inspirational narrative the disabled person is a supercrip (Crawford & Ostrove,
The supercrip is a person who achieves something extraordinary and triumphs against all odds over their impairment. These images are problematic for disabled people because they make up a majority of the representations and hold disabled people to a different standard than nondisabled people. This also simply does not reflect the reality for most disabled people and can create disappointment in disabled people. Disability activist Stella Young (2014) explains,

“these images, there are lots of them out there, they are what we call inspiration porn. And I use the term porn deliberately, because they objectify one group of people for the benefit of another group of people. So in this case, we’re objectifying disabled people for the benefit of nondisabled people. The purpose of these images is to inspire you, to motivate you, so that we can look at them and think, ‘Well, however bad my life is, it could be worse. I could be that person.’ But what if you are that person?” (n.p.)

Crawford and Ostrove (2003) also argue the supercrip “perpetuates a hierarchy of disability that places White, heterosexual, physically independent men at the top” (p. 181).

Disability beliefs, stereotypes, and tropes can conflict because they play different roles in different contexts (Barker & Wright, 1952; Wright, 1960). They tend to use disabled people as metaphors or plot devices where the disabled person serves to show the growth of another person (Heim, 1994; Longmore, 1987; Zola, 1985). For example, inspirational disability portrayals often serve to teach nondisabled people to appreciate their own lives and perpetuate the myth that the true disability is a bad attitude. These beliefs also often relate to nondisabled peoples’ projections of how they believe they would feel based on their limited understandings of and interactions with disability. Based on these narratives nondisabled people underestimate disabled peoples’ quality of life and life satisfaction; this is true even of those people in health professions who work closely with people with disabilities (Gill, 2000; Susman, 1994; Wright, 1980, 1988).
Disabled people’s experiences are much more complex than detailed in these narratives. Yet these narratives still persist and inform nondisabled people’s attitudes towards disabled people. Fear, ambivalence, and pity are common attitudes associated with disability according to psychology research on nondisabled people’s attitudes. Because these attitudes can drive interactions, it is important to examine what psychology contributes to our understanding of nondisabled peoples’ attitudes towards disabled people.

One of more prominent themes in psychology research on disability attitudes is mortality salience. Essentially, thoughts of one’s own death causes a variety of reactions related to fear. According to this literature, these emotions motivate a range of reactions including defense mechanisms. Emotional responses to disabled people can include fear of contagion, guilt for being nondisabled, fear of suffering, aversion and disgust, and sympathy, but not necessarily in a positive way (Hirschberger, Florian, & Mulkulincer, 2005). These reactions may stem not from the impairment itself but from the fear of death as made salient by the vulnerability the disability represents to them (Hirschberger et al., 2005). Hirschberger et al. propose that people avoid disabled people because disability reminds them of their vulnerability.

When thoughts of death are aroused, people also tend to have less compassion and feel more aversion and disgust (Hirschberger et al., 2005). As a result, in these situations people tend to emotionally withdraw from disabled people. However, Hirschberger et al.’s study also showed how disabled people can be considered ingroup members and how other factors such as gender can impact and complicate attitudes. In fact the “findings suggest that death awareness does not automatically lead to emotional withdrawal from” disabled people (Hirschberger et al., 2005, p. 255).
According to the psychology literature, disabled people also force nondisabled people to confront anxieties about loss, vulnerability, and weakness because disability primes their memories of experiences of temporary weakness, unsteadiness, limitations, and loss of control (Asch, 1984; Livneh, 1988). As Rojahn et al. (2008) found, disability is seen as related to reduced physical wellness. Similarly, Faukner, Schaller, Park, and Duncan (2004) and Livneh (1988) suggest people experience disgust with those they perceive to be carriers of disease.

Faukner et al. (2004) also found that people associated unpleasantness, untrustworthiness, and unhealthiness with those outgroups they knew less about. This suggests that these feelings could also be projected onto disabled people as disabled people are often portrayed as a very different group. Moreover, Faukner et al.’s (2004) results showed that thoughts of illness and germs correlated with the reduced favorability of outgroups. Thus, if people are made to believe the link between disabled people and illness, they will view them less favorably.

Other literature on attitudes toward disabled people relates to pity because of perceived incompetence. For disabled people perceptions of low ability and high warmth often create lowered expectations just because of membership in the outgroup (Harris & Fiske, 2007). Hastorf, Northcraft, and Picciotto (1979) found disabled people were rated more favorably because of lower expectations for performance. The tendency to have lower expectations for performance for disabled people relates to disability spread – the tendency of people to “allow perceptions of physical disability to ‘spread’ to mental, social or emotional characteristics of the person” (Robey, Beckley, & Kirschner, 2006, p. 441; Harper, 1999; Keller & Galgay, 2010; Livneh, 1998; Wright, 1960, 1967, 1980, 1985). Wright (1960) explains impairment “is frequently seen as the central key to a person’s behavior and personality and largely responsible for the important ramifications in the person’s life…[The] disability is perceived as spreading to
other physical [and]…social abilities” (p. 118). Disability spread describes people’s assumptions that having an impairment means also having impairments in other areas. For example, someone might speak loudly to a blind person (Keller & Galgay, 2010). Disability spread often relates to patronization, paternalism, and infantilization; this includes praise for everything and false admiration (Hastorf et al., 1979; Keller & Galgay, 2010; Robey et al., 2006).

Another common attitude towards disabled people is ambivalence. Disabled people are objects of ambivalence that cause alternating favorable and unfavorable feelings (Livneh, 1988). Nondisabled people also experience ambivalence because they want to understand the unknown while at the same time do not want to violate United States individualistic social norms that suggest interactions with strangers should be less intimate and spontaneous, and avoided if they cause enough anxiety or uncertainty (Duronto, Nishida, & Nakayama, 2005; Gudykunst, Yoon, & Nishida, 1987; Livneh, 1988). This ambivalence towards disabled people can manifest in avoidance and anxiety. According to Asch (1984), disability often causes anxiety by reminding people about standards of beauty and (perceived) competence. Conceptualizations of beauty are often related to sensitivity, kindness, and amiability, whereas unattractiveness and difference are portrayed as less deserving and less desirable. Anxiety can also cause a loss of awareness and sensitivity to disabled people (Marinelli, 1974).

C. ‘Positive’ Treatment and Disability Complexities

Disability is complex; as such, nondisabled people often experience a combination of ambivalent and positive feelings towards disabled people (Czajka & DeNisi, 1988; Livneh, 1988; Ostrove & Crawford, 2006; Phillips, 1990). While disabled people are seen as less capable, less intelligent, more childlike, and more dependent, they are treated with pity and condescension
(Fichten & Amsel, 1986; Ostrove & Crawford, 2006; Wolfensberger & Tullman, 1982). One of the participants in Ostrove and Crawford’s (2006) study exemplified this condescension, she said

‘I was out in the mall with a friend and I was trying to buy shoes the other day and the sales lady asked my friend whether or not I wanted to try those shoes in a different size. I had just finished telling her what I wanted and it was like that didn’t even matter.’ (p. 8)

Although they may hold these problematic and negative views about disability, nondisabled people often associate positive socially desirable traits to people with disabilities. Positive feelings towards disabled people were noted even in early studies such as Strong (1931) when disabled people held much lower social, economic, and political positions (Wright, 1960). Disabled people are often viewed as more affectionate, friendly, and warm than nondisabled people (Campbell, Gilmore, & Cuskelley, 2003; Harris & Fiske, 2007; Stern, Dumont, Mullennix, & Winters 2007; Wishart & Manning, 1996). Fichten and Amsel (1986) also found disabled people were commonly associated with the following traits: quiet, honest, gentile, nonegotistical, and undemanding. Nondisabled people often view disabled people with admiration and see them as inspirations (Ostrove & Crawford, 2006). However, when disabled people deviate from these expectations they become associated with negative attitudes.

These positively held beliefs are problematic not only because they create unfair expectations but also because they tend to impact how nondisabled people interact with disabled people. For example, when Hastorf et al. (1979) had a disabled and nondisabled confederate completed a task very poorly they found disabled people received inaccurate and less critical feedback. Similarly Czajka and DeNisi (1988) found at every level of proficiency participants rated confederate disabled carpenters significantly higher than confederate nondisabled carpenters.
These positive responses may be due to sympathy that marks disabled people as more deserving of help (Appelbaum, 2001; Czajka & DeNisi, 1988; Dembo, Leviton, & Wright, 1956; Fichten & Amsel, 1986; Garthwaite, 2011; Imrie & Wells, 1993; Stewart, Harris, & Sapey, 1999; Susman, 1994). People tend to be biased towards favoring disadvantaged people even though disabled people’s disadvantages are often exaggerated (Susman, 1994). For example, Murrell et al. (1994) found disabled people and the elderly were seen as more deserving of preferential treatment than Black people because their state was seen as outside of their control. Called a positive response bias or the sympathy effect by Susman (1994), nondisabled people will interact with and/or do small things for disabled people if they have no excuse to do otherwise. These positive responses result from overcorrection to avoid showing evidence of prejudice (Gaertner & Dovidio, 1986; Stern et al., 2007). For example, in another study by Czajka and DeNisi (1988) disabled workers were rated significantly higher than nondisabled workers except when there were performance standards. When norms were no longer ambiguous and their prejudice would have been more obvious they did not exaggerate disabled peoples’ performance. Well meaning people may conform to social desirability pressures while still having implicit disability prejudice.

The theoretical underpinnings behind what constitutes a positive disability attitude are still debated. For example, when Makas (1988) examined interactions between nondisabled and disabled people she found large discrepancies between what nondisabled and disabled people viewed as positive treatment towards disabled people. Disabled people often viewed nondisabled people’s actions as “‘inappropriate’” even though the nondisabled people believed they had the “‘best intentions’” (Makas, 1988, p. 50). This related to nondisabled people’s views that positive attitudes meant being nice and helpful to disabled people while disabled people thought they
should be treated no different than a nondisabled person (Makas, 1988). Meanwhile, Yuker (1994) suggests contact is one factor that increases favorable attitudes of disabled people because comfort level with disabled people increases with exposure. He also suggests “for positive attitudes, the disabled person should be perceived as competent in the areas that are valued by the other [nondisabled] parties to the interaction” (Yuker, 1994, p. 7). Thus suggesting that disabled people are rewarded with positive attitudes only when they uphold the ‘valuable’ yet artificial standards set for them by nondisabled people. Similarly, Söder (1990) cites others who believe positive disability attitudes are birthed by normalization such as mainstreaming. Söder also points out that those who critique labeling because it highlights difference are overly simplistic. These theories suggest that positive attitudes will happen automatically with the removal of difference.

D. Implicit Disability Prejudice

As “traditional methods leave little room for exploring this [disability] ambivalence” recently a number of studies have focused on implicit disability prejudice (Söder, 1990, p. 237). All have used implicit methods to measure these attitudes by a number of different groups and against a number of different impairments.

1. Implicit disability prejudice with different populations

Some studies have used implicit measures to measure the implicit disability prejudice of certain groups of people. Archambault, Van Rhee, Marion, & Crandall (2008) measured the implicit prejudice of physician assistant students finding their participants preferred able-bodied and young people. Similarly, Kelly and Barnes-Holmes (2013) found applied behavior analysts and school teachers were negatively biased towards autistic children. Rehabilitation counseling students in Pruett and Chan’s (2006) study were implicitly prejudiced
against disabled people. Omori, Tateno, Ideno, Takahashi, Kawashima, Takemura, & Okubo (2012) also found Japanese clinical medical residents associated people with schizophrenia with criminals, even after contact with people with schizophrenia. Using a disability implicit measure Nosek et al. (2007) found the majority of the disabled participants favored nondisabled people. Aaberg (2012) found nurses had strong implicit biases towards disabled people. Special education students in Hein, Grumm, and Fingerle’s study (2011) associated disabled people with more negative and unpleasant attitudes. Contact with nondisabled people had no impact on implicit prejudice (Hein et al., 2011). Thurneck (2008) found that although implicit measures of able-bodied children were suggesting the emergence of implicit prejudice, they were not significantly implicitly prejudice against disability. Peris, Teachman, and Nosek (2008) found those with more mental health training had more positive implicit and explicit attitudes towards people with psychiatric disabilities than those without training. They also found that mental health professionals who had implicit bias but no explicit bias were more likely to over-diagnose people with psychiatric disabilities (Peris et al., 2008). Finally, Chen et al. (2011) measured implicit disability prejudice within Chinese culture. Chen et al. (2011) found although participants explicitly reported positive feelings towards disabled people they held implicit negative prejudice. Chen et al. (2011) also found that attitudes from those in rural areas were more negative implicitly than those from urban areas. They speculate this relates to rural people being less likely to learn about and interact with disabled people. Chen et al.’s (2011) male participants also had more negative implicit disability prejudice than women.

2. **The implicit prejudice of different disabilities**

While all the above studies examined implicit disability prejudice in general, other studies have examined the implicit prejudice towards different types of disabilities.
Bessenoff and Sherman (2000) found implicit prejudice for fat women was more negative than thin women. Similarly, Sabin, Marini, and Nosek (2012) found medical doctors were implicit and explicit prejudiced towards fat people. Hein, Grumm, and Fingerle (2011) found special education undergraduate students were implicitly prejudiced against people with intellectual disability and were more likely to associate intellectual disability with unpleasantness. Enea-Drapeau, Carlier, and Huguet (2012) examined adults, students, and professional caregivers’ implicit attitudes towards people with Down syndrome. Their results showed that those with Down syndrome had a negative association, regardless of the distinctiveness of their physical features (Enea-Drapeau et al., 2012). Those in Stone and Wright’s (2012) study were implicitly prejudiced against people with facial disfigurement. This implicit prejudice was even greater than implicit prejudice against disabled wheelchair users. Granfield, Thompson, and Turpin (2005) found people implicitly preferred those with clear skin to those with skin conditions. When Hornstra, Denessen, Bakker, van den Bergh & Voeten (2010) examined teachers’ attitudes towards dyslexia they found implicit attitudes predicted student achievement, while teachers’ expectations and explicit attitudes did not. Coleman, Ingram, Bays, Joy-Gaba, and Boone (2015) found disabled people were associated with more positive implicit attitudes when they had a service dog than when they did not.

Doyle et al. (2002), Thomas, Doyle, and Daly (2007), and Vaughn, Thomas, and Doyle (2011) administered the multiple disabilities Implicit Association Test (MDIAT) to measure implicit prejudice against alcoholism, cancer, paraplegia, and mental illness. They were

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3 It is debated if fat is or is not a disability; certainly it can be argued that fat people experience a lot of the same types of discrimination as disabled people. Garland-Thomson (2005) explains, “perhaps the most common bodily form vehemently imagined as failed or incorrect is the fat body…fat is a feminist issue. But it is also a disability issue. Fat is sometimes a physical impairment, but it is always an appearance impairment. The fat body is disabled because it is discriminated against in two ways: first, fat bodies are subordinated by a built environment that excludes them; second, fat bodies are seen as unfortunate and contemptible” (pp. 1581-1582).
interested in disability hierarchies and selected these categories from Tringo’s (1970) Hierarchy of Preference, which examined social distancing towards disability. They found people were prejudiced against disabled people with the examined impairments (Doyle et al., 2002; Thomas et al., 2007; Vaughn et al., 2007; Vaughn et al., 2011). Vaughn et al. (2011) found the MDIAT was not susceptible to social desirability.

Although all MDIAT studies found significant levels of implicit prejudice, one larger problem with the MDIAT is its basis on Tringo’s (1970) Hierarchy of Preference. Noting vast disability oppression, the goal of Tringo’s (1970) Hierarchy was to “investigate different attitudes toward specific disability groups by establishing the existence and composition of a hierarchy of preference towards these groups” (p. 296). Tringo did so by administering a Disability Social Distance Scale (DSDS) that included ranking degrees of closeness for various impairments and health conditions as well as ‘ex-convict’ and ‘old-age’, all of which were marked as disabilities. Tringo (1970) found health conditions such as ‘ulcer’ and ‘asthma’ rated at the top of the hierarchy while the bottom three, falling just below ‘ex-convict,’ were ‘mental retardation,’ ‘alcoholism,’ and ‘mental illness.’ The resulting high correlations lead Tringo to conclude the preferential order was stable.

Some disabilities certainly face more and different forms of oppression and stigma. However, despite the fact that Thomas (2000) concludes Tringo’s (1970) hierarchy remains stable 30 years later, I would suggest that Tringo’s hierarchy is not without its limitations. Although both categories do include large amounts of stigma, it is possible the distancing to ‘mental retardation’ and ‘mental illness’ was due to institutionalization as during the 1960s it was not uncommon for these groups to be severely segregated. Furthermore,

4 The ‘disabilities’ in the DSDS: Alcoholism, amputee, arthritis, asthma, blindness, cancer, cerebral palsy, deafness, diabetes, dwarf, epilepsy, ex-convict, heart disease, hunchback, mental illness, mental retardation, old age, paraplegic, stroke, tuberculosis, and ulcer (Tringo, 1970).
deinstitutionalization was not truly on the rise until the mid-1970s – well after the research was completed. Calling the hierarchy “overly simplistic” Schmelkin (1984) criticizes the hierarchy saying it “implies that social distance is unidimensional. Yet Tringo himself, in interpreting the hierarchy, indicated that several dimensions may be relevant, e.g., physical, psychogenic, aesthetic” (p. 152). It is also problematic that impairment and disability are used interchangeably. Most interestingly, the inclusion of ex-convict as a disability is telling because it links to historical value laden ‘societal’ disabilities, which marked social difference and norm defiance (e.g., queer sexuality, being trans) as impairments (Baynton, 2001). Unfortunately, none of these criticisms surface in any of the MDIAT studies which center around Tringo’s Hierarchy of Preference.

3. **Implicit disability prejudice studies designed to determine the relationship between explicit and implicit prejudice**

Meanwhile White, Jackson, and Gordon (2006) and Rojahn et al.’s (2008) disability prejudice studies were designed to test the relationship between implicit and explicit disability prejudice. Exploring the differences between explicit and implicit disability prejudice, White et al. (2006) found that although explicit measures resulted in positive evaluations, negative implicit attitudes were associated with disabled athletes. Leading White et al. (2006) to conclude explicit measures were impacted by social desirability. Rojahn et al. (2008) examined the relationship between explicit and implicit disability prejudice, especially as it impacted romantic attraction towards disabled people. They found no relationship between explicit and implicit scores, that is, while people explicitly reported that disability had no impact on their view of romantic attractiveness, implicitly people preferred able-bodiedness.
4. **Implicit disability prejudice studies designed for other purposes**

Other implicit disability prejudice studies were developed for other purposes. Robey, Beckley, and Kirschner (2006) determined professional caregivers implicitly infantilized disabled people. Federici and Meloni (2009) found in addition to implicitly viewing disability negatively, parents, teachers, and special educators implicitly associated disability with illness and being an outcast. Child protective services employees in Proctor’s (2011) study were implicitly prejudiced against people with intellectual disability’s (ID) ability to be good parents. Dionne, Gainforth, O’Malley, and Latimer-Cheung (2013) found nondisabled people viewed physically disabled people more positively if they participated in recreational exercise than if they were inactive. Ma, Chen, Zhou, and Zhang (2012) investigated the relationship between implicit disability attitudes and common social positions about disability. They found a negative relationship between implicit disability prejudice and belief in fate (Ma et al., 2012). Ma et al. (2012) suggest this could be due to anxiety about uncontrollable life events such as disability.

Implicit measures have also been used to examine self-stigma and internalized ableism. People with psychiatric disabilities in mental health inpatient facilities held negative implicit attitudes towards psychiatric disabilities in Rüsch, Todd, Bodenhausen, and Corrigan (2010) and Rüsch, Corrigan, Todd, and Bodenhausen’s (2010) studies. Ferrara, Burns, and Mills (2015) found people had more positive attitudes, at least temporarily, towards disabled people after watching Paralympic and Olympic media coverage. Rohmer and Louvet (2012) studied the stereotype content model and its relationship to implicit and explicit disability attitudes. In doing so they found explicitly disabled people were viewed as warmer and less competent but implicitly they were viewed as even less competent and less warm (Rohmer & Louvet, 2012). These findings highlight another instance of complicated and conflicting disability attitudes.
E. **Conclusion**

Harmful disability attitudes and narratives both are reinforced by social devaluation and help produce social devaluation. For example, one instance in which disabled people are devalued according to Dembo, Leviton, and Wright (1956) is when they are seen as not mourning their loss. According to portrayals of disability as pitiful, tragic, and reduced humanity, nondisabled people believe disabled people should constantly be mourning either their former nondisabled life or what a nondisabled life could have been like. Not doing so clashes with social norms and expectations and is considered deviant and therefore relates to devaluation. Dembo et al. (1956) note that those disabled people who do mourn are not necessarily free from devaluation either.

In this chapter, I detailed disability stereotypes, narratives, and attitudes that contribute to the social devaluation of disabled people. I then described some of the “positive” treatment and attitudes nondisabled people hold in order to show the complexities of disability attitudes and the impact social desirability can have on behavior. Well meaning people may conform to social desirability pressures while still having implicit disability prejudice. Finally, I discussed the studies that have examined implicit disability prejudice.

One of the most harmful parts of the social devaluation of disabled people is society’s belief society plays no role in the social devaluation, thus dictating that society does not need to change (Culham & Nind, 2003). It also places the onus for change on the disabled individuals and ignores the ways different types of prejudice can impact this social devaluation. This includes interactions where many types of subtle and implicit prejudice are present but not recognized.
III. AVERSIVE RACISM AND IMPLICIT RACIAL PREJUDICE

A. Introduction

The field of social psychology has examined different forms of implicit prejudice at length, particularly implicit racial prejudice. I will explore alternative approaches to prejudice and discrimination by detailing social psychology theories of racism. Social psychology’s theories about racial prejudice, including implicit prejudice, have developed over time. Psychology’s research on race first emerged in the early 1900s in order to examine racial differences (Gamst, Liang, & Der-Karabetian, 2011). This research both reflected and perpetuated prejudice because it explained and naturalized differences between races while upholding assumptions of White racial superiority (Gamst et al., 2011). Dovidio (2001) divides psychology’s more recent racism research into three waves. The first wave (~1920s) shifted research away from theories about White superiority and instead viewed prejudice as psychopathology that originated from authoritarian personalities’ unmet needs for self-esteem or control (Dovidio, 2001; Gamst et al., 2011). The second wave, which began in the 1950s, viewed prejudice as a normative process thereby shifting the focus away from pathology. As a result, this wave of study saw prejudice as existing in a large majority of people rather than a small subset of the deviant population. Doing so birthed major research theories on unintentional and subtle biases such as those examined by symbolic/modern racism and aversive racism. These new types of racism “argued that, as a result of the civil rights movement of the 1960s, White Americans became more hesitant to openly express their racial hostility” (Gamst et al., 2011, p. 252). The third wave, the 1990s on, continues to build off the second by emphasizing multidimensionality and context, especially within interpersonal and intergroup settings. This includes cognitive processes involved in stereotype formation and the psychological responses
by targets (Dovidio, 2001; Gamst et al., 2011). Aversive and symbolic/modern racism research is expanded in this wave; racial microaggression research also developed here.

1. **Old-fashioned racism**

Old-fashioned racism, also called dominant racism, traditional racism, or blatant racism, includes “pre-Civil war racial stereotypes…restrictions on interracial social contacts, such as social distancing and desegregation…[and] opposition to equal access or equal opportunity for persons of all races, along with support for racial discrimination” (Sears, 1988, p. 55). Old-fashioned racists have a clear dislike for Black people (Dovidio & Gaertner, 2005). Old-fashioned racism is overtly and directly expressed prejudice (Dovidio & Gaertner, 2005; Gaertner & Dovidio, 1986, 2005). Overt old-fashioned racism changed or became more hidden in part because of civil rights legislation that declared it was morally and legally wrong and therefore has been declining significantly since the 1960s (Dovidio & Gaertner, 2005; Gaertner et al., 2005).

2. **Symbolic/modern racism**

Unlike old-fashioned racism that looks at overt and dominant prejudice, symbolic/modern racists believe racial discrimination is no longer a serious problem, disadvantaged Black people are just unwilling to take responsibility for their lives, Black people are demanding too much too quickly and thus going beyond what is “fair,” and the special treatment of Black people is not justified (Henry & Sears, 2002; McConahay & Hough, 1976; Sears & Henry, 2003; Sears, Henry, & Kosterman, 2000). It is rooted in abstract beliefs about socialized values, which Black people supposedly violate (Henry & Sears, 2002, 2008; McConahay & Hough, 1976; Sears et al., 2000). It is symbolic/modern racists’ values that feel

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5 Although at one point symbolic and modern racism were considered separate concepts a significant bulk of the literature now considers them the same thing (Henry & Sears, 2008). For this reason, they will simply be called symbolic/modern racism for the purposes of this study.
threatened, not their personal welfare or self-interest; symbolic/modern racists fear the direction of the nation (McConahay & Hough, 1976). In order to be subtle and not overt, symbolic/modern racism is typically expressed through symbols such as opposition to busing. It is acts (voting against Black candidates, opposing affirmative action programs, opposing desegregation in housing and education) that are justified (or rationalized) on a nonracial basis but that operate to maintain the racial status quo with its attendant discrimination against the welfare, status, and symbolic needs of Blacks. (McConahay & Hough, 1976, p. 24)

Symbolic/modern racism is related to racial antipathy and conservative values, especially because “it is based on the belief that Blacks violate key American values, particularly the idea of individualism, the belief in working hard to get ahead in life” (Henry & Sears, 2008, p. 111). As a result, it is not uncommon for symbolic racism to influence political attitudes (Henry & Sears, 2008). However, symbolic/modern racism operates separately with conservatism;

general conservatism and traditional racial prejudice are psychologically separable and distinctive, but symbolic racism is grounded about equally in both. That is, symbolic racism is the glue that links political conservatism to racial prejudice. (Sears & Henry, 2003, p. 264)

3. **Aversive racism**

Unlike symbolic/modern racism that looks at subtle discrimination that exists among conservatives, aversive racism theory specifically focuses on those people who are progressive and well meaning yet still participate in biased actions or thought (Dovidio, Pagotto, & Hebl, 2011; Gaertner & Dovidio, 1986; Gaertner et al., 2005). Aversive racists are those who believe they are not prejudiced—in fact, egalitarian values are important to their self-image—yet feel discomfort around Black people and often act in prejudiced ways. Thus, this form of racism theory examines aversive racists’ anxiety and discomfort around Black people, how this prejudice is inconsistent with their self-concepts, and the rationalized disassociated products of these inconsistencies. Aversive racism will be discussed in more detail below.
4. **Racial microaggressions**

Pierce, Carew, Pierce-Gonzalez, and Willis (1978), the first to name racial microaggressions, described them as “subtle, stunning, often automatic, and nonverbal exchanges which are ‘put downs’ of Blacks” (p. 65). Microaggressions are brief, everyday messages that degrade people of color because of their membership in a racial minority group (Constantine & Sue, 2007; Sue, 2010; Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquín, 2007; Sue, Capodilupo, Nadal, & Torino, 2008). Microaggressions may invalidate recipients’ group identity, demean recipients on a personal or group level, suggest they are outsiders, threaten recipients, or express that they are inferior (Sue, 2010). Most often microaggressions are automatic and unconscious (Sue, 2010; Sue et al., 2007). In this way they are similar to subtle racism, such as symbolic/modern racism or aversive racism, except they “describe a dynamic interplay between perpetrator and recipient, and focus primarily on their everyday active manifestations” (Sue et al., 2008, p. 329).

Racial microaggressions research studies prejudice in a very different way than symbolic/modern racism or aversive racism research. While the latter two examine the perpetrators of prejudice, racial microaggression research examines the manifestations of discrimination and the experiences of those affected by it. Despite these methodological differences and the fact that these fields of literature do not often interact, racial microaggressions are a part of aversive racism. Microaggressions “name, detail and classify the actual manifestations of aversive racism…[it] illuminates the internal experiences of people affected by microaggressions” (DeAngelis, 2009, p. 43).

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6 Microaggression research has more recently been expanded to other social minority groups.
5. **Purpose**

I theorize that nondisabled peoples’ subtle prejudice towards disabled people is more likely to operate in an aversive rather than a symbolic/modern fashion because social norms dictate it is not acceptable to discriminate (at least overtly) against disabled people because people would look ‘bad’ doing so. Social norms also dictate that disabled people are deserving of help and positive treatment. So while conservative values such as individualism may certainly interfere with their views of disabled people, when it comes to behavior, I believe cultural narratives may have a stronger effect and am focusing on aversive racism for this reason.

I believe the aversive racist style of prejudice is a very prominent form of disability prejudice, especially in current day in comparison to old-fashion or symbolic/modern prejudice. Thus in this chapter I focus on aversive racism. I first present aversive racism theory and its major tenets, including the differentiation between an aversive racist and other types. I also discuss theories about its etiology, especially in relation to cognition and ingroup favoritism. Next I discuss aversive racism’s study of helping behavior as it illustrates aversive racists’ pattern of discrimination and, as discussed in chapter IV, is a useful point of inquiry for aversive ableism. Finally, I conclude by focusing on some of the ramifications of and interventions for aversive racism.

**B. The Aversive Racist**

In 1973 psychologist Sam Gaertner (1973) had male and female confederates with Black or White dialects call White Liberal and Conservative party members requesting help calling a garage after having car trouble. This study hypothesized \(^7\) Conservatives would have a greater

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\(^7\) This study also looked at gender. In doing so Gaertner (1973) hypothesized female victims would receive more help than male victims because of the victim’s dilemma, and the difference in helping between women and men would be more pronounced for Conservatives than Liberals because of sex roles for authoritarian personalities. Although it also contained fruitful results, this study is not discussed because of the need for brevity.
rational helping differential than Liberals. Conservatives would help Blacks less than Whites; while Liberals might also help Blacks less often than Whites, they would still do so more than conservatives. They also hypothesized Conservatives would help Whites less than Liberals would. In order to do so, this study measured who helped as well as who hung-up prematurely before they knew the caller had no more change. This study found that both parties discriminated against Black confederates in terms of not agreeing to help but this discrimination was much greater among Conservatives. What was more significant was Gaertner’s (1973) finding that Liberals hung up prematurely on Blacks more that Conservatives did. This finding led Gaertner (1973) to conclude that liberal anti-Black sentiments were “cloaked under the principle of egalitarianism” (p. 340) and manifested in situations without clear norms, thus laying the groundwork for aversive racism theory.

Unlike old-fashioned racists who are overtly prejudiced, aversive racists are those who believe they are not prejudiced—in fact, egalitarian values are important to their self-image—yet feel discomfort around Black people and often act in prejudiced ways (Gaertner & Dovidio, 1986, 2005). Egalitarianism is important to their self-concept so when they feel and/or do something that is negative it is typically excluded from their self-concept and they disassociate it with their self-image (Gaertner & Dovidio, 1986). Aversive in this concept refers to two aspects of bias. The first is anxiety related to Black people that leads to avoidance and awkwardness (Gaertner & Dovidio, 2005; Gaertner et al., 2005). Because of egalitarian principles Whites also find evidence that they may be prejudiced to be aversive (Gaertner & Dovidio, 2005; Gaertner et al., 2005). Gaertner and Dovidio (1986) clarify, “we do not mean, however, that contemporary White Americans are hypocritical; rather, they are victims of cultural forces and cognitive processes that continue to promote prejudice and racism” (p. 85).
Aversive racists will not discriminate when it can be attributed to racism (Dovidio & Gaertner, 2005). For this reason, context (the situational) is key and norms are very important to aversive racism (Dovidio & Gaertner, 2004; Gaertner & Dovidio, 1986; Gaertner et al., 2005). If norms are well defined people will not discriminate but if norms are ambiguous, vague, or conflicting, aversive racists will exhibit bias and/or discrimination (Dovidio & Gaertner, 2008; Gaertner & Dovidio, 1986). In situations where prejudice would be more evident, aversive racists can overreact and favor Black people in order to not appear prejudiced (Aberson & Ettin, 2004). Whites are more likely to respond favorably to Black people in egalitarian situations and less in ambiguous ones (Aberson & Ettin, 2004). People higher in external motivations to inhibit prejudice may produce favorable reactions to Black people (Aberson & Ettin, 2004). Aberson and Ettin also theorize that people are aware of the potential for biased responses and overcorrect in attempt to remove them.

Dovidio (2001) theorizes that as aversively racist people have new experiences or are socialized their attitudes change. The new attitudes become explicit (conscious and overt), but original attitudes are stored as implicit (unconscious and subtle) ones. However, traditional attitude measures cannot differentiate between aversive racism and truly low-prejudiced people because they rely on explicit measures (Dovidio & Gaertner, 1983b).

In aversive racism explicit and implicit levels of bias do not align (Dovidio, 2001; Dovidio & Gaertner, 2008; Son Hing et al., 2008). While symbolic/modern racists have high explicit and high implicit levels of prejudice, aversive racists have low explicit levels and high implicit levels of prejudice (Son Hing et al., 2002; Son Hing et al., 2008). Dovidio and Gaertner’s (2000) study is a good example of this mismatch between explicit and implicit levels. By replicating the same study about job applicant qualification 10 years apart (1988-1989 and
Dovidio and Gaertner found self-report (explicit) levels of prejudice were higher in 1988-1989 than in 1998-1999. However, implicit aversive prejudice did not change (Dovidio & Gaertner, 2000). Thus exemplifying both the mismatch between explicit and implicit levels and how aversive racism has stayed constant over time despite a reduction in explicit bias.

Despite the shift towards implicit attitudes Dovidio (2001) theorizes that both explicit and implicit attitudes represent ‘true’ aspects of attitude. He proposes that instead of questioning “which level represents a White person’s ‘true’ racial attitude?” focus should be on questioning “which aspect of the attitude better predicts which type of behavior?” (Dovidio, 2001, p. 840).

C. **Etiology Theories**

Many theories about the roots of aversive racism place its etiology within normal cognitive processes, including “how the external reality is perceived and experienced as modified by…expectations one has about the stimulus environment” (Dovidio, Gaertner, Anastasio, & Sanitioso, 1992, p. 77). The amount of attention people have is finite, so cognitive mechanisms help perceive in the most effective manner. As a result, aversive racism may be the result of cognitive mechanisms and feelings related to historical and contemporary racism. It is important to note that rooting prejudice in normal processes does not mean it is acceptable or excusable (Dovidio et al., 1992).

1. **Personal cost**

According to the model of ‘bystander responsiveness to emergency situations’ peoples’ primary motivations for behavior in emergency situations are to soothe unpleasant personal emotional arousal rather than altruism (Gaertner & Dovidio, 1977). Their amount of arousal will depend on the similarity to, attractiveness of, and attachment to the victim (Gaertner & Dovidio, 1977; Gaertner, Rust, Dovidio, Bachman, & Anastasio 1996). Options to reduce
unpleasant arousal include direct intervention, indirect intervention (e.g., reporting), leaving, redefining the situation, and vilifying the victim. The option is selected based on the most effective method to reduce arousal while also minimizing personal cost (Gaertner & Dovidio, 1977). For example, asking for help has a high personal cost for men because men deviate from gender roles when they ask for help (Dovidio & Gaertner, 1983b). As costs increase people are more likely to redefine the situation or diffuse responsibility (Gaertner & Dovidio, 1977). However, wrongdoing also comes with a high cost; the failure to intervene relates to racial antipathy thus creating a special type of cost (Gaertner & Dovidio, 1977; Gaertner et al., 2005).

2. **Ingroup and outgroup categorization**

   Another etiology theory that places aversive racism’s roots within normal psychological processes is group categorization (Dovidio & Gaertner, 2004). Social group categorization is how people categorize people into groups to tell the difference between their own group(s) and others. Dovidio and Gaertner (2004) believe social categorization by race is automatic because of US history and current day society.

   People process information about their ingroup and outgroups differently (Dovidio et al., 1992). People also “tend to seek out and prefer info that confirms their preconceptions and behave in ways that support their stereotypes” (Dovidio et al., 1992, p. 80). Categorization alone creates bias and alters how we process information about people (Dovidio & Gaertner, 2004). We retain more information and detail about ingroup members (Dovidio & Gaertner, 2004; Dovidio et al., 1992). Categorization can also increase attraction to ingroup members and lead to ingroup favoritism (Dovidio et al., 1992). People remember less positive information about outgroups (Dovidio & Gaertner, 2004; Dovidio et al., 1992). Outgroups are seem as more similar to each other and dissimilar to the ingroup (Dovidio et al., 1992). These ingroup and outgroup
effects occur even if the group categorizations are socially meaningless and made-up (Dovidio et al., 1992).

Aversive racism is a form of prejudice based on ingroup favoritism (pro-ingroup) rather than outgroup dislike or hostility (Dovidio & Gaertner, 2004; Dovidio & Gaertner, 2008). Aversive racists do not see Black people as inferior but Whites as superior (Dovidio & Gaertner, 2004; Dovidio, Mann, & Gaertner, 1989; Gaertner et al., 2005). For example, a study by Dovidio et al. (1989) found “Blacks were not rated as more lazy than Whites, but Whites were evaluated as more ambitious than Blacks” (p. 88). Gaertner et al. (2005) suggests, “for aversive racists, part of the problem may be that there is no emotional connection to Blacks and other minorities and they do not regard them as part of their circle of inclusion for sharing and caring as readily as they accept Whites” (p. 385).

3. **Other non-cognitive based theories**

Other theories about the etiology of aversive racism suggest its roots may lie in the motivation for power, status, and/or control (Dovidio & Gaertner, 2004). It may be related to perceived or real economic competition as economic competition threatens traditional subordinate status (Dovidio & Gaertner, 2004; Gaertner & Dovidio, 1986; Nail, Harton, & Decker, 2003). Similarly, according to social identity theory, identity relates to the prestige of ones’ social group and discrimination separates one’s group from others (Dovidio & Gaertner, 2004). Finally, its etiology may relate to socialization including media portrayals and institutional racism (Gaertner & Dovidio, 1986).

D. **Patterns of Discrimination: Helping Behavior**

A significant amount of aversive racism literature examines helping behavior. Non-emergency pro-social action makes helping seem mundane and low cost (Dovidio & Gaertner,
Helping behavior is also used as a measure of patterns of discrimination because of practical and ideological reasons (Dovidio & Gaertner, 1981, 1983a). Practically, helping behavior “is sensitive to manipulation of” race, gender, ability, status, attraction, and intergroup discrimination (Dovidio & Gaertner, 1981, p. 192; Dovidio & Gaertner, 1983a). Ideologically “culpability of whites may lie more in their greater reluctance to help those oppressed by institutional racism than to help victims more similar to themselves” (Dovidio & Gaertner, 1981, p. 192). In this way, helping is a function of attraction and cost (Dovidio & Gaertner, 1981, 1983a). According to Dovidio and Gaertner (1983a) “when the costs for not helping are relatively low, attitudinal factors involving the relationship between the benefactor and the potential recipient are more directly implicated” (p. 194). Moreover, competent Black people can be seen as less attractive because they are a threat (Dovidio & Gaertner, 1981).

1. **Helping in emergencies: Exemplifying the danger of subtle prejudice**

   Although aversive racism is subtle prejudice, it can still have dangerous implications. Gaertner and Dovidio’s (1977) study examined how bystanders would affect helping behavior towards Black and White victims in an emergency. In one of their studies, while White female undergrads participated in an extrasensory perception experiment (deception) with confederate partners across the hall, participants heard their partner scream after a stack of chairs fell on them. This study measured changes in heart rate as well as helping behavior. Gaertner and Dovidio found in the condition where they were not the only bystander participants helped Black victims less because they could diffuse responsibility. When they were the only person to witness the emergency they helped Blacks slightly more. Moreover, their heart rate increased more – they were more aroused because of more concern – when they were alone as well as when the victim was White.
2. **Motivations for helping depending on the locus of control**

Frey and Gaertner (1986) hypothesized White participants would help Black confederates less than White confederates when the confederates “were responsible for their own dependency and requested help themselves” (emphasis original; p. 1087) rather than when there was an external cause and a third party observer asked the participant to help. Participants were partnered with Black or White confederates as the confederate worked on a task that was either very hard (external locus) or the confederate lacked motivation (internal locus). The experiment also involved either the confederate asking for help or the supervisor (third party) asking for the participant to help the confederate by giving the confederate letters.

Frey and Gaertner (1986) found Black people were helped less than Whites when there was an internal locus and the request for help was from the confederate. When there was an internal locus and a third party request, participants helped Black and White confederates equally. When the locus was external, participants helped more regardless of where the request for help originated. Participants felt help was more appropriate and felt more compelled to help when the locus was external. They also thought helping White partners was more appropriate when they asked for help and Blacks when the third party asked for help. This study revealed, “only when the deservingness of the recipient was more questionable, rendering the failure to help more justifiable (or rationalizable), were Blacks disadvantaged relative to whites” (Frey & Gaertner, 1986, p. 1087). Whites could not help and justify it as not prejudiced when Blacks were ‘responsible’ for their own dependency.
3. **Helping, status, ability, and race**

Dovidio and Gaertner (1981) examined how status, ability, and race\(^8\) impacted helping behavior. In this study, researchers told participants they were working with a White or Black supervisor or subordinate (confederate) who was higher or lower ability than themselves. When the two were left in the room, the confederate knocked over pencils and researchers recorded how many participants picked up (helping). The study also involved an interview asking participants to describe themselves and their partner in terms of ability and how well they thought they and their partner did on the assigned task.

Dovidio and Gaertner (1981) found Black supervisors received less help than Black subordinates and Black subordinates received more help than White subordinates. High ability and low ability Black partners were helped equally while high ability Whites were helped more than low ability Whites. Black supervisors were evaluated more negatively than Black subordinates while the opposite was true for Whites. Subjects also rated White partners as more intelligent than Black partners. In doing so, subjects rated White confederates as not significantly different in intelligence than themselves. However, subjects evaluated their Black partners as less intelligent than themselves, even when they were high ability Black partners. It was hard for White participants to perceive Black people as higher or equal in intelligence to themselves. Thus, this study found that status influenced helping behavior to Black partners while ability determined helping behavior towards White partners. Moreover, Dovidio and Gaertner (1981) suggest competence may be used as an example of rationalization to protest change in traditional roles.

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\(^8\) Dovidio and Gaertner’s (1983a) study was similar to Dovidio and Gaertner’s (1981) study but examined gender as a variable instead of race. Dovidio and Gaertner (1983a) found female supervisors were helped less than subordinates while for males, it was about equal. High and low ability female partners were helped about equally, while high ability males were helped more frequently. Female partners were rated more positively than males yet never higher than the subject rated themselves.
4. **Receiving help: Asking for help and accepting help**

In accordance with aversive racism theory, aversive racists worry that failure to help a Black victim may be viewed as an unfavorable, discriminatory act; helping a Black victim is seen as “more favorable, [and] nonprejudiced” (Dovidio & Gaertner, 1983b, p. 286). However, when aversive racists are on the receiving end of help, it creates situations that may not align with norms because norms are much clearer about accepting help than asking for it (Dovidio & Gaertner, 1983b). For this reason, Dovidio and Gaertner had participants complete a puzzle activity where they could ask for help or were offered help from their Black or White confederate partner using a system of switches.

Dovidio and Gaertner (1983b) found that when they received an offer of help, participants accepted help more from Black than White partners. Yet, they were less likely to ask for help from a Black than a White partner. Blacks who offered help were rated more favorably than Whites that offered. For subjects with Black partners, self-evaluations were higher in the active offer (when they were asked if they would like help) than the no offer (when they would have to ask for help) while for Whites the opposite was true. These findings highlight the impact norms can have on both helping behavior and aversive racism. When norms dictated the participants should accept help when offered participants accepted it more often from Blacks; it is hypothesized this allows them to not be seen as being or feel prejudiced. There are fewer norms about asking for help, that is norms are more ambiguous, so aversive racists in this study might not have worried about revealing prejudice and therefore may have felt free to ask for help from their preferred group, Whites.
E. The Ramifications of Aversive Racism

As seen with the helping behavior studies described above, because of aversive racism’s subtle nature “its consequences may be severe” (Dovidio & Gaertner, 2005, p. 3). Although old-fashioned racism has historically been the most harmful and drastic form of prejudice, aversive racism can be equally harmful; it is not necessarily better for society for a person to be an aversive rather than an old-fashioned racist. Aversive racism is also harmful because blatant racism can serve as a scapegoat in which aversive racists can reinforce their own egalitarianism and ‘lack of prejudice’ by expressing outrage over blatantly prejudiced acts. Because subtle prejudice is not a publically understood concept people believe they are not racist by comparison to traditional and overt racists. This allows them to claim ‘I cannot be racist, that is racist’ thereby distracting them from aversive prejudice by making them feel more confident with their egalitarian self-image. In this way, aversive prejudice can be more troubling because it is harder to recognize and remove.

The hidden nature of this subtle prejudice—because people do not necessarily recognize it as prejudice—allows for aversive prejudice to be a lot more pervasive and systemic than blatant racism. In fact, according to Dovidio and Gaertner (2008), the impact of aversive racism can be “comparable to that of old-fashioned racism in restricting the opportunities for Black Americans and maintaining the social, economic, and political dominance of White Americans” (pp. 60-61). It does not just impact interactions; it can also impact affirmative action, hiring, admissions decisions, legal decisions, health care allocations, and so on.

1. Different perceptions of interactions

One of the impacts of aversive racism is how Blacks and Whites are left with very different impressions of interracial interactions (Dovidio, 2001; Dovidio & Gaertner, 2008).
Whites think they are leaving a positive impression because they only perceive their own deliberate behaviors (Dovidio, 2001). Blacks are more likely to feel negatively and less satisfied because subtly prejudiced behavior is obvious to Blacks even when Whites do not recognize it (Dovidio & Gaertner, 2005, 2008). Blacks typically have “heightened attentiveness and sensitivity to nonverbal cues of prejudice” showing they are more attuned to negative behaviors that could reveal prejudice (Dovidio & Gaertner, 2008, p. 57). When these behaviors are detected Blacks are less comfortable and satisfied with interactions.

Whites believe their behavior relates to explicit self-report while Blacks recognition of White’s behavior is comparable to implicit attitudes (Gaertner & Dovidio, 2005). For example, Penner, Dovidio, West, Gaertner, Albrecht, Dailey, & Markova (2010) found physicians’ perception of their own behavior related to their explicit self-report while Black patients’ perceptions of the physicians’ behavior related to the physicians’ implicit bias (Penner et al., 2010). The discrepancies between implicit and explicit levels of prejudice can also impact teamwork (Dovidio & Gaertner, 2008; Gaertner & Dovidio, 2005; Penner et al., 2010). Dovidio and Gaertner (2008) found prejudiced Whites slow down teamwork because of the strain on interracial relations. Implicit attitudes may also hinder teamwork because they reduce trust thereby impacting group performance (Dovidio, 2001).

2. **Impact on resistance to affirmative action**

Aversive racism can also impact how people resist affirmative action. Resistance to affirmative action seems legitimate to those opposed because “‘when all things are equal’…they may not be perceived as equal, particularly when the minority is well-qualified and the situation has personal relevance to the nonminority person” (Dovidio et al., 1989, p. 92). As mentioned in the above dropped pencil study, status of Blacks, rather than ability, was the
primary factor in participants’ helping behavior (Gaertner & Dovidio, 1986). The study found
White people described even Black partners as less intelligent than themselves, regardless of the
partners’ ability. Murrell et al. (1994) also found that resistance to affirmative action was greater
when it could be objected to and justified based on non-racial factors.

3. **Selection decisions: Admissions and hiring**

Aversive racism can also impact selection decisions, such as who is selected for
jobs or university entry. For example, in one study, White participants were provided excerpts
from a job interview and asked to evaluate candidates whose qualifications were very strong,
moderate, or very weak (Gaertner et al., 2005). Participants rated Black candidates with very
strong and very weak qualifications as not significantly different from their equally qualified
White candidate (Dovidio & Gaertner, 2000; Gaertner et al., 2005). However, when candidates
had moderate qualifications their skills were more ambiguous and therefore allowed room for
participants to rationalize recommending the Black candidate less often than the White candidate
(Dovidio & Gaertner, 2000; Gaertner et al., 2005). In fact, participants responded as if
ambiguous qualifications were strong qualifications for the White candidate and were weak
qualifications for the Black candidate (Dovidio & Gaertner, 2000), thus indicating that
participants stressed different qualifications depending on the candidate’s racial group (Dovidio
& Gaertner, 2000).

In a similar university admissions decision study there was no anti-Black bias when
applicants had strong or weak records and test scores (Gaertner et al., 2005). However, when
“applicants were strong on one dimension…and weak on the other” Black people were
recommended less strongly than White people (Gaertner et al., 2005, p. 384). Participants
justified their prejudiced decision by changing the weight of the criteria.
4. **The impact on jury decisions**

Aversive racism’s subtle influence can also interact with the justice system (Gaertner & Dovidio, 2005). For example, in one study, participants told to pretend they were on a jury were presented with weak prosecution evidence that included a damaging statement (i.e., the defendant confessed to a third party) that was rejected as hearsay by the judge (Gaertner & Dovidio, 2005). When the defendant was Black low-authoritarians ignored the evidence (Gaertner & Dovidio, 2005). However, when the defendant was White, low-authoritarians favored the defendant more and were even less certain of their guilt (Gaertner & Dovidio, 2005).

5. **Health care allocations**

Aversive racism can also significantly impact health care allocation determinations. Murphy-Berman, Berman, & Campbell (1998) found aversive racists used negative factors as an excuse in health care determinations of Black people. They found that while patient prognosis had no effect, participants rated those responsible for their illness as a lower priority and less deserving than those not responsible. Unemployment was also viewed negatively and unemployed people were deemed less competent, weaker, and more irresponsible. When Black patients were unemployed they received lower priority and participants were less willing to contribute. In alignment with aversive racism theory of overcompensating, when a Black patient was employed they were given higher ratings than White employed patients.

F. **Intervention Strategies for Reducing Aversive Racism**

As shown, the impacts of aversive racism are both hidden and pervasive. Yet, aversive racism is not so easily fixed because people already believe they are being egalitarian – aversive racists are not motivated to change because they do not realize they are racist (Dovidio & Gaertner, 2000, 2004, 2008; Gaertner & Dovidio, 1986, 2005). “Like a virus that has mutated,
racism may have evolved into different forms that are more difficult not only to recognize but also to combat” (Gaertner et al., 2005, p. 385). As a result, in order to reduce bias focus has to be on “redirecting the forces to produce more harmonious intergroup relations” rather than eliminating these processes (Gaertner et al., 2005, p. 385). Recent theories in aversive racism have examined mechanisms that may reduce this type of prejudice.

1. **Imposed practice**

   One theory to reduce aversive racism involves imposed practice. Dovidio and Gaertner (2004) found that when participants practiced intentionally selecting ‘no’ to word-pairs that were consistent with stereotypes and intentionally selecting ‘yes’ to word-pairs that were inconsistent with stereotypes their unconscious stereotyping was reduced. Dovidio and Gaertner found that these results were still evident after 24 hours indicating that this may have longer-term effects. Unfortunately, according to Dovidio and Gaertner imposed practice is not practical because it is difficult to administer to larger audiences and is time consuming.

2. **Motivation and self-regulation**

   Motivation and self-regulation is another attempt to reduce aversive racism. Dovidio and Gaertner (2004) made participants “aware of discrepancies between what they would do and should do (i.e., personal standards)” generating guilt thereby producing efforts to change in the future (p. 28). Three weeks later there were less discrepancies between potential behavior and standards as well as decreased bias. This method is also difficult in that it is time consuming.

3. **Hypocrisy**

   Similar to Dovidio and Gaertner’s (2004) introduction of guilt, Son Hing, Li, and Zanna (2002) attempted to reduce aversive racism by introducing hypocrisy. In their study, after
doing word associations with a Chinese experimenter with a strong accent participants were instructed by a White researcher to write essays on why it was important to treat minorities fairly (Son Hing et al., 2002). In the hypocrisy condition participants were instructed to write about two situations where they responded negatively to an Asian person to make hypocrisy explicit (Son Hing et al., 2002). Next, all participants completed an explicit measure of discrimination (Son Hing et al., 2002). Then students were given ‘anonymous’ ballot to cut student funding from certain clubs, including the Asian student association (Son Hing et al., 2002). When in the hypocrisy condition aversive racists had a more negative affect than when they were in the control condition (Son Hing et al., 2002). Son Hing et al. also found the hypocrisy induction made aversive racists feel more negative, made their prejudice more salient, and therefore resulted in fewer cuts to the Asian student association.

4. **Decategorization**

As a result of the cognitive ingroup-outgroup processes discussed above, decategorization proposes to reduce aversive racism by “reducing the salience of intergroup boundaries” (Dovidio et al., 1992, p. 96; Dovidio et al., 1989). By providing individuals with information about out-group members, “in-group favoritism decreases…when out-group members are portrayed as differing in opinion from one another” (Dovidio et al., 1992, p. 96). This is aided by personalization, which establishes personal, intimate interactions, and exposes “the inaccuracy of category based expectations” (Dovidio et al., 1992, p. 97).

5. **The common ingroup identity model**

The most prominent intervention is recategorization, through the common ingroup identity model, which changes the perception of groups so that instead of two groups there is one superordinate group (Dovidio & Gaertner, 2004; Dovidio et al., 1989; Dovidio et al., 1992;
Gaertner & Dovidio, 2005; Murrell et al., 1994). Group inclusiveness can be created by introducing shared tasks or fate, or “modifying a perceiver’s goals, motives, perceptions of past experiences, [or] expectations” so that a superordinate group is created (Gaertner et al., 2005, p. 386; Gaertner, Rust, Dovidio, Bachman, & Anastasio, 1996). The common ingroup identity model does not require the shedding of old identity altogether, the superordinate group just needs to be made more salient (Dovidio & Gaertner, 2004; Gaertner et al., 1996).

Recognizing the role of social categorization, the common ingroup identity model uses the positive consequences of ingroup membership and recategorization instead of trying to reduce the negatives of outgroup membership (Dovidio et al., 1992; Gaertner & Dovidio, 2005). According to Gaertner et al. (2005), shifting categorization can work to undermine aversive racism by redirecting normal cognitive processes. In fact, superordinate group members are more likely to have positive thoughts about members who were previously from outgroups (Dovidio & Gaertner, 2004; Gaertner et al., 1996; Gaertner et al., 2005). Moreover, it changes the motivation from ‘avoid wrongdoing’ to “do what is right” (Gaertner & Dovidio, 2005, p. 633).

These groups do not even need to be ‘real’ social categorizes to reduce bias. For example, Gaertner et al. (2005) and Gaertner and Dovidio (2005) discuss one study that combines groups from previously assigned three-person lab groups. Participants were then instructed to create a new group name and were given matching color t-shirts (Gaertner et al., 2005). Even though the new group did not relate to social norms, the superordinate group reduced bias and increased cooperation (Gaertner & Dovidio, 2005; Gaertner et al., 2005).

The common ingroup identity model also has real world implications – its effects do not exist solely in a lab. Another study examined helping and dual identity where both subgroups and superordinate groups existed simultaneously within a more natural setting. In this study,
Black and White students wearing University of Delaware or Westchester State University baseball hats approached fans of both universities outside of a football stadium and asked if they could be interviewed (Dovidio & Gaertner, 2004; Gaertner & Dovidio, 2005; Gaertner et al., 2005). White fans helped the Black interviewer more when they shared the superordinate identity (University of Delaware) than when they did not share this identity. The effects of university affiliation reduced significantly with White interviewers because participants already shared the common racial ingroup identity. Whereas the common identity of being University of Delaware fans helped participants see Black people more similarly to them and lead them to treat the interviewers more favorably accordingly.

Similarly, Gaertner et al. (1996) surveyed a multicultural high school to see how these effects are already occurring in real world situations. They found lower group biases when students perceived favorable contact between groups (Gaertner et al., 1996). Favorable contact between people also leads to feeling more like one group and on the same team (Gaertner et al., 1996). Although White students more strongly endorsed the superordinate group than minority students, those minorities who identified with the superordinate group of American – as X American (e.g., Korean American) rather than just X (e.g., Korean) – also had lower bias on an affective reactions index (Gaertner et al., 1996).

G. **Conclusion**

As I hypothesize from the disability literature that people’s interaction with disabled people is more likely to be prejudiced in an aversive rather than old-fashioned or symbolic/modern manner, this chapter has examined aversive racism at length. In order to suggest an alternative method to studying disability prejudice I first discussed social psychology theories of racial prejudice, especially focusing on aversive racism theory and its major tenets.
This included theories about its etiology in normal cognitive processes such as ingroup favoritism. Next I discussed aversive racism’s study of helping behavior as it illustrates the aversive patterns of discrimination. In order to stress that this subtle aversive racism can be just as harmful as old-fashioned racism I also focused on some of the ramifications of aversive racism. Finally, I discussed theories about reducing aversive racism.

As I will discuss more specifically in the next chapter aversive racism has useful lessons for disability. However, it also raises many points of difference between race and disability that suggest a need for a unique concept of aversive ableism that is modeled after, but ultimately distinguishable from, aversive racism.
IV. PROBLEM

A. Introduction

The previous two chapters outlined the social devaluation of disabled people and described social psychology theories of racial prejudice, including aversive racism at length. To support the direction of this study and its examination of subtle disability prejudice this chapter continues discussion of subtle disability prejudice by first critiquing some of the problems with disability attitude literature. As aversive racism was used as a model for the examination of subtle disability prejudice, or aversive ableism, this chapter next points to useful lessons for aversive ableism and suggests points of difference between aversive racism and aversive ableism. I then discuss the theoretical frameworks used in this study. Finally, this chapter ends with the study’s research question and hypotheses and how the study was designed to test these hypotheses.

B. Discussion of Gaps

Yuker (1994) critiques psychology disability attitude literature for its lack of quality claiming that it often suffers from issues related to sampling, lack of control groups, lack of random assignment, and lack of pretests. Although I am not necessarily disputing these claims, I think this literature suffers from a much larger problem. This attitude literature is ahistorical, is based on a priori assumptions about disability, and is individually and impairment based. I argue that to correct this, we need more disability studies research as it is oriented to conceptualizations of disability that are informed by experiences of disabled people rather than by assumptions about disability.

As discussed in Chapter II, fear and mortality salience are common attitudes associated with disability according to psychology research on nondisabled people’s attitudes. Framing
studies around exploring fear is problematic because they often include an underlying assumption of disability that is ahistorical; most nondisabled people assume disability is natural rather than a concept that has developed and changed over time. Many disability studies scholars (e.g., Barnes, 1997; Charlton, 1998; etc.) argue that disability in its current form only emerged as a class after changing modes of production in the post-feudal period. Shifts toward industrialization emphasized productivity and certain skills, thereby creating “disabled people” as a category and distinct social group.

Similarly, Hahn (1988) argues against ‘biological inferiority’ and evolutionary logic pointing out that it is hard to “disentangle attitudinal factors from functional standards” (p. 40); “both the prevalent emphasis on disabled people’s functional limitations and the pervasive features of an unaccommodating environment disguise widespread feelings of bias or prejudice” (p. 41). Society shuns differences and stresses super-normality (Hahn, 1988). Thus, disabled people are devalued not because of biological inferiority but because they are not conventional.

Although its inevitability is often assumed, the social devaluation of disabled people is not inevitable and can be reduced, although not easily (Gill, 2000; Susman, 1994). While social role valorization theory suggests social devaluation can only be reduced when the majority commit to “assisting socially devalued persons to obtain valued social roles” (Kendrick, 1994, p. 4), disability culture and community help push back against social devaluation (Gill, 1995). Disability pride including pride in difference and alternative value systems push back against social devaluation (Culham & Nind, 2003; Jetten, Schmitt, Branscombe, & McKimmie, 2004; Magasi, 2008b).

Nario-Redmond (2010) suggests psychology may have inadvertently perpetuated these individually based explanations of disability by focusing on research about impairment-specific groups, most
commonly those with physical disabilities, and aggregating results across sensory, cognitive, and physical subgroups only when differences fail to emerge. (p. 476)

When disabled people are included in research they point to very different attitudes that nondisabled people express toward them. For example, Makas (1988) found that while nondisabled people thought positive attitudes towards disability included being nice and helpful, disabled people thought positive attitudes towards disability included attitudes that defended their civil rights. Keller and Galgay’s (2010) study of microaggressions towards disabled people also provides a good example of this lack of overlap. Their findings included denial of identity, denial of privacy, hidden agendas of nondisabled people, disability spread, second-class citizenship, and infantilization. Keller and Galgay also found the disabled participants felt there was a denial of their experiences with discrimination.

As seen in the work of Makas (1988) and Keller and Galgay (2010), there appears to be significant differences between empirical psychology studies on nondisabled peoples’ attitudes and reactions and what disabled people experience as nondisabled peoples’ attitudes and reactions. This may relate to differences between explicit self-report and implicit bias as social desirability is likely to affect explicit measures.

These discrepancies point to the need for more exploration of disability attitudes, including prejudiced ones. This is especially true for more subtle and implicit prejudiced disability attitudes. In doing so, we can look to theories, such as social psychology’s aversive racism theory, that examines prejudice against racial minorities, especially Black people. However, Dovidio et al. (1992) warn aversive racism “should be applied cautiously to other groups” because of historically different relationships with Whites (p. 89). Keeping this in mind, aversive racism literature offers many insights and helps guide us to many questions that point to the uniqueness of aversive ableism.
There have only been two studies that have focused on aversive racism and disability. The first literature to combine aversive racism and disability is Deal’s (2007) article that looks at aversive disablism. Deal’s conceptualization of aversive disablism is aversive racism by another name. By doing so this study ignores the unique experiences and forms of discrimination disabled people face.

Deal (2007) calls attention to aversive racism’s anxiety and avoidance when he points out that those with negative and/or aversive attitudes towards disabled people avoid contact with them. Deal believes these nondisabled people are likely to support policies that segregate disabled people so they can avoid contact with them. However, aversive racism research does not argue that aversive racists support segregating policies because of avoidance because doing so would not be socially correct; instead they just avoid these people in interactions. Wanting segregated policy is more in alignment with symbolic/modern racism, which Deal does not discuss.

In his article Deal (2007) offers two main solutions for aversive disablism, both of which are not in alignment with the solutions proposed by aversive racism. First, Deal advocates for the inclusion of subtle prejudice in attitude change studies. Second, he argues “aversive disablism may need to be viewed simultaneously with aversive racism, aversive sexism, etc.” (Deal, 2007, p. 103). While Deal importantly highlights the complexities of multiple identities and intersectionality, especially in terms of prejudice towards those identity groups, he does not acknowledge that if carefully orchestrated these multiple identities can aid the common ingroup identity model by allowing others to recognize similarities between themselves instead of seeing them as different dimensions (Brewer & Pierce, 2005).

9 While the majority of U.S. scholars call it ableism, in United Kingdom it is more often referred to as disablism. They are often describing the same thing. This differential language relates to how disability theory developed in each country.
The second article focusing on aversive racism and disability is Dovidio et al. (2011). Dovidio et al.’s (2011) chapter on aversive attitudes towards people with physical disabilities has two main objectives:

the first of which is to offer an integrative theoretical analysis of the dynamics related to bias against people with physical disabilities…The second objective of the chapter is to demonstrate how our integrative framework can help synthesize different and often apparently contradictory evidence about bias toward disabled individuals. (p. 157)

In this chapter Dovidio et al. (2011) theorize many different etiologies about aversive attitudes towards disabled people. They discuss ingroup/outgroup categorization, as discussed in chapter III, as one of the possible causes of this type of discrimination (Dovidio et al., 2011). According to Dovidio et al. another possible etiology is the stereotype content model, which argues that stereotypes are based on perceptions of a group’s warmth and competence. Disability’s location as high in warmth and low in competence then results in pity and sympathy (Dovidio et al., 2011).

Dovidio et al. (2011) base their next idea of etiology on Irving Goffman’s conceptualization of stigma. Dovidio et al. (2011) specifically focuses on Goffman’s three categories of stigma: tribal, abominations of the body, and blemishes of individual character. Identifying disabled people as belonging in the ‘abominations of the body’ category, Dovidio et al. (2011) explain their stigmatization as more individually based. As a result, according to Dovidio et al. (2011), “stigmas of this type commonly produce negative affective reactions of an ‘untutored, primitive quality,’ such as fear or disgust, and immediate behavioral aversion” (emphasis mine; p. 159). While disabled people certainly face discrimination because of people’s fear or disgust, framing their discrimination as a result of abominations of the body ignores the fact that disabled people are not naturally disgusting or scary (Dyson, 2005; Garland-Thompson,
They have only been socially constructed as such and thus they cannot cause a *primitive* reaction. Moreover, exclusion of Goffman’s first category—tribal—as well as Dovidio et al.’s (2011) explanation that disabled people’ stigma has “a more individually based dynamic” (p. 159) indicates the authors do not consider disabled people a community and/or social minority group and therefore problematically did not consider this factor throughout their analysis.

Dovidio et al. (2011) also question mortality consciousness’s influence on aversive views of disability. They hypothesize that reactions to people with physical disabilities may in fact be based in genetics and evolution. To exemplify this, Dovidio et al. (2011) explain

> Neuberg & Cottrell proposed that physical disability is associated with stigma because, across human evolutionary history, it may have signaled less than optimal genetic fitness, which is the central element guiding human behavior from a sociobiological perspective. (p. 159)

Similarly, Dovidio et al. (2011) also link disability-based prejudice to theories of behavioral immune systems. According to this theory people develop psychological processes that indicate those who may be “infected with contagious pathogens” (Dovidio et al., 2011, p. 160). As a result, any cues about vulnerability and mortality can lead to avoidance (Dovidio et al., 2011).

While I am not arguing that these effects do not occur, I am suggesting that they are rooted in fundamental misconceptions about disabled people based on stereotypes. Linking disability with illness and mortality does not occur in a vacuum; there is a reason people have these associations and these associations are not necessarily natural. For example, seeing disabled people as unable could very well be rooted in how disability was conceptualized due to industrialization and capitalism’s changing modes of production that redefined them as useless. Because of the tenets of our current society, people fear being useless hence they fear disability.
Therefore, the social constructions of disability appears to be the third variable that is missing when one tries to correlate disability and fear due to evolutionary reasons.

Ultimately, Dovidio et al. (2011) encourage “nondisabled people to recognize their role in perpetuating the stigma of disability and the often unconscious processes that contribute to it” as a way to reduce aversive disability prejudice (p. 175). They purport that doing so “can lead not only to more equitable social policies and action but also to changes in personal behavior that can ameliorate even subtle manifestations of bias” (Dovidio et al., 2011, p. 175). As a result, one is left questioning why Dovidio et al. (2011) suggests this solution while all other aversive racism researchers argue that this technique is not effective because aversive racists believe they are not prejudiced since aversive prejudice is unconscious. Perhaps Dovidio et al. (2011) do not suggest the common ingroup identity model recategorization because they do not see that disabled people can be ingroup members.

Many aversive racism studies examine the aversive racist and their attitudes. It is likely that just as the attitudes of aversive racists are complex and conflicted towards people of color (Gaertner & Dovidio, 1986), the aversive ableists attitudes are complex towards disabled people. Aversive racists sympathize with those seen as victims of injustice. Clearly pity plays a large role with disabled people but how does sympathy impact the actions of aversive ableists? Aversive reactions are also likely to result from discomfort, disgust and fear, leading to avoidant behaviors. As discussed above, discomfort, disgust, and fear are commonly associated with disabled people; how might these associations drive the behaviors of aversive ableists?

Findings on aversive racism’s implications are also useful for the creation of the construct of aversive ableism. Aversive racism alters perception; even when a minority is well qualified the person may not be perceived as such (Dovidio et al., 1989). How will aversive
ableism interact with perception of disabled people, especially perception of ability? Moreover, as mentioned earlier, Penner et al. (2010) found physicians’ perceptions of their own behavior was radically different from their patients’ perception as well as their own levels of implicit bias. How might disabled and nondisabled people have different perceptions of implicit bias?

Norms related to disability are more likely to be ambiguous. Norms related to disability are also often conflicting, which can contribute to ambiguousness. For example, it is not uncommon for disabled people to be portrayed as sinners or saints, monsters or inspirations, and pitiable or superhuman. In aversive racism when the aversive racist does something wrong in ambiguous situations they disassociate the behavior from their self-image and avoid acting wrongly based on these feelings (Gaertner & Dovidio, 1986). When it comes to disability, ambivalent stereotypes may suggest behavior is positive when some disabled people may not interpret it as such.

Aversive racists can also overreact and may actually respond more favorably to Black people when norms are clear (Aberson & Ettin, 2004). Even though they are favorable, these behaviors are still harmful in the long run. Aberson and Ettin (2004) point out

Whereas affirmative action increases opportunities, the tendency to exaggerate positive evaluations may ultimately deprive African Americans of opportunities. For example, in an educational setting, African Americans may receive excessive praise for good work. Though their performances were good, inflated evaluations of this sort may rob AAs [African Americans] of the criticism necessary to improve performance. (p. 43)

What would this mean for disabled people? What kind of ‘positive’ responses would result? Also because the behavior is deemed positive does not mean it is actually positive for disabled people. Or perhaps it is the aversive ableists’ overreaction that spurs pity and helping behavior in the first place?
In their study, Dovidio and Gaertner (1983a) found high-ability partners were helped significantly more than low-ability partners and subordinates were helped more than supervisors. Meanwhile, Murrell et al. (1994) found disabled people and the elderly were seen as more deserving of preferential treatment than Black people because their status was outside of their control. According to Frey and Gaertner (1986), “more assistance is elicited by victims whose need, and thus dependency, is created by circumstances beyond their control than by victims more responsible for their dependency” (p. 1084). Helping behaviors have a unique history and interaction with disabled people because of their portrayal as subordinate, disadvantaged, and weak—always needing help. If disabled people are always seen as low-ability and subordinate because of stereotypes does this account for why people are more compelled to help them? Participating in helping is also a function of attractiveness and cost (Dovidio & Gaertner, 1981; Dovidio & Gaertner, 1983a). While stereotypes and misconceptions may negatively skew attractiveness, there is an extremely high cost for not helping disabled people. What are the implications of this when it comes to aversive ableism?

C. Theoretical Frameworks

This study’s understanding of disability will be grounded in disability studies. Although “there is nothing new about treating disability as a problem,” disability studies is a socio-political reframing of disability (Titchkosky, 2000, p. 200). Disability studies is an interdisciplinary field that theorizes disability as social, political, and cultural (Linton, 1998). Disability studies theory differentiates between disability and impairment, defining disability in the context of barriers against and discrimination toward people with impairments. In doing so, disability studies reinforces the idea that disability is societally created and the onus for change is on society (Linton, 1998).
Most disability studies scholars understand disabled people as a natural part of human variation rather than in the context of deviance. Although the term disability is assumed to be concrete it is situational and contextual (Linton, 1998; Titchkosky, 2000). This is true not only in terms of ones’ ability to “pass” but also in the context of disability as a social construction. Disability studies explores not just that variance exists but that meanings exist in disability, that is disability has meanings and disability makes things meaningful. As Linton (1998) says, disability exists “in a complex web of social ideals, institutional structures, and government policies” (p. 10). For this reason, disability studies challenges social and economic status as signs of natural inferiority (Linton, 1998). It also pushes back against theories that associate impairment with loss and that assume disability is devastating (Reeve, 2000).

Disability studies recognizes disabled people as part of the social fabric, especially as related to oppression and relationships of power. This is important because “a crucial feature of oppression and the way it operates is its specificity, of form, content and location” (Abberley, 1987, p. 7). Disabled people are oppressed because their treatment is related to ideology that justifies and perpetrates difference. However, their disadvantages are not natural or inevitable.

Disability studies’ framing of disability as social, political, and cultural fits with two models of disability, the social model and the minority model. The social model of disability locates the problem of disability within society. It includes the recognition of the social origins of impairment and opposition to the financial, social, environmental, and psychological disadvantages imposed upon people with impairments (Abberley, 1987). The social model theorizes disability oppression as based in material and ideological changes caused by capitalism. People with impairments challenge western values and are seen as unfortunate.
“because they are seen as unable to ‘enjoy’ the material and social benefits of modern society” (Barnes, 1997, p. 7). They are also seen as inadequate because they are portrayed as not contributing to the economy (Barnes, 1997). This marks them as abnormal and prejudice, discrimination, and oppression are often targeted towards those who are different.

Although the minority model of disability still differentiates between impairment and disability, unlike the social model that emphasizes disability’s origins with economic systems, the minority model frames disability in terms of an oppressed social minority group and a socially constructed role (Batavia & Schriner, 2001; Hahn, 2005; Llewellyn & Hogan, 2000; Longmore, 2003). The minority model stresses constructions of disability oppression through culture, language, and discourse. Unlike the social model, personal experiences with the cultural are embraced more in the minority model. Thomas (2007) purports, this model “reject[s] the accusations made…that a focus on ‘personal experiences’ can b[e] politically diversionary or provide sustenance for the reviled ‘personal tragedy’ approach to disability” (p. 71). The significance of these frameworks are that they help bring in ‘truth’ as disabled people see it through these personal experiences.

Ableism manifests itself through institutional, systemic, and subtle discrimination, however disability studies has focused less on subtle and implicit prejudice (Harpur, 2011; Keller & Galgay, 2010; Linton, 1998; Thompson, Bryson, & de Castell, 2001). Other research that does focus on prejudiced attitudes towards disabled people (e.g., Attitudes Towards Disabled Persons Scales by Yuker & Block, 1986) also does so almost exclusively on an explicit (conscious) level (Wilson & Scior, 2014). Explicit attitude research is problematic because it relies on self-report and therefore often contains high levels of bias. This is especially true when related to disabled people because of social norms that pressure people to hide their bias (Amodio & Mendoza, 2011). Very few theorists examine these subtle and micro forms of discrimination towards
disabled people on an implicit (unconscious) level. Fortunately, disability’s orientation as a social minority group in accordance with the social and minority models allows for other theories about discrimination to be extrapolated for application to disability.

For this reason, this study was also grounded in social psychology frameworks on prejudice, stereotypes, and attitude measurement. As aforementioned, social psychology organizes racial prejudice and racism into four major theories: old-fashioned racism, symbolic/modern racism, aversive racism, and racial microaggressions. Old-fashioned racists have a clear dislike for Black people that is overtly and directly expressed (Dovidio & Gaertner, 2005; Gaertner & Dovidio, 1986, 2005). According to social psychology theories, overt old-fashioned racism changed or became more hidden in part because of civil rights legislation that declared it was morally and legally wrong and therefore has been declining significantly since the 1960s (Dovidio & Gaertner, 2005; Gaertner et al., 2005).

Both symbolic/modern racism and aversive racism conceptualize prejudice as rooted in normal cognitive processes, especially those related to norms. As a result, they suggest that most people are prejudiced however it differs in level and expression. Symbolic/modern racists are those who believe racial discrimination is no longer relevant, disadvantaged Black people are just unwilling to take responsibility for their lives, Blacks are demanding too much too quickly, and the special treatment of Blacks is not justified (Henry & Sears, 2002). This form of prejudice is less overt and more often expressed through symbols such as opposition to desegregation (Henry & Sears, 2002).

Unlike symbolic/modern racism theory that looks at this subtle discrimination that exists among political conservatives, aversive racism theory specifically focuses on those people who are more progressive yet still participate in biased actions or thought (Gaertner & Dovidio, 1986;
Gaertner et al., 2005). Aversive racists are those who believe they are not prejudiced yet feel discomfort around Black people and often act in prejudiced ways. Thus, this form of racism theory examines aversive racists’ anxiety and discomfort around Black people, how this prejudice is inconsistent with their self-concepts, and the rationalized disassociated products of these inconsistencies.

Racial microaggressions looks at racial prejudice from a different angle by examining the manifestations of discrimination and the experiences of those affected by it. Racial microaggressions are actions, verbal expressions, or even environments that subtly demean people of color because of their membership within a racial minority group (Sue, 2010). Typically automatic and unconscious, racial microaggressions are typically delivered by well-intended people. Although these are brief encounters, the negative effects of racial microaggressions compound and become very harmful to those at the receiving end.

D. **Research Question and Hypotheses**

Disability attitudes may appear positive but it is the implicit prejudice that may be the most dangerous. For example, most disability portrayals in film are not explicitly negative about disability; nonetheless, as discussed in Chapter II, these portrayals are associated with negative implicit prejudice. As disability prejudice can be confusing because it may almost always be exclusively implicit, aversive racism may be a great window to examine it.

The subtle experiences of discrimination disabled people face are particular to them because of both their unique history and their present day experiences as a discriminated against social minority. I argued that on the basis of common disability narratives and stereotypes, there would be some differences between aversive racism and aversive ableism both in context and expression; aversive racism cannot just be “applied” to disability. These disability narratives are
not only harmful but also differentiate disabled people from other social minority groups. For example, the inspiration narrative that dictates that everything disabled people do is inspirational because they must ‘overcome’ their disability is harmful for disabled people because it implies either that they are not normal or that they achieve monumental tasks ‘despite’ their disability. Not only does this not reflect the lived reality of most people, it also creates unobtainable expectations for disabled people by perpetuating the myth that their true disability is a bad attitude instead of institutional barriers (Tighe, 2001). Another disability narrative that most likely interacts with aversive ableism is pity. Although having pity for someone is not inherently negative, the pity narrative is harmful for disabled people because it assumes that they are inherently tragic because of their disabilities, that they are incapable, or that they are victims (Reid, Stoughton, & Smith, 2006). These factors, among others, separate disabled people and the discrimination they face from other social minorities. For this reason, their experiences will be unique. Aversive ableism is not likely just to be aversive racism by another name applied to another group; rather, it likely builds on an understanding of prejudice often too subtle to articulate in rapid social interaction but which affects the group immensely.

Unlike aversive racism, I theorized that the differentiation between conservatives and liberals’ implicit disability prejudice is less clear cut, that is their explicit and implicit scores will not fit into political orientation categories as neatly as aversive racism (Liberals) and symbolic/modern racism (Conservatives) because of complex attitudes towards disabled people and social norms that portray disabled people as deserving of positive and favorable treatment. Conservative ‘pull yourself up by your bootstrap’ individualism and dislike for welfare systems may certainly interfere with their views of disabled people; however,

unlike the experience of many minorities, opposition to disability rights seldom has been marked by overt displays of bigotry or hostility; and politicians have
often been included to provide sympathetic endorsements for the goals of disabled persons, even when they have shown strong resistance to the claims of other disadvantaged groups. (Hahn, 2005, p. 42)

I theorized that nondisabled people’s interaction with disabled people is more likely to be prejudiced in an aversive (low explicit, high implicit) rather than symbolic/modern fashion (high explicit, high implicit) because social norms dictate it is not acceptable to discriminate (at least overtly) against disabled people – people would look ‘bad’ doing so. Social norms also dictate helping those in inferior and pitiable positions; people see disabled people as more deserving of help and positive treatment (Appelbaum, 2001; Garthwaite, 2011; Imrie & Wells, 1993; Stewart, Harris, & Sapey, 1999). Thus, in this dissertation I hoped to answer the following question: how do different combinations of explicit and implicit prejudice (i.e., high explicit and high implicit; high explicit and low implicit; low explicit and high implicit; and low explicit and low implicit) apply to disability?

Moreover, since I expected disability prejudice most commonly operates implicitly different groups of participants were used to maximize the different types of implicit prejudice present, that is to try to get the widest range of implicit prejudice instead of those who are all very prejudiced. I theorized that these participant groups (described below) would produce a spectrum of implicit prejudice because of their varying relationships with disability and disability studies. Thus when I compared explicit and implicit prejudice combinations even if both groups have little to no explicit prejudice I would still differentiate between amounts of implicit prejudice (i.e., none, slight, moderate, strong).

Before the differences and similarities between aversive racism and ableism can be directly compared it is necessary to establish the construct of aversive ableism. The aim of this study was to establish a construct of aversive ableism by: examining the patterns of explicit and
implicit disability prejudice; examining theoretical variables that may be relevant to aversive ableism and disability prejudice such as demographics, knowledge about disability, and political orientation; and examining one-on-one interactions between nondisabled and disabled people. I did so with the following three hypotheses.

Hypothesis 1: The majority of participants will exhibit little explicit disability prejudice but will still have high levels of implicit disability prejudice – their prejudice will follow the aversive pattern. Aversive racism and symbolic/modern racism theories that show that while both have implicit prejudice conservatives report higher levels of explicit prejudice because of liberals’ beliefs in their own egalitarianism and conservatives beliefs that these values are not prejudiced but instead people violate their values by demanding too much and receiving special treatment (Henry & Sears, 2002; McConahay & Hough, 1976; Sears & Henry, 2003; Sears, Henry, & Kosterman, 2000; Son Hing et al., 2002; Son Hing et al., 2008). However, because of disability narratives the differentiation between liberal and conservatives’ disability prejudice will not be as dichotomous as aversive racism therefore using political orientation to measure aversive ableism is not enough. Instead, profiles from Son Hing et al.’s (2008) two-dimensional model of prejudice will be used: high explicit and high implicit are symbolic/modern prejudiced; high explicit and low implicit are principled conservatives; low explicit and high implicit are aversive prejudiced; and, low explicit and low implicit are truly low prejudiced. This will be examined by comparing the implicit and explicit scores of participants in part I of the study.

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11 Son Hing et al. (2008) describe principled conservatives as those who truly value the abstract conservative ideas, which causes them to dislike policies that stray from tradition. Principled conservatives score high on explicit racial prejudice because “they cherish the values confounded with the content of the MRS [modern racism scale]” and low on implicit racial prejudice because they discriminate against both racial groups equally implicitly (Son Hing et al., 2008, p. 973). However, Son Hing et al. (2008) note “principled conservatism might not be a race-neutral ideology; rather racism and conservatism could be linked because both are used to legitimize hegemony” (pp. 972-973).
Moreover, a regression of explicit and implicit prejudice will be conducted with linear, quadratic, and cubic components in order to explore the best-fit form of the relationship.

Hypothesis 2: Those with more extensive knowledge about the disability community and disability rights movement will be less implicitly prejudiced than those with less familiarity with disability and disability community. This will be examined using two groups of participants to compare implicit prejudice levels: disability studies graduate students; and, multi-discipline students in undergraduate level disability and human development courses. Using these two groups is not about trying to prove how education affects their implicit prejudice; instead it is about getting a wide range of implicit values based on a wide range of beliefs about and experiences with disability. I predict disability studies graduate students to have the lower levels of prejudice and be more likely to actually favor disabled people, and the students in undergraduate level disability and human development courses will have more prejudice. Although there is some kind of interest in disability that drew the disability and human development undergraduate students to the introductory courses I would still expect them to be implicitly biased because they have enough familiarity where it is probably only their explicit prejudice that is lower and they will need a deeper understanding of disability for the implicit to be low as well. This will be explored through linear regressions between education level and explicit and implicit prejudice, as well as binary logistic regressions between education level and aversive ableism and truly low prejudice. Moreover, qualitative analysis of the exit interviews will help me explore how knowledge about disability relates to attitudes towards disability.

Hypothesis 3: A disabled person will be able to recognize some cues of implicit prejudice similar to how Black people tend to be more perceptive and sensitive to implicit aversive racism. This will be examined in part II of the study. Visibly disabled interviewers will complete exit
interviews with a selection of the participants. During the interview the interviewer will be asked to note any cues of implicit prejudice they experience. The interviewer will not know the participants’ implicit prejudice scores. To explore their observations qualitative analyses of the interview notes, and regressions will be conducted with linear, quadratic, and cubic components in order to explore the best-fit form of the relationship between their interview scores and explicit and implicit prejudice; binary logistic regressions between their interview scores and aversive ableism, and truly low prejudice will also be used. Similarly, following aversive racism, I also believe disabled people will be able to perceive these implicit cues better than nondisabled people. To examine this nondisabled people will review video recordings of these interviews and note if they see any cues of prejudice. These nondisabled peoples’ reviews will then be compared to the disabled interviewers’ experiences both qualitatively and using regression analyses.

This study will test these hypotheses in two parts. Part I is the quantitative analysis of the participants’ implicit and explicit levels of disability prejudice. As described in Chapter III’s discussion of aversive racism there are many ways implicit prejudice can be measured. For the purposes of this study I will use an implicit association test (IAT), more specifically the Disability Attitudes Implicit Association Test (DA-IAT), to measure implicit disability prejudice. The IAT (Greenwald, McGhee, & Schwartz, 1998) is one of the most common tests of implicit bias. IATs are very frequently used to measure implicit prejudice against many social minority groups (e.g., Baron, & Banaji, 2006; Bertamini, Makin, & Rampone, 2013; Chen, Ma, L., & Zhang, 2011; Cvencek, Greenwald, & Meltzoff, 2011; Dentale, Vecchione, Coro, & Barbaranelli, 2012; Doyle, 2002; Enea-Drapeau, Carlier, & Huguet, 2012; Nosek et al., 2007; Proctor, 2011; Pruett & Chan, 2006; Robey, Beckley, & Kirschner, 2006; Rojahn, Komelasky, & Man, 2008; Swanson, Swanson, & Greenwald, 2001). The IAT is a very consistent tool to
measure implicit prejudice and shows implicit scores operate in patterns. Although a few researchers have critiqued the IAT for relating to learned associations, for the purposes of this study, it is not important to prove an unconfounded relationship between implicit scores and real life behaviors because so little work has been done on aversive ableism. We first have to develop evidence for aversive ableism and when there is more foundation research we can “examine prejudice as it relates to unambiguously meaningful behaviors and among relevant populations… to make progress in this debate” (Payne, Krosnick, Pasek, Lelkes, Akhtar, & Tompson, 2010, p. 368; von Hippel, Brener, & von Hippel, 2008). Evidenced by the lack of correlation between the explicit and implicit scores, IATs are gaining support and approval for being reliable methods to examine prejudicial disability attitudes (Wilson & Scior, 2014). Thus it is a logical method to examine the pattern of these types of disability prejudice.

Part I will also include explicit disability prejudice measures and questions about demographics such as political orientation, race, gender, and relationships with disabled people. Part II of this study will involve an exit interview administered by a disabled interviewer about how participants felt about part I. However, at the same time, the disabled interviewer will be paying attention for any cues of aversive prejudice such as discomfort and avoidance. Doing so will help measure implicit attitudes of disability in an in person interaction between disabled and nondisabled people, which has not been done before. In order to further examine perceptions of implicit prejudice four nondisabled people will also review videos of each interview and note any cues of implicit prejudice they pick up on. Their answers will then be compared to the disabled interviewers’ perceptions on participants’ prejudice.
V. METHOD

A. Introduction

Psychology research about attitudes towards disabled people has mostly focused on explicit bias methods. Explicit measures are problematic because they do not capture everything because norms can lead to participants concealing their own biases or the participants may be unaware of their own biases (Amadio & Mendoza, 2011). For this reason, there has been a shift towards methods that measure implicit unconscious attitudes. Implicit method results can relate to memory, stereotypes, perceptions, attitudes, and self-esteem yet are not affected by the biases involved in self-report.

Antonak and Livneh (2000) categorize implicit indirect methods into four groups: nonobtrusive behavioral observations; projective techniques; disguised techniques; and, psychological methods. While in nonobtrusive behavioral observations participants do not know they are being measured, this method is difficult because it requires hidden recording devices, considerable time, confederates, and permission to research in a field setting (Antonak & Livneh, 2000). In projective techniques participants are aware of measurement but do not know what truly is being measured (Antonak & Livneh, 2000). Depending on the type of projective measures it may be threatened by interpersonal variables such as the experimenter characteristics, physical variables such as room noises, or respondents’ psychological and physiological attributes such as hunger. Disguised techniques use deception to hide what is being measured but still have a specific structure. However, Antonak and Livneh (2000) warn disguised techniques’ limitations are especially problematic because they can easily create confounding variables. Subjects participating in physiological methods are aware they are being measured but have no impact on their responses because they are tracked physiologically (e.g.,
pupil dilation, heart rate). Although they do not share some of the limitations of the other types of indirect methods, they require expensive equipment and instruments.

One of the most prominent implicit methods is the Implicit Associations Test (IAT), a projective method (Greenwald, McGee, & Schwartz, 1998). The IAT presents participants with two target-concept discriminations (e.g., Black and White) and two attribute dimensions (e.g., pleasant and unpleasant). One target-concept discrimination and one attribute dimension is displayed on each side of the computer screen (e.g., Black and unpleasant on the left, and White and pleasant on the right). As words or pictures (stimuli) representing either the target-concept discriminations or the attribute dimensions are displayed on the center of the screen the participants must categorize the stimuli as belonging to the categories on the left or the right by pushing one of two assigned computer keys. In each block (round), target-concept discriminations and/or attribute dimensions are rotated around to create different stereotype congruent and incongruent combinations. Although the participants are instructed to do so as quickly but accurately as possible, supposedly the stronger the stereotypes they hold, the longer it will take them to accurately place items that are incongruent with stereotypes. For example, someone who is racially prejudiced will take longer to place Black related stimuli when Black is aligned with pleasant than when it is with unpleasant. For this reason, the IAT compares response latencies of each person’s incongruent and congruent blocks.

By measuring reaction time the IAT is able to examine associations – the quicker the reaction time, the stronger the association between groups and traits (Karpinski & Hilton, 2001). For example, if a person responds quicker to the association of Black and bad than Black and good it means the former has a stronger association for them. IATs have been developed for a
variety of different groups and attitudes (e.g., straight people versus gay and lesbian people, light skinned versus dark skinned people, young versus old people).

Despite trends favoring it and a large number of studies showing validity, the IAT is not without its critics. While some believe it measures implicit prejudice, others argue that IAT measures associations that people have been exposed to in the environment (Karpinski & Hilton, 2001). For example, Karpinski and Hilton suggest that IAT scores may reveal an exposure to positive-White and negative-Black associations rather than preference for White people over Black people. However, much literature has noted that the IAT is internally consistent, valid, and has high test-retest reliability (Banse & Greenwald, 2007; Greenwald et al., 1998; Greenwald & Farnham, 2000; Greenwald, Pickrell, & Farnham, 2002; Greenwald & Nosek, 2001; Payne et al., 2010; Schnabel, Asendorpf, & Greenwald, 2008; von Hippel, Brener, & von Hippel, 2008; Wilson & Scior, 2014). In response to critiques, one way the IATs’ validity has been confirmed is by making sure it can predict independent variance with “unambiguous and meaningful discriminatory behaviors,” especially while controlling for explicit prejudice (Payne et al., 2010, p. 373; von Hippel, Brener, & von Hippel, 2008). For example, in examining racial prejudice and voting behaviors in the 2008 United States election, Payne et al. (2010) found an association between implicit prejudice and unambiguous behaviors; participants’ “implicit prejudice predicted unwillingness to vote for Obama” (p. 373) even when they controlled for explicit prejudice.

Because of its strengths, a number of studies have used the IAT in aversive racism research (e.g., Baron & Banaji, 2006; Penner et al., 2010; Son Hing et al., 2008; etc.). People who are symbolic/modern racists are likely to score high levels of explicit and implicit prejudice. However aversive racists are more likely to score levels of explicit and implicit prejudice that do
not align. They typically have low levels of explicit prejudice because they are concealing their biases or they are not aware of them while they have higher levels of implicit prejudice because of their biases.

Being prejudiced against disabled people violates norms about appropriate social behavior and does not give a good impression so explicit measures may not be accurate. Yet, most psychology research on nondisabled people’s disability attitudes, which was discussed in Chapter II, used explicit measures (Wilson & Scior, 2014). As discussed below, there are some IAT tests in existence that relate to disability (e.g., Aaberg, 2012; Archambault et al., 2008; Doyle, 2002; Pruett & Chan, 2006; Robey, Beckley, & Kirschner, 2006; Vaughn, Thomas, & Doyle, 2011) but none are in context of aversive ableism. For these reasons, part I of this study included a disability IAT, more specifically the disability attitudes IAT (DA-IAT), administered individually to each participant on a unique website provided by Inquisit Web by Millisecond Software LLC. After opening the website from their preferred location the participants read and signed the informed consent form describing potential risks and benefits. Participants then completed the DA-IAT. They answered explicit questions about disability, political orientation, and other demographics. In part II of this study participants were administered an exit interview by a disabled interviewer. The interview questions focused on their thoughts about part I of the study. At the same time the disabled interviewer was paying attention for any cues of prejudice such as discomfort and avoidance. Doing so was an attempt to help validate the measure of implicit attitudes of disability in a real interaction, which has not been done before. In order to further examine perceptions of implicit prejudice four nondisabled people (two from disability studies and two with no background in disability) also reviewed videos of each interview and
noted any cues of implicit prejudice they picked up on. Their answers were then compared to the disabled interviewers’ perceptions on participants’ prejudice.

B. **Background: Existing Disability IATs**

Previous research using the IAT to study disability falls into three general categories: disability attitude IAT (DA-IAT), multiple disability IAT (MDIAT), and other customized tests. Their target-concept discriminations, attribute dimensions, and stimuli are presented in Appendix A whenever I had access to them.

1. **Disability attitude implicit association test (DA-IAT)**

The disability attitude implicit association test (DA-IAT) was developed by Greenwald et al.’s (1998) *Project Implicit*, an open-access public website featuring a range of IAT tests. The DA-IAT is similar to the typical IAT, except it uses symbols (See appendix A) to represent ‘disability’ and ‘able-bodied’ target-concept discriminations and word stimuli for ‘pleasant’ and ‘unpleasant’ attribute dimensions. For example, the wheelchair/disability/handicap symbol represents disabled people while someone skiing represents a nondisabled person.

Pruett and Chan (2006) administered a paper version of the DA-IAT where each page represented a different block. Although they found a greater association between disability and negative words and able-bodied and positive words, the paper test has been critiqued for not being as accurate (Wilson & Scior, 2014). Moreover, their sample of undergraduate and graduate students was 84% women, which could have negative implications because Hirschberger et al. (2005) found women tend to feel more favorably toward disabled people than men. Archambault et al. (2008) also used the DA-IAT as well as an age IAT to examine physician assistant students’ implicit attitudes. They found their participants preferred able-bodied and young people. It should be noted that their sample was 80% women. Aaberg (2012) used the DA-IAT to
examine nurses’ implicit views on disability. They found nurses had strong implicit biases towards disabled people. Ma et al. (2012) used a DA-IAT to examine the relationship between social beliefs and statements, and implicit disability attitudes. They found a negative implicit attitude towards disabled people. It should be noted that their sample was approximately 70% female. Examining how the 2012 Paralympic games impacts attitudes towards disabled people Ferrara et al. (2015) primed participants with either Paralympic or Olympic media coverage and then administered a DA-IAT and explicit measures. They found all participants had more positive implicit attitudes towards disabled people after viewing the media coverage; however, they explain these effects may be short-term (Ferrara et al., 2015). Finally, Nosek et al. (2007) reported DA-IAT results from Project Implicit over a six-year period (July 2000 to May 2006). Nosek et al. found their sample (n = 38,544) strongly (76%) preferred nondisabled people (with 9% favoring disabled people). Even the majority of the 3,000 disabled participants that completed the test favored nondisabled people, although to a weaker degree than the nondisabled participants (Nosek et al., 2007). Nosek et al. also found a weak correlation between the implicit and explicit prejudice.

2. **Multiple disability implicit association test (MDIAT)**

The MDIAT includes four separate IAT tests (paraplegia, alcoholism, cancer, and mental illness) all presented with the attribute concepts of ‘pleasant’ and ‘unpleasant.’ These target-concept discriminations were selected based on Tringo’s (1970) Hierarchy of Preference, which as described in Chapter II is problematic. Doyle (2002) completed an early version of the MDIAT in an attempt to replicate Tringo’s Hierarchy of Preference. She completed a pilot study with 12 disability (“asthma, heart disease, blind, drug addiction, mental illness, amputee, alcoholic, cancer, deaf, paralyzed, HIV positive, and learning disabled”) and 12 non-disability
“conditions” (“no asthma, healthy heart, non-blind, drug free, mental health, non-amputee, non-alcoholic, cancer free, non-deaf, non-paralyzed, HIV negative, and non-learning disabled”) (Doyle, 2002, p. 24) chosen from the Hierarchy and had participants give one word adjectives. The five disabilities that had adequate words and represented different levels of the Hierarchy were selected as target-concept discriminations: cancer, paraplegic, mental illness, alcoholic, and HIV positive. Although Doyle’s results did not replicate the Hierarchy, this study found HIV positive, paraplegic, and alcoholic IATs correlated, cancer correlated with all other IATs except HIV positive, and mental illness correlated with all other IATs except HIV positive. Doyle (2002) also found the largest IAT effect for HIV positive, leading Doyle to purport “HIV Positive was the only disability chosen that seems to still have a negative stigma associated with it by society in general” (p. 53). However, the order of the IATs was not randomized and HIV positive was the first IAT test administered to the participants, therefore, the large effect compared to the others could be caused by a practice effect. Participants’ experience a practice effect after multiple IATs and thus tend to score lower after each IAT (Vaughn, Thomas, & Doyle, 2011). For this reason, it is important to randomize the IATs if multiple are administered. Moreover, another potential problem is that ‘mental health’ was presented as the opposite to ‘mental illness.’ This is complicated and problematic because mental health is typically a synonym for mental illness and psychiatric disabilities.

In their pilot study, Vaughn (2007) gave participants a list of 12 disabilities and non-disabilities from Tringo’s hierarchy and had them generate one-word adjectives. The categories (alcoholic, cancer, HIV positive, mental illness, and paraplegic) that had enough common adjectives and the words that occurred the most often were used as their target-concepts and stimuli in their future experiments. However, HIV positive and HIV negative were removed in
Vaughn (2007) after a pretest led them to conclude that they are not useful target-concept discriminations because the words positive and negative mean the inverse and caused problems with reaction times. All MDIAT thereafter also exclude HIV positive and HIV negative. In their following two experiments, Vaughn found participants took longer when the target-concepts and stimulus were incompatible. In this study, physical disability also resulted in the highest score, and mental illness the lowest. However, the order of the IATs were not alternated so this could very well be caused by an order effect similar to Doyle (2002).

Thomas, Doyle, and Vaughn (2007) also completed a pilot test to select the target-concept discriminations; pilot participants were given twelve randomized disability and non-disability words from a list of 24 and generated adjectives. Thomas et al. ultimately selected alcoholic, cancer, HIV positive, mental illness, and paraplegia because they had enough common words; however, HIV positive was removed because of inverse meanings. Thomas et al. found participants had longer response times for the disability conditions. They also found the four IATs were significantly different from each other. In a second experiment Thomas et al. compared IAT scores to the Interaction with Disabled Persons Scale (IDP) and the Marlowe-Crowne Social Desirability Scale, both explicit measures. They found their IAT was significantly related to the two explicit scales and therefore questioned the validity of their IAT and if participants faked their IAT responses. However, Cvencek et al. (2010) has found implicit faking is evident even if participants are deliberately altering their participation. Therefore it is possible that these effects related to order effect or were because of participants’ high explicit and implicit bias.

Similar to Vaughn (2007) and Thomas et al. (2007), Vaughn et al. (2011) completed a pilot study where participants came up with adjectives to describe categories and the most
common ones were used as stimuli words. Along with the hypothesis that incongruent trials would result in decreases in speed, Vaughn et al. (2011) proposed that regardless of IAT order scores would decrease across administration because of experience effect. For this reason, the order of the four IATs was randomized. Vaughn et al. did in fact find participants got better on later administrations of IATs thereby reinforcing the importance of randomizing order when multiple IATs are administered within a single sitting. It should be noted that Vaughn et al.’s (2011) sample was 74% female, which is potentially problematic for the reasons described above.

Finally, Thomas et al. (2013) used the MDIAT to examine construct validity of two other existing disability IATs: Pruett and Chan’s (2006) paper and pencil DA-IAT; and, White, Jackson and Gordon’s (2006) athletes with disabilities IAT (described in more detail below). In doing so, they had participants complete the MDIAT (Thomas et al., 2007; Vaughn et al., 2011), disabled athletes IAT (White et al., 2006), pencil and paper DA-IAT (Pruett & Chan, 2006), and the following explicit measures: IDP (Gething, 1994); Attitudes Towards Disabled Persons Scale (Yuker, Block, & Younng, 1966); Contact with Disabled Persons Scale (Yuker & Hurley, 1987); and, Balanced Inventory of Desirable Responding (Paulhus, 1994). They found that the three disability IATs related to each other speaking to the IAT’s consistency and stability (Thomas et al., 2013). Reinforcing previous findings, they also found that the IAT are unrelated to explicit measures (Thomas et al., 2013). Problematically, they make no mentions of attempts to address participant fatigue. Moreover, their sample was also 71% female.

3. **Other customized tests**

The remaining disability IAT literature created unique tests. These tests fell into three different categories depending on their stimuli: pictures, symbols, and words. Finally, two
studies used the brief implicit association test (BIAT), which is a shortened version of the IAT that functions uniquely.

a. **Pictures stimuli**

A number of disability related IAT tests used pictures to represent disability and nondisabled target-concept discriminations. In general, pictures are problematic because they only show visible disability.

To study adults, students, and professional caregivers’ stigmatization of people with Down syndrome (Trisomy 21) Enea-Drapeau et al. (2012) used pictures of children with Down syndrome and “typically developing children” as stimuli (p. 2). Their target-concept discriminations were ‘trisomy’ and ‘normal,’ and attribute dimensions ‘positive’ and ‘negative.’ They found that those with Down syndrome had a negative association, regardless of the strong or weak distinctiveness of their features (Enea-Drapeau et al., 2012).

To study negative disability attitudes, Hein et al. (2011) used pictures of people with ID versus pictures of nondisabled people as stimuli for the target-concept discriminations ‘disabled’ and ‘nondisabled’ and attribute dimensions ‘pleasant’ and ‘unpleasant.’ As people with ID are a very heterogeneous group one is left questioning what does someone with ID looks like and how this could complicate results. They found that special education undergraduates were more likely to associate disabled with unpleasant. In addition to their potentially problematic stimuli, their sample was 77% female.

In order to determine if nondisabled people view physically disabled people more positively if the disabled people are physically active – participate in recreational exercise – Dionne, Gainforth, O’Malley, & Latimer-Cheung (2013) administered a DA-IAT as well as a disability activity IAT. The disability activity IAT used target-concept discriminations of ‘active’
and ‘inactive’ and attribute dimensions of ‘good’ and ‘bad.’ Their active and inactive stimuli were pictures of disabled people sitting or exercising, while attribute dimension stimuli were words. Their results showed a significant amount of negative implicit disability attitudes; however, attitudes towards disabled people were more positive for physically active disabled people than inactive disabled people. It should be noted that Dionne et al. (2013) used pencil and paper versions of the IATs.

Coleman et al. (2015) used picture stimuli on a customized IAT to examine implicit attitudes towards disabled people with and without service dogs. To do so they used the target-concept discriminations of ‘assistance dog’ and ‘disability’ and the attribute dimensions of ‘good’ and ‘bad’ (Coleman et al., 2015). Their participants viewed disabled people more positively with service dogs than without; they speculate dogs may serve as social lubricants.

Examining the impact of dermatological conditions on implicit attitudes Granfield, Thompson, and Turpin (2005) administered a customized IAT using pictures of dermatological conditions and clear skin as stimuli for the target-concept discriminations of ‘skin condition’ or ‘clear skin.’ Word stimuli were presented for the attribute dimensions of ‘pleasant’ and ‘unpleasant.’ Granfield et al. (2005) found participants preferred people with clear skin to those with dermatological conditions.

While examining anti-fat bias, Sabin, Marini, and Nosek (2012) found medical doctors were implicit and explicit prejudiced towards fat people. They did so using a weight IAT that presented pictures of thin and fat people and good and bad words for the target-concept discriminations of ‘thin people’ and ‘fat people’ and attribute dimensions of ‘good words’ and ‘bad words’ (Sabin et al., 2012).
To study disease-avoidance and disability prejudice, Park, Faulkner, and Schaller (2003) completed a disease-salience manipulation, or none for control, with those with East Asian and European heritage and then administered two IATs. The first IAT used pictures of ‘well-known’ disabled and nondisabled people to represent target-concept discriminations of ‘disabled’ and ‘able-bodied.’ Attribute dimensions in this IAT were ‘health’ and ‘disease.’ In the second IAT the same target-concept discriminations were used but the attribute dimensions were ‘unpleasant’ and ‘pleasant.’ Using photos of well-known disabled people is problematic because well-known disabled people are likely to be famous because of their disability. In both the manipulation and control there were associations between disability and disease and unpleasantness.

Similarly, in order to examine differences between explicit and implicit disability attitudes White et al. (2006) used stimuli of physically disabled athletes versus nondisabled athletes (neither were famous) for target-concept discrimination of ‘disabled athletes’ and ‘able bodied athletes.’ Attribute dimensions were ‘pleasant’ and ‘unpleasant’. They found that the results of their explicit measures were subject to social desirability. They also found associations between negative attitudes and athletes with disabilities (White et al., 2006). Using photos of disabled athletes is potentially problematic because they could play into supercrip or inspirational narratives, thus bringing with them a host of associations, tropes, and/or stereotypes.

In order to examine prejudice against people with facial disfigurement, and compare it to that of wheelchair users, Stone and Wright (2012) used photographs of people with facial disfigurement (although they named the target-concept discrimination ‘distinctive’ in attempt to avoid the stigma of disfigured) versus people without facial disfigurement. Their second IAT used photographs of people using wheelchairs versus people standing. Stone and Wright did
however recognize that having people standing could be too oppositional so created another version with nondisabled people sitting in a chair instead of standing. For both IATs the attribute dimensions were ‘good’ and ‘bad.’ They alternated the order of the IATs for different participants to avoid any possible effects. They found a larger IAT effect for facial disfigurement over wheelchair users. They also found participants tended to favor pictures of women over men. It should be noted their sample was about 71% female.

Finally, Thurneck (2008) completed a disability IAT with children in order to examine implicit attitudes and inclusive education. For the target-concept discriminations of ‘child with disability’ and ‘child without disability’ the children were presented with photos of children with physical disabilities and nondisabled children. The attribute dimensions were ‘bad’ and ‘good.’ Thurneck (2008) found that although the IAT scores were “tending toward the anticipated direction, suggesting emergence of implicit attitudes; however, the trend is not to a meaningful degree” (p. 28) – implicit negative attitudes towards disability had not emerged for those five years old and under. Moreover, they found that inclusive classrooms had no effect on implicit disability attitudes.

b. **Symbols stimuli**

Two studies used symbols, similar to the DA-IAT. To examine Chinese students’ implicit and explicit attitudes towards disabled people, Chen et al.’s (2011) target-concept discriminations were ‘disability’ and ‘non-disability.’ Although they do not share their stimuli, they do state they were similar to Pruett and Chan’s (2006) DA-IAT stimuli. Chen et al.’s (2011) attribute dimensions were ‘pleasant’ and ‘unpleasant.’ Similar to other disability IAT literature, they found their participants explicit attitudes were positive and implicit were negative. They also found those from rural areas viewed disabled people more negatively
implicitly than those from urban areas. It should be noted that their sample was approximately 70% female. This may have implications when it comes to their results, especially since they reported that men had more negative implicit attitudes than women.

Finally, in order to examine romantic attraction to disabled people, Rojahn et al. (2008) had participants read vignettes, complete a romantic attraction scale, and an IAT. Target-concept discrimination were ‘disabled’ and ‘abled’ while attribute dimensions were ‘good’ and ‘bad.’ Although not described in depth, Rojahn et al. (2008) does mention stimuli examples such as “crutches, a seeing dog, a wheelchair, walking pedestrians, and a skier” (p. 393). As these are identical to the DA-IAT symbols, it is likely they used the DA-IAT. Rojahn et al. (2008) found that unlike the previous study where people explicitly rated disabled people as high in attractiveness, the implicit test revealed a preference for “physical wellness” (p. 394) over impairment.

c. **Word stimuli**

A number of studies used word stimuli to represent disabled and nondisabled people. In order to examine how disability spread affects disability in terms of infantilization Robey et al. (2006) administered a questionnaire, a general disability IAT, and an IAT about disability and infantilization to employees of a school/hospital for adults with multiple disabilities. In studying the infantilization of disabled people, Robey et al. (2006) used the target-concept discriminations of ‘disability’ and ‘able-bodied,’ and ‘childhood’ and ‘adulthood.’ On the general IAT Robey et al. (2006) found shorter response times for ‘nondisability’ and ‘good’ than for ‘disability’ and ‘good.’ For the infantilizing IAT Robey et al. (2006) found participants were more likely to associate disability with childhood than non-disability. It should be noted that 90% of the participants were female.
While studying the disability attitudes of parents, teachers, and special education educators, Federici and Meloni (2009) used target-concept discriminations of ‘disabled’ and ‘normal.’ In three different versions their attribute categories were: 1) ‘good’ and ‘bad’; 2) ‘healthy’ and ‘ill’; and 3) ‘outcast’ and ‘integrated’. They found an association between disabled, bad, ill, and outcast. They used an association algorithm called the D-biep (D-built in error penalty algorithm) to compare the differences between the three tests. The D-biep lead Federici and Meloni to conclude ‘good’ and ‘bad’ were the better attribute categories compared to ‘healthy’ and ‘ill’ and ‘outcast’ and ‘integrated.’ It should be noted that about 86% of their sample was female.

To examine explicit and implicit bias towards people with psychiatric disabilities Peris et al. (2008) used a customized IAT with the target-concept discriminations of “mentally ill people (e.g., diagnosis, disorder)” and “welfare recipients (e.g., unemployed, poor)” with the attribute dimensions ‘good’ and ‘bad’ (p. 754). Peris et al. (2008) explain ‘welfare recipients’ was used to contrast ‘mentally ill people’ because “it is also a stigmatized group in which members often are blamed for their situations, and it was not hypothesized to elicit different evaluations across the clinical and public subgroups” (p. 754). They found those with less mental health training performed implicitly more biased than those with more training.

Omori, Tateno, Ideno, Takahashi, Kawashima, Takemura, & Okubo (2012) used a customized IAT with word stimuli to examine Japanese clinical medical residents’ views of people with schizophrenia and criminality. Their target-concept discriminations were ‘schizophrenia’ and ‘hypertension;’ the attribute dimensions were ‘criminal’ and ‘victim.’ They found the clinical residents associated schizophrenia with criminality even after a clinical training about schizophrenia (Omori et al., 2012).
Sabin et al. (2015) created four IATs related to psychiatric disability. The first two related to competence used the target-concept discriminations of ‘mental illnesses’ and ‘physical illnesses’ and attribute dimensions of ‘competent’ and ‘incompetent’ but used either descriptive or symbolic stimuli for target-concept discriminations. It should be noted that word stimuli for incompetent included “disabled” and “crippled” (Sabin et al., 2015, p. 8) which could be problematic because of both negative associations and associations with other physical disability stigma. For their two recovery IATs they used the same target-concept discriminations (one version with descriptive stimuli and one with symbolic stimuli) but attribute dimensions ‘curable’ and ‘incurable’ (Sabin et al., 2015). Sabin et al. (2015) found providers did not associate competence or recovery more with physical than psychiatric disabilities.

Finally, while studying child protective services employees’ attitudes towards parents with intellectual disability (ID) Proctor (2011) completed two disability IATs in addition to other explicit measures. The first had target-content discriminations of ‘people with ID’ and ‘people without ID’ and attribute dimensions of ‘good parenting’ and ‘neglectful parenting.’ Their second IAT had the same target-content discrimination but used attribute categories ‘good’ and ‘bad.’ Proctor (2011) found child protective services employees were implicitly prejudiced against people with ID’s ability to be good parents. It should be noted that their sample was 85% female.

Although word stimuli are not as potentially problematic as symbols or pictures, I do question some of the words used by these studies. Moreover, all of these studies were more ‘specialty’ and aimed at a more specific type of discrimination (e.g. infantilization) and did not aim to examine overall discrimination of disabled people.
C. **Part I: Implicit Association Test and Other Quantitative Data**

1. **Participants**

   It was determined this study would be strongest with a wide range of participants with different experiences with disability. In addition to a range of demographic variables, the aim was to have people with a range of high and low implicit and explicit disability prejudice to participate in this study. However, because of funding and other restrictions, this study had to use students as participants. There is a precedent for using university students as participants. Students are commonly used as subjects, especially in social sciences research (Peterson, 2001; Peterson & Merunka, 2014). For example, the Personality and Social Psychology Bulletin reported that 86% of that volume’s subjects were students (Peterson, 2001). In fact, almost all of the existing disability IAT studies have used students as their participants (Aaberg, 2012; Archambault et al., 2008; Chen et al., 2011; Enea-Drapeau et al., 2012; Hein et al., 2011; Park et al., 2003; Pruett & Chan, 2006; Rojahn et al., 2008; Stone & Wright, 2012; Thomas et al., 2007; Vaughn et al., 2011; White et al., 2006).

   In order to try to get people with a wide range of attitudes towards and interactions with disability this study had two different groups of participants: 1) disability studies graduate students; and 2) multi-discipline students in undergraduate level disability and human development classes.

   It was expected that the disability studies graduate students would serve as the ‘low norm’ as I expected they would have lower implicit levels of prejudice or favor disabled people because of their interaction with disability studies and the disability community. Students in undergraduate level classes in disability and human development self-selected to take disability courses so it was expected they would have somewhat less implicit prejudice than the general
population but it is likely they still have implicit prejudice because they are less likely to have the depth of understanding of disability studies graduate students.

a. **Selection criteria**

Participants were undergraduate and graduate students who speak and read English. Students with visual impairments that prevented them from seeing the test could not participate since the computer test could not be made accessible. Those with other disabilities that may impair motor function were still able to participate because their scores were calculated based on their own performance differences in congruent and incongruent blocks.

b. **Selection strategy**

Participants were recruited through the University of Illinois at Chicago Department of Disability and Human Development. Group one participants, disability studies graduate students, were recruited through an email (Appendix B) to the disability studies Ph.D. and M.S. program listservs. This email presented them with the study information sheet and asked them if they would like to volunteer to participate in part I of the study. If they were interested they accessed the website listed and began part I at their leisure. In this email they were also presented with the option to participate in part II of the study. It was clear they could only do so if they participated in part I. More information about this will be provided below in part II’s recruitment information.

Participants from group two were recruited through the University of Illinois at Chicago Department of Disability and Human Development. They were students from many disciplines taking undergraduate level courses in the department. From this point forward this group is referred to as “disability and human development undergraduate students;” although they are not disability and human development majors, and perhaps not even minors, this is done for brevity.
Group two participants were recruited through an email (appendix B) forwarded from their professors. Their professor let them know the study was optional and their participation could not negatively impact their grades. This email presented them with the study information sheet and asked them if they would like to volunteer to participate in part I of the study. If they were interested they accessed the website listed and began part I at their leisure. In this email they were also presented with the option to participate in part II of the study. It was clear they could only do so if they participated in part I. More information about this will be provided in part II’s recruitment information below.

c. **Size**

To determine the minimum necessary sample size, an a priori G*Power analysis was completed using G*Power 3.1 (Erdfelder, Faul, & Buchner, 1996; Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007). Group means were selected based on the levels of prejudice that indicated the different levels of IAT disability prejudice. Scores of .15 to .34 reveal a slight preference for nondisabled people, .35 to .64 a moderate preference, and .65 and greater a strong preference (Aaberg, 2012; Greenwald, Nosek, & Banaji, 2003). Negative values of the same values above reveal preferences for disabled people and scores from -.14 to .14 reveal no prejudice (Aaberg, 2012; Greenwald et al., 2003).

As the aim was to have large variation in $D$ scores, for the G*Power calculation the group means used were from -.65 to .65; $M = 0$, $SD = .44$; power $(1 - \beta) = .95$; $\alpha = .05$. The analysis indicated that a total sample of 35 people would be needed for the large effect size ($\eta^2 = .93$). However, to strengthen the research the goal was to have about 100 people complete the online quantitative portion of the study. Exact size was dependent on who volunteered for the study, thus we had 84 participants.
d. **Compensation**

In an attempt to reduce selection bias by incentivizing participation, participants who completed *both* part I and II of the study were entered to win an Amazon Fire tablet (value: $99). As it was dependent on participation in part II, this drawing will be described in further detail below.

2. **Setting**

The IAT test was hosted on a website only accessible via a specific link provided by Inquisit Web by Millisecond Software LLC.

3. **Procedure**

The study was administered individually to each participant on a unique website. After opening the website the participants were first asked to select 4-digit identification codes. They were then presented with a general purpose statement and asked to read and sign the informed consent form. The consent form, which is detailed in Appendix C, described their participation in the study, as well as any potential risks and benefits. Participants then completed the DA-IAT on the study website.

After being presented with the informed consent, participants received instructions to push the ‘E’ key if the stimuli belonged in the categories listed on the left and the ‘I’ on the right. For example, they pushed buttons on the left or right of the keyboard to categorize pictures of White and Black people in accordance with Black being listed on the left and White on the right of the computer screen. They were told to do this as quickly as possible but with the least amount of errors. If participants placed stimuli to the wrong side a red X appeared in the middle of the screen until they made the correct choice.
The DA-IAT involves seven blocks (rounds) of categorization tasks (see appendix E). In the first DA-IAT practice block the screen shows only the target-concept discriminations with ‘abled-persons’ on the left of the screen and ‘disabled persons’ on the right. They were presented with 20 trials of randomized disabled and abled-persons stimuli in the middle of the screen and were asked to sort them accordingly. The second practice block is similar; ‘good’ is on the left of the screen and ‘bad’ is on the right and participants sort the related good and bad stimuli for 20 trials. For block three both ‘abled-persons’ and ‘good’ are on the left and ‘disabled persons’ and ‘bad’ are on the right. They were then presented with all the stimuli options for 20 trials. Block four is exactly the same except it lasts for 40 trials. Block five, which lasts 40 trials, is also a practice block where only ‘bad’ is listed on the left and ‘good’ on the right and they were only presented with good and bad stimuli. This gives participants the opportunity to get used to the switched location of these two attribute dimensions. Block six begins the stereotype inconsistent items. For both block six and seven ‘disabled persons’ and ‘good’ are on the left and ‘abled-persons’ and ‘bad’ are on the right. They are presented with all of the stimuli again. Block six includes 20 trials while block seven includes 40. Participants were randomized to receive either this order of blocks or stereotype inconsistent items in block three and four (disabled persons and good and abled-persons and bad) and then consistent in blocks six and seven (disabled persons and bad and abled-persons and good).

Participants then completed the questionnaire. The IAT was administered before the questionnaire to avoid any possible priming.
4. **Research ethics**

a. **Data collection and management**

Data from part I was collected online through Inquisit Web by Millisecond Software LLC. It was comprised of IAT data on response latencies as well as quantitative questionnaire data about attitudes towards disability and demographic information. The data include coded identifiers; however the participants did not provide the research team with their codes during this part of the data therefore there was no way for the research team to link their data to identifying information in part I.

Millisecond Software LLC, the company that runs Inquisit Web where the part I data was collected, has strict security procedures. After the participants completed part I of the study, the PI downloaded this data from the online Inquisit Millisecond database. These data were then stored on a locked password-protected computer. Only the Principle Investigator (PI) had access to these data. These data were not transferred to any collaborators.

b. **Informed consent**

When part I participants opened the study website they were first presented with the informed consent form (Appendix C). They were instructed to read the form completely and then were required to select either “yes, I consent” or exit the study if they did not consent. Since this part of the study was online only, there was a waiver of documentation of consent. Participants were still consenting to part I of the study, wherein they were presented with the purpose, risks, and benefits, however their signatures were not collected because it was online. They were able to opt out of the study at any time with no penalty and should not have felt pressured into participating. Therefore, waiving did not adversely affect the rights and welfare of subjects.
c. **Eligibility procedure**

As the DA-IAT could not be made bigger those who have visual impairments that prohibit them from being able to see the details of the computer screen were not eligible to participate in this study. To determine eligibility, after completing the informed consent participants were presented with an eligibility criteria page (Appendix D) that asked them if they could see in detail the information on the page. If they could not see it they were told they could not participate in the study. The eligibility criteria also included agreeing to participate to the best of their ability and that they could read/speak English.

d. **Subject confidentiality**

The participants’ confidentiality was maintained through coded data. Participants picked their own four-digit numerical identification codes. The participants did not provide their codes to identify their data unless they volunteered to do so when consenting to the optional part II interviews. When this occurred, their identifying information was stored separately from the research data for protection.

e. **Risks, benefits, and safety**

In this study participants described what they believe and feel, and were free to reveal as much or little as they wanted; therefore this study was minimal risk. If participants had problems during the study they could stop at any time with no penalty for withdrawing prematurely. Participants did not receive funding so there was no risk of participants not wanting to participate but doing it anyway because of financial compensation. There was a chance that some participants would think about negative past experiences. Participants were provided with the principle investigator’s (PI) contact information if they needed further debriefing. The PI was also prepared to help participants debrief if they felt
emotionally upset after the part II interview; however, no participants requested further debriefing.

There were no direct benefits to participating in this research. One of the wider benefits was helping researchers learn more about people’s views of disabled people.

The PI was prepared to report any unanticipated problems to Institutional Review Board, however none arose.

f. **Data quality control and quality assurance**

Research has shown that even when participants try to fake an IAT faking is evident (Cvencek et al., 2010). However, the IAT also has built in safeguards against participants selecting at random or trying to fake. The updated scoring algorithm includes eliminating any trials with response latencies of greater than 10,000 milliseconds (Greenwald et al., 2003). Moreover, any subjects who have 10% or more trials less than 300 milliseconds will be removed (Greenwald et al., 2003). The PI was responsible for evaluating the data quality and no evidence of faking was found.

5. **Instruments**

The IAT was developed by Greenwald et al. (1998) and has been used to study associations between many different groups (e.g., Cvencek et al., 2011; Greenwald & Farnham, 2000; Nosek, Banaji, & Greenwald, 2002; Nosek et al., 2007; etc.). The disability attitude implicit association test (DA-IAT) was developed by Greenwald et al.’s (1998) *Project Implicit*, an open-access public website featuring a range of IAT tests. The DA-IAT is similar to the typical IAT, except it uses symbols (Appendix A) to represent ‘disabled-persons’ and ‘abled-persons’ target-concept discriminations and word stimuli for ‘good’ and ‘bad’ attribute
dimensions. For example, the wheelchair/disability/handicap symbol represents disabled people while someone skiing represents a nondisabled person.

Several studies have shown the DA-IAT’s construct validity (Aaberg, 2012; Pruett, 2004; Pruett & Chan, 2006), discriminant validity (White et al., 2006), and reliability (Pruett, 2004; Pruett & Chan, 2006; Thomas et al., 2014). Moreover, through the *Project Implicit* website the DA-IAT has been administered to over 38,500 participants from 2000 to 2006 alone (Nosek et al., 2007). It has also been found to have the strongest implicit effects over the other social group domains tested by *Project Implicit* (Nosek et al., 2007).

After the DA-IAT, the participants completed a questionnaire that measured demographics, relationships with disabled people, political orientation, and symbolic/modern and aversive attitudes towards disability, and disability individualism. For a list of items see appendix F. These questions were developed based on disability studies, aversive racism, and symbolic/modern racism literature. Any incomplete information was ignored in the analysis.

6. **Analysis**

SPSS 21 was used for all analysis of part I data.

The implicit $D$ scores from the DA-IAT were analyzed using the updated IAT scoring procedure (Greenwald et al., 2003); see Appendix G for a detailed description of the procedure. $D$ scores were produced for each participant based on their response latencies in stereotype consistent and stereotype inconsistent blocks. Scores of implicit prejudice (DA-IAT) reported the strength of preference for nondisabled or disabled people. $D$ scores larger than .14 reveal a preference for nondisabled people over disabled ones (Aaberg, 2012; Greenwald et al., 2003). Scores of .15 to .34 reveal a slight preference for nondisabled people, .35 to .64 a moderate preference, and .65 and greater a strong preference (Aaberg, 2012; Greenwald et al., 2003).
Negative values of the same values above reveal preferences for disabled people and scores from -.14 to .14 reveal no prejudice (Aaberg, 2012; Greenwald et al., 2003).

Explicit measures of the symbolic ableism seven-point Likert scale were first reverse scored when applicable and then recoded from one to seven to zero to one in accordance with the Symbolic Racism Scale 2000 (Henry & Sears, 2002, 2008; Sears & Henry, 2005). An explicit disability prejudice score was calculated for each participant using the mean score of these Likert items.

The relationship between implicit and explicit prejudice was then examined using linear, quadratic, and cubic regressions to determine the best-fit form of the relationship. Then, in order to determine types of prejudice present in alignment with an adapted version of Son Hing et al.’s (2008) two-dimensional model of prejudice participants’ explicit and implicit scores were categorized as high and low. In order to determine if they majority of prejudice followed the aversive pattern (hypothesis 1) participants were then categorized by prejudice style into the following groups: aversive ableist, symbolic ableist, principled conservative, and, truly low prejudiced.

One of the aims of the study was to examine theoretical variables that may be relevant to aversive ableism and disability prejudice. In order to examine which factors related to both explicit and implicit prejudice and different prejudice types, the following factors were dummy coded: race (White, Black, Asian, Hispanic, Middle Eastern, interracial, and other); disability (disabled, nondisabled); age range (18 to 25; 26 to 33; 34 to 40; 41 to 48; 49 to 56); political orientation (liberal, conservative, other); education level (graduate, undergraduate); sexual orientation (straight; lesbian, gay, bisexual, queer (LGBQ)); and, social minority group status (yes, no). The number of disabled family, close friends, friends, and acquaintances participants
had were recoded into ranges based on the 25th, 50th, 75th, and 90th quartiles for each relationship. Rather than selecting the same numbers for each relationship this was done because each type of relationship produced very different ranges. The number of close friends and friends were also collapsed because both of their 25th and 50th quartiles were zero therefore producing only three range values rather than four if not collapsed. Thus the relationships were dummy coded accordingly: family (0, 1, 2-3, and 4+); friends (0, 1-2, 3-8, and 9+); and acquaintances (0-1, 2-4, 5-10, 11+). Recoding this way also reduced the effect of outliers.

Next all of these factors were run in separate linear regressions with explicit prejudice and implicit prejudice to determine if there were significant relationships. These factors were then run in separate binary logistic regressions with aversive ableism and truly low prejudice to determine relationships.

**D. Part II: Exit Interviews**

According to Merriam (2009) the goal of qualitative research is “understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (p. 5). Qualitative research acknowledges that experiences are not black and white and there are multiple ‘truths’ depending on the participant. This trend toward subjectivity in qualitative research allows for the inclusion of multiple experiences. For these reasons, this study very deliberately incorporated qualitative methods to expand upon the quantitative methods.

Part II of this study included qualitative exit interviews with a portion of the part I participants. The goal of the exit interviews was to expand upon the quantitative findings of part I. Participants were asked about their experience with part I’s DA-IAT. During this time the interviewer, who was visibly disabled, also noted if they sensed anything about their interaction
that may relate to aversive prejudice or differential treatment. As Dovidio and Gaertner (2008) suggest that Black people are typically more attuned to aversive racism because of heightened attentiveness and sensitivity to nonverbal cues, the interviewer was disabled in order to determine if the participant was giving off any cues of aversive prejudice.

In order to further examine perceptions of implicit prejudice four nondisabled people, two disability studies graduate students and two undergraduates with no disability background, also reviewed the videos of each interview and noted any cues of implicit prejudice they picked up on. Their answers were then compared to the disabled interviewers’ perceptions on participants’ prejudice.

1. **Participants**

   a. **Selection criteria**

      Participants were undergraduate and graduate students who speak and read English. Because participants were answering questions about their participation in part I the part II participants was comprised of a subsection of those who completed part I.

   b. **Selection strategy**

      Participants volunteered for part II and therefore a random sample of part I participants was not possible. The disability studies graduate students, and disability and human development undergraduate student participants were recruited for part II of the study at the same time as part I. When they received the original email (Appendix B) request for participation in the part I study they saw a note that if they would also like to volunteer in part II of the study they should email the PI in addition to participating in part I. This allowed the research data from part I to not be linked with email identifiers.
c. **Size**

Twenty-one people (25% of the overall sample) completed the exit interviews in part II.

d. **Compensation**

In attempt to reduce selection bias by incentivizing participation, participants who completed both part I and II of the study were entered to win an Amazon Fire tablet (value: $99). When all part II interviews were complete SPSS 21 was used to randomly select the winner of the tablet from those participants that completed part II of the study. Only one participant won the tablet, all others were not compensated. The winner was contacted via email and given their tablet after the data collection period was complete.

2. **Research personnel**

a. **Principal investigator**

In qualitative research the researcher serves as the instrument (Miriam, 2009). As such, although I was cognizant of these potential biases during my analysis, it is important for me to note my background in disability studies, and women and gender studies influence my orientation to disability. Akin to disability studies, my orientation to disability separates impairments from disability. However, like much current disability studies scholarship, I do not follow purely social and minority model understandings of disability and instead see disability similar to Kafer’s (2013) political/relational model that frames disability similar to the social and minority models but also understands it as inherently political, despite and because of attempts to depoliticize it, and also relational, both in terms of time, space, and context, and because of compulsory able-bodied and able-mindedness – the assumption and enforcement of able-bodied/mindedness and the marking of those outside this binary as deviant. To me disability
and impairments are inseparable from social construction and disabled people are a social minority group. Although not personally disabled, I was part of the first generation to grow up with the American’s with Disabilities Act; the impact of which I do not believe should be understated despite arguments of its in/effectiveness. I am also a disability rights and disability community ally.

b. **Disabled interviewers**

I argue we need more conceptualizations of disability that are informed by the experiences of disabled people rather than by assumptions about disability. As seen in the work of Makas (1988) and Keller and Galgay (2010), there appears to be significant differences between empirical psychology studies on nondisabled peoples’ attitudes and what disabled people experience as nondisabled peoples’ attitudes. For this reason, two disabled people conducted the interviews\(^{12}\) in this study. The incorporation of disabled interviewers was also important in this study for another important reason. As Dovidio and Gaertner (2008) suggests that Black people are typically more attuned to aversive racism because of heightened attentiveness and sensitivity to nonverbal cues, the interviewers were disabled in order to determine if the participant were giving off any cues of aversive prejudice.

Interviewer one is a disabled woman, an international doctoral student in disability studies, an activist, and an artist. She is a person of short stature who used a power wheelchair during all interviews. Informed by her personal experiences and poststructuralism her orientation

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\(^{12}\) It should be noted that because of personal reasons interviewer two dropped out of the study with extremely short notice. For this reason, the principal investigator had to step in to complete her remaining four interviews. The qualitative data from these four participants was still used to determine the themes for part II because this change did not impact that part of the study. However, these four participants were not given interview scores because a nondisabled interviewer interviewed them. These four participants were also not included in the video reviewing portion of the study because the goal was to examine the interaction with a disabled person and they did not experience this during their interviews.
to disability is as a social construct; she explains, “I conceptualize disability as a radical disturbance of the cultural symbolic order by nonconforming corporeality.”

Interviewer two is a disabled woman, and a doctoral candidate in disability studies. Her disability is related to chronic pain and she used a cane during all interviews. Her scholarship in disability studies is widespread but focuses on media portrayals of disabled people, particularly in Hollywood film, as well as discourses of pain.

The fact that both interviewers had disabilities may have affected how participants answered questions and behaved. It is possible the nondisabled participants would have behaved differently if they were speaking with a nondisabled ingroup member. Similarly, it is possible disabled participants would have behaved differently if they were speaking to a nondisabled outgroup member. Although having exclusively disabled interviewers could be interpreted as a limitation it was critical for this study so that participants were interacting with and reacting to a disabled person.

c. **Nondisabled video reviewers**

Four nondisabled people reviewed video recordings of all interviews in order to examine if they were able to note any cues of implicit disability prejudice and how their answers compared to the disabled interviewers. Reviewer one is a nondisabled woman and doctoral candidate in disability studies. She identifies as a disability ally and has a disabled partner. Reviewer two is a nondisabled woman and Ph.D. candidate in disability studies. She also identifies as a disability ally. Although both these nondisabled interviewers are graduate students in disability studies and more familiar with disability prejudice than the average nondisabled person, using these nondisabled reviewers was still beneficial because there is a difference between their theoretical knowledge and the understandings of disabled people who have
experienced these microaggressions directly and personally for countless years. Thus it was important to see if and how this played out in terms of examining implicit prejudice.

Reviewers three and four are both nondisabled women and undergraduate students in art and design. As they have no personal experience or educational relationship with disability their participation was to mimic that of ‘the general public.’

Although it could be interpreted as a limitation that all interviewers and reviewers were women, having only one gender allowed me to control for any potential gender differences between interviewers and reviewers. Moreover, it allowed most of the part II participants to be matched up with an interviewer and reviewer of their gender.

3. **Setting**

All exit interviews occurred at the University of Illinois at Chicago’s Department of Disability and Human Development in Chicago.

4. **Procedure**

Upon arrival to the interview location participants read and signed an additional informed consent form (see Appendix H). They were then asked open-ended questions about what they thought of part I of the study and their relationships with people with disabilities (see Appendix I for interview protocol). The disabled interviewer also noted if they sensed implicit prejudice or differential treatment, including why they perceived this (see Appendix I). Participants were allowed to opt out of any question or the exit interview in general at any time.

Data from part II of the study was collected both in the form of handwritten notes by the interviewer and video recordings. If participants consented they gave their identification code so their interview data could be linked to their part I data to see if there were any difference in the behaviors of those with high and low levels of prejudice.
Four nondisabled key research personnel then watched the videos using the video review guide (Appendix J).

5. **Research ethics**

   a. **Data collection and management**

      Data from part II of the study was collected in the form of handwritten notes by the interviewer and video recordings. If participants consented they gave their code so their interview data could be linked to their part I data. These codes were stored separately from the part I data. During each interview the interviewer took notes and recorded the session. The PI transcribed the video. The video recordings were destroyed after part II data analysis was complete. The transcripts were locked in a cabinet in room 251 of Disability Health and Social Policy building (DHSP). Only the PI had access to this data. This data was not transferred to any collaborators.

   b. **Informed consent**

      Those participants selected for part II of the study were presented with an additional consent form for part II of the study (Appendix H). The interviewer presented the participant with the consent form and asked them to read it completely. The interviewer then asked if they had any additional questions. The part II paper consent forms were stored in a locked filing cabinet where only the PI had access. The consent forms were kept separately from all research data.

   c. **Subject confidentiality**

      The subjects’ confidentiality was maintained through coded data. Participants picked their own identification codes in part I. The participants did not provide their
codes to the research team unless they volunteered to do so in the part II interviews. When this occurred, their identifying information was stored separately from the part I data for protection.

d. **Risk and benefits**

There were no direct risks to participating in this research. There was a chance that some participants could think about negative past experiences. There were no direct benefits to participating in this research.

6. **Analysis**

Qualitative analysis of the exit interviews helped me explore how knowledge about disability relates to attitudes towards disability (hypothesis 2). QDA Miner Lite 14 was used for all qualitative analysis. Exit interview data were analyzed using theoretical thematic analysis (Braun & Clarke, 2006). After immersion in the data, the data was examined for patterns across the data and initial codes were generated. These codes were grouped into themes, which were reviewed and revised when necessary. Data was coded into four groups: thoughts about the DA-IAT; feelings about disability; interviewers’ observations of participants behavior; and video reviewers’ observations of participant behavior. Qualitative results from the exit interviews are presented in terms of major and minor themes.

In addition to thematic analysis, participants’ answers to part II’s interview questions were quantitatively dummy coded so relationships from part II and results from part I – particularly between part II findings and explicit and implicit disability prejudice – could be examined using linear regression models.

The interviewer’s observations of aversive prejudice were compared to explicit and implicit prejudice scores using linear regressions in order to determine if a disabled person can recognize some cues of prejudice (hypothesis 3). The interviewers’ observations of implicit
prejudice were also compared to aversive ableism using a binary logistic regression to examine if they could predict aversive ableists. The video reviewers’ observations of prejudice were averaged per group (disability studies versus no disability background) and then compared to explicit and implicit prejudice scores using linear regressions to examine if these groups could read prejudice. Their scores were also compared to aversive ableism and truly low prejudice styles using binary logistic regressions to examine if they could predict these styles of prejudice. Finally regressions were run to examine the relationship between disabled interviewers and nondisabled video reviewers’ scores to determine if there was a relationship between disabled and nondisabled peoples views of prejudice.

E. Conclusion

This chapter described the methodology of this dissertation about aversive ableism. Participants were first administered an implicit association test to measure their implicit disability prejudice. During this time they also participated in a measure of explicit disability prejudice and answered questions about demographics and their relationships with disabled people. Next, in part II of the study one-quarter of participants participated in qualitative interviews administered by disabled interviewers. This was done both to expand on the data gathered in part I and to observe participants’ behavior further for prejudice. Thus, the disabled interviewers also took notes on their behavior and later video reviewers reviewed and coded the interviews for prejudice. The following chapters discuss the part I results (Chapter VI), part II results (Chapter VII), the relationship between part I and II results (Chapter VIII), and observations of participants’ behavior and prejudice by both disabled and nondisabled people (Chapter IX).
VI. RESULTS: PART I

A. Introduction

Eighty-four participants completed part I of this study; participant demographics can be seen in TABLE I.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
<th>Characteristic (cont.)</th>
<th>n</th>
<th>%</th>
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<td>3.6</td>
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<td>1.2</td>
<td>Other</td>
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<td>1.2</td>
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<td>Straight</td>
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<td>26-33</td>
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<td>34-40</td>
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<td>Bisexual</td>
<td>2</td>
<td>2.4</td>
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<td>41-48</td>
<td>1</td>
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<td>Gay</td>
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<td>2.4</td>
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<td>79.8</td>
<td>Undergraduate</td>
<td>68</td>
<td>81.0</td>
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<td>Yes</td>
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<td>16.7</td>
<td>Graduate</td>
<td>16</td>
<td>19.0</td>
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<tr>
<td>Prefer not to say</td>
<td>3</td>
<td>3.6</td>
<td>Political orientation</td>
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</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>Liberal</td>
<td>48</td>
<td>57.1</td>
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<tr>
<td>White</td>
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<td>38.1</td>
<td>Conservative</td>
<td>8</td>
<td>9.5</td>
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<tr>
<td>Asian or Pacific islander</td>
<td>22</td>
<td>26.2</td>
<td>Other</td>
<td>28</td>
<td>33.3</td>
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<tr>
<td>Hispanic or Latino/a</td>
<td>16</td>
<td>19</td>
<td></td>
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</tr>
</tbody>
</table>

In part I of this study participants were administered the Disability Attitudes Implicit Association Test (DA-IAT), questions about explicit disability prejudice, and questions about demographics, such as political orientation and race. This chapter describes the results for part I of the study. First, I broke down participants’ explicit and implicit prejudice as well as the relationship
between these two types of prejudice. Then I explored types of prejudice – aversive ableism, symbolic ableism, principled conservative, and truly low prejudiced – using an adapted version of Son Hing et al.’s (2008) two-dimensional model of racial prejudice. Finally, I analyzed factors that related to explicit and implicit prejudice, and prejudice types, including aversive ableism.

B. Explicit and Implicit Prejudice

The applicable explicit items were reverse coded and then all the Likert items were recoded from 0-1 in accordance with the Symbolic Racism Scale 2000 (Henry & Sears, 2002, 2008; Sears & Henry, 2005). Each participant’s mean Likert score then served as a master explicit ableism score. The mean of all participants’ explicit scores was .31 (SD = .13). Figure 1 details the density and distribution of the explicit prejudice results. The results on the Shapiro-Wilk’s test were not significant suggesting the scores were normally distributed.
Implicit prejudice scores were calculated using Greenwald et al.’s (2003) updated IAT scoring protocol. It should be noted two participant’s $D$ scores were excluded from analysis. One participant’s $D$ score was excluded because it was an outlier that affected the normality and caused a failed Shapiro-Wilk test. The other participant’s $D$ score was excluded because of an
error rate greater than 30%\textsuperscript{13}, suggesting they were not following instructions or did not understand the task.

In general $D$ scores have a possible range of -2 to 2. Scores of 0 to .14 reveal no preference for nondisabled people, scores of .15 to .34 a slight preference, .35 to .64 a moderate preference, and .65 or greater a strong preference (Aaberg, 2012; Greenwald et al., 2003). Negative values of the same ranges reveal preferences for disabled people and -.14 to 0 scores reveal no prejudice (Aaberg, 2012; Greenwald et al., 2003). On the DA-IAT, the participants ($n = 84$) had a mean $D$ score of .45 ($SD = .44$). This score was significantly different from zero according to a one-tailed $t$-test ($t(81) = 9.28, p < .001$), indicating an implicit preference for nondisabled people. In this study 79.3% ($n = 65$) preferred nondisabled people, 9.8% ($n = 8$) preferred disabled people, and 11% ($n = 9$) had no preference. The majority of participants strongly preferred nondisabled people; see figure 2 for the distribution of scores.

\textsuperscript{13} Although there is no standardized overall error rate for removal, 30% was selected because it was the most frequent cut-off point found among IAT literature. Of the 20 IAT manuscripts I found that discussed their exact overall error rates the cut-off points ranged from error rates greater than 15% to greater than 40%; the median was 30%, the mode was 35%, and the mean was 28.4% (Chen et al. 2011; Cvencek, Greenwald, & Meltzoff 2011; Cvencek, Melzoff, & Greenwald 2011; Dionne, Gainforth, O’Malley, & Latimer-Cheung, 2013; Enea-drapeau et al., 2012; Greenwald & Farnham, 2000; Huang, Wang, & Shi, 2009; Ilavarasu, Rajesh, & Hankey, 2014; Karpinski & Hilton, 2001; Karpinski, Steinman, & Hilton, 2005; Ma et al., 2012; Maison, Greenwald, & Bruin, 2001; Nosek et al., 2007; Nosek, Banaji, & Greenwald, 2002; Ratliff & Nosek, 2010; Sabin, Marini, & Nosek, 2012; Teachman et al., 2003; Thomas, Doyle, & Vaugh 2007)
A centered regression analysis was conducted to evaluate the relationship between explicit and implicit scores and the prediction of the implicit scores from the explicit scores. The variables have a quadratic relationship (figure 3), which was significant $F(2, 79) = 5.31, p = .007$. The regression equation for predicting the implicit scores from the explicit scores is

$$\text{Implicit Score} = .522 + .984(\text{Explicit Score} - .31) - 4.41(\text{Explicit Score} - .31)^2$$

Both the explicit mean deviation score and the quadratic term were significant at $t = 2.46, p = .016$ and $t = -2.00, p = .049$ respectively. Although statistically significant, this model only predicts 12% of the implicit scores so it is still a fairly weak relationship.
C. **Prejudice Styles: Aversive Ableists and Others**

In order to determine types of prejudice present in alignment with Son Hing et al.’s (2008) two-dimensional model of prejudice participants’ explicit and implicit scores were categorized as high and low. There are no standardized cut-offs for high and low for explicit and implicit prejudice levels; Son Hing et al. (2008) comment, “a potential problem with this approach [of classifying as explicit and implicit scores as high and low] is that cut-off scores are sample specific and malleable” (p. 983). For this reason, implicit scores were cut-off based on the moderate prejudice level (.35) according to IAT standards (e.g., Greenwald et al., 2003). The
explicit score cut-off used was the zero point equivalent on the Likert scale (.50). Using these criteria participants’ scores were then grouped into symbolic/modern ableist (high explicit, high implicit), principled conservatives (high explicit, low implicit), aversive ableist (low explicit, high implicit), and truly low prejudiced (low explicit, low implicit) (Figure 4).

![Figure 4. Prejudice styles: Combinations of explicit and implicit prejudice.](image)

Participants were classified as: 6.09% symbolic ableists ($n = 5$); 53.66% aversive ableists ($n = 44$); 2.44% principled conservatives ($n = 2$); and 37.80% truly low prejudiced ($n = 31$) (Figure 5).
D. **Factors that Predict Explicit Disability Bias**

In order to examine which variables influence explicit bias participants answers to demographics and other factors were run through regression models with explicit bias. Linear regressions between each factor and explicit prejudice were run. Models with the following factors significantly predicted explicit prejudice: disability status ($F(1, 79) = 10.19, p = .002, R^2 = .11$); education level ($F(1, 82) = 40.06, p < .001, R^2 = .33$); race ($F(6, 77) = 2.37, p = .04, R^2 = .16$); friend relationships with disabled people ($F(3, 80) = 10.37, p < .001, R^2 = .28$); and acquaintance relationships with disabled people ($F(3, 80) = 8.24, p < .001, R^2 = .24$) (TABLE II).
<table>
<thead>
<tr>
<th>Factor</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$SS_b$</th>
<th>$SS_w$</th>
<th>$F$</th>
<th>$df$</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability status (overall model)</td>
<td>0.16</td>
<td>1.22</td>
<td>&lt;0.001</td>
<td>10.19</td>
<td>1, 79</td>
<td>0.002**</td>
<td>0.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nondisabled (constant)</td>
<td>0.33</td>
<td>21.91</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>-0.12</td>
<td>-3.19</td>
<td>0.002**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level (overall model)</td>
<td>0.47</td>
<td>0.96</td>
<td>40.06</td>
<td>1, 82</td>
<td>&lt;0.001**</td>
<td>0.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate (constant)</td>
<td>0.16</td>
<td>5.85</td>
<td>&lt;0.001</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>0.19</td>
<td>6.33</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Race (overall model)</td>
<td>0.22</td>
<td>1.20</td>
<td>2.37</td>
<td>6, 77</td>
<td>0.04*</td>
<td>0.16</td>
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<tr>
<td>White (constant)</td>
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<td>11.30</td>
<td>&lt;0.001</td>
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<tr>
<td>Black</td>
<td>0.10</td>
<td>1.78</td>
<td>0.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>0.12</td>
<td>3.43</td>
<td>0.001**</td>
<td></td>
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<tr>
<td>Hispanic</td>
<td>0.09</td>
<td>2.29</td>
<td>0.03*</td>
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<td>Middle Eastern</td>
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<td>1.46</td>
<td>0.15</td>
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<tr>
<td>Interracial</td>
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<td>1.00</td>
<td>0.32</td>
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<td></td>
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<tr>
<td>Other</td>
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<td>-0.05</td>
<td>0.96</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Friend relationships (overall model)</td>
<td>0.40</td>
<td>1.03</td>
<td>10.37</td>
<td>3, 80</td>
<td>&lt;0.001**</td>
<td>0.28</td>
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<td>18.50</td>
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<tr>
<td>1-2 disabled friends</td>
<td>0.02</td>
<td>0.54</td>
<td>0.59</td>
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<td>3-8 disabled friends</td>
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<td>9 or more disabled friends</td>
<td>-0.22</td>
<td>-5.02</td>
<td>&lt;0.001*</td>
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<td>Acquaintance relationships (overall model)</td>
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<td>1.09</td>
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<td>&lt;0.001**</td>
<td>0.24</td>
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<td>11 or more disabled acquaintances</td>
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<td>0.001**</td>
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</tbody>
</table>

*a The dependent variable for all regressions was explicit prejudice.

*b $p < .05$. **$p < .01$. 
According to these models, nondisabled participants scored higher than disabled participants explicitly. Those with less education about disability – undergraduate students – are also scored higher explicitly than graduate students. As noted in the above table, race also significantly predicted explicit attitudes about disability. White people scored lower explicitly than all other races except ‘other.’ Finally, friend and acquaintance relationships with disabled people also impact explicit prejudice. As the number of disabled friends increases to three or more peoples’ explicit prejudice decreases. Similarly, those people with two or more disabled acquaintances had lower explicit prejudice as their number of acquaintances increases.

There was a significant linear regression \(F(4, 79) = 10.53, p < .001, R^2 = .35\) between age range and explicit prejudice but this was not explored further because in this particular sample age is highly correlated with education level. Political orientation, gender, sexual orientation, family relationships, and social minority status (and interaction variables) did not significantly predict explicit prejudice.

E. **Factors that Predict Implicit Disability Bias**

These factors were then examined to see which items could predict implicit disability prejudice. Linear regressions between each factor and implicit prejudice were run. Models with the following factors significantly predicted implicit prejudice: disability status \(F(1, 77) = 10.37, p = .002, R^2 = .12\); education level \(F(1, 80) = 14.45, p < .001, R^2 = .15\); friend relationships with disabled people \(F(3, 38) = 4.42, p = .006, R^2 = .15\); and, acquaintance relationships with disabled people \(F(3, 78) = 3.41, p = .02, R^2 = .12\). See TABLE III.
<table>
<thead>
<tr>
<th>Factor</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>SS&lt;sub&gt;b&lt;/sub&gt;</th>
<th>SS&lt;sub&gt;w&lt;/sub&gt;</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>R&lt;sup&gt;2&lt;/sup&gt;</th>
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</thead>
<tbody>
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<td>13.76</td>
<td>10.37</td>
<td>1, 77</td>
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<td></td>
<td></td>
<td>0.002**</td>
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<td>9.90</td>
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<tr>
<td>Disabled</td>
<td>-0.41</td>
<td>-3.22</td>
<td>0.002**</td>
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<tr>
<td><strong>Education level</strong></td>
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<tr>
<td>Overall model</td>
<td>2.42</td>
<td>13.40</td>
<td>14.45</td>
<td>1, 80</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
<td>0.15</td>
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<tr>
<td>Graduate (constant)</td>
<td>0.09</td>
<td>0.85</td>
<td>0.40</td>
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<td>Undergraduate</td>
<td>0.44</td>
<td>3.80</td>
<td>&lt;0.001**</td>
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<tr>
<td><strong>Friend relationships</strong></td>
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<td>Overall model</td>
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<td>13.52</td>
<td>4.42</td>
<td>3, 78</td>
<td>0.006**</td>
<td></td>
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<tr>
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<td>8.44</td>
<td>&lt;0.001</td>
<td></td>
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</tr>
<tr>
<td>1-2 disabled friends</td>
<td>-0.08</td>
<td>-0.75</td>
<td>0.46</td>
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</tr>
<tr>
<td>3-8 disabled friends</td>
<td>-0.33</td>
<td>-2.54</td>
<td>0.01*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 or more disabled friends</td>
<td>-0.52</td>
<td>-3.02</td>
<td>0.003**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acquaintance relationships</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>1.84</td>
<td>13.98</td>
<td>3.41</td>
<td>3, 78</td>
<td>0.02*</td>
<td></td>
<td></td>
<td>0.12</td>
<td></td>
</tr>
<tr>
<td>0-1 disabled acquaintances (constant)</td>
<td>0.60</td>
<td>8.16</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4 disabled acquaintances</td>
<td>-0.14</td>
<td>-1.27</td>
<td>0.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-10 disabled acquaintances</td>
<td>-0.39</td>
<td>-3.07</td>
<td>0.003**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 or more disabled acquaintances</td>
<td>-0.29</td>
<td>-1.63</td>
<td>0.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> The dependent variable for all regressions was implicit prejudice.

<sup>b</sup> *p < .05. **p < .01.
Disabled participants in this study had lower levels of implicit prejudice than nondisabled people. Disabled people were actually expected to score as not prejudiced implicitly according to the linear regression model while nondisabled people were expected to score as moderately favoring nondisabled people. Moreover, graduate students had less implicit prejudice than undergraduate students; while graduate students were expected to prefer neither disabled nor nondisabled people, undergraduates were expected to score as moderately favoring nondisabled people.

Although all people with disabled friends are expected to score less implicitly than those without disabled friends, their implicit prejudice is lower as the number of disabled friends increases. Moreover, only those with nine or more disabled friends are expected to have no implicit prejudice for nondisabled or disabled people. Implicit prejudice is predicted to decrease as the number of disabled acquaintances increases; however, this effect is stronger for those with five to ten disabled acquaintances than those with eleven or more disabled acquaintances.

There was a significant linear regression between age range and implicit prejudice ($F(4, 77) = 2.90, p = .027, R^2 = .13$) but again this was not explored further because in this particular sample age is highly correlated with education level in this instance. There were not significant relationships between implicit prejudice and political orientation, gender, race, sexual orientation, disabled family members, or social minority group membership.

F. **Factors that Predict Aversive Ableism and Truly Low Prejudice**

Because I am particularly interested in examining factors that relate to aversive ableism, binary logistic regressions were also run to see if there were significant factors that predicted aversive ableism. Binary logistic regressions between disability, education level, and family

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14 Multinomial regressions between all four prejudice types (symbolic ableism, aversive ableism, principled conservatives, truly low prejudice) could not be conducted because there were two few participants in the symbolic ableism and principled conservatives categories.
relationships were significant for predicting aversive ableism group membership. TABLE IV details log-likelihood ratios, chi-squared tests, logistic regression coefficients, and Wald tests. In each model 64.6% of the cases are correctly predicted in the current data sets.

### TABLE IV
RESULTS OF THE BINARY LOGISTIC REGRESSION ANALYSES FOR AVERSIVE ABLEISM

<table>
<thead>
<tr>
<th>Model</th>
<th>$\beta$</th>
<th>SE $B$</th>
<th>Wald</th>
<th>$p$</th>
<th>-2LL</th>
<th>df</th>
<th>$\chi^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability status overall model (ref: nondisabled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>-2.14</td>
<td>0.81</td>
<td>6.97</td>
<td>0.008**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level overall model (ref: graduate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>1.84</td>
<td>0.69</td>
<td>7.07</td>
<td>0.008**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend relationships overall model (ref: no disabled friends)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 disabled friends</td>
<td>-0.57</td>
<td>0.54</td>
<td>1.10</td>
<td>0.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-8 disabled friends</td>
<td>-1.65</td>
<td>0.69</td>
<td>5.75</td>
<td>0.016*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9+ disabled friends</td>
<td>-1.65</td>
<td>0.91</td>
<td>3.31</td>
<td>0.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a The dependent variable is aversive ableism for all models.

*b $p < .05$. ** $p < .01$.

In the binary logistic regression between disability status and aversive ableism univariate analyses indicated disabled people were significantly less likely to be aversive ableists than nondisabled people. In the binary logistic regression between education level and aversive ableism univariate analyses indicated undergraduates were significantly more likely to be aversive ableists than graduate students. In the binary logistic regression with friend relationships
univariate analyses indicated those with three to eight disabled friends were significantly less likely to be aversive ableists, than those with no disabled friends.

In addition to predicting aversive ableism, binary logistic regressions were run to see which variables significantly predicted truly low prejudice. Binary logistic regressions between disability status, and education level significantly predicted truly low prejudice group membership. TABLE V details log-likelihood ratios, chi-squared tests, logistic regression coefficients, and Wald tests. In the disability status model 70.9% of the cases are correctly predicted in the current data set, while 73.2% of the cases are correctly predicted by the education level data set.

<table>
<thead>
<tr>
<th>Model</th>
<th>β</th>
<th>SE B</th>
<th>Wald</th>
<th>p</th>
<th>-2LL</th>
<th>df</th>
<th>χ²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability status overall model (ref: nondisabled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>2.04</td>
<td>0.71</td>
<td>8.21</td>
<td>0.004*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level overall model (ref: graduate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>-2.31</td>
<td>0.70</td>
<td>10.92</td>
<td>0.001**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The dependent variable is truly low prejudice for all models.

* *p < .05. ** p < .01.

The binary logistic regressions indicated disabled people were significantly more likely to be truly low prejudice than nondisabled people. Undergraduate students were also significantly less likely to be truly low prejudice than graduate students.
G. Conclusion

This chapter explored the ableism of part I participants. First, explicit and implicit prejudice scores were presented from my symbolic ableism scale adapted from the Symbolic Racism Scale 2000 (Henry & Sears, 2002; Sears & Henry, 2003) and the DA-IAT respectively. Although explicit scores were fairly low, the majority of the participants preferred nondisabled people implicitly. This pattern is in alignment with aversive ableism, which was also examined directly using an adapted version of Son Hing et al.’s (2008) two-dimensional model of racial prejudice. Using this model the majority of participants were aversive ableists; however, there were also many truly low prejudiced people, and a few symbolic ableists and principled conservatives. Because of my interest in these prejudice styles potentially related factors were then run through regressions to see what factors had significant relationships with explicit and implicit prejudice, and different prejudice types. Although many factors did not have significant relationships with prejudice, a number of significant relationships were found. Race significantly related to explicit prejudice, with White people scoring the lowest than other races. Disability status significantly related to explicit prejudice, implicit prejudice, and prejudice type, with disabled people having lower levels of explicit and implicit prejudice, lower likelihood to be aversive ableist, and high likelihood to be truly not prejudiced. Education level significantly related to explicit prejudice, implicit prejudice, and prejudice type with undergraduate students scoring higher explicit and implicit prejudice and more likely to be aversive ableist than graduate students. Friend and acquaintance relationships significantly related to explicit prejudice and implicit prejudice; while friend relationships significantly predicted aversive ableism. The implications of these findings will be discussed in more detail in the discussion chapter (Chapter IX). However, first I discuss the results of part II’s qualitative exit interviews about the DA-IAT
and disability in Chapter VII, and the relationship between the qualitative findings and the part I results in Chapter VIII.
VII. RESULTS: PART II

A. **Part II Participants**

Twenty-five percent of participants \((n = 21)\) completed part II’s qualitative exit interview. A breakdown of the part II participants’ demographics can be seen in TABLE VI.

<table>
<thead>
<tr>
<th>Characteristic (cont.)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political orientation</td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Liberal</td>
<td>15</td>
<td>71.4</td>
</tr>
<tr>
<td>Conservative</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>23.8</td>
</tr>
<tr>
<td>Race</td>
<td>9</td>
<td>42.9</td>
</tr>
<tr>
<td>White</td>
<td>9</td>
<td>42.9</td>
</tr>
<tr>
<td>Asian or Pacific islander</td>
<td>8</td>
<td>38.1</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Interracial</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>18</td>
<td>85.7</td>
</tr>
<tr>
<td>Straight</td>
<td>18</td>
<td>85.7</td>
</tr>
<tr>
<td>Queer</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>Gay</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4.8</td>
</tr>
</tbody>
</table>

\(^a\) The part II sample \((n = 21)\) is made up of participants from the overall sample \((n = 84)\).

The part II participants’ DA-IAT \(D\) scores ranged from -.69 (highly favor disabled people) to 1.24 (highly favor nondisabled people), with a mean of .35 (slightly favor nondisabled people), and a standard deviation of .54. The distribution of scores was similar to that presented in Chapter VI. It should be noted that one participant’s \(D\) score was thrown out because of a very
large error response rate of 33.33%. The part II participants’ explicit prejudice scores ranged from .01 to .53, with a mean of .29, and a standard deviation of .14. When prejudice was categorized according to Son Hing et al.’s (2008) two-dimensional model, as discussed in the previous chapter, one part II participant (5%) was a symbolic/modern ableist, nine (45%) were aversive ableists, one (5%) was a principled conservative, and nine (45%) were truly low prejudiced. These 21 participants were administered exit interviews in which they were asked about the DA-IAT and disability. Interview themes are presented below after discussion about participants’ thoughts about the DA-IAT.

B. **Thoughts About the DA-IAT**

One of the aims of the exit interviews was to learn more about participants’ experiences with and understandings of the disability attitudes implicit association test (DA-IAT). I was particularly interested in if while discussing the DA-IAT participants would suggest they might be prejudiced, especially when asked specifically how they did if it measured attitudes. I was also interested in finding out their general thoughts about the DA-IAT as I have particular criticisms (discussed in more detail below) about some of the stimuli and wanted to see if participants’ thoughts mirrored my criticisms. Thus, participants were asked what they thought of the DA-IAT, what they thought the purpose was, and how they thought they did if it measured attitudes.

When participants were asked the purpose of the DA-IAT the majority of participants correctly responded that the purpose was to examine disability associations, including unconscious ones. Although most participants were generally right that it examined disability associations, a number took the DA-IAT at face value without any complex introspection and believed it was simply to measure associations with good and bad. Other participants believed it
examined society’s values and ideas about disability, including how able-bodiedness is prioritized. For example, one participant (nondisabled undergraduate woman) believed the purpose was to see “whether they [people] thought they [disabled people] were a problem that they needed to fix.” Another participant (nondisabled undergraduate woman) commented, “I think it was looking for the associations that we make when we are interacting with words on a daily basis that then sort of make up our overall ideas or opinions, prejudices, stereotypes, etc.” These types of responses, in addition to the fact that some participants thought the point was to challenge these negative associations, suggests that participants might be aware of negative associations with disability, which is discussed below. Participants also responded the goal of the DA-IAT was to examine what disability really meant and if participants could identify that. For example, one participant (nondisabled undergraduate woman) explained, “I think you were trying…to see what people’s inputs are about disabled people and how people view them or what is viewed as a disability and what isn’t.” These responses about the ‘real’ definition of disability comes at contrast with those participants who believed that they did not have the right to identify others as disabled, as well as those who have trouble defining disability, as discussed in more detail below.

A number of participants also commented on the stimuli used in the DA-IAT. Some participants did not like how certain stimuli represented disability and able-bodiedness, which links back to some participants’ hesitation to even label someone as disabled or define disability. Many participants felt ‘forced’ to answer in a certain way because they felt categories and stimuli were objective. For example, one participant (nondisabled undergraduate woman) noted she:

thought it was very objective. Like where it says you should put [items] because if I didn’t put bomb in the bad category it was like no you were wrong. And it’s
like maybe I like bombs! I'm not saying I like bombs… that was my biggest thing
I feel like you should have just been able to put it wherever you want.

The ‘good’ and ‘bad’ stimuli used in the DA-IAT is very clear and dichotomized. Although a
number of other participants’ examples mostly focused on stimuli that could be sorted into the
‘good’ and ‘bad’ categories, most of participants’ hesitation came down to disability. Some
participants actually maintained that for them disability *always* related to good and thus thought
the task was very objective. For example, one participant (nondisabled undergraduate woman)
said “and it was kind of hard going back and forth with the good and bad because my natural was
like they’re [disabled people] good but then I’m purposely having to have to train my brain to
say bad.”

Despite many participants’ explaining disability was good, saying they had a hard time
linking disability with bad, and feeling it was not their place to label people as disabled, the DA-
IAT scores of part II participants revealed they had an easier time linking disability with bad and
able-bodied with good. Moreover, most participants had low error rates, which suggests they did
not have as much trouble or as many wrong answers as they indicated. It also indicates that they
were linking disability with bad more easily than they professed. There are a number of reasons
for this mismatch between what they did and what they said: they are not aware of their
prejudice and still believe they think highly of disabled people; social narratives dictate that we
think positively of disabled people; and/or, they did not want to appear prejudiced against
disabled people.

A number of other responses also suggested the DA-IAT’s stimuli might have
drawbacks. For example, one participant (disabled graduate woman) pointed out that the image
of a skier belonged to able-persons yet she is disabled and skis. The DA-IAT stimuli are
potentially problematic because they are value-laden and present disability in an oppositional
fashion to able-bodiedness. All able-bodied stimuli are presented as people in motion, either skiing, running, or walking. Although one disabled stimuli is shown walking, only that stimulus is even a person, while the rest are objects or animals. Thus, presenting disabled people as wholly encompassed by their impairments.

Another potential problem of the DA-IAT stimuli suggested by the participants was the fact that the disability stimuli only represented visible disabilities, particularly physical and sensory disabilities. Although it is true nondisabled people may have different reactions or feelings towards different types of disabled people (Deal, 2003), and representing other disabilities, especially invisible ones, could be a challenge using images, it is important that a wide range of disabilities be represented if the DA-IAT is to function as a general disability IAT.

During their interviews participants were also asked how they believed they did on the DA-IAT, specifically if we told them it measured their views towards people with disabilities. It was expected they would say they did well because they thought positively towards people with disabilities in alignment with social norms about disabled people. Although a few participants did report doing well, it was more common for them to say they were not sure how they did, suggest they did poorly, or be hesitant to answer the question. It was also not uncommon for participants to reject the premise of the question altogether. Those that believed they did well thought this for a number of reasons. Some admitted they thought this because they felt positively towards disability; for example one participant (disabled graduate man) explained “I would hope my results revealed positive feelings towards people with disabilities. Myself included (laughs)!" Others thought this because they believed they did what the test asked and did so quickly. One participant (nondisabled undergraduate woman) thought she did well because she had received “education on the matter;” although the participant was asked the
question in relation to people with disabilities her answer, especially saying “on the matter,” suggests she may only think of disability in terms of impairment. Uniquely, one participant (disabled graduate woman) made the direct connection between doing well and immersion in the disability community. Meaning she believed exposure to and experience with the disability community produced better views of disabled people.

Those who reported doing poorly on the DA-IAT did so for two different reasons. One group who reported doing poorly believed they did so because while they were taking the test they did not think it was measuring attitudes and therefore probably did not do what the test was looking for. The other group who reported doing poorly was more introspective. They related their estimated performance to the fact that they found linking disability with bad easier than they thought they should and were very critical of their natural response to do so. For example, one participant (disabled graduate woman) concluded, “I was surprised that it was kind of jarring to link the positive with disability, the positive words with disability. So yeah it was a little humbling because it was like oh wow this isn’t instinctual yet.”

More than a quarter of participants generally refused the premise of the question by contending the DA-IAT did or could not measure attitudes towards disabled people; these participants did not answer the question, even when prodded. Some of these participants’ suggested the DA-IAT could not measure attitudes because the test required them to organize items in certain ways. Although one participant (identity-prefer not to say; graduate woman) also did not agree with the question’s premise, their explanation had less to do with the strict dichotomous categories presented by the DA-IAT. The participant reasoned,

I would like to think that it didn’t [measure attitudes towards disabled people] because I made a lot of mistakes on that last one. Part of me did question the order of it because I was learning to associate it with certain things and then I was patterned to do that. So then the last one you switched it I did wonder if I had
learned to do it the other way around, if I would have done as badly in the end or if I would have done better. Like if I were to do it again, in a different order, would I have the same thing. And if I did, then I could say yeah okay it's a measure, but I would like to think it's not! Because I was disappointed in myself in that last one.

Perhaps some participants refused to believe the DA-IAT could measure attitudes because they were having cognitive dissonance between the fact that they had a hard time sorting stereotype inconsistent items but they also believe they feel or, according to stereotypes, should feel positively about disabled people. Along those same lines, it is possible most participants were not interested in their scores because they were unsure if they did well and did not want to confront the fact that they might be ableist.

C. Interview Themes

The interview themes fall under the macro theme of understandings of disability. The themes show both how disability is understood through things like deficit based understandings, interactions with impairments, and environmental and social factors, and relational things that impact how disability is understood, both in larger systems and personally. While the first theme, individualization of disability relates to how participants see deficit based understandings of disability, the second theme contrasts the first by showing complex and fluid understandings of disability, including social constructions and environmental barriers. Finally, the third theme explains how different levels of relationships – identity, interpersonal, community, ethnic culture, and systems – impact how disability is understood.

1. Individualization of disability

Participants often understood disability as individualized. This was clear through the ways they discussed disability, particularly through deficit based understandings, and discussions of impairment. This individualization of disability was most apparent when
participants were asked how they feel about disabled people. It was expected participants would answer they felt positively towards disabled people in alignment with stereotypes and cultural narratives that suggest nondisabled people should feel positively and favorably towards disabled people (e.g., Campbell, Gilmore, & Cuskelley, 2003; Harris & Fiske, 2007; Stern et al., 2007; Wishart & Manning, 1998) and I wanted to compare those positive responses to implicit scores and aversive ableism. However, very few part II participants responded in this way; instead they individualized disability and thus answered they could not feel a certain way towards a disabled person without knowing the person. For example, one participant (nondisabled graduate woman) replied, “I mean how do I feel about any person? I can’t, I honestly cannot say to you I don’t feel anything specific about a single person with a disability other than what that person is as far as a person.” The expectation was they would respond about how they felt about disability as a social minority group yet even participants who said they could not give an answer did not say it was because they could not generalize towards a group of people, they still explained they felt the same as they would everybody else because they cannot judge how they felt towards a particular person without knowing them. The participants’ individualizing of disability in this way relates to the way disabled people are often ignored as a social minority group in mainstream culture, despite being the largest social minority group. Sure they are often constructed as very different, and like every social minority group they can be very different people, but there is something about disability that prevents people from seeing it as a group like race or sexual orientation.

Because of this individualization of disability, most participants answered how they see disabled people or a disabled person rather than how they feel, which is what they were asked. For example, one participant (nondisabled undergraduate woman) added,

I feel the same as any other person, like how do I feel about humans? I mean it all comes down to the individual person, if you’re a good person with a disability
then I feel like you’re a good person and I like you. And if you’re a bad person with a disability then I don’t like you. I don’t think it matters to the disability, in my opinion.

By interpreting the question as about a singular and unknown disabled person it becomes infinitely harder, if not impossible, to actually answer how one feels about a person because this singular person is a stranger. Thus, individualization of disability leads them to instead answer how they see a disabled person, which they typically said, ‘like everyone else.’

Individualization of disability was also invoked when participants focused on impairment rather than disability. For example, when asked her relationship to disability one participant (nondisabled undergraduate woman) asserted “myself! I mean I wear glasses...I mean I looked in the dictionary and it says a disability is an impairment well then I have an eye impairment because I need glasses to see.” Another participant (disabled graduate woman) also related her personal relationship to having an impairment saying, “I classify myself as I have a deficiency.”

Other participants expressed curiosity about disability that showed an impairment deficit based understanding of disability. For example, one participant (nondisabled undergraduate woman) mentioned of a family friend with a disability, “before I just saw him as a person with a disability and like ‘oh I wonder how he’s able to work and do things like that.’” Similarly, although she did not view this as problematic, another participant (nondisabled undergraduate woman) admitted wanting to invade the privacy of disabled people while at the same time seeing them in a deficit based way. She said, “when I see someone with a disability I automatically want to ask like how do you go through this everyday.” Although there is nothing wrong with curiosity in and of itself, disabled people often experience curiosity on levels so extreme it serves to freakify them (Davies, 2005; Shakespeare, 1994).
The ways participants centered disability around ability and the way impairments impact people, that is participants’ expression of deficit based understandings of disability were also evidence of their individualization of disability. Disability was often defined in relation to lack of ability, having trouble, or something wrong. One participant (nondisabled undergraduate man) implicitly described disability as something bad when he said,

I would say [disabled people] usually are, they would try to present the best of themselves. I don’t know if I can make this sound better I just, act strong or try not to show their weakness…you don’t want people to see your weakness and show your downside.

Akin to those who defined disability in relation to the in/ability to do things, many participants defined disability as people who have trouble doing things. For example, speaking of disabled people one participant (nondisabled undergraduate woman) said, “they’re not able to perform to the best of the capability humanly possible…they lack something somewhere.” Ignoring any kind of environmental/social impact, a few participants also individualized disability by blaming the disabled persons’ inability to do things and suggesting they were not trying hard enough. One participant (nondisabled undergraduate woman) said disability “depends on the person, how far they’re willing to go and how hard they’re willing to work… it just depends on your mindset and how far you want to go, you know?”

Many participants also associated disability with overcoming, which is problematic as it interprets disability as barriers that an individual must overcome. For example, while describing her close friend’s father a participant (nondisabled undergraduate woman) said, “he’s still able to go to work every day to the city, commute, come back, and just be like a normal person. That disability, it’s not getting in his way cause he chose to not let him get in his way.” Similarly, when discussing a disabled peer a participant (disabled graduate woman) declared, “she is wheelchair bound, or mostly uses the wheelchair. She has cerebral palsy. She’s more active than
I am! Very talented!” This quote not only uses the problematic language of “wheelchair bound” which incorrectly positions wheelchair users as dependent and ignores the wheelchair’s usefulness for independence, but also she feels the need to overcompensate and explain that her classmate is still capable despite her disability.

Believing disability cannot be defined was also a function of an individualized view of disability. Although disability is certainly fluid and contextual, answering that disability cannot be defined is prejudice akin to saying “I do not see race.” This type of response seems a perfect example of modern forms of prejudice in which people are not overtly prejudiced and say they do not see things like color meaning they are not prejudiced. Once a “prescriptive ideal,” colorblindness is now “a condition of societal denial” (Lawrence, 1995, p. 6). Research on race has confirmed that this type of behavior is not productive in terms of reducing prejudice or racial disparities; it also is a form of privilege and prejudice (Armstrong & Wildman, 2008; Correll, Park, & Smith, 2008; Laszloffy & Hardy, 2014; Lawrence, 1995; Ryan et al., 2007). Most telling was that even when they were saying disability could not be defined a few participants were individualizing disability by implicitly linking it to the in/ability to do things. For example, one participant (nondisabled undergraduate woman) discussed how she could not drive when she broke her hand; she mentioned, “I feel like at one point in our lives…everyone goes through stuff and it’s normal to go through it. I mean I’ve been different throughout my life growing up, I’ve broken a hand where I wasn’t able to write, like I wasn’t able to drive.” Another participant (disabled graduate woman) described how everybody has deficiencies saying, “I think that all of mankind has disabilities. They’re more deficiencies… It’s how you live life and adapt with a deficiency that you have, for example being color-blind, or having glasses, or a prosthesis.” Although believing they were not defining disability these types of responses inherently linked
disability with something being wrong with disabled people. Those who said disability could not be defined because it is different for different people were in a way correct since disability means different things to different people, however, disability is a social construct that exists. Saying it does not exist means ignoring all the structural, environmental, and social factors that can make impairments disabling. Calling it “deeply ableist” Kafer (2013) explains, the

declaration that ‘we are all disabled’…obsures…the histories and effects of disability claims, the different availability and viability of disability identification…conflating all experiences of physical, mental, or sensory limitations without regard to structural inequality or patterns of exclusion and discrimination. (p. 13)

2. Complex and fluid view views of disability

In contrast to the participants above there was another theme wherein participants did not individualize disability but instead understood it as complex and fluid. For example, a number of participants described disability as a social construction or described the environment as disabling people with impairments in alignment with the social model of disability. One participant (disabled undergraduate woman) explained,

I definitely think disability is a social construct and I also feel that most people associate the medical model with disability and that’s it’s a problem. I think our healthcare system…they just focus on the individual with the disability rather than looking at the environment, environmental factors.

Also in alignment with the social model of disability were those participants who related disability to disabling environments, both physical and social. While focusing on the complexities of disability, one participant (disabled graduate man) acknowledged disability’s relationship to disabling environments,

disability to me is a complex interaction between people who live with impairments of various kinds who experience disablement or who experience obstacles or inaccessibility as a result of living in a world that is not set up or is not constructed for their particular body or mind.
Still other participants described disability that included a combination of theoretical ideas from the social model of disability and theory related to impairment/functioning. One participant (nondisabled undergraduate woman) described a balance between the social and impairments when she remarked, “in different contexts it is either more of a societal structural barrier or it could be possibly be an impairment barrier to being able to interact with the world… I would define it as a relationship between societal structures and an array of different impairments.”

Other participants were very intentional about positioning their views in direct opposition with medical and/or individualized constructions. All of the participants interested in doing research with disabled people were very intentional about clarifying the work they were/will be doing does not relate to medicine/therapy or reinforce the medical model. For example, one participant (disabled graduate man) responded, “I think the language of work with people with disabilities to me at least connotes a clinical or kind of medical context but that’s not in the works I see myself doing.” These participants also discussed the need to include disabled people in research to counteract medical model ideas about disability.

The interviews also indicated many participants were cognizant of disability associations, although to varying degrees of understanding. Most of these participants were aware that disability was often portrayed as bad. For example, during her interview one participant (nondisabled undergraduate woman) mentioned “we are taught to you know just see people with disabilities in a certain way, like oh they’re different! They’re different!” Other participants did well recognizing and commenting on ways disability is constructed. A handful of participants acknowledged disability is often constructed in relation to normal. Similarly, another participant (disabled graduate woman) acknowledged disability’s medical construction in the health care industry. Other participants went a step further and specifically recognized and described
ableism. For example, one participant (disabled graduate woman) described the ableism she witnessed; she added, “it’s very hard to resist that culture, so entrenched, so engrained…it’s so systemic that…it was really frustrating.” One participant (disabled graduate man) was similarly introspective when he observed, “as much as I, and anyone, try to re-write those scripts or excavate those kind of deep internalized messages... I think internalized ableism is inescapable.”

3. **Relational impacts on understandings of disability**

Another theme found included relational things that impact how disability is understood. Because disability is understood through context, one of the ways disability is understood is through formal and informal relationships with people, structures, and culture. As such, participants’ views and understandings of disability were shaped by these relationships – they impacted the lens through which they saw and interpreted disability.

a. **Identities**

Identity was a subtheme. Participants’ own complex identities informed their understandings of and relationships with disability – their positionalities towards disability. That is their own identities and backgrounds appeared to impact how differences were playing out. A number of participants personally identified as having a disability and having a personal relationship to disability. Disabled participants where very often informed by their experiences with disability. For example, questions about how they felt about disabled people tended to evoke very different responses from the disabled participants than from nondisabled people. For example, one participant’s (disabled graduate woman) understanding of what it meant to be a disabled person was informed by both her experiences as a disabled person who has experienced discrimination and the resulting empathy she feels for those with other disabilities. She said,

I have a learning disability, even though it’s invisible and no one can see it I feel like that helps to give me a better understanding of how people with more
physical disabilities are discriminated against, or the obstacles they face that are far greater level then the ones that I face just because I can go about life pretending like I don’t have it unless I disclose it.

Although disability identity did create a sense of disability community for some participants, disabled participants’ disability identities were complex and through time often colored by navigating compulsory able-bodied and able-mindedness (Kafer, 2013) and ableism. For example, two participants related their identity, and thus their understanding of disability, to internalized ableism. One of them (disabled graduate man) said,

I think it would be overly optimistic to say that I don’t still harbor some internal ableist ideas of disability. That said disability culture and disability community are increasingly important and valuable parts of my life. So that’s informing...helping me deal with a lot of the excavation of these internalized messages about disability. So the long way of saying is it’s a process.

The other participant (disabled graduate woman) responded similarly, focusing on the strong impact ableism could have on identity, explaining,

I didn’t realize with my own disability I was assimilating and normalizing and...internalizing. And trying to overcome and ignore...psychiatric disability runs in my family and I kind of compared myself to others in my family who had it who weren’t doing so well and kind of felt better about myself because I was doing well so it’s complicated (laughs). So I had a lot of internalized ableism I guess. So it’s changed...claiming that identity means a lot more than just naming it or coming out as disabled.

This participant later also expressed the strong pressure she felt to normalize saying,

I’ve been surrounded by people who seem to fit very well into society and into heteronormativity, into neoliberalism, you know all of that and I felt like I didn’t fit very well into that...but I tried very hard to assimilate to that and I felt like [through coming to a stronger disability identity] I learned that it’s not necessary.

Similarly, other participants noted their personal relationship to disability has changed because of a strengthened disability identity.

Participants’ personal cultural/ethnic identities also impacted how participants understood disability. About a quarter of participants touched on how their ethnic-cultural backgrounds
impacted their relationships with and understandings of disability. Two participants brought up how disability is downplayed and hidden in their cultures because of stigma. One participant (disabled undergraduate woman) explained, “I identify as someone with an invisible disability…but in the Asian household it’s often, no one talks about it. It’s very stigmatized.” Similarly, one participant (disabled graduate woman) also spoke of the relationship between disability stigma in her culture explaining,

I’m south Asian, not being born with a disability and then coming into it when I was 19, it’s really strange to one day be considered part of the culture and then another day considered kind of like an outcast, kind of like ‘well just make sure you focus well in school in case so you can stay independent.’ Just the thought of a relationship or a partner or children, all of that goes away when you become disabled in their eyes, especially if you’re a woman.

Although being a graduate or undergraduate student may not be an identity per say, it can certainly be a unique positionality that can impact how concepts are understood. As aforementioned, participants’ education level tended to influence how they understood disability. Many, but not all, graduate students in disability studies understood disability as more complex and fluid, and less individualized than many of the multidisciplinary undergraduate students in disability and human development courses. There are many other potential identities that may impact how understandings of disability play out. However, as this was not the focus of this study, this information as not collected or explored in enough depth to tease out all of these potential differences. For example, although gender differences may impact the way people understand disability (as some past research suggests (e.g., Hirschberger et al., 2005)), there were not enough men in part II of the study to adequately explore potential differences.

b. **Interpersonal relationships**

In addition to their own identities, interpersonal relationships with disabled people also impacted the ways many participants understood disability. When asked ‘do
you have any family with disabilities’ almost all of the part II participants that answered yes went on to discuss how disability impacted that persons’ life, even though they were not prompted to do so. The fact that this happened organically so often is noteworthy because as with their answers to how you feel about disabled people, it seems people have a hard time conceptualizing disability in non-individualistic ways. Most participants could not simply answer ‘yes, my [person] has a disability,’ they had a hard time resisting problematizing it by relating it to their family members’ ability.

Many part II participants’ descriptions of their relationships and experiences with disability were of disability as a medical condition or something in which impairments become progressively worse. There were participants that described their mother’s multiple sclerosis, their father’s transplants, their aunt’s disease, or their mother’s cancer. Certainly there are medical conditions that are disabilities and many medical conditions that result in impairments, that is the line between the two can be far from clear cut, however the fact that this was many participants’ main experience with disability seemed to color their interpretation of disability and may explain why many part II participants defined disability as relating to in/ability.

Although part II participants commonly had disabled family, it was less common for them to have interpersonal relationships with disabled friends. Those participants who had disabled friends described many different levels of friendship. For example, one participant (disabled undergraduate woman) described her close disabled friend and way it impacts her relationships to and view of disability saying, “one of my other friends she does have a disability as well…we just connect in the sense that even though you can’t see our disability it still does affect us in a daily way.” Sometimes when asked about disabled friends participants responded peripherally by saying they have had disabled classmates, as to say they know disabled people.
For example, one participant responded, “they’ve been my classmates, so I’ve only seen them, I haven’t really interacted with them.” However, being in the same class as someone does not foster the same relationship as a friendship does and thus is less likely to positively impact their understandings of disability (Berndt, 1992; Christ, Hewstone, Tausch, Wagner, Voci, Hughes, & Cairns, 2010; Davies, Tropp, Aron, Pettigrew, & Wright, 2011; Hodson, Harry, & Mitchell, 2009).

c. **Community and culture**

Other participants related their relationships with disability to disability community and culture, especially how disability community/culture has impacted their understandings of disability in both positive and negative ways. Integral to and inseparable from disability community is disability culture. Although a shared history is important, disability culture is comprised of more than experiences with oppression (Brown, 2001; Gill, 1995). Gill (1995) suggests the core values of disability culture include: accepting human differences; interdependence; tolerance for the gray areas – things that are unpredictable and unknown; disability humor; complex problem and system management; “a complex future orientation;” valuing interpersonal communication; and, flexibility and creativity (p. 18). Group consciousness – the understanding of shared oppression, power relationships and the social factors that result in impairments becoming disabilities – is integral to disability culture. As a form of crippling, disability community/culture is a method of resisting the ableist and able-body/mind normative dominant culture. For example, disability culture often involves the crippling of space; when enough disabled people, especially those with disability consciousness, get together a space is crippled. The space’s aura can be altered as there can be different behavior patterns, time may run
a bit differently, bodies can function non-normatively. Thus traditional spaces function a little less traditionally. This very act can be an example of subverting the mainstream thereby complicating disability culture’s place as teetering between subverting counterculture and a subset or part of the mainstream. Because of all of the aforementioned features, disability culture is the point where many disability communities can and do intersect.

Involvement in disability culture/community in this way had a strong impact on participants’ understandings of disability. Some disabled participants expressed feeling a sense of comradery with other disabled people. In addition to feeling comradery, one participant (disabled graduate woman) also related being a part of the disability community with feeling positively towards disabled people saying “I really feel really positively about people with disabilities, I mean I love hanging out with people with disabilities because…I feel like there is a nice sense of community there.” The participant continued, “and I’m not saying that ‘oh I learned so much from disabled people, they’re so inspiring’ but I mean I feel like more, the friendships that I’ve made here are very significant, it’s a very strong community.”

Yet, other participants described how certain aspects of disability community negatively impacted their relationships with disability. In doing so participants’ explanations also reflect both normative and disability community understandings of what disability is and what it is not. For example, some disabled participants discussed feeling not disabled enough and excluded

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15 Time can be different for disabled people both because of ‘crip time’ and because of friction of distance. The former describes non-normative flexible time. It can relate both to the way time changes due to impairments, and how time can change due to inaccessible environments (Kuppers, 2014; Tour & Back, 2013). Though as Price (2015) warns, “crip time is not necessarily time slowed down” (p. 273). The latter, friction of distance, relates to globalization’s compression of time and space. According to Harvey (1990), time-space compression occurred because of better communication technologies and reduced transportation costs making immediate decisions over wider space possible. Although time-space compression comes with many benefits, including increased and easier access to information and technologies, it also comes with complications for people with disabilities. One of those complications is the friction of distance. Friction of distance questions how fast people move through this often compressed space. This is complicated by disability because not all space is accessible. Furthermore, everyone cannot move through space at the same speed or at the same ease/difficulty level.
from the disability community. One participant (disabled graduate woman) mentioned her confusing relationship with disability saying, “a friend of mine who is disabled…she said to me ‘you’re so far in the category of able-bodied that you’re not really disabled.’” Likewise another participant (identity-prefer not to say; graduate woman) acknowledged, “people inside the disability community, I don’t know if I’m disabled enough for me to have that label. So I sort of feel like I’m really between.” Another participant (disabled graduate woman) also touched on the hierarchy that often exists in the disability community saying,

I do think having a non-apparent disability is difficult sometimes because there’s a hierarchy where apparent disabilities are viewed as more legitimate so sometimes I struggle with people who have, especially like physical disabilities, ignoring like my access needs as someone with a psychiatric disability just because it’s like outside the realm of their understanding and this is just because they can’t like read me as disabled.

d. **Systems level**

Other participants’ understandings of disability were colored by system level relationships as a result of involvement in traditional disability industries. The majority of part II participants planned to go into or were working in traditional disability industry jobs (e.g., occupational therapy, nursing, psychology) that consider disabled people patients, explaining they were interested in helping disabled people. For example, one participant (nondisabled undergraduate woman) explained “I also work sometimes with the residents that have dementia or Alzheimer’s disease… It’s good to make people feel alive, like they’re not getting old (laughs).” In addition to being an identity disability is an industry – disabled people are highly profitable as clients and patients (Albrecht, 1992). Calling it the “post-primary production economy” Barnes (1997) explains the service industry requires dependent people to care for in order to maintain employment system (p. 6). Moreover, how disability is framed and defined by
these traditional disability industries is problematic and contributes to medical model understandings of disability.

D. Conclusion

In this chapter the results from part II’s qualitative interviews were reviewed. First I discussed participant’s reactions to the DA-IAT. Then, in order to flesh out some of disability’s complexities I discussed how participants understood disability and how their relationships with disability impacted these understandings. Part II interview data will also be utilized in the next chapter to compare data from part I to part II in order to determine the best models for predicting explicit prejudice, and implicit prejudice. Then in Chapter IX, both the disabled interviewers’ and the non-disabled video reviewers’ observations of participants’ interview behavior will be discussed and compared.


VIII. RESULTS: RELATIONSHIP BETWEEN PART I AND PART II

A. **Introduction**

One of the aims of this study was to examine theoretical variables that may be relevant to disability prejudice. In addition to examining this in part I of the study, part II’s interviews helped me explore factors that related to disability prejudice. For this reason, themes from part II (Chapter VII) were dummy coded so they could be compared to part II participants’ explicit and implicit prejudice and participants’ prejudice type from part I (Chapter VI). It should be noted that multinomial logistic regressions between prejudice type and these factors could not be run because there was only one symbolic ableist and one principled conservative within the part II samples; thus there would have been too many unpopulated cells and collapsing to just aversive ableism and truly low prejudiced would have been required. Binary logistic regressions predicting aversive ableism and truly low prejudice also could not be run because of separation. Thus although one of the original aims was to examine factors that relate to aversive ableism this could not be done using the current data set. The purpose of this chapter is to explore the relationships between part II participants’ explicit and implicit prejudice – both of which play a critical role in contemporary prejudice – and a number of potential predictors.

B. **Relationship Between Participants’ Part I and Part II Results**

1. **Implicit scores and how participants thought they did**

Participant’s estimates of how they thought they did on the DA-IAT were dummy coded and then a linear regression was completed to see if how they thought they did predicted their implicit prejudice scores. The analysis showed this model was not significant.
2. **Prejudice and definitions of disability**

Participant’s definitions of disability were dummy coded by the most prominent theme in each definition: disability cannot be defined; definition relates to disability studies theory (not medical model); something that impacts ability. When multiple linear regression were run to see if participants’ definitions of disability predicted their explicit and implicit prejudice scores and all models were significant. See TABLE VII.

<table>
<thead>
<tr>
<th>Regression model</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>SS_β</th>
<th>SS_w</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit prejudice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>0.20</td>
<td>0.20</td>
<td>9.22</td>
<td>2, 18</td>
<td>0.02*</td>
<td>0.51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability cannot be defined (constant)</td>
<td>0.35</td>
<td>8.11</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability studies theory</td>
<td>-0.20</td>
<td>-3.45</td>
<td>0.003**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impacts ability</td>
<td>0.01</td>
<td>0.22</td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implicit prejudice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>2.05</td>
<td>3.41</td>
<td>5.11</td>
<td>2, 17</td>
<td>0.02*</td>
<td>0.38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability cannot be defined (constant)</td>
<td>0.73</td>
<td>4.00</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability studies theory</td>
<td>-0.78</td>
<td>-3.15</td>
<td>0.01**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impacts ability</td>
<td>-0.31</td>
<td>-1.24</td>
<td>0.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

\*The independent variable for all regressions was definitions of disability.
\*p < .05. \**p < .01.

According to the model, those who defined disability in relation to disability studies theory have lower explicit and implicit prejudice scores than those who defined disability in relation to ability
or said disability could not be defined. Those who believe disability cannot be defined are expected to highly favor nondisabled people implicitly, and those who define disability in relation to ability are expected to moderately favor nondisabled people. Those who define disability in relation to disability studies theory (e.g., environmental barriers, social constructions, etc.) are expected to favor neither disabled nor nondisabled people implicitly.

3. **Prejudice and feelings towards disabled people**

A multiple linear regression was completed to see if participants’ answers about their feelings towards disabled people (dummy coded: positive, no different, community/comradery, other) predicted their explicit scores and implicit scores. The models were significant. See TABLE VIII.
### TABLE VIII
RESULTS OF THE MULTIPLE REGRESSION ANALYSES FOR FEELINGS TOWARDS DISABLED PEOPLE

<table>
<thead>
<tr>
<th>Regression model</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$SS_b$</th>
<th>$SS_w$</th>
<th>$F$</th>
<th>df</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit prejudice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>0.28</td>
<td>0.12</td>
<td>12.90</td>
<td>3, 17</td>
<td>&lt;0.01**</td>
<td>0.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive (constant)</td>
<td>0.45</td>
<td>9.22</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No different Community/comradery</td>
<td>-0.18</td>
<td>3.14</td>
<td>0.01*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>-0.37</td>
<td>-3.78</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implicit prejudice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>3.73</td>
<td>2.08</td>
<td>8.66</td>
<td>3, 16</td>
<td>0.01*</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive (constant)</td>
<td>0.80</td>
<td>3.86</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No different Community/comradery</td>
<td>-0.20</td>
<td>-0.83</td>
<td>0.42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>-1.16</td>
<td>-4.22</td>
<td>0.001**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>-0.66</td>
<td>-2.40</td>
<td>0.03*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a* The independent variable for all regressions was feelings towards disabled people.  
*b* $p < .05$. **$p < .01$.  

Those who replied they feel positively towards disabled people were expected to score the highest explicitly and implicitly in comparison to those who felt no differently, community/comradery, or other. Moreover, they were expected to highly favor nondisabled people implicitly. Meanwhile those who felt community and/or comradery with disabled people, it was predicted, were likely to score the lowest explicitly and implicitly moderately favor disabled people implicitly. Those who feel ‘no different’ towards disabled people were expected to moderately favor disabled people implicitly.

Because participants’ answers to this question about how they felt about disability tended to really be how they saw disability in either a group or individualistic terms, these answers were
also dummy coded into group and individualistic terms and then regressions were run to examine significant relationships. A multiple regression run between group/individualistic and explicit prejudice was not significant. The relationship with implicit prejudice was significant $F(1, 18) = 4.79$, $p = .042$, $R^2 = .21$. On average those who answered about disabled people as a group were expected to score .13 implicitly (no preference) while those who individualized disability were expected to score .61 implicitly (moderately favor nondisabled people). This difference was significantly different from zero, $t = 2.19$, $p = .042$. Thus, those who individualized disability had more implicit prejudice than those who viewed disabled people as a group.

4. **Prejudice and relationships with disability**

When a multiple linear regression was run to see if participants’ relationships with disability predicted their explicit prejudice the model was significant (TABLE IX).

<table>
<thead>
<tr>
<th>Regression model</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$SS_b$</th>
<th>$SS_w$</th>
<th>$F$</th>
<th>$df$</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit prejudice</td>
<td></td>
<td></td>
<td></td>
<td>0.23</td>
<td>0.17</td>
<td>3.18</td>
<td>6, 14</td>
<td>0.04*</td>
<td>0.58</td>
</tr>
<tr>
<td>Overall model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural relationship (constant)</td>
<td>0.31</td>
<td>3.29</td>
<td>0.01</td>
<td>3.18</td>
<td>0.17</td>
<td>6, 14</td>
<td>0.04*</td>
<td>0.58</td>
<td></td>
</tr>
<tr>
<td>Personally identify</td>
<td>-0.15</td>
<td>-2.17</td>
<td>0.05*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family relationship</td>
<td>-0.01</td>
<td>-0.24</td>
<td>0.81</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend relationship</td>
<td>0.05</td>
<td>0.76</td>
<td>0.46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional relationship</td>
<td>0.02</td>
<td>0.25</td>
<td>0.81</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical relationship</td>
<td>0.13</td>
<td>1.89</td>
<td>0.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relationship</td>
<td>0.05</td>
<td>0.62</td>
<td>0.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$a$ The dependent variable is explicit prejudice.

$b$ $p < .05$. 
The model shows those with medical relationships with disability were expected to have the highest explicit prejudice across the other relationships, with cultural relationships following second. In alignment with previous findings those who personally identified as disabled were expected to have the lowest explicit prejudice score.

When a multiple linear regression was run to see if participants’ relationships with disability predicted their implicit prejudice the model was not significant.

5. **Prejudice and occupation**

As shown in TABLE X, multiple linear regressions between part II participants’ current or future occupations (dummy coded) and explicit prejudice and implicit prejudice were significant.

<table>
<thead>
<tr>
<th>Regression model</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>SSb</th>
<th>SS_w</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit prejudice Overall model</td>
<td>0.21</td>
<td>0.20</td>
<td>5.91</td>
<td>3, 17</td>
<td>0.006**</td>
<td>0.51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General (constant)</td>
<td>0.29</td>
<td>5.30</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy/medical</td>
<td>0.08</td>
<td>1.25</td>
<td>0.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>-0.20</td>
<td>-2.38</td>
<td>0.03*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture/advocacy</td>
<td>-0.09</td>
<td>-1.08</td>
<td>0.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implicit prejudice Overall model</td>
<td>2.55</td>
<td>2.90</td>
<td>4.70</td>
<td>3, 16</td>
<td>0.02*</td>
<td>0.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General (constant)</td>
<td>0.83</td>
<td>3.90</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy/medical</td>
<td>-0.45</td>
<td>-1.77</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>-1.21</td>
<td>-3.74</td>
<td>0.002**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture/advocacy</td>
<td>-0.51</td>
<td>-1.58</td>
<td>0.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a The independent variable for all regressions is occupation.
b *p < .05. **p < .01.
Those with research and culture/advocacy occupations were expected to have lower explicit and implicit prejudice than those with general and therapy/medical relationships. Those with therapy/medical occupations were also expected to have the highest explicit prejudice. Moreover, while those with therapy/medical and culture/advocacy occupations were expected to moderately favor nondisabled people, those with research occupations were expected to moderately favor disabled people. Those who generally would like to work with disabled people but are unsure how were expected to highly favor nondisabled people.

6. **Prejudice and disability community**

There was a significant relationship between participation in disability community (dummy coded) and explicit prejudice (TABLE XI).

### TABLE XI
RESULTS OF THE LINEAR REGRESSION ANALYSIS FOR COMMUNITY INVOLVEMENT

<table>
<thead>
<tr>
<th>Disability community involvement</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$SS_b$</th>
<th>$SS_w$</th>
<th>$F$</th>
<th>$df$</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall model</td>
<td></td>
<td></td>
<td></td>
<td>0.08</td>
<td>0.33</td>
<td>4.46</td>
<td>1, 19</td>
<td>0.048*</td>
<td>0.19</td>
</tr>
<tr>
<td>Not involved</td>
<td>0.32</td>
<td>9.57</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involved</td>
<td>-0.13</td>
<td>-2.11</td>
<td>0.05*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

* The dependent variable is explicit prejudice.

* $p < .05$.

This model suggests that those not involved in the disability community had higher explicit prejudice than those involved in the disability community. There was not a significant relationship between participation in the disability community and implicit prejudice.
C. **Conclusion**

One of the aims of this dissertation was to examine factors that related to explicit and implicit disability prejudice. For this reason, in addition to quantitative measures, qualitative measures were administered to explore disability prejudice in more depth. In this chapter, the relationship between participants’ answers in part II interviews and participants’ explicit and implicit prejudice scores were compared. In doing so, their responses from part II’s interviews were quantitatively coded and run through regression models with their part I explicit and implicit prejudice scores. Findings revealed definitions of disability, feelings towards disabled people, relationships with disability, occupation, and disability community involvement all significantly related to explicit disability attitudes. Definitions of disability, feelings towards disabled people, individualization of disability, and occupation all significantly related to implicit disability attitudes. In the next chapter (Chapter IX) I discuss the relationship between the part II participants’ interview scores and prejudice and prejudice types, as well as if there were differences between disabled interviewers’ and nondisabled video reviewers’ observation scores.
IX. RESULTS: PARTICIPANT OBSERVATIONS

A. **Introduction**

One of the goals of the part II qualitative interviews was to gather more information about the disability attitudes implicit association test as well as factors that could relate to aversive ableism. These interviews also served a second purpose; the interviewer noted any cues of prejudice they noticed/experienced and gave participants an interview score\(^{16}\). Later, nondisabled people from two groups – disability studies \((n = 2)\) and no background with disability \((n = 2)\) – also observed the videos of the interviews, noted any prejudice, and gave participants scores. In addition to understanding instances of subtle prejudice, this allowed us to compare how disabled and non-disabled people viewed prejudice. In this chapter I first discuss the observations from the disabled interviewers, the nondisabled disability studies video reviewers, and the nondisabled video reviewers with no background in disability. Next, I analyze the relationship between the disabled interviewers’ scores and that of the two nondisabled video reviewer groups. Finally, I conclude by examining the relationship between the part II participants’ observation scores – how prejudiced disabled interviewers and nondisabled reviewers believed they were – and prejudice and prejudice types.

\(^{16}\) As noted in an earlier footnote because of personal reasons interviewer two dropped out of the study with extremely short notice. For this reason, the principal investigator had to step in to complete her remaining four interviews. The qualitative data from these four participants was still used to determine the themes for part II because this change did not impact that part of the study. However, these four participants were not given interview scores because a nondisabled interviewer interviewed them. These four participants were also not included in the video reviewing portion of the study because the goal was to examine the interaction with a disabled person and they did not experience this during their interviews.
B. **Perceptions of Participants’ Behavior and Prejudice**

1. **Disabled interviewers**

   The disabled interviewers were asked to note instances of implicit disability prejudice exhibited by the part II participants; this was left fairly open-ended as to be up to their interpretation based on their experiences as disabled people. One of the themes in the interviewer comments was physical implicit prejudice. The interviewers noted participants’ differences in eye contact, verbal volume, and changing of verbal pace. For example, interviewer one said, “[the participant] wasn’t looking at me much during her reply. She also was putting her hand on her mouth and talking quietly and softly.” Interviewer two described, “[the participant] seemed a bit defensive when asked about disability community – like she felt perhaps caught – the pace of her verbal response seemed to quicken.” The interviewers also discussed participants’ body language often. Interviewers described stressed, nervous, anxious, uncomfortable, tense, and awkward participants. Interviewer two explained, the participant “seemed really nervous about saying the wrong thing.” Interviewer one wondered, “[the participant] left the room very quickly after we finished. I’m not sure if she felt comfortable with me during the interview but perhaps she reacted more to the situation of the interview itself.” Interviewer two also said, the participant was “open and comfortable until the moment where she questioned the correct use of the word dwarf / little people. She tensed up a bit, moved her hands – became more animated as a response to anxiety.” “Because it was hard to open,” interviewer one commented, “I asked [the participant] to open the door before she started the interview (when we were outside) and I think she didn’t know exactly how to react…I think she felt awkward.”

   Another theme that appeared in the interviewers’ notes was verbal instances of prejudice. Interviewers detailed participants’ use of ableist language and medically based understandings of
disability in addition to some of their tendencies to overcompensate. Interviewer one noted instances where participants refused to see difference by saying disabled people are like everybody else, which she interpreted as prejudiced, saying the participant’s statement “‘they are like everybody else’ is a statement that can become ableist.” Interviewer one said the participant “wasn’t recognizing differences when she replied that ‘they aren’t different from me.’ The idea that everybody is capable but in different ways is complicated and I was not sure what sense to make of it.”

Interviewer two considered it prejudice that two people said things that expressed they automatically assumed she was not disabled. She explained, the participant,

referred to me in ways that suggested she saw me as nondisabled even though she saw me with my cane. She said repeatedly, ‘they can do anything you and I can do.’ I made a comment about my parents having anxiety about me becoming disabled, perhaps a bit of unease [from her in response] but hard to tell. She did not look right at me in responding and repeated herself about parents having fears of disability.

Similarly, of another participant she said, “he said ‘they’ repeatedly when referring to disabled people even though he saw me walking with the cane.”

Sometimes interviewers believed the way participants described disability as ability related evidenced their prejudice. Interviewer one reported the participant saying “I wear glasses so I’m impaired – disabled’ is a problematic statement.” Interviewer one said of one participant, “she does conceive disability as a state of dependency and needs of help… it seems that she accepts the medical model.” Interviewers also found participants’ statements related to helping problematic. For example, interviewer two said of one participant, “She still used words like ‘wants to be of service.’” Interview two also commented, “[the participant] asked about volunteer opportunities and indicated he really wanted to help people [with disabilities].” A few times interviewers also identified the “othering” of disabled people, especially through language
like ‘they’ and ‘them.’ One such example is when interviewer two noted, “[the participant] was interested in studying ‘them.’” Interviewer one also said, the participant “used the plural of ‘they’ when she talked about disabled people who overcome and are considered by her to be humble about it.”

Interviewers’ notes also mentioned participants who they believed were overcompensating as to not appear prejudiced. Interviewer two said, the participant “overemphasized the ‘sameness’ of disabled people suggesting an overcompensation.” Interviewer two also said the participant “did show some verbal cues like overemphasizing his desire to get more involved in the disability community.” Similarly, interviewer one explained one participant “was a bit apologetic for not being involved in the disability community.” This overcompensation was in line with participants who were concerned with their portrayal as both interviewers noted some participants were concerned about getting the answers right. Interviewer one also postulated, one participant “mentioned the social model but from her explanation it seems she referred to the medical model. Perhaps it helped her to feel more secure since the social model is ‘good’ and so by associating herself with the social model she becomes a good person.”

Interviewers not only recorded participants’ prejudice but also sometimes detailed their own internal dialogue about their reactions to participants’ prejudice. Interviewer one explained the participant’s “comments on her father and friend are very ableist as you could see in my own behavior…I was more noticing how my own physical behavior changed and my voice was less clear and more quiet.” Interviewer one also remarked one participant made her feel very uncomfortable saying “I was not feeling very comfortable with her but not sure
what…contributed to it.” Interviewer one also felt “uncomfortable when [the participant] talked about working with people with disabilities with such enthusiasm and excitement.”

At the end of their reflection interviewers were asked to rate how implicitly prejudiced they believed the participant was on a scale of zero to ten (ten being highest) and to explain why they selected the number. Scores ranged from .5 to 9, with a mean score of 4.53 (SD = 2.78). When interviewers gave participants low ranging interview scores (0 to 3) their reasoning related to experiencing very little prejudice and being impressed by the participants’ critical answers. For example, explaining one participant’s score interviewer one wrote, “[the participant] acknowledged disability but didn’t turn it into deviancy. She was respectful of differences and also cares for her aunt.” Interviewer one also noted one participant’s critical reflection saying, “I experienced her as the least prejudiced. Her answers were critical and it felt that she really believed in what she said and that she understood disability as a complex phenomena that involves the body and society.” Although there were a number of low scores, nobody received a score of a zero. When justifying her low but not zero score for one participant, interview two explained, “[I] don’t want to say there is none as I think we all have some [prejudice].”

With the middle range scores (3.1 to 6) the interviewers commented these scores were due to a contradicting mix of good and bad behaviors, answers, and traits. For example, interviewer one said of her score for one participant, “she was comfortable talking on disability and felt at ease with me. Although it seems that she accepts the medical model I didn’t feel it causes her to dehumanize people with disabilities.” Detailing one participant’s score, interviewer one said, “I felt uncomfortable when she talked on working with people with disabilities with such enthusiasm/excitement but I do think she is more critical on the definition and the role of
society in creating disability.” While giving one participant a middle range score interviewer two commented,

   on the one hand she could not recall / seemed surprised by the number of disabled people in the family suggesting disability is part of her life to such a degree but she’s still using words like ‘wants to be of service’ and it took some pushing to get at the definition of disability.

Another example was interviewer two’s mid-range score for one participant because “she overemphasized the ‘sameness’ of disabled people suggesting an overcompensation. She was also concerned about getting the answers ‘right’ in the first part of the study.”

   Although participants with high ranging interview scores (6.1 to 9) were noted for also having a contradicting mix of good and bad behaviors, traits, and answers, interviewers seemed to give them higher range scores because the bad outweighed the good and they perceived them as very ableist. For example, interviewer one gave one participant a high range score because “she gave very ableist answers and it seems she is simplifying disability.” Interviewer one also noted she gave one participant a high score saying,

   it felt comfortable talking to her and I did not receive any physical cues but in what she said there was a lot of prejudice and able-normative conceptions on disability. She was not recognizing the social aspects of disability and instead only parsed disability as if she does not see it or understood it only as physical.

2. **Nondisabled disability studies reviewers**

   The nondisabled disability studies video reviewers (reviewers one and two) watched the interviews and took notes on the instances of prejudice they saw; this was left largely open-ended as to be open to their interpretation. Three main themes arose from their notes: 1) physical or body indications of prejudice; 2) prejudice as indicated by the way participants understood disability; and 3) behavioral indications of prejudice.
The disability studies reviewers believed physical signs or body language often evidenced participants’ prejudice. Reviewers one and two both indicated instances of physical signs of prejudice such as odd eye contact and physical gestures. Both disability studies reviewers recognized prejudice in one participant when she made “a face of disgust at the idea of her having a disability” when asked if she identified as disabled. Reviewer one reasoned, this “grimace could imply that she views disability as a less desirable identity.” Reviewer two found one participant’s eye contact problematic saying “sometimes she just stares at the interviewer [and]…doesn’t always keep contact with interviewer…seemed to struggle with keeping eye contact or over eye-contacting.” Reviewer one noted the participant “averts [her] eyes as [interviewer one] gets into her wheelchair.” Reviewer one found it problematic that one participant “started biting her nails… hard to tell if this is prejudice but she was clearly nervous after [interviewer one] followed up inquiring about participant’s understanding of disability.” Reviewer two also believed it was prejudice when participants made gestures that mimicked disability, and noted as such for three separate participants. Both reviewers one and two also mentioned seeing physical signs or body language indicating participants’ anxiety and discomfort. For example, reviewer two said the participant “doesn’t keep eye contact with interviewer [and] exhibits some avoidance behavior.” Another example was when reviewer two noted one participant was “a little uncomfortable: if interviewer stopped speaking for a moment, interviewee would keep speaking or start speaking.”

Disability studies reviewers often interpreted the way participants understood disability as evidence of their prejudice. Many of the disability studies reviewers’ comments highlighted participants’ understandings of disability in alignment with medical and individual understandings of disability. For example, reviewer one pointed to one participant’s statements
“‘they can do anything’ and ‘just like nondisabled individuals’” as “overemphasizing functional capacity as a measure of full personhood. Implicit assumption is that if someone does have an activity or functional limitation, they might not meet standards for personhood.” The disability studies reviewers also noted prejudice when the participants said something, often unintentionally, that evidenced they saw disability as something negative. For example, reviewer one said one participant was “still maintaining disability as a bad thing” when she said “‘I don’t see them as disabled anymore.’” Reviewer one also said of one participant, “she also revealed, predominantly through verbal phrases and ideas, that ‘disability’ is still often equated with something to be avoided and something that is equivalent to problems, ill health and something to be overcome.” Along with participants unintentionally expressing disability was negative, reviewers one and two also recorded instances where disability was portrayed as a deficit or something “wrong with them.” For example, reviewer one highlighted when one participant said “‘I help them feel like they are still independent’” writing “interviewee takes an active role, could be interpreted as helping maintain a (false) sense of independence, conclusion is that aging/impairment/disability is equated with loss of independence” (emphasis original). Reviewer one also noted one participant saying “‘we don’t know what’s wrong with him’” indicated they were “implicit stating of disability as an internal/individual problem or lack, or something that causes other problems”

The disability studies reviewers found the participants’ language particularly troubling. Not only did they think it evidenced prejudice in the way they understood disability, they often used what reviewers one and two thought was “inappropriate/oppressive terminology.” Reviewer two found participants’ “othering” of disabled people problematic, noting many instances where disabled people were referred to as “them,” such as when one participant “talks about having fun
hanging out with them [disabled people] as though, as though they are the other group” or when she said the participant “talks about them” when she said she was “trying to understand what they are trying to advocate for.” Reviewer one also noted a few instances where she thought participants might be patronizing the interviewers. Reviewer one said the participant “seemed slightly condescending in tone…upon greeting the interviewer.” She says of one participant, “at the very end the participant tells the interviewer ‘it went well’ did she mean the interview? Seemed a bit patronizing.” Similarly she noted one participant gave a “small smile” what was “kind of patronizing/encouraging.” Reviewers one and two also thought participants’ pity indicated prejudice. For example, both reviewers one and two highlighted one participant’s statement “they themselves adjust to it so then I don’t feel that bad for them,” with reviewer one explaining this was “latent (…to reference Freud here…) expression of pity/sympathy, but coupled with an awareness that she is not supposed to feel that way.”

The disability studies reviewers also found many instances of overcompensation and resistance troubling. While interviewer two noted one participant “was very very enthusiastic about everything, almost too enthusiastic,” Interviewer one noted the participant “seemed cautious, not wanting to say the wrong thing. [She kept] checking in with interviewer about ‘correct’ terminology –overcompensating.” Similarly, reviewer two acknowledged the participant was “very careful about what she [was] saying: specific to say that people with disabilities should always be in good category (maybe trying too hard)...seems uncomfortable and trying to come up with answers that would ‘please’ the interviewer.” Meanwhile, reviewer two believed one participant was problematically “deflect[ing]” when she “doesn’t have any friends and moves on to say we need to come together to correct ‘problems.’” Another instance of resistance occurred when reviewer one explained,
[the participant] resists using negative language related to disability and also resists stating feelings about people with disabilities could indicate unconscious prejudice… I think the prejudicial attitudes that are present have to do with the participant’s stake in ‘disability’ and her desire to appear positive towards people with disabilities and disability in general.

After reviewing each video the video reviewers were asked to rate how prejudiced they believed the participant was on a scale of zero to ten (ten being highest). Disability studies video reviewers’ scores ranged from 0 to 6, with a mean score of 3 ($SD = 2$). Video reviewer one had a mean score of 3.24 ($SD = 1.25$), while video reviewer two had a mean score of 3.12 ($SD = 2.03$); these scores were not significantly different ($t(16) = .308, p = .76$). In addition to giving the participants an interview score, video reviewers were asked to explain why the participants received that score. Lower range scores (0-3) were given because the reviewers could not find any prejudice or bias seemed minimal. For example, reviewer one explained one participant’s low range score saying,

this participant’s hesitancy to be forthcoming definitely impacted this number. As I can only go off of what she said, she articulated a nuanced understanding of disability that is influenced by her father’s profession as a special education professor, and, I think continues to be destabilized with the possibility of her nephew having a learning disability.

Another example is when reviewer two said of one participant’s score “this participant’s prejudices/differential treatment seemed somewhat minimal. They include looking down (away from the interviewer) and using the terminology of ‘normal.’”

Reviewer two explained her mid-range score (3.1-6) for one participant saying the participant, believes it’s harder to have a disability but that people who work hard can overcome. One statement that really struck me was when the participant talked about it being scary to have a child with a disability. Also refers to people with disabilities as them, as in the other group.

Also pointing to problematic language and understandings of disability, reviewer one said of one participant,
the participant retained a sense that disability is something unwanted or something to avoid, particularly in terms of problems that she saw with her family and past work experience as a CNA [certified nursing assistant]. However, she also articulated the environmental/social aspects of disability well.

While all of the disability studies reviewers’ participant scores were in the low to middle range, reviewer two gave one participant one of the highest scores (6) because the participant,

exhibited verbal and physical prejudices. Particularly, physical prejudices involved where the participant was looking such as looking away instead of the interviewer. Additionally, the participant talked about disability functionally, keeping people from doing what they can, and referring to people with disabilities in a child-like manner.

3. **Nondisabled reviewers with no disability background**

As with the other reviewers, the nondisabled no disability background reviewers’ (reviewers three and four) notes fell into three main themes: physical, behavioral, and verbal indications of prejudice. However, their subthemes differed slightly from the disabled interviewers and the nondisabled disability studies reviewers.

As far as physical indications of prejudice the nondisabled no disability background reviewers frequently pointed out participants’ eye gazes as indicating prejudice. For example, reviewer four said of one participant, “her eyes widen when she realizes what the interviewer is saying, might be on guard towards interviewer.” Another example is when reviewer four said the participant’s “eyes went to ceiling when talking about disability [she was] really uncomfortable.” Reviewers three and four also noted participants changing their vocal tone in response to the interview. For example, reviewer four said the participant’s “voice got lower and then higher during thought process, [she is] really trying to think about disability [and] might feel pressured.”

More often than these physical indications, reviewers three and four discussed behavioral indications of participant prejudice. The nondisabled no disability background reviewers often found participants’ nervousness to be a sign of behavioral indications of prejudice. For example,
reviewer three said of one participant, “between the questions he hesitates and looks away as if he is a little unsure about how to answer the question.” Reviewer four said of one participant, she “laughs during conversation to make light of a situation, she seems a little nervous.” Similarly, another subtheme that arose out of reviewers three and fours’ notes was participant stress, tension, and discomfort. Reviewer four commented one participant was,

holding a pen, clicking it is a little sign she might be stressed… Grabs water bottle, to hold it to pose herself while talking. She starts squeezing the bottle later on. Might be a bit stressed out thinking it was right what she said?

Another instance of stress noted by the reviewers was when reviewer four pointed out one participant “was a little quick to leave the interview, so might have been a little stressful to be there.” Reviewers three and four also detailed when participants seemed unsure about disability or their answers to questions. According to reviewer three, one participant was “unsure in her responses by holding her hand against her head.” Another participant was also described as unsure; reviewer three said, “for some questions, her facial expression looks as if she is unsure and doesn’t know if her answers were right.” Reviewer three also found it problematic when participants seemed overly bored; saying of one participant, “she seems to eye gaze and appears disinterested in the beginning.” Although reviewer three noted boredom for five different participants, she did not explain why exactly she found it problematic and evidence of prejudice.

The third theme, verbal instances of prejudice reviewers three and four noted instances where they believed participants were holding back and not answering in depth and found them to be problematic evidence of hiding true feelings. For example, reviewer three said of one participant, “her response isn’t clear, and she repeats some of her words. It could show her holding back some of her true feelings and her understanding of disability.” Another example is reviewer three’s description of one participant, “in her verbal definition of disability, she seems
to be careful of her wording of disability. It seems she doesn’t want to offend or say the wrong thing.” It was not uncommon for reviewers three and four to describe participants as using careful wording such as in this instance. They believed many participants were careful with their own appearance. For example, reviewer four also commented about one participant suggesting she was “trying to explain conflict she felt during activity as she wanted to explain herself for her choices so she could be seen in a nicer view.” Another example of this is when reviewer three described one participant as “careful in how she words her words, and she does this by talking slowly.”

The nondisabled no disability background reviewers also observed instances where participants either had trouble defining disability or did not seem to understand disability. An example of this is one participant for whom reviewer four said, “words seemed hard to come out when talking about knowing someone with disabilities.” Another participant also exemplified this; reviewer three explains, “her answer for the definition of disability seems vague because it seems she does not understand disability to a person or society [sic]. It comes across as unintentionally prejudiced and not elaborating on her answer.”

Conversely, the nondisabled no disability background reviewers also noted some positive interactions and instances where they believed the participant was not prejudiced. For example, reviewer three observed one participant’s “response is confident when asked about people with disabilities because she doesn’t have negative things towards disabled people.” Reviewer three said of one participant, “her answer towards feelings of those with disability is strong and open because she doesn’t see those people any different than those who are nondisabled.” Reviewer three also described one participant as “more accepting of those with disability as she’s grown up
and taken classes, and has a broader sense of disability. When she describes seeing a disabled person, she understands more about them and no longer sees them as disabled.”

After reviewing each video the video reviewers were asked to rate how prejudiced they believed the participant was on a scale of zero to ten (ten being highest). The nondisabled no disability background video reviewers’ scores ranged from 1 to 6, with a mean score of 3.03 ($SD = .78$). Video reviewer three had a mean score of 3.41 ($SD = 1.32$), while video reviewer four had a mean score of 2.64 ($SD = .70$); these scores were significantly different, $t(16) = 2.19, p = .043$.

In addition to rating participants, the nondisabled no disability background reviewers explained the reason they gave participants those scores. For low range scores (0 to 3), reviewer three and four explained these participants were generally engaged, and understood disability, especially that disabled people are the same as everyone else. Explaining her low score for one participant, reviewer three said, “she shows no prejudice for disabled people…she sees them the same as any other person and not a category.” Similarly, reviewer four reasoned one participant should receive a low score because

she has worked in nursing home for awhile, but makes a viewpoint that people generally think negative thoughts about disabled people, but she believes they are normal people. She says that everything a person does is dependent on them no one is stopping them.

Although a few participants in this category were noted for special treatment (e.g., one participant “did seem like she was trying to give special treatment to the interviewer as she had a lot of physical and vocal queues that might signify that she might be a tad nervous about the sensitive issue”), participants behavior was more often linked to general hesitation and nervousness. For example, reviewer four said one participant
seemed very calm and collected, though she showed small signs of stress her experience and her motions during the interview made her seem knowledgeable of the issue but just a little stressed when talking about the topic.

Although they gave mostly low range scores, reviewers three and four tended to give middle range scores (3.1 to 6) because participants seemed nervous, were holding back and hesitating, and were trying to give the ‘right’ answers. Reviewer three described one participant as “open to answering the question but is hesitant on her responses and cannot clearly explain her answers. It comes across as if she is holding back on her feelings and opinions of disability.” Another example is when reviewer three describes her mid range score for one participant saying “he seems hesitant and as if he’s holding back on elaborating on his answers. I believe he wants to have the right answers but he is unsure how to respond without being offensive.”

C. **Comparing Observation Scores by Group**

Figure 6 details the density and distribution of the three different groups of scores.
Figure 6. Beanplots of observation scores by group. The beanplot’s shape marks density while the beans indicate distribution.

When a linear regression was run to examine the relationship between the participants interview scores given by the disabled interviewers and the mean\textsuperscript{17} nondisabled disability studies reviewer score the model was significant (TABLE XII).

\textsuperscript{17} The means of the disability studies reviewers and the no disability background reviewers group scores to reduce the influence of individual differences between the two reviewers and also because the two no disability background reviewers had significantly different scores from each other.
### TABLE XII
RESULTS OF THE LINEAR REGRESSION ANALYSIS COMPARING INTERVIEWER AND DISABILITY STUDIES VIDEO REVIEW SCORES

<table>
<thead>
<tr>
<th>Reviewer score</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$SS_b$</th>
<th>$SS_w$</th>
<th>$F$</th>
<th>$df$</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall model</td>
<td></td>
<td></td>
<td></td>
<td>36.14</td>
<td>80.10</td>
<td>6.32</td>
<td>1, 14</td>
<td>0.025*</td>
<td>0.31</td>
</tr>
<tr>
<td>Constant</td>
<td>1.34</td>
<td>0.96</td>
<td>0.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability studies reviewer</td>
<td>1.02</td>
<td>2.51</td>
<td>0.03*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>score (mean)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*a The dependent variable is interviewer score.

*b $p < .05$.

According to this model nondisabled disability studies reviewer scores are expected to increase by 2.51 for every one-point disabled interviewer scores increase. Figure 7 also details the relationship between the disabled interviewer score and the disability studies reviewer score (mean) through a scatter plot.
Figure 7. Scatter plot of the relationship between the nondisabled disability studies video reviewer scores and the disabled interviewer scores. The disability studies video reviewer scores were calculated using the mean of the two reviewer scores.

Linear, quadratic, and cubic regressions were also run to examine the relationship between the disabled interviewers’ scores for participants and nondisabled no disability background reviewer scores (mean) and the models were not significant. When linear, quadratic and cubic regressions were run to examine the relationship between the two types of video reviewers scores the model were also not significant.

D. **Relationships Between Observation Scores and Prejudice**

When multiple linear regressions were run to determine if explicit prejudice could be predicted by disabled interviewer scores, and nondisabled disability studies reviewer scores the
results were significant (TABLE XIII). There was no significant relationship between the nondisabled no disability background reviewers and explicit prejudice.

### TABLE XIII

RESULTS OF THE LINEAR REGRESSION ANALYSES FOR EXPLICIT PREJUDICE BY REVIEWER TYPE

<table>
<thead>
<tr>
<th>Reviewer type</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>SSb</th>
<th>SSw</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled interviewer scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>0.14</td>
<td>0.11</td>
<td>18.17</td>
<td>1</td>
<td>14</td>
<td>0.001**</td>
<td>0.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>0.17</td>
<td>3.88</td>
<td>&lt;0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview score</td>
<td>0.03</td>
<td>4.26</td>
<td>&lt;0.01*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nondisabled disability studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reviewers scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall model</td>
<td>0.18</td>
<td>0.06</td>
<td>46.63</td>
<td>1</td>
<td>15</td>
<td>&lt;0.001**</td>
<td>0.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>0.09</td>
<td>2.53</td>
<td>0.02</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reviewers score</td>
<td>0.07</td>
<td>6.83</td>
<td>&lt;0.01**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a The dependent variable is explicit prejudice.
b *p < .05. **p < .01.

According to the first model (disabled interviewer scores), for every 1 point of interview score increase explicit score is expected to increase by .03. The second model (nondisabled disability studies reviewers) suggests explicit scores are expected to increase by .07 for every 1 point nondisabled disability studies reviewers scores increase.

There was not a significant linear, quadratic, or cubic regression relationship between participant’s implicit scores and interviewers’ or nondisabled no disability background reviewers’ perceptions of participant’s implicit prejudice. However, there was a significant
quadratic relationship between the nondisabled disability studies reviewer scores and implicit prejudice (TABLE XIV).

**TABLE XIV**
RESULTS OF THE QUADRATIC REGRESSION ANALYSIS FOR NONDISABLED DISABILITY STUDIES REVIEWER SCORES

<table>
<thead>
<tr>
<th>Interview score</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>SSb</th>
<th>SSw</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall model</td>
<td></td>
<td></td>
<td></td>
<td>1.91</td>
<td>2.06</td>
<td>6.03</td>
<td>2, 13</td>
<td>0.01</td>
<td>0.48</td>
</tr>
<tr>
<td>Constant</td>
<td>-0.57</td>
<td>-1.82</td>
<td>0.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability studies reviewers score</td>
<td>0.82</td>
<td>3.31</td>
<td>0.006**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X²</td>
<td>-0.13</td>
<td>-2.91</td>
<td>0.01*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a* The dependent variable is implicit prejudice.  
*b* *p < .05.** *p < .01.*

Based on the model when the nondisabled disability studies reviewer score is 0, the expected implicit score is -.57. For every disability studies reviewer score increase of 1 point, implicit prejudice increases .82. The slope of this quadratic line is -.13, thus it follows a downward concave pattern.

Binary regressions were also run for the relationship between aversive ableism and interviewer and reviewer scores to see if any of these groups could predict aversive ableism in participants. Three binary logistic regressions between aversive ableism and interviewer scores, nondisabled disability studies review scores, and nondisabled no disability background review scores were not significant.

Although they could not significantly predict aversive ableists, in order to determine if interviewers and reviewers could predict truly low prejudice people, binary regressions were run.
Binary regressions between interviewer scores, and nondisabled no background reviewers and truly low prejudice were not significant. However, a binary logistic regression between truly low prejudice and disability studies review scores was significant, -2LL = 14.68, Chi-square (1) = 6.49, \( p = .011 \). 81.3% of the cases are correctly predicted in the current data set (see TABLE XV for information about predictors).

### TABLE XV

RESULTS OF THE BINARY LOGISTIC REGRESSION ANALYSIS FOR NONDISABLED DISABILITY STUDIES REVIEWERS SCORE

<table>
<thead>
<tr>
<th>Reviewer score</th>
<th>( \beta )</th>
<th>( SE_B )</th>
<th>Wald</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability studies reviewer score</td>
<td>-1.12</td>
<td>0.57</td>
<td>3.85</td>
<td>0.05*</td>
</tr>
<tr>
<td>Constant</td>
<td>2.88</td>
<td>1.85</td>
<td>2.44</td>
<td>0.12</td>
</tr>
</tbody>
</table>

*a* The dependent variable is truly low prejudice.

*b* \( p < .05 \).

According to this model the odds of someone being truly low prejudiced decreases by a factor of 1.12 for every one point increase in nondisabled disability studies reviewer score. Univariate analyses indicated those with nondisabled disability studies reviewer scores of zero are significantly more likely to be truly low prejudice (95%) than those with other scores (e.g., score of one = 85%; score of five = 6%; score of ten = 0%).

E. **Conclusion**

In order to examine if disabled people could recognize cues of implicit prejudice and aversive ableism this chapter detailed the disabled interviewers’ observations of participants’
behavior. While the disabled interviewers noted many cues of prejudice exhibited by participants, their quantitative interview scores only predicted explicit prejudice, not implicit prejudice or prejudice styles comprised of different combinations of implicit and explicit prejudice, that is aversive ableism or truly low prejudice. Nondisabled people also reviewed video recordings of interviews and noted many cues of prejudice present. Although there was a slight relationship between the nondisabled disability studies reviewers’ quantitative scores of participants and that of the disabled interviewers, the nondisabled disability studies reviewers actually did a better job of predicting both explicit and implicit prejudice, and truly low prejudiced participants. However, they also could not predict aversive ableists. Meanwhile, the nondisabled reviewers with no disability background could not significantly predict explicit or implicit prejudice, or aversive ableists or truly low prejudiced people.
X. DISCUSSION

A. Introduction

Disabled people are still discriminated against and socially devalued. The subtle experiences of discrimination disabled people face are particular to them because of both their unique history and their present day experiences as a discriminated against social minority. Very few theorists examine these subtle and micro forms of discrimination towards disabled people on an implicit (unconscious) level. Fortunately, disability’s orientation as a social minority group allows for other theories about discrimination, such as aversive racism, to be examined for application to disability.

This study was guided by three hypotheses: 1) the majority of participants will exhibit little explicit disability prejudice but will still have high levels of implicit disability prejudice – their prejudice will follow the aversive pattern; 2) those with more extensive knowledge about the disability community and disability rights movement will be less implicitly prejudiced than those with less familiarity with disability and the disability community; and 3) a disabled person will be able to recognize some cues of implicit prejudice similar to how Black people tend to be more perceptive and sensitive to implicit racism (Dovidio & Gaertner, 2008). This chapter discusses these hypotheses in depth with findings from parts I and II of the study.

B. Hypothesis One: Prejudice Styles and Aversive Ableism

Since overt old-fashioned style prejudice has become less morally and legally acceptable, prejudice in its contemporary form is more subtle and implicit (Dovidio & Gaertner, 2005; Gaertner et al., 2005). Modern prejudice is divided into four main categories: symbolic/modern, aversive, principled conservative, and truly low prejudice. Symbolic/modern racists are conservatives who believe racial discrimination is no longer relevant, disadvantaged Black
people are just unwilling to take responsibility for their lives, Blacks are demanding too much too quickly, and the special treatment of Blacks is not justified – they have high explicit and implicit prejudice (Henry & Sears, 2002). Aversive racists are well meaning and liberal and thus have low explicit prejudice yet still participate in biased actions or thought, leading them to have high implicit prejudice (Gaertner & Dovidio, 1986; Gaertner et al., 2005). Meanwhile principled conservatives score high explicit and low implicit because rather than hold implicitly prejudiced views they truly value abstract conservative ideas, which causes them to dislike policies that stray from tradition and produces high explicit prejudice (Son Hing et al., 2008). Finally, those with low explicit and implicit prejudice are truly low prejudiced.

Rethinking ableism as a spectrum rather than a dichotomy (i.e., prejudiced or not), will allow us to capture more subtle disability prejudice as well as both implicit and explicit attitudes. Figure 8 details my proposed disability ableism spectrum.

![Figure 8. Ableism spectrum. It should be noted that principled conservatives are not located on the spectrum because their explicit prejudice is related to abstract ideas rather than prejudice.](image)

Although I theorize a spectrum of prejudice, this study was shaped around my general hypothesis that most nondisabled people’s interaction with disabled people is prejudiced in an aversive (low
explicit, high implicit) rather than symbolic/modern fashion (high explicit, high implicit) because social norms dictate it is not acceptable to discriminate (at least overtly) against disabled people – people would look ‘bad’ doing so. Thus, in this dissertation I had hoped to answer the following question: how do different combinations of explicit and implicit prejudice apply to disability? In doing so, my first hypothesis was that the majority of participants’ prejudice would follow the aversive pattern where they would exhibit little explicit disability prejudice but would still have high levels of implicit disability prejudice.

The results in this study were in alignment with hypothesis one; the majority of participants were prejudiced according to the aversive ableism pattern (54% aversive ableists, 38% truly low prejudiced, 6% symbolic ableists, and 2% principled conservative), having low explicit prejudice and high implicit prejudice. This was mirrored by part II interviews in which congruent with aversive ableism participants both expressed feeling positively towards disabled people yet often said very ableist things -- sometimes in the very same sentence.

According to aversive racism theory, aversive racists view themselves as egalitarian and believe they feel no differently towards Black people (Gaertner & Dovidio, 1986; Gaertner et al., 2005). Yet, they hold implicit prejudice and act prejudiced or think prejudiced things in situations where they can justify their prejudice (Gaertner & Dovidio, 1986; Gaertner et al., 2005). In this study, the majority of those participants who said they felt positively towards disabled people strongly favored nondisabled people implicitly. In addition, they had the highest implicit prejudice compared to the other answers (i.e., no different, community/comradery, other). This suggests that although people may believe they feel positively or feel pressured to appear as though they feel positively, they have high levels of implicit prejudice; this pattern is indicative of aversive ableism.
In contrast, only six percent of participants in this study were symbolic/modern ableists, meaning that they had high implicit prejudice and high explicit prejudice. Possibly related to the small proportion of symbolic ableists in this study is the relationship between political orientation and ableism prejudice type. Originally I proposed one important point of differentiation between aversive racism and aversive ableism would be that liberals and conservatives might fall less neatly into symbolic/modern and aversive ableism categories according to political orientation alone. Aversive racism and symbolic racism theories explain that conservatives report higher levels of explicit prejudice because of liberals’ beliefs in their own egalitarianism and conservatives beliefs that these values are not prejudiced but instead people violate their values by demanding too much and receiving special treatment (Henry & Sears, 2002; McConahay & Hough, 1976; Sears & Henry, 2003; Sears, Henry, & Kosterman, 2000; Son Hing et al., 2002; Son Hing et al., 2008). As a result liberals are more likely to be aversive racists while conservatives are more likely to be symbolic racists.

Unlike aversive racism, I theorized that the differentiation between conservatives and liberals’ implicit disability prejudice would be less clear cut because of complex attitudes towards disabled people and social norms that portray disabled people as deserving of positive and favorable treatment. As a result, I also theorized that political orientation would not relate as neatly to prejudice style as aversive racism (Liberals) and symbolic racism (Conservatives). Accordingly, I found no significant relationship between political orientation and explicit or implicit prejudice, or relationship with aversive ableism or truly low prejudice.

There are a number of possible reasons for these findings. First, there might be something particularly unique or different about this sample. For example, they were all interested in disability in some capacity, all young students, and all in higher education. There were also very
few \( n = 8 \) conservatives in this study which made it more difficult to explore if conservatives were more or less likely to be symbolic or aversive ableists. Another potential reason might be that the political orientation question did not accurately capture participants’ feelings about political orientation. This effect may be reflected by the fact that one-third of participants selected ‘other’ as their political orientation. It was not expected that ‘other’ would be selected by this many, or many at all, participants; it was only included to give participants a third option.

Politics are particularly polarized in the United States at the moment (Hershey, 2015; Jacobson, 2012). In fact, Jacobson (2012) found “partisan sorting can by itself polarize the electorate even if sorted partisans do not adopt extreme positions on individual issues” (p. 1625). One of the reasons liberal and conservative were used instead of Democrat and Republican was to avoid some of the negative affiliation of political parties. Perhaps the current political climate influenced participants towards the ‘other’ option. Finally, it is possible that both having so few conservatives and having many people identifying as ‘other’ impacted the aversive ableism and truly low prejudice logistic regression results. Thus, more research is needed about the relationship between political orientation and aversive ableism, especially as it is an important point of inquiry for aversive racism.

C. **Hypothesis Two: Understandings of Disability**

Hypothesis two of this study was that those with more extensive knowledge about the disability community and disability rights movement would be less implicitly prejudiced than those with less familiarity with disability and the disability community. This was explored in a number of ways. First, participants’ education level – undergraduates in disability and human development courses and graduate students in disability studies – were tracked and compared to explicit and implicit prejudice and prejudice styles. In alignment with hypothesis two, education
level about disability significantly predicted implicit prejudice, with undergraduates expected to have higher levels of implicit prejudice than graduate students and moderately prefer nondisabled people implicitly according to the model. Graduate students in disability studies were expected to neither prefer nondisabled nor disabled people implicitly according to the model. Moreover, education level about disability was also one of the significant predictors of aversive ableism and truly low prejudice with undergraduate students in disability studies more likely to be aversive ableists and less likely to be truly low prejudice than graduate students.

However, simply tracking education level alone does not directly tell us how much participants know of disability. Moreover, only quantifying participants’ knowledge of disability would not be adequate because disability is such a complex concept. For this reason, participants’ knowledge of disability was also explored through qualitative interviews. Interview themes revolved around understandings of disability, both the ways disability is understood and the relational levels that impact how disability is understood. These themes, that is an understanding of how participants understand disability, provide insight about the root of their attitudes in that these themes are both a reflection of their attitudes and help inform their attitudes.

Most commonly participants expressed individualized views of disability – views of disability as an individualized problem one “suffers” from (Linton, 1998) – especially as influenced by compulsory able-bodied and able-mindedness (Kafer, 2013; McRuer, 2006). The individualization of disability depoliticizes it. Depoliticized disability is problematic not only because it ignores the social minority group aspect, but it is also harmful because when “disability is depoliticized” it is “presented as a fact of life requiring determination and courage, not in terms of a system marking some bodies, ways of thinking and patterns of movement as
deviant and unworthy” (Kafer, 2013, p. 89). When individualized and thus depoliticized, it “makes it easier for most people to read this kind of decontextualized paean to personal responsibility as apolitical and benign” (Kafer, 2013, p. 96). Thus it is not surprising that those who answered how they feel about disabled people in individualistic terms were more likely to have higher levels of implicit prejudice than those who answered in social minority group terms, indicating a relationship between individualizing disability and implicit prejudice.

In accordance with the individualization of disability, and past research (e.g., Hirschberger et al., 2005; Keller & Galgay, 2010; Livneh, 1988; Robey, Beckley, & Kirschner, 2006), many participants had deficit-based understandings wherein disability was related to the inability to do things or overcoming the ‘barriers’ of disability. Even those who believed disability could not be defined still explained their reasoning was because everybody has trouble doing things. I found people who define disability in these ways are expected to favor nondisabled people implicitly according to the model. These interpretations of disability produce a negative association with being disabled and thus would seem to naturally produce a favoring of nondisabled people over disability.

In contrast, many participants also saw disability as complex and fluid. These participants understood disability as a social construction and/or through environmental (both physical and social) barriers placed upon people with impairments. Many of these participants were aware of disability associations and understood their views of disability were in contrast with but also somewhat impacted by compulsory able-body/mindness. For example, although a number of participants were intentional about positioning themselves in direct opposition to medical understandings of disability, a number also explained their experiences with internalization of ableism. This tension can be a location of aversive ableism; it exists between complex
understandings of disability, and the internalization of the pervasive negative societal and institutional views of disability.

Relational aspects impact how people understand disability. These relationships operate on many different levels, from interpersonal to cultural to systemic. As implicit prejudice relates to the internalization of society’s ableism it is likely that both nondisabled and disabled people have some implicit disability prejudice, as mirrored by Nosek et al.’s (2007) findings that on average disabled participants have implicit prejudice, although less than nondisabled people. Although disabled participants in this study had lower levels of explicit and implicit prejudice than nondisabled people, and were according to the model expected to score as not implicitly prejudiced, participants’ disability identities were complex and a number of participants detailed the ways their understandings of disability were colored by navigating compulsory able-bodied and able-mindedness, and ableism.

In addition to identifying as disabled, interpersonal relationships with disabled people also impacted the ways many participants understood disability. Approximately half of part II participants’ understandings of disability seemed to be colored by their relationships with family members whose disabilities were medical conditions or whose impairments become progressively worse. Yet there was no significant relationship between having different ranges of disabled family members and implicit prejudice. If the majority of participants with disabled family members in this study were experiencing disability as medical, their experiences were more likely to be negative. Thus it is possible that having more family members impaired in this way adds stress that contributes to a negative implicit view of disability and produces an aversive pattern of disability discrimination. Yet it is possible the way the data was categorized in a number of ranges of disabled family members, that is rather than using raw numbers of disabled
family members, altered the findings and made them less significant. Moreover, as these relationships with disabled people are complex, it may be that the number of disabled family members alone cannot capture the association. In the future it would be beneficial to explore these relationships without ranges, perhaps using just a binary between having disabled family members or not, or combining relationships with disabled family members with an interaction with reported closeness.

Qualitatively a number of part II participants also detailed the impact involvement in disability community/culture had on reducing their own ableism and thus their understandings of disability. Group consciousness – the understanding of shared oppression, power relationships and the social factors that result in impairments becoming disabilities – is integral to disability culture. However, there was also no significant relationship between involvement in disability community and being an aversive ableist or truly low prejudice. Moreover, while involvement in the disability community resulted in lower explicit scores, there was no significant relationship with implicit scores. It is possible there were no significant findings between involvement in community and implicit scores because a number of participants seemed confused as to what disability community/culture actually was. While some participants did discuss their experiences in or with the disability community/culture, others said they were involved but were not actually describing disability community/culture at all, just places where disabled people may be or things that were about disability but not actually for or by disabled people. For example, one participant reported, “I’m helping plan the walk for Alzheimer’s right now. A couple of those walks in the northern suburbs.” These participants often cited places that disabled people may frequent or places that may serve disabled people. However, there is a difference between being around some disabled people in those types of settings and being in community with disabled
people. The latter typically involves some level of “cripping” or critical disability consciousness. As one participant explained, the latter involves people “who are still conscious...of the values of the disability culture or the disability community.” Similarly, another participant called them “disabled, crip communities.”

Moreover there were other participants who were not involved that seemed hesitant to tell the disabled interviewers they were not involved in the disability community. A number of participants rambled a bit or nervously laughed before ultimately saying they were not involved. So the lack of significant findings between involvement in community and implicit prejudice and prejudice type may be for a number of reasons: participants do not understand what disability community/culture is and thus involvement was less than clear-cut; participants were worried about how non-involvement would reflect on them and were therefore hesitant about their answers; and/or, not enough participants were actually involved in disability community/culture to create a significant differentiation. Participants’ confusion surrounding disability community/culture not only serves as a potential confounding variable for the findings between prejudice and involvement, it also serves as more evidence that disability community/culture and disability as a social minority group are largely misunderstood.

Many participants also understood disability in relation to their ethnic culture, particularly how in their culture disability is stigmatized and hidden. Accordingly, findings revealed that those with these types of ethnic cultural relationships were predicted to have higher explicit prejudice scores according to the model, however there was no significant relationship between implicit prejudice and ethnic/cultural relationships. This pattern of relationship with explicit but not implicit is unique and may be similar to the racism pattern of principled conservatism wherein principled conservatives truly value the abstract conservative ideas (Son
Hing et al., 2008). However, it is also possible there was something unique about this sample and/or that the small sample size made it less likely for implicit prejudice or prejudice styles to be significant.

Finally, the systemic disability-industrial complex (Albrecht, 1992) appeared to color other participants’ relationships with disability. Although Joffe-Walt (2013) describes the disability-industrial complex in relation to “skyrocketing” rates of those on disability social security (coincidentally, this article was criticized by disability advocates for perpetrating myths and stereotypes about disability (Ballenstedt, 2013)), I am using the term disability-industrial complex quite differently. Similar to the medical-industrial complex, I invoke the term disability-industrial complex to explain how a population can serve as an industry—how the infrastructure of traditional disability industries is built on the backs of disabled people by making them into patients who need to be fixed (Albrecht, 1992). The disability-industrial complex is inherently systemic because it is both a reflection of societal views and narratives, and helps perpetrate them; it is also integral to our current understandings of disability. This system reinforces individualized and medical model understandings of disability and as such includes a bias towards cure rather than redirecting any attention to environmental and societal barriers.

Most part II participants planned to go into or were working in traditional disability industry jobs such as occupational therapy, nursing, or psychology that consider disabled people patients. How disability is framed and defined by these traditional disability industries is problematic and contributes to medical model understandings of disability. Because of the medical model’s problematic framing of disability it is not surprising that those whose occupation (current or future) was in a traditional disability industry job were expected to score as moderately implicitly prejudiced according to the model.
Understandings of disability help us better understand aversive ableism. Understandings of disability also help us further grasp how people interpret this complex concept. Coupled with previous research, the findings show that disability is understood differently than race in that even though race too is a social construction (Smedley & Smedley, 2005) most of the general public think they know what race means but different people have different understandings of disability; what disability is and who disabled people are is not necessarily clear cut. Thus, the themes I found help us map how different relationships with and orientations to disability and disabled people can impact attitudes towards disability. Theoretically we know these societal messages about disability are spread and internalized but this study has detailed them through the themes mentioned above in addition to showing many of the ways they impact people’s understandings of disability. Moreover, as evidenced, participants’ understandings of disability also reveal some of their implicit attitudes.

Disability prejudice is then bidirectional both because of the messages people have internalized, and the ways people continue perpetrating these ideas is largely based on misconceptions and stereotypes. For example, there is a bidirectional relationship between these traditional disability industries and views on disability in that these industries reinforce individual understandings of disability, and employees in these fields’ views on disability reflect the industries’ portrayals of disability.

Aversive ableism is the product of egalitarian values coupled with rationalized prejudice. According to aversive racism theory aversive racists rationalize their prejudice because it is inconsistent with their self-concepts. Prejudicial treatment of disabled people is extremely justifiable because of the way negative associations with disability are individualized, naturalized (e.g., weakness, sickness, natural selection), and depoliticized. As I have found, aversive ableism
may be much more prominent in the general population than symbolic ableism. I theorize one potential reason aversive ableism is more likely than symbolic ableism is because of the sick role\textsuperscript{18} that defines disabled people as not responsible for their status making explicit prejudice less acceptable and justifiable. Thus it may be this tension between internalized societal ableism and the sick role helps to drive aversive ableism.

D. **Hypothesis Three: Observations of Participants’ Behavior and Prejudice**

Hypothesis three examined if disabled people could recognize cues of implicit prejudice similar to how Black people tend to be more sensitive to implicit prejudice. The two disabled interviewers noted perceived physical, verbal, and behavioral instances of implicit disability prejudice exhibited by the part II participants. At the end of their reflection interviewers rated how prejudiced they believed the participant was and explained why they selected the number. Interviewers explained low ranging interview scores because of experiencing very little prejudice and being impressed by the participants’ critical answers. The interviewers commented the middle range scores were due to a contradicting mix of good and bad behaviors, answers, and traits. Although participants with high ranging interview scores were noted for also having a contradicting mix of good and bad behaviors, traits, and answers, interviewers gave them higher range scores because the bad outweighed the good and they perceived them as very ableist. Despite interviewers noting many instances of participant prejudice, the scores they gave participants were not significantly related to participants’ implicit prejudice, aversive ableism, or truly low prejudice. There was however a relationship between interviewers’ scores and explicit prejudice showing they could significantly predict participants surface level conscious prejudice.

\textsuperscript{18} Although disabled people are often considered unproductive, according to the sick role society accepts that they cannot change and are not responsible for their condition (Barnes & Mercer, 2003). In this way some disabled people can avoid (some) deviance if they fulfill the sick role that legitimizes their incapacity as a valid reason for unproductivity (Barnes & Mercer, 2003). Application of the sick role to disability also requires being an ideal patient that aims for normality and rehabilitation (Barnes & Mercer, 2003).
Similar to the disabled interviewers, the nondisabled disability studies reviewers detailed many instances of physical and behavioral prejudice they found problematic. While studying body language they interpreted motivations such as anxiety and discomfort with the disabled interviewer. In addition, like the disabled interviewers, the nondisabled disability studies reviewers often interpreted the way participants understood disability as evidence of their prejudice. For instance, in alignment with disability studies theory, they found participants’ individualized and medicalized understandings of disability problematic. They were also very particular about participants’ use of language and flagged language they found inappropriate and/or oppressive.

While the nondisabled disability studies reviewers gave lower prejudice scores to participants on average than the disabled interviewers, there was a significant relationship between their scores and the disabled interviewers’ scores. As with the disabled interviewers, the nondisabled disability studies reviewers significantly predicted participants explicit prejudice; in fact, the regression model for disability studies reviewers predicted 76.5% of the explicit scores, while the regression model for the disabled interviewers only predicted 56.5% of the explicit scores. Moreover, while the disabled interviewers could not predict implicit prejudice, the nondisabled disability studies reviewers significantly could read participants’ unconscious implicit prejudice, predicting 48% of implicit scores. Although the nondisabled disability studies reviewers could not predict aversive ableists they could predict truly low prejudiced people. This pattern indicated that although they had trouble with the complex pattern of prejudice indicated by aversive ableism, they were good at recognizing markers of low prejudice.

Although the disabled interviewers were able to note some instances of prejudice as suggested by hypothesis three, the finding that the nondisabled disability studies reviewers were
better at doing so was somewhat surprising. However, there are a number of possible reasons for this difference. For example, it is possible the nondisabled disability studies reviewers did better at predicting prejudice because they did not have to multitask as the disabled interviewers did; certainly simultaneously interviewing people and examining their prejudice requires a higher cognitive load. Another possible reason for these findings is that the nondisabled disability studies reviewers navigate two domains by having both disability studies knowledge and membership in the community of nondisabled people, thus providing a window into how nondisabled people think and act. This knowledge and experience may aid them in predicting prejudice. This finding may also relate to individual differences. Like nondisabled people, disabled people are a heterogeneous group with a variety of experiences and understandings of disability. For example, interviewer one stated that she “liked that [the participant] doesn’t have a definition [of disability]” while others may find the answer ‘disability cannot be defined’ problematic, as described above. Thus it would be useful to explore disabled peoples’ perceptions of implicitly prejudiced interactions and aversive ableists further in depth.

The nondisabled reviewers with no disability background also noted what they perceived to be physical, behavioral, and verbal instances of prejudice. While they did express finding some participants’ eye contact and changing tone problematic, their subthemes differed slightly from the disabled interviewers and the nondisabled disability studies reviewers. For example, reviewers three and four were much more likely to describe the participants as bored. These two reviewers also did not like when they perceived participants as holding back and not answering in depth believing this may be evidence of participants hiding their true feelings.

Although the mean score of the nondisabled no disability background reviewers was not much higher than that of the nondisabled disability studies reviewers the reasoning behind the
scores was different; it was described less complexly, which is somewhat to be expected since they have less education about disability, but also seemed to follow a more subjective pattern. Their notes about instances of prejudice did not seem to match up with the scores they gave participants. For example, some participants received lower range scores for being shy and hesitant, while others received middle range scores for the same behavior. Moreover, they often detailed many instances of prejudice but still gave participants relatively low scores. Reviewers three and four also gave low range scores for participants who they believed understood disability and those participants who said disabled people were like everyone else. Moreover, reviewer four in particular kept referring to disability and disabled people as a “sensitive issue” or “sensitive topic” and using this reason to justify participants’ nervousness. For example, she said of one participant,

seems to be nervous through [the] interview, [she] knows [the] subject [disability] is a very sensitive topic. [She] has experience so I feel her experience makes her knowledgeable to how sensitive this topic is and makes it hard for her to easily answer the questions.

The nondisabled no disability background reviewers’ quantitative scores not only had no relationship with the disabled interviewers scores and the nondisabled disability studies reviewers scores, they also had no relationship with each other. This, in addition to the fact that their mean scores could not predict explicit or implicit prejudice, or aversive ableism or truly low prejudiced people, shows evidence that nondisabled people may not be able to read prejudiced situations. Certainly in this case they could not, especially when compared to the disabled interviewers or the nondisabled disability studies reviewers.

It is not just that the reviewers with no disability background perceived the participants as less prejudiced than the others, there was no discernable pattern to map their observations with, indicating the perceptions of nondisabled people with no disability consciousness may be even
more influenced by individual differences or situational guesswork. Not to imply there is a particular flaw with reviewers three and four, but these findings mirror aversive racism research in which the targets of prejudice and the majority group members have very different understandings of situations and reactions to them.

However, one possible confounding variable in participant observations scores should be noted. Although all interviewers and reviewers used a variety of different indicators to determine participants’ prejudice, one theme related to the words participants used and how sophisticated their understandings of disability were. This conflation of prejudicial ways of talking about disability with uninformed views on disability may be a possible confounding variable. However, because both implicit attitudes and aversive ableism may be informed by internalization of societies’ (uninformed) disability attitudes (Amodio & Mendoza, 2011; Dovidio et al., 1992; Gaertner & Dovidio, 1986) I would argue this association between conflating prejudice and uninformed views might be less problematic. Moreover, participants’ prejudice serves as both a reflection of society’s ableism and helps to reinforce it.

E. Limitations and Suggestions for Future Study

Although this study has uncovered many aspects of aversive ableism, it is not without its limitations. One major limitation of this study was related to the subject pool. Because of financial restrictions this study’s participants were all students. Most work on implicit disability prejudice and aversive racism thus far has used students as subjects. As students are young and more often from middle class backgrounds (Walpole, 2003) it is possible the results would be different if it would have been possible to have random subjects from the general population. Similarly, although I aimed for an even gender breakdown the majority of participants in this study were women, which is not surprising given women are more likely to go into social
science and humanities fields (Dickson, 2010; DiDonato & Strough, 2013; Fernández, Castro, Otero, Foltz, & Lorenzo, 2006). Hirschberger et al. (2005) noted a relationship between gender and feelings towards disability. In this study there was no relationship between gender and explicit prejudice, implicit prejudice, aversive ableism, or truly low prejudice. This might be a useful point of inquiry for future studies. Another limitation is that this study took place in a university environment; it is possible aversive ableism, especially in the context of formal interviews, is enacted very differently in these settings than in the real world. This subject pool is also limited by the volunteer basis of its participants. There is a chance of self-selection bias as a result.

Similarly, another limitation of this study was how educated the disabled participants were – they were more educated about disability than the average disabled person. This is tied to a potential selection bias because all participants are in disability related courses and majors. It is likely that the general population of disabled people would have more implicit prejudice (Nosek et al., 2007) and would have shown less critical disability consciousness in part II interviews. Moreover, as all participants were drawn to disability in some way it is likely some of the findings would be more pronounced if participants were recruited from the general population or groups with less knowledge of disability such as undergraduate psychology students. For example, the effect of education status in this study may have been reduced because the undergraduate students were taking disability related courses, producing a ceiling effect.

One potential limitation was that participants knew the research originated from the Department of Disability and Human Development. Thus they might have felt pressured to give a ‘correct’ or ‘progressive’ answer.
The disabled interviewers and nondisabled video reviewers were instructed to look for evidence of prejudice while observing the part II interviews; this is a possible limitation of the study as they might have been ‘lead’ towards finding prejudice.

Another limitation of this study was that analyses related to relationships with disabled people ignored more interactions and only looked at the main effects. As different relationships produced different levels of explicit and implicit prejudice and different odds of being aversive ableist or truly low prejudiced, these interactions should be explored more in depth in future studies.

Aversive ableism, like aversive racism, is a complex concept that is beyond the scope of just one study. However, this study will serve as one of the first steps in developing the construct of aversive ableism. The knowledge developed in this study can be expanded upon in many others ways. Not only can it be strengthened by replication, future aversive ableism studies could benefit from expanding to larger groups of participants from wider backgrounds. For example, one possibility for future study of aversive ableism is to focus on different groups such as direct support professionals or siblings of disabled people that interact with disabled people yet may hold aversive attitudes.

In both aversive and symbolic racism there is a relationship between political orientation and prejudice type, that is aversive racists are more likely to be liberal while symbolic racists are more likely to be conservative. This study found no relationships between political orientation and disability prejudice type. I suggest the relationship between aversive ableism and political orientation should be explored in more depth in future studies because there might be other factors in this study that impact this relationship, such as the fact that everyone had some interest in disability. Moreover, participants in this study were also only given the options of ‘liberal,’
‘conservative,’ and ‘other.’ Although these were not listed as Democrat and Republican in an attempt to reduce some of the negative associations of political parties, a large number of participants selected ‘other’ as their political orientation. In the future it would be useful to expand selection options or give participants a political orientation sliding scale. In fact, based on this limitation, I have already completed other research to examine the relationships between prejudice type and political orientation. Instead of having three options for political orientation as in this dissertation I used a sliding scale from one to 100, wherein one was very liberal, 50 was neither liberal nor conservative, and 100 was very conservative. In doing so binary logistic regressions revealed significant relationships between political orientation, and aversive ableism and truly low prejudice (Friedman, unpublished). According to univariate analyses, someone very liberal (1 out of 100 on the sliding scale) had approximately a 50% chance of being an aversive ableist. Conversely, as conservatism goes up people are significantly less likely to be truly low prejudice. However, even a very liberal person (8 out of 100 on the sliding scale) has only a 50% chance of being truly low prejudice (Friedman, unpublished). In Friedman (unpublished) there were not enough symbolic ableists or principled conservatives to examine the relationship with all prejudice types and political orientation; thus this relationship should be explored further in future studies.

Related to the lack of conservatives in this study, only two participants scored as principled conservatives. In contemporary racism research principled conservatives are those who truly value abstract conservative ideas (Son Hing et al., 2008). For example, principled conservatives may be opposed to desegregation busing because they do not believe public money should be spent on busing. There were not enough conservative participants in this study to explore what principled conservatism related to disability might look like and what factors may
relate to it. While principled conservatism may relate to fiscal/economic conservatism (Burdein, 2007) the implications of which are unknown for disability; this may be especially pertinent as disability and capitalism are often intimately intertwined. Perhaps an example of disability related principled conservatism might be someone who is against welfare systems because they are truly fiscally conservative and are against these expenditures. However, the differentiation between this type of principled conservatism and someone who is prejudicially motivated requires in depth exploration, as there are many factors and narratives at play, including race, class, and disability. This also plays into the myth of the American Dream in which one can improve ones’ socioeconomic status with a good protestant work ethic, which ignores institutional prejudices. Burdein (2007) suggests a link between conservative principles such as work ethic and individualism and racial concepts. As there is a strong connection between disability and portrayals of uselessness, and disability is frequently individualized, principled conservatism related to disability needs to be further teased out. Moreover, as Burdein (2007) found principles are not consistent across people, and some conservatives apply and abandon their principles differently depending on race, the differentiation between principled conservatism and symbolic ableism needs to be explored more in depth.

Moreover, because of the low numbers of principled conservatives and symbolic ableists, as well as the small number of part II participants, multinomial regression models comparing interview answers and prejudice styles could not be run. At first binary logistic regressions predicting aversive ableism and truly low prejudiced were run instead. However, although binary logistic regression models between truly low prejudice and feelings towards disability people, aversive ableism and occupation, and truly low prejudice and occupation appeared to be significant, SPSS could not complete the regressions because of separation. Models were then
run in SAS using Firth penalized likelihood bias-correction (Firth, 1993); however, none of the models produced significant results using the correction. Thus more exploration of feelings towards disabled people and occupation’s relationship with aversive ableism and other prejudice types is warranted, especially with larger and wider sample sizes.

As I believe aversive ableism is parallel yet ultimately unique from aversive racism, one of the original goals of this study was to examine how aversive ableism would differ from aversive racism. However, before aversive ableism’s possible uniqueness could be explored it was necessary to detail the construct of aversive ableism and the ways it is currently operating. This dissertation did just that. As such, I suggest future research explore the similarities and differences between aversive ableism and aversive racism. In addition to the relationship with political orientation as described above, I believe studies revolving around helping behavior may be a particularly useful point of differentiation as there is a complex relationship between disability and helping. For example, if Dovidio and Gaertner’s (1981) study where Black and White confederates dropped pencils is replicated using nondisabled and disabled people I believe participants will be highly motivated to help the disabled confederates regardless of their prejudice style or the confederates’ supervisor or subordinate role.

To better understand aversive ableism disability IATs can also be expanded in new ways. As some participants and I noted the DA-IAT disability stimuli are potentially problematic because they are value-laden and present disability in an oppositional fashion to able-bodiedness. Moreover, while all the nondisabled pictures feature actual people, only one of the disabled images includes a person; thus, presenting disabled people as wholly encompassed by their impairment. For the purposes of this study the DA-IAT was used because the focus was on the
construct and less on the psychometrics of measuring aversive ableism. However, the
development of a disability IAT in reaction to these critiques would be a valuable topic of study.

One way a disability IAT such as the DA-IAT could be more cross-disability would be to change the disability and able-bodied stimuli from pictures to words that represent traits associated with different types of disabilities. Research such as Robey et al. (2006), Federici and Meloni (2009), and Proctor (2011) have done this but while doing so their disability categories were more specific. For example, Proctor (2011) was only looking at prejudice towards people with intellectual disabilities.

Another option for future research is the development of a disability multifactor trait IAT (MFT-IAT) that can more specifically target types of disability prejudice directed at different impairment types (e.g., intellectual, physical, sensory, psychiatric). The MFT-IAT, also known as the multidimensional IAT, is a validated extension of the IAT that allows for multiple attitude dimensions (Banse & Greenwald, 2007; Bertamini, Makin, & Rampone, 2013; Gattol, Sääksjärvi, & Carbon, 2011; Greenwald, 2006; Schnabel, Asendorpf, & Greenwald, 2007). It adds nuance and more complex understandings and representations; “by having participants evaluate two target concepts…on several distinct attribute dimensions rather than just a single overall attribute dimension, it is possible to obtain a more detailed and differentiated account of consumers’ associations” (Gattol et al., 2011, p. 3). The MFT-IAT is the same as the IAT except it includes multiple administrations for each pair of attribute dimensions.

One of the hidden benefits of the DA-IAT, and IATs in general is that participants’ scores are calculated based on differences in their own performance instead of by having a standardized performance. This important difference allows for most disabled people to participate without their impairments hindering their results. People with impaired motor control, or reduced
reaction time such as those with learning disabilities will have no problem completing this test. At present the main disabilities that would be excluded are those with visual impairments that prevent them from being able to see the screen without the use of a screen reader and those who cannot maneuver a keyboard or buttons with their body or assistive technology. (Voice control cannot currently be used with IATs because they are not currently designed to measure reaction time using such technology.) Although the standard IAT is designed around reaction time of pushing buttons, this is an invitation for development of an alternative IAT that can be made more accessible for people with certain impairments. Perhaps stimuli can be presented auditorily in addition to enlarged or described categories and attached buttons rather than keyboard keys. This would allow us to expand research on internalized ableism in new ways by examining the implicit prejudice of wide ranges of disabled people.

IATs also have useful implications for use outside of research. During her interview one participant described everyday instances of ableism she saw at work in the healthcare field. She observed,

when we’re talking to doctors and nurses there is this backlash like ‘no of course we see people with disabilities the same way as people without disabilities!’… But then they don’t know how to administer care [to disabled people] or they don’t know how to interact with them [disabled people] or they call them [disabled people] ‘big scary monsters’ and they don’t even catch themselves in their own dialogue how they’re being discriminatory.

The participant went on to suggest,

I feel like if they [doctors and nurses] had this direct feedback [DA-IAT results] it would be like a slap in the face where they’d go like ‘oh shoot! Maybe I don’t have it right…maybe I do need to rethink the way I’m treating people.’ Because right now when you say it it’s just like a defense mechanism that comes up and they’re like ‘no, I treat everyone the same.’

Although according to literature on aversive racism simply telling people they are prejudiced is not an effective intervention, helping them recognize their own hypocrisy may be a useful
technique to reduce aversive prejudice. Thus, administering implicit tools like the DA-IAT in medical settings in combination with discussions about aversive ableism may be a useful stepping point for inspiring introspection about understandings of disability and informal hypocrisy induction.

After aversive ableism is a more developed concept future research should also use the common ingroup identity model (Dovidio & Gaertner, 2004) to examine ways of reducing aversive ableism. Nondisabled people may not always perceive disability consciously as a group or community phenomenon. For example, despite being the largest social minority group disabled people are typically an ignored social minority group and viewed as having no collective power. However, I argue that disability’s orientation as other – as in opposition to nondisabled – is enough to make disabled people an outgroup. For this reason, I believe that common ingroup interventions should not be ruled out as impossible interventions for reducing these types of aversive ableism. Perhaps if people are made to understand that they can acquire a disability at any time, in a way that avoids the fear associated with acquiring a disability, the salience of the boundary between disabled and nondisabled will be reduced and the public will be more likely to see disabled people as ingroup members thus effectively reducing aversive ableism. Reducing aversive ableism is the ultimate goal.
XI. SUMMARY AND CONCLUSION

There are decades of research indicating ableism is extremely prominent (e.g., Abberley, 1987; Barnes, 1997; Baynton, 2001; Chen et al., 2011; Dahl, 1993; Grandfield et al., 2005; Harris & Harris, 1977; Keller & Galgay, 2010; Linton, 1998; Phillips, 1990; Robey et al., 2006 Sabin et al., 2015; Schweik, 2009; Shakespeare, 1996; Susman, 1994; Tringo, 1970; Young, 2014; Zola, 1985; etc.). Reconceptualizing ableism as a spectrum could help us reframe ableism to better capture (and in the future change) the complexities of everyday unconscious microaggressions that are so detrimental. This dissertation aimed to help reconceptualize ableism by answering the following question: how do different combinations of explicit and implicit prejudice apply to disability? I theorized that nondisabled people’s interaction with disabled people is more likely to be prejudiced in an aversive (low explicit, high implicit) rather than symbolic/modern fashion (high explicit, high implicit) because social norms dictate it is not acceptable to discriminate (at least overtly) against disabled people. The aim of this study was to establish a construct of aversive ableism by: examining the patterns of explicit and implicit disability prejudice; examining theoretical variables that may be relevant to aversive ableism and disability prejudice such as demographics, knowledge about disability, and political orientation; and, examining one-on-one interactions between nondisabled and disabled people. In doing so I had three hypotheses. Hypothesis 1: the majority of participants will exhibit little explicit disability prejudice but will still have high levels of implicit disability prejudice – their prejudice will follow the aversive pattern. Hypothesis 2: those with more extensive knowledge about the disability community and disability rights movement will be less implicitly prejudiced than those with less familiarity with disability and disability community. Hypothesis 3: a disabled person
will be able to recognize some cues of implicit prejudice similar to how Black people tend to be more perceptive and sensitive to implicit aversive racism.

To establish the construct, aversive ableism, I first detailed disability stereotypes, narratives, and attitudes that contribute to the social devaluation of disabled people. Mainstream narratives portray disabled people in many harmful ways. For example, disabled people are commonly portrayed as pitiful, helpless, and bitter. These portrayals stress that disability is inherently negative and problematic and accordingly assumes disabled people are incapable and resentful. These portrayals of disability also inform nondisabled people’s attitudes towards disabled people. Although they may hold these problematic and negative views about disability, nondisabled people often simultaneously associate positive socially desirable traits to disabled people. These positively held beliefs are problematic not only because they create unfair expectations but also because they tend to impact how nondisabled people interact with disabled people. Thus, disability is located at an intersection unique to most social minority groups in that disabled people are both viewed negatively and often treated with particular care. These layers of attitudes are why it is particularly important to examine nondisabled peoples’ conscious (explicit) and unconscious (implicit) attitudes about disability.

For this reason, in Chapter III I looked to social psychology research on implicit racial prejudice. In order to suggest an alternative method to studying disability prejudice I first discussed social psychology theories of racial prejudice, including old-fashion racism, symbolic/modern racism, racial microaggressions, and aversive racism. As I believe that people’s interaction with disabled people is more likely to be prejudiced in an aversive rather than old-fashioned or symbolic/modern manner, this chapter examined aversive racism at length. This included theories about its etiology in normal cognitive processes such as ingroup
favoritism. In order to stress that subtle aversive racism can be just as harmful as old-fashioned racism I also focused on some of the ramifications of aversive racism including resistance to affirmative action, selection decision, perceptions of interactions, and health care allocations. Finally, in this chapter I discussed theories about reducing aversive racism, such as the common ingroup identity model.

Aversive racism has useful lessons for disability. However, it also raises many points of difference between race and disability that suggest a need for a unique concept of aversive ableism that is modeled after, but ultimately unique from, aversive racism. For this reason, in Chapter IV I described gaps in literature, particularly between disability attitude literature and the two aversive racism studies that have focused on disability. I presented the theoretical frameworks for my study, particularly disability studies, and social psychology’s work on contemporary prejudice. Disability attitudes may appear positive but it is implicit prejudice that may be the most dangerous. As disability prejudice can be confusing because it may almost always be exclusively implicit, I saw aversive racism as a great window to examine it.

Chapter V served as the roadmap for this dissertation by detailing the methods used in this study. This chapter detailed the use of the Disability Attitudes Implicit Association Test (DA-IAT) as well as qualitative interviews to map participants’ implicit and explicit prejudice, and aversive ableism and truly low prejudice. Part I of this study was the quantitative analysis of the participants’ implicit and explicit levels of disability prejudice. Chapter VI detailed participants’ disability prejudice based on part I results. Despite relatively low explicit scores, the majority of participants strongly preferred nondisabled people implicitly. In alignment with hypothesis one of this dissertation, the majority of participants were prejudiced in an aversive ableist fashion with low explicit and high implicit results.
Part II of this study involved an exit interview administered by disabled interviewers about how participants felt about part I and about disability more broadly. Chapter VII described part II themes, which all fell under the macro theme of understandings of disability. The themes showed how disability is understood through factors like deficit based understandings, interactions with impairments, and environmental and social factors. The themes also explored relational factors that impact how disability is understood, both in larger systems and personally. While the first theme, individualization of disability related to how participants see deficit based understandings of disability, the second theme contrasted the first by showing complex and fluid understandings of disability, including social constructions and environmental barriers. Finally, the third theme explained how different levels of relationships – identity, interpersonal, community, ethnic culture, and systems – impact how disability is understood.

As one of the goals of the part II interviews was to explore factors that relate to aversive ableism, in Chapter VIII participants’ answers from part II were compared to their part I results. Definitions of disability, feelings towards disabled people, and occupation related to both explicit and implicit prejudice. Relationships to disability and disability community involvement significantly related to explicit prejudice.

One of the reasons for interviews was to have the disabled interviewers examine behaviors and cues of prejudice. In Chapter IX, the disabled interviewers’ observations about participants were described. The interviewers often noted physical evidence of implicit prejudice such as sporadic eye contact or changing of verbal pace. However, they also noted when participants said things that they interpreted as prejudiced, such as medical understandings of disability. They gave participants scores based on these various ‘infractions,’ giving them higher scores for a contradicting mix of good and bad behaviors, traits, and answers, that were
ultimately viewed as very ableist. In order to further examine perceptions of implicit prejudice four nondisabled people, two with disability studies backgrounds and two with no disability backgrounds, also reviewed videos of each interview and noted cues of implicit prejudice. Similar to the disabled interviewers, three main themes arose from the reviewers’ notes: physical or body indications of prejudice; prejudice as indicated by the way they understood disability; and behavioral indications of prejudice.

The disabled interviewers, the nondisabled disability studies reviewers, and the nondisabled no disability background reviewers’ scores were all compared to each other and to participants’ prejudice scores and styles. There was a significant relationship between the disabled interviewers and the disability studies reviewers’ scores, however disability studies reviewers actually did a better job of predicting participants’ explicit and implicit prejudice than the disabled interviewers and could recognize truly low prejudiced people. One possible reason for this is that the disabled interviewers had a larger cognitive load as they were also interviewing participants. Moreover this may be due to individual differences between the interviewers and reviewers. Meanwhile, the nondisabled no disability background reviewers’ scores did not relate to the other two groups and could not predict any type of prejudice suggesting they may not be able to read prejudice, at least as well as disabled people and those with disability studies backgrounds. None of the reviewers could predict aversive ableism suggesting more study is needed, particularly of disabled peoples’ perceptions of prejudice.

Finally, Chapter X brought all the results together to conceptualize aversive ableism by examining key themes from the dissertation. Rethinking ableism as a spectrum rather than a dichotomy between prejudiced and not, will allow us to capture more subtle disability prejudice as well as both implicit and explicit attitudes. In this study, the majority of participants were
prejudiced according to the aversive ableism pattern, having low explicit prejudice and high implicit prejudice.

Different people have different understandings of disability and what disability is and who disabled people are may not necessarily be clear to people. Thus, the qualitative themes I found help us map how different relationships with and orientations to disability and disabled people can impact attitudes towards disability. Interview themes revolved around understandings of disability, both the ways disability is understood and the relational levels that impact how disability is understood. Most commonly participants expressed depoliticized individualized views of disability especially as influenced by compulsory able-bodied and able-mindedness. Many participants also had deficit-based understandings wherein disability was related to the inability to do things or overcoming the barriers of disability. However, other participants also saw disability as complex and fluid and understood disability as a social construction and/or through environmental (both physical and social) barriers placed upon people with impairments. Finally, examining participants’ relationships with disability helped us examine how people understand disability and some of the reasons for these understandings. Understandings of disability help us examine aversive ableism by uncovering how people interpret this complex concept.

Both the disabled interviewers and nondisabled disability studies reviewers could significantly predict participants’ conscious prejudice. However, only the nondisabled disability studies reviewers could predict participants’ unconscious prejudice. This may be due to individual differences or the interviewers’ higher cognitive load. Although the mean score of the nondisabled no disability background reviewers was not much different than that of the nondisabled disability studies reviewers, the nondisabled no disability background reviewers’
could not predict explicit or implicit prejudice, or aversive ableism or truly low prejudiced people. This may be evidence that most nondisabled people may not be able to read prejudiced situations. These findings mirror aversive racism research in which the targets of prejudice and the majority group members have very different understandings of situations and reactions to them. However, since none of the interview/reviewer groups in this study could significantly predict aversive ableists it appears more research is needed about disabled peoples’ perceptions of prejudice, including aversive ableists.

As evidenced by both the positive and ableist responses discussed in the previous chapters participants exhibited a lot of contradictions. For example, a participant would say they see disabled people as ‘just like everybody else’ and then in the very next breath go on to describe that there is something wrong with disabled people. The majority of participants did this all throughout their interviews. The definition of disability can certainly be different things to different people and disability is a complex phenomenon. As one participant said, “we need a beer for this conversation!” The common portrayal of disabled people in terms of simultaneous opposites, such as monster/angel, evil/super, sick/cured, and helpless/inspirational, can certainly make understanding disability confusing for some people. However, it appeared most of the participants who said conflicting things about disability did mean well, that is, they did not intentionally say things that were ableist. Instead the ableism ‘snuck out’ and came out in ways they did not expect and were not aware of. This is a perfect example of contemporary ableism.

Aversive ableism is the product of egalitarian values coupled with rationalized prejudice. According to aversive racism theory aversive racists rationalize their prejudice because it is inconsistent with their self-concepts. Prejudicial treatment of disabled people is extremely amenable to justification because of the way negative associations with disability are
individualized and naturalized (e.g., weakness, sickness, natural selection). Many participants said and believed they viewed disabled people positively. They were drawn to disability and taking disability related courses that they admitted helped improve their views. They also planned to go into disability related careers. Yet, the types of discrimination and prejudice that have been evidenced for so long in literature were still present among people who meant well. This is aversive ableism.
Appendix A

Existing Disability IAT Stimuli

DA-IAT symbols (Greenwald et al., 1998)

<table>
<thead>
<tr>
<th>Abled persons</th>
<th>Disabled persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Abled Persons Symbol]</td>
<td>![Disabled Persons Symbol]</td>
</tr>
<tr>
<td>![Abled Persons Symbol]</td>
<td>![Disabled Persons Symbol]</td>
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<tr>
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<td>![Disabled Persons Symbol]</td>
</tr>
<tr>
<td>![Abled Persons Symbol]</td>
<td>![Disabled Persons Symbol]</td>
</tr>
</tbody>
</table>

DA-IAT attribute dimensions

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>Rotten</td>
</tr>
<tr>
<td>Love</td>
<td>Angry</td>
</tr>
<tr>
<td>Pleasure</td>
<td>Terrible</td>
</tr>
<tr>
<td>Peace</td>
<td>Bomb</td>
</tr>
<tr>
<td>Wonderful</td>
<td>Nasty</td>
</tr>
<tr>
<td>Excellent</td>
<td>Evil</td>
</tr>
</tbody>
</table>
Appendix A (continued)

Doyle (2002) MDIAT discriminations and stimuli

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Cancer free</th>
<th>Paraplegic</th>
<th>Non-paraplegic</th>
<th>Mental illness</th>
<th>Mental health</th>
<th>Alcoholic</th>
<th>Non-alcoholic</th>
<th>HIV positive</th>
<th>HIV negative</th>
<th>Pleasant</th>
<th>Unpleasant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak</td>
<td>Healthy</td>
<td>Immobile</td>
<td>Mobile</td>
<td>Crazy</td>
<td>Strong</td>
<td>Weak</td>
<td>Sober</td>
<td>Irresponsible</td>
<td>Conscientious</td>
<td>Champion</td>
<td>Bomb</td>
</tr>
<tr>
<td>Frail</td>
<td>Happy</td>
<td>Confined</td>
<td>Independent</td>
<td>Incapable</td>
<td>Clarity</td>
<td>Abusive</td>
<td>Stable</td>
<td>Careless</td>
<td>Clean</td>
<td>Diamond</td>
<td>Devil</td>
</tr>
<tr>
<td>Sick</td>
<td>Strong</td>
<td>Dependent</td>
<td>Lucky</td>
<td>Troubled</td>
<td>Functional</td>
<td>Addicted</td>
<td>Control</td>
<td>Contagious</td>
<td>Careful</td>
<td>Diploma</td>
<td>Hatred</td>
</tr>
<tr>
<td>Survivor</td>
<td>Lucky</td>
<td>Challenged</td>
<td>Capable</td>
<td>Different</td>
<td>Capable</td>
<td>Careless</td>
<td>Dependable</td>
<td>Unsafe</td>
<td>Cautious</td>
<td>Rainbow</td>
<td>Pollute</td>
</tr>
<tr>
<td>Unfortunate</td>
<td>Vibrant</td>
<td>Impaired</td>
<td>Freedom</td>
<td>Confused</td>
<td>Stable</td>
<td>Immature</td>
<td>Disciplined</td>
<td>Unlucky</td>
<td>Safe</td>
<td>Sunrise</td>
<td>Slime</td>
</tr>
<tr>
<td>Terminal</td>
<td>Fortunate</td>
<td>Restricted</td>
<td>Functional</td>
<td>Isolated</td>
<td>Adjusted</td>
<td>Compulsive</td>
<td>Responsible</td>
<td>Risky</td>
<td>Healthy</td>
<td>Vacation</td>
<td>Poison</td>
</tr>
</tbody>
</table>

Vaughn et al. (2011) MDIAT discriminations and stimuli

<table>
<thead>
<tr>
<th>Person with alcoholism</th>
<th>Person without alcoholism</th>
<th>Person with cancer</th>
<th>Person without cancer</th>
<th>Person with mental illness</th>
<th>Person without mental illness</th>
<th>Person with paraplegia</th>
<th>Person without paraplegia</th>
<th>Pleasant</th>
<th>Unpleasant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addicted</td>
<td>Sober</td>
<td>Sick</td>
<td>Healthy</td>
<td>Confused</td>
<td>Normal</td>
<td>Immobile</td>
<td>Mobile</td>
<td>Vacation</td>
<td>Hatred</td>
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<tr>
<td>Drunk</td>
<td>Control</td>
<td>Weak</td>
<td>Strong</td>
<td>Different</td>
<td>Capable</td>
<td>Restricted</td>
<td>Active</td>
<td>Sunrise</td>
<td>Devil</td>
</tr>
<tr>
<td>Compulsive</td>
<td>Stable</td>
<td>Tired</td>
<td>Normal</td>
<td>Crazy</td>
<td>Healthy</td>
<td>Disabled</td>
<td>Healthy</td>
<td>Diploma</td>
<td>Bomb</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>Healthy</td>
<td>Frail</td>
<td>Lucky</td>
<td>Dependent</td>
<td>Independent</td>
<td>Challenged</td>
<td>Functional</td>
<td>Love</td>
<td>Poison</td>
</tr>
</tbody>
</table>
Appendix A (continued)

Coleman et al. (2015, p. 20) service dog IAT stimuli (examples)

<table>
<thead>
<tr>
<th>“Disability” stimuli</th>
<th>Coleman et al. (2015) attribute dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>joy</td>
</tr>
<tr>
<td></td>
<td>wonderful</td>
</tr>
<tr>
<td></td>
<td>pleasure</td>
</tr>
<tr>
<td></td>
<td>excellent</td>
</tr>
</tbody>
</table>

“Assistance dog” stimuli

Dionne et al. (2013, p. 4) disability activity IAT stimuli (examples)

(a) Inactive | Active
---|---
Good | Bad
---|---

(b) Inactive | Active
---|---
Bad | Good
---|---

---|---

Happy |
Appendix A (continued)

Sabin et al (2012) Weight IAT stimuli (examples; retrieved from Nosek et al., 2007)

Stone and Wright (2012, p. 223) Disfigurement/wheelchair IAT stimuli
Appendix A (continued)

Stone and Wright (2012, p. 224) Wheelchair/sitting IAT stimuli
Appendix A (continued)

Thurneck (2007, pp. 66-67) child disability IAT stimuli

Child with disability  Child without disability
Appendix A (continued)

Robey et al. (2006) stimuli

<table>
<thead>
<tr>
<th>Disability</th>
<th>Nondisabled</th>
<th>Childhood</th>
<th>Adulthood</th>
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<tbody>
<tr>
<td>disabled</td>
<td>able-bodied</td>
<td>infant</td>
<td>adult</td>
</tr>
<tr>
<td>palsy</td>
<td>normal</td>
<td>child</td>
<td>mature</td>
</tr>
<tr>
<td>handicapped</td>
<td>nondisabled</td>
<td>kid</td>
<td>grownup</td>
</tr>
<tr>
<td>impaired</td>
<td>nonhandicapped</td>
<td>young</td>
<td>parent</td>
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</table>

Proctor (2012) stimuli

<table>
<thead>
<tr>
<th>People with ID</th>
<th>People without ID</th>
<th>Good parenting</th>
<th>Neglectful parenting</th>
<th>Good</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>retarded</td>
<td>average</td>
<td>nurturing</td>
<td>abandoning</td>
<td>marvelous</td>
<td>tragic</td>
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<tr>
<td>impaired</td>
<td>sharp</td>
<td>aware</td>
<td>inattentive</td>
<td>superb</td>
<td>horrible</td>
</tr>
<tr>
<td>deficient</td>
<td>intelligent</td>
<td>responsible</td>
<td>inconsistent</td>
<td>pleasure</td>
<td>agony</td>
</tr>
<tr>
<td>slow</td>
<td>normal</td>
<td>encouraging</td>
<td>unsafe</td>
<td>beautiful</td>
<td>painful</td>
</tr>
<tr>
<td>limited</td>
<td>smart</td>
<td>available</td>
<td>ignorant</td>
<td>joyful</td>
<td>terrible</td>
</tr>
</tbody>
</table>

Omori et al. (2012) stimuli

<table>
<thead>
<tr>
<th>Schizophrenia</th>
<th>Hypertension</th>
<th>Criminal</th>
<th>Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucination</td>
<td>Vessel</td>
<td>Violence</td>
<td>Disaster</td>
</tr>
<tr>
<td>Delusion</td>
<td>Sphygmomanometer</td>
<td>Jail</td>
<td>Family</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Antihypertensive</td>
<td>Murder</td>
<td>Accident</td>
</tr>
<tr>
<td>Bizarre</td>
<td>Salt</td>
<td>Theft</td>
<td>Casualty</td>
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<tr>
<td>Seclusion</td>
<td>Palpitation</td>
<td>Robbery</td>
<td>The bereaved</td>
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Sabin et al. (2015) competence descriptive stimuli

<table>
<thead>
<tr>
<th>Mental illnesses</th>
<th>Physical illnesses</th>
<th>Competent</th>
<th>incompetent</th>
</tr>
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<tbody>
<tr>
<td>Schizophrenia</td>
<td>Cancer</td>
<td>Capable</td>
<td>Helpless</td>
</tr>
<tr>
<td>Bipolar</td>
<td>Infection</td>
<td>Effective</td>
<td>Useless</td>
</tr>
<tr>
<td>Depression</td>
<td>Arthritis</td>
<td>Competent</td>
<td>Disabled</td>
</tr>
<tr>
<td>PTSD</td>
<td>depression</td>
<td>working</td>
<td>crippled</td>
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</tbody>
</table>
Appendix A (continued)

Sabin et al. (2015) competence symbolic stimuli

<table>
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<th>Incompetent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM</td>
<td>CPR</td>
<td>Capable</td>
<td>Helpless</td>
</tr>
<tr>
<td>Restraints</td>
<td>Dialysis</td>
<td>Effective</td>
<td>Useless</td>
</tr>
<tr>
<td>Asylum</td>
<td>Radiation</td>
<td>Competent</td>
<td>Disabled</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Surgery</td>
<td>working</td>
<td>crippled</td>
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Sabin et al. (2015) recovery descriptive stimuli

<table>
<thead>
<tr>
<th>Mental illnesses</th>
<th>Physical illnesses</th>
<th>Curable</th>
<th>Incurable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>Cancer</td>
<td>Recovery</td>
<td>Impossible</td>
</tr>
<tr>
<td>Bipolar</td>
<td>Infection</td>
<td>Curable</td>
<td>Permanent</td>
</tr>
<tr>
<td>Depression</td>
<td>Arthritis</td>
<td>Repair</td>
<td>Hopeless</td>
</tr>
<tr>
<td>PTSD</td>
<td>depression</td>
<td>treatment</td>
<td>incurable</td>
</tr>
</tbody>
</table>

Sabin et al. (2015) recovery symbolic stimuli

<table>
<thead>
<tr>
<th>Mental illnesses</th>
<th>Physical illnesses</th>
<th>Curable</th>
<th>Incurable</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM</td>
<td>CPR</td>
<td>Recovery</td>
<td>Impossible</td>
</tr>
<tr>
<td>Restraints</td>
<td>Dialysis</td>
<td>Curable</td>
<td>Permanent</td>
</tr>
<tr>
<td>Asylum</td>
<td>Radiation</td>
<td>Repair</td>
<td>Hopeless</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Surgery</td>
<td>treatment</td>
<td>incurable</td>
</tr>
</tbody>
</table>
Appendix B

Study Information Sheet

Research project: Views about people with disabilities

What Are We Studying?
We are studying peoples’ views of and attitudes towards people with disabilities.

What Is Involved in Participating in the Study?
This study takes place in two parts. Participants in part I will be asked to complete an online computer activity where they sort words into categories. They will then be asked some questions about how they feel about people with disabilities as well as their demographic information. All data during this study will be confidential.

If you would like you can also volunteer to complete part II of the study. In part II participants will complete short 20 minute in-person exit interviews which will be video recorded.

Compensation
Those participants that complete both part I and part II of the study will be entered to win a new Amazon Fire Tablet. One winner will be randomly selected from those participants. Odds of winning are 1 in 30.

Who can participate in the Study?
- You speak/read English
- You have access to a computer and internet

How Can I Join the Study or Learn More?
If you are interested in joining this study please visit WEBSITE. There you will confirm your eligibility for the study and then participate in the computer activity and questionnaire.

If you are interested in also volunteering in part II of this study please email cfried6@uic.edu after you complete the online activity.

Participation in this research is voluntary and you may refuse to participate or stop at any time.

The principal investigator, Carli Friedman, PhD candidate, is available to answer any questions that you may have at cfried6@uic.edu or 407-733-6676.

The University of Illinois at Chicago Office for the Protection of Research Subjects is available if you have any questions about your rights as a subject of research. The UIC OPRS can be contacted at 312.996.1711.
Appendix C

Participant Consent for Participation in Research
Views about people with disabilities: Part I
University of Illinois at Chicago

Principal Investigator:
Carli Friedman, Ph.D. Candidate
1640 W. Roosevelt Road, Rm 251, M/C 626
Chicago, IL 60608
312-996-2232

For questions or concerns about your research rights contact: Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu. 203 Administrative Office Building, 1737 West Polk Street, Chicago, Illinois 60612-7227.

WHO CAN BE PART OF THIS RESEARCH STUDY?
250 people can participate in this part of the study. We are asking you to be a part of this study if you speak/read English. Look at this entire form before you decide whether to consent to be part of the study. Your participation is voluntary and you can stop being part of this study at any time. Declining to participate will not affect the subject's grades or relationship with UIC.

WHAT IS THE PURPOSE OF THIS STUDY?
This research will examine how people view people with disabilities. We are interested in overall trends instead of your individual answers. You will be asked to complete a computer activity categorizing words and then answer some questions. This should take you approximately 15 minutes. A small portion of those involved will be asked to participate in an exit interview; there will be a separate consent if selected for that portion.

WHAT ARE THE RISKS AND/OR BENEFITS OF BEING PART OF THIS RESEARCH?
There are no direct benefits to participating in this research. One of the wider benefits will be to help researchers learn more about people’s views of people with disabilities. There is a risk of a breach of privacy – others may find out you are participating in the research – and confidentiality – others may find out identifiable information about you. The research team will do everything possible to minimize these risks. There is a chance that some participants may think about negative past experiences.

PRIVACY AND CONFIDENTIALITY
We will keep your information private and not share anything about you with anyone outside the research team. The data will be protected to the extent technologically possible but that online security can never be 100% guaranteed. The data collected will also be only identified with indirect codes. Study information that identifies you may be looked at and/or copied for checking up on the research by UIC OPRS and State of Illinois Auditors.
Appendix C (continued)

Psychology subject pool students will earn .5 PECs for participating in this part of the study.

If you have any questions or concerns you may contact the faculty advisor, Carol J. Gill, 312-355-0550, cg16@uic.edu, 1640 W. Roosevelt Road (MC626), RM 236, Chicago, IL 60608.

I HAVE REVIEWED AND FULLY UNDERSTAND THE INFORMED CONSENT INFORMATION ABOVE. I CONSENT TO BE PART OF THIS RESEARCH STUDY AND UNDERSTAND I CAN OPT-OUT AT ANY TIME.

SELECT ONE: YES I CONSENT I DO NOT CONSENT
Appendix D

Eligibility Procedure

Research Project: Views about people with disabilities

By participating in this study you are agreeing to participate to the best of your abilities. You are willing to participate in the study and answer as truthfully as you can. If you select NO you cannot participate in this study.

Do you agree to participate to the best of your abilities?
Select one: YES NO

Participants must be able to read and speak English to participate in this study. It is not required for English to be your native or only language. If you select NO you cannot participate in this study.

Can you speak and read English?
Select one: YES NO

Participants with severe visual impairments that prevent them from being able to clearly see the below cannot participate in this study. By selecting YES, you are showing you meet the eligibility for the research study and can clearly make out the images and words on the screen. If you cannot see them clearly, you are not eligible and cannot participate in this study.

Can you clearly see the words on the screen?
Select one: YES NO
## Appendix E

IAT Block Sequence

Sequence of Blocks in the Disability Attitudes Implicit Association Test (DA-IAT)

<table>
<thead>
<tr>
<th>Blocks</th>
<th>No. of Trials</th>
<th>Function</th>
<th>Items Assigned to Left-Key Response</th>
<th>Items Assigned to Right-Key Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>Practice</td>
<td>Abled-persons</td>
<td>Disabled-persons</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>Practice</td>
<td>good</td>
<td>bad</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>Test Block</td>
<td>Abled-persons AND good</td>
<td>Disabled-persons AND bad</td>
</tr>
<tr>
<td>4</td>
<td>40</td>
<td>Test Block</td>
<td>Abled-persons AND good</td>
<td>Disabled-persons AND bad</td>
</tr>
<tr>
<td>5</td>
<td>40</td>
<td>Practice</td>
<td>bad</td>
<td>good</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>Test Block</td>
<td>Disabled-persons AND good</td>
<td>Abled-persons AND bad</td>
</tr>
<tr>
<td>7</td>
<td>40</td>
<td>Test Block</td>
<td>Disabled-persons AND good</td>
<td>Abled-persons AND bad</td>
</tr>
</tbody>
</table>
Appendix F

IAT Survey Questions

Demographic questions
1. Gender: (Female, Male, Neither/Other)
2. Age: (18-25, 26-33, 33-40, 41-48, 49-56, 57-64, 65-72, 73+)
3. Do you have a disability? (Yes, No, Not sure/Prefer not to say)
4. Race: (Asian / Pacific Islander, Black or African American, Hispanic or Latino, Middle Eastern, White, Interracial, Other)
5. Sexual orientation: (Bisexual, Gay, Lesbian, Queer, Straight, Other)

Closeness to disability
1. How many of your family members have disabilities? _____
2. How many of your close friends have disabilities? _____
3. How many of your friends have disabilities? _____
4. How many of your casual acquaintances have disabilities? _____

Political orientation questions
1. I identify as a: (liberal, conservative, other)

Symbolic/Modern ableism 7-point Likert items

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>strongly disagree</td>
<td>moderately disagree</td>
<td>slightly disagree</td>
<td>neither agree nor disagree</td>
<td>slightly agree</td>
<td>moderately agree</td>
<td>strongly agree</td>
</tr>
</tbody>
</table>

1. Discrimination against disabled people is no longer a problem in the United States.
2. If disabled people would just try harder they would be as well off as nondisabled people.
3. Disabled people are demanding too much from the rest of society.
4. Disabled people do not complain as much as they should about their situation in society. (R)
5. Over the past few years disabled people have gotten less than they deserve. (R)
6. It is easy to understand the anger of disabled people in America. (R)
7. Disabled people should stay hidden.
8. Even if disabled people try hard they often cannot reach their goals. (R)
9. Even if disabled people are ambitious they often cannot succeed. (R)
10. If disabled people work hard they almost always get what they want.
11. Most disabled people who don’t get ahead should not blame the system; they really have only themselves to blame.
12. Hard work offers little guarantee of success for disabled people. (R)
13. Any disabled person who is willing to work hard has a good chance of succeeding.

Note. Questions adapted from and/or inspired by Henry and Sears (2002), Sears and Henry (2003), and Son Hing, Chung-Yan, Hamilton, and Zanna (2008). (R) indicates items that are reverse keyed. High scores hint at old fashion ableism, moderate scores symbolic/modern ableism, and low scores aversive ableism.


## Appendix G

**IAT Scoring Algorithm**

Greenwald, Nosek, and Banaji (2003, p. 214)’s updated scoring algorithm

### Conventional and Improved Implicit Association Test (IAT) Scoring Algorithms Compared

<table>
<thead>
<tr>
<th>Step</th>
<th>Conventional algorithm</th>
<th>Improved algorithm</th>
<th>Approximately equivalent alternatives for improved algorithm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use data from B4 &amp; B7</td>
<td>Use data from B3, B4, B6, &amp; B7</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nonsystematic elimination of subjects for excessively slow responding and/or high error rates</td>
<td>Eliminate trials with latencies &gt; 10,000 ms; eliminate subjects for whom more than 10% of trials have latency less than 300 ms</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Drop first two trials of each block</td>
<td>Use all trials</td>
<td>Delete trials with latencies below 400 ms</td>
</tr>
<tr>
<td>4</td>
<td>Recode latencies outside 300/3,000 boundaries to the nearer boundary value</td>
<td>No extreme-value treatment (beyond Step 2)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compute mean of correct latencies for each block</td>
<td>Also compute SD of correct latencies for each block</td>
<td>Compute these pooled SDs just for correct responses</td>
</tr>
<tr>
<td>6</td>
<td>Compute one pooled SD for all trials in B3 &amp; B6; another for B4 &amp; B7</td>
<td>Replacement = block mean + 2 × block SD computed in Step 5; alternately, use latency to correct response in a procedure that requires a correct response after an error</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Replace each error latency with block mean (computed in Step 5) + 600 ms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Log-transform the resulting values</td>
<td>No transformation</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Average the resulting values for each of the two blocks</td>
<td>Average the resulting values for each of the four blocks</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Compute the difference: B7 – B4</td>
<td>Compute two differences: B6 – B3 and B7 – B4</td>
<td>Differences can be computed in the opposite direction</td>
</tr>
<tr>
<td>11</td>
<td>Divide each difference by its associated pooled-trials SD from Step 6</td>
<td>Average the two quotients from Step 11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. Block numbers (e.g., B1) refer to the procedure sequence shown in Table 1. The conventional algorithm has no procedures corresponding to Steps 5–7 or Steps 11–12 of the improved algorithm. SD = standard deviation. SPSS syntax for computing IAT measures using the improved algorithm can be obtained at [http://faculty.washington.edu/agp/iat_materials.htm](http://faculty.washington.edu/agp/iat_materials.htm)*
Appendix H

Exit Interview Consent

Participant Consent for Participation in Research
Views about people with disabilities: Part II
University of Illinois at Chicago

Principal Investigator:
Carli Friedman, Ph.D. Candidate
1640 W. Roosevelt Road, Rm 251, M/C 626
Chicago, IL 60608
312-996-2232

For questions or concerns about your research rights contact: Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu. 203 Administrative Office Building, 1737 West Polk Street, Chicago, Illinois 60612-7227.

WHO CAN BE PART OF THIS RESEARCH STUDY?
30 subjects can participate in this part of the study. We are asking you to be a part of this study if you speak/read English. Look at this entire form before you decide whether to consent to be part of the study. Your participation is voluntary and you can stop being part of this study at any time. Declining to participate will not affect the subject's grades or relationship with UIC.

WHAT IS THE PURPOSE OF THIS STUDY?
This research will examine how people view people with disabilities. We are interested in overall trends instead of your individual answers. You will be asked some questions about your participation in the previous phase of the study where you completed a computer activity about disability. This interview will be video recorded. This interview should take approximately 20 minutes.

WHAT ARE THE RISKS AND/OR BENEFITS OF BEING PART OF THIS RESEARCH?
There are no direct benefits to participating in this research. One of the wider benefits will be to help researchers learn more about people’s views of people with disabilities. There is a risk of a breach of privacy – others may find out you are participating in the research – and confidentiality – others may find out identifiable information about you. The research team will do everything possible to minimize these risks. There is a chance that some participants may think about negative past experiences.

PRIVACY AND CONFIDENTIALITY
We will keep your information private and not share anything about you with anyone outside the research team. After the research team views and rates the video recordings they will be transcribed within two months of your interview and will be destroyed after the study is complete. The data collected will also be only identified with indirect codes. Study information that identifies you may be looked at and/or copied for checking up on the research by UIC OPRS and State of Illinois Auditors.

COMPENSATION
By participating in this part of the research study you will be entered to win an Amazon Fire Tablet. Odds of winning are 1 in 30. For those who want to participate email addresses will be retained until the drawing. When all participants have completed part II of the study the winner will be randomly selected and contacted via email. All email addresses will then be destroyed.

Psychology subject pool students will earn .5 PECs for participating in this part of the study.
Appendix H (continued)

If you have any questions or concerns you may contact the faculty advisor, Carol J. Gill, 312-355-0550, cg16@uic.edu, 1640 W. Roosevelt Road (MC626), RM 236, Chicago, IL 60608.

I HAVE REVIEWED AND FULLY UNDERSTAND THE INFORMED CONSENT INFORMATION ABOVE. I CONSENT TO BE PART OF THIS RESEARCH STUDY AND UNDERSTAND I CAN OPT-OUT AT ANY TIME. I ALSO CONSENT TO BE AUDIO TAPE.

Please select one of the following:
☐ Yes, I agree to be video recorded.
☐ No, I do NOT agree to be video recorded

I would like to be entered to for the Amazon Fire lottery. Note: your email will be retained for the lottery until the drawing.
☐ Agree, I do want to be entered into the lottery. (Your email address will be retained until the drawing.)
☐ Disagree, I do not want to be entered into the lottery. (Your email address will not be retained.)

______________________________________  ______________
Signature                           Date

______________________________________
Printed Name
Appendix I

Exit Interview Protocol Guide

Date and time: ___________________________________
Interviewer name: _______________________________

To facilitate data collection, I will be video-taping this discussion in addition to taking notes. Only researchers on this project will have access to this tape which will be destroyed after transcription. None of your identifying information will be connected with the transcript of this discussion either.

This interview should last about 20 minutes.

**Introduction**

You have been selected to speak with me today because of your participation in a previous part of our study. You may remember participating in an online activity where you sorted words into categories such as ‘disabled,’ and ‘nondisabled’ and also answered questions about how you feel about people with disabilities. The aim of this interview today is to expand on some of that information. We want to know what people thought of that activity.

Please feel free to ask me to repeat anything or explain at any time. If you don’t have any questions about the process we’ll go ahead and get started.

**Identification code**

To get started, at the end of the first part of the study you provided a four digit number code (e.g. 1234) in case you participated in part II, this interview, of the study. We are asking interview participants to provide us with this code so that we can link your answers in this interview with the data you provided in part 1. This identifying information will be stored separately and only the research team will have access to it. Can you please provide me with that four digit code now? You do not have to give us this code if you don’t want to do so. If you choose not to give us your code your survey data will not be linked with this interview data; each will remain anonymous. _____________

**Group information**

Can you please tell me which group you belong in (where you originally received the study recruitment from) (circle):

- Disability studies graduate student
- Undergraduate student in disability and human development course/s

**Questions**

So if you think back you participated in an activity where you tried to sort words like “rotten” “diamond” etc. into the categories “disabled person” “abled persons” “good” and “bad” that were on the computer screen.

1. What did you think about this activity?
Appendix I (continued)

2. What do you think the purpose of this activity was? What do you think we were looking for?

3. If I told you it measured attitudes towards people with disabilities, how would you say you think you did? (Please explain why.)

Now we’re going to switch gears a little bit and I’m going to ask you about people you know with disabilities.

1. How would you define disability?

2. How do you feel about people with disabilities?

3. How do you think others feel about people with disabilities?

4. What kind of relationship do you have to disability?

   Query. Do you identify as having a disability?
   Query. Are there people in your life that have a disability? Family? Siblings? Friends?
   Query. Do you work with or plan to work with people with disabilities? Doing what?

5. Are you involved with the disability community at all? If so how?

That wraps up the interview; is there anything else that you would like to add that you think we have not covered?

Thank you very much for your participation! Just as a reminder, the videotape will be destroyed after transcription and the code you provided us will be stored separately from your part I data. If you have any concerns, comments, or questions you can contact the PI at any time. Thanks again!
Appendix I (continued)

For interviewer only:

Although this is fairly open ended because it is to be based on your experience and your interpretation please note instances where you perceive differential treatment because you’re disabled. This can be negative such as avoidance, or positive such as going out of their way to help you as a type of overcompensation. This subtle implicit prejudice is often unconscious to the participant.

1. For each item you note please also explain why you think these are differential treatment / implicit prejudice.
   a. Physical/behavioral (e.g., eye gazes, avoidance, anxiety, special treatment):

   b. Verbal (e.g., something unintentionally ableist; trying to be extra nice):

   c. Other:

1. Based on what you saw in the interview and the cues you noted above, how implicitly prejudiced do you think this participant is on a scale of 0-10 (10=highest)? ______
   a. Please explain why you selected this number.
Appendix J

Video Review Guide

Your name: 

___________________________________

Video ID (file name): 

___________________________________

Although this is fairly open ended because it is based on your interpretation please note instances where you perceive prejudice, or differential treatment because the interviewer is disabled. This can be negative such as avoidance, or positive such as going out of their way to help as a type of overcompensation. This subtle implicit prejudice is often unconscious to the participant.

2. For each item you note please also explain why you think these are differential treatment or prejudice.
   a. Physical/behavioral (examples: eye gazes, avoidance, anxiety, special treatment):
      a. Verbal (examples: something unintentionally prejudiced; trying to be extra nice):

      b. Other:

1. Based on what you saw in the video and the cues you noted above, how prejudiced do you think this participant is on a scale of 0-10? ________
   a. Please explain why you selected this number.
Appendix K

Institutional Review Board Approval

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612

Approval Notice
Initial Review (Response To Modifications)

January 26, 2015

Carli Friedman, MS
Disability and Human Development
1640 W Roosevelt, M/C 626
Chicago, IL 60612
Phone: (407) 733-6676 / Fax: (312) 413-1593

RE: Protocol # 2014-1125
"Aversive Ableism: Subtle Discrimination and Prejudice"

Dear Ms. Friedman:

Your Initial Review application (Response To Modifications) was reviewed and approved by the Expedited review process on January 15, 2015. You may now begin your research.

Please note the following information about your approved research protocol:

Approved Subject Enrollment #: 250
Additional Determinations for Research Involving Minors: The Board determined that this research satisfies 45CFR46.404, research not involving greater than minimal risk.
Performance Site: UIC
Sponsor: None
Research Protocol:
  a) Aversive Ableism: Subtle Discrimination and Prejudice towards Disabled People; Version 1; 11/08/2014
Recruitment Materials:
  a) Study Eligibility Procedure; Version 1; 12/03/2014
  b) Study Information Sheet; Version 3; 01/11/2015
Informed Consents:
a) Part I Consent; Version 2; 12/03/2014
b) Part II Consent; Version 3; 01/11/2015
c) A waiver of documentation of consent (electronic, not original, signature on consent document) and an alteration of consent have been granted for eligibility screening purposes only under 45 CFR 46.117(c)(2) and 45 CFR 46.116(d) (minimal risk; subjects will be asked for electronic/verbal consent for screening purposes only; data will not be retained unless subjects enroll)
d) A waiver of documentation (electronic, not original, signature) has been granted for the Part I online survey only under 45 CFR 46.117(c)(2) (minimal risk; electronic consent will be obtained after the subject has reviewed an information sheet containing all of the elements of consent and printed it out, if they choose, for their records)
e) A waiver of consent has been granted for recruitment purposes only under 45 CFR 46.116(d) (minimal risk)

Parental Permission:
a) A waiver of parental permission has been granted under 45 CFR 46.116(d) and 45 CFR 46.408(c); however, as per UIC Psychology Subject Pool policy, at least one parent must sign the Blanket Parental Permission document prior to the minor subject’s participation in the UIC Psychology Subject Pool.

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific categories:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes., (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

<table>
<thead>
<tr>
<th>Receipt Date</th>
<th>Submission Type</th>
<th>Review Process</th>
<th>Review Date</th>
<th>Review Action</th>
</tr>
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<tr>
<td>11/19/2014</td>
<td>Initial Review</td>
<td>Expedited</td>
<td>11/20/2014</td>
<td>Modifications Required</td>
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<td>12/10/2014</td>
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<td>01/14/2015</td>
<td>Response To Modifications</td>
<td>Expedited</td>
<td>01/15/2015</td>
<td>Approved</td>
</tr>
</tbody>
</table>

Please remember to:

➔ Use your research protocol number (2014-1125) on any documents or correspondence with the IRB concerning your research protocol.

➔ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"
(http://tigger.uic.edu/depts/ovcr/research/protocolreview/irb/policies/0924.pdf)

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra Costello
Assistant Director, IRB # 2
Office for the Protection of Research

Subjects

Enclosures:

1. UIC Investigator Responsibilities, Protection of Human Research Subjects
2. Informed Consent Documents:
   a) Part I Consent; Version 2; 12/03/2014
   b) Part II Consent; Version 3; 01/11/2015
3. Recruiting Materials:
   a) Study Eligibility Procedure; Version 1; 12/03/2014
   b) Study Information Sheet; Version 3; 01/11/2015

cc: Tamar Heller, Disability and Human Development, M/C 626
Carol J. Gill (faculty advisor), Disability and Human Development, M/C 626
CITED LITERATURE


Doyle, A. (2002). *The viability of the implicit association test applied to attitudes toward individuals with disabilities and measurement of coworker attitudes toward individuals with a disability*. (Published masters thesis), Western Kentucky University, Bowling Green, Kentucky.


Friedman, C. (unpublished). *Disability prejudice type and political orientation: Results from siblings of disabled people*.


Young, S. (2014). I'm not your inspiration, thank you very much. Retrieved from http://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much/


VITA

NAME: Carli Friedman

EDUCATION:
B.A., Psychology, University of Delaware, Newark, Delaware, 2010
M.S., Disability and Human Development, University of Illinois at Chicago, Chicago, Illinois, 2013
Ph.D., Disability Studies, University of Illinois at Chicago, Chicago, Illinois, 2016

PUBLICATIONS: (SELECT)


PRESENTATIONS:


Friedman, C. (2015, November 2). *Dental services for people with intellectual and developmental disabilities in Medicaid Home and Community Based Services 1915(c) waivers.* Poster presented at the American Public Health Association conference, Chicago, IL.


Owen, A., Friedman, C., Arnold, K., & Sandman, L. (2015, June 2) *Using Nominal Group Technique as an accessible research method to investigate attitudes about sexuality in adults with IDD.* Poster presented at the American Association on Intellectual and Developmental Disabilities (AAIDD) conference, Louisville, KY.


Friedman, C. (2013, November 18). *Supports for families in Medicaid Home and Community Based Services (HCBS) waivers.* Poster presented at the Association of University Centers on Disability (AUCD) annual conference, Washington, D.C.


RESEARCH:

State of the States in Developmental Disabilities, University of Illinois at Chicago, Chicago, IL, 2010 – 2016

Institute on Disability and Human Development (Illinois UCEDD), Chicago, IL, 2011 – 2016

Chicagoland Entrepreneurship Education for People with Disabilities (CEED), Chicago, IL, 2015 – 2016

Illinois Leadership Education in Neurodevelopmental and related Disabilities (LEND), University of Illinois at Chicago, Chicago, IL, 2012 - 2014

TEACHING:

DHD 102: Disability in American Film, University of Illinois at Chicago, Chicago, IL, 2016

DHD 400: Disability and Human Development Capstone, University of Illinois at Chicago, Chicago, IL, 2015

DHD 202: Disability, Health, and Society, University of Illinois at Chicago, Chicago, IL, 2015

DHD 403: Disability in Latino Communities, University of Illinois at Chicago, Chicago, IL, 2014

SERVICE:


Co-organizer with A. Owen, Sexual self-advocacy research forum, 2014

President, Disability Studies Student Council, 2013 - 2015

Lead organizer, Disability studies student scholar symposium, 2013 – 2014

Conference proposal reviewer, Association of University Centers on Disability (AUCD), 2013

Secretary, Disability Studies Student Council, 2012 – 2013

Trainee liaison, Association of University Centers on Disability (AUCD), 2012 – 2013

Co-organizer with R. Moras, Sexual violence and disability community forum, 2012
Master’s student representative, Disability Studies Student Council, 2011 - 2012

Co-organizer with C. K. Arnold, SDC sexuality and intellectual/developmental disability community forum, 2011

Secretary, The Sexuality and Disability Consortium, 2010 - 2014

PROFESSIONAL MEMBERSHIP:
American Public Health Association
Association of University Centers on Disability
Society for the Study of Social Problems
The Sexuality and Disability Consortium
The Society for Disability Studies