



The Difference Between Implicit and Explicit Attitudes Towards People with Disability Among Psychology Students

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2015

BSc in Psychology

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Abstract - English

People tend to answer questionnaires in accordance with what society makes them believe is correct. That can affect the results when explicit attitudes are being measured but not when implicit attitudes are measured. The aim of the current study was to examine if social desirability and working with people with disabilities affect explicit and implicit attitudes towards the disabled. This was examined in a sample of psychology students at Reykjavík University. Two hypotheses were presented. The first one was that, after controlling for social desirability, having worked with disabled people had no effect on explicit attitudes. The second hypothesis proposed that having worked with people with disabilities had significant effects on implicit attitude, and controlling for the effects of social desirability did not have effect on that relationship. Neither of the hypotheses was supported by the data. These results indicate that after controlling for social desirability, working with disabled affected individual's explicit attitudes towards people with disabilities but not their implicit attitudes.

Keywords: attitudes, disability, explicit attitude, implicit attitude, social desirability

Abstract- Icelandic

Einstaklingar hafa oft tilhneigingu til að svara spurningalistum í samræmi við það sem telst samfélagslega viðurkennt. Það getur haft áhrif á niðurstöður þegar verið er að rannsaka ytra viðhorf en ekki þegar verið er að rannsaka innra viðhorf. Tilgangur rannsóknarinnar var að athuga hvort tilhneiging til félagslegs samþykkis og vinna með fötluðum einstaklingum hafi áhrif á ytra viðhorf annars vegar og innra viðhorf hins vegar gagnvart fötluðum. Þetta var rannsakað í tiltölulega litlu úrtaki af sálfræðinemum við Háskólann í Reykjavík. Tvær tilgátur voru settar fram. Sú fyrsta var að eftir að stjórnað var fyrir áhrifum af félagslega æskilegri svörun, það að hafa unnið með fötluðum hafði engin áhrif á ytra viðhorf. Önnur tilgátan var sú að það að hafa unnið með fötluðum hafði marktæk áhrif á innra viðhorf og að stjórnun fyrir áhrifum af félagslega æskilegri svörun hafi ekki áhrif á það samband. Hvorug tilgátan var studd af niðurstöðum rannsóknarinnar. Niðurstöður rannsóknarinnar gáfu til kynna að eftir að stjórnað hafði verið fyrir félagslega æskilegri svörun, hafði vinna með fötluðum áhrif á ytra viðhorf einstaklings en ekki innra viðhorf hans.

Lykilorð: viðhorf, fötlun, innra viðhorf, ytra viðhorf, félagslegt samþykki

Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavík University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

The Difference Between Implicit and Explicit Attitudes Towards People with Disability Among Psychology Students.

Attitude is based on the thoughts and feelings about something or someone (*APA Dictionary of Psychology*, 2007). It usually reflects an individual's behavior.

Different measurements can be used to measure attitude, they can be imperfect because research often use different definition of the concept of attitudes and different groups to explore the attitudes (Alwin & Krosnick, 1991; de Laat, Freriksen, & Vervloed, 2013; Madden, Allen, & Twible, 1988). Therefore, it is frequently not easy to compare their results, and for that reason it is important to investigate this subject more closely.

Attitudes Towards Disabled Persons scale (ATDP) is a self-reported scale and one way to measure people's explicit attitude. Individuals who fill out the ATDP scale are well aware of the fact that their attitudes are being investigated (Yuker, Block, & Youngg, 1970). Concerns about the function and structure have been raised in terms of explicit tests such as ATDP, researches have pointed out that questions can easily be answered on a scale so the answers would be in line with social desirability (ten Klooster, Dannenberg, Taal, Burger, & Rasker, 2009; Wong, Chan, Cardoso, Lam, & Miller, 2004).

It is easier to predict explicit attitudes compared to implicit (Rydell & McConnell, 2006). Individuals are more aware and perhaps make plans in advance on how to behave in a socially correct way and consequently answer lists and scales with that in mind. Also, it is a fast changing processes (Rydell & McConnell, 2006). The correlation between explicit and implicit measures may be low when individuals make deliberate decision regarding their attitude (Koole, Dijksterhuis, & van Knippenberg, 2001). Other researches have however concluded that there was

absolutely no significant correlation in ATDP and IAT scores (Karpinski & Hilton, 2001; Pruett & Chan, 2006).

The Relationship between social desirability and explicit attitudes toward others has been investigated for at least 50 years (Kowalska & Winnicka, 2013). Marlowe-Crowne social desirability scale (MCSDS) is a list used to examine social desirability among individuals. In one research, individuals with lower self-reported social desirability, according to the results of MCSDS, had more positive attitudes towards disabled people (Yazbeck, McVilly, & Parmenter, 2004). It is difficult to measure the unbiased attitude towards the disabled (Ostapczuk & Musch, 2011). When attitudes towards disabled people are being explored it is necessary to assess social desirability of the participants because of their tendency to respond with what is socially correct (Ostapczuk & Musch, 2011). Conclusion of one study revealed that social influence did not affect scores in Disability Implicit Association test (DA-IAT) (Pruett & Chan, 2006). With that in mind it would be most useful to use the DA-IAT to explore the attitudes of individuals with disabilities where it is unlikely that participants answer or behave in a way just because it is socially correct. The reason for that could be because in implicit tests, they do not give the responder a sufficient time to respond and think how to respond, as in explicit tests (Ostapczuk & Musch, 2011; Pruett & Chan, 2006).

De Laat et al. (2013) revealed that if an individual knew or recognized a person with disability, their attitude towards people with disabilities were more positive than individuals who did not know or recognize an individual with disability. It should be noted that it was only the attitude against intellectual disability, not physical disability, which was studied. However, it has previously been examined that attitudes towards people with physical disabilities showed the same results, that

individuals who have relatives or know someone who has a physical disability have more positive attitude towards disabled people than others (Ten Klooster et al., 2009). Results of these studies indicate that it could be useful to use varied methods to measure individual's real attitude.

In this research the aim was to explore the possible effects of having worked with disabled people, on both implicit and explicit attitudes, and the possible mediating effects of social desirability. The reason for the selection of this subject was that, as far as the researcher knows, these variables have not been studied all together before.

The researches reviewed above indicate that people are not always aware that their attitudes are being assessed when they participate in IAT, opposed to the ATDP scale (Bargh, Chen, & Burrows, 1996; Greenwald, McGhee, & Schwartz, 1998; Yuker et al., 1970). Individuals who participate in ATDP are well aware of the fact that their attitudes are being investigated. Therefore questions can easily be answered in the scale so the answers would be in line with social desirability (ten Klooster et al., 2009; Wong et al., 2004). Furthermore, researches have indicated that associating with disabled people positively affects individuals' attitudes towards them. It's not known if it is their implicit or explicit attitudes that changes, but it is believed that need for social desirability does not affect implicit attitudes (de Laat et al., 2013; Greenwald et al., 1998; Rydell & McConnell, 2006; ten Klooster et al., 2009).

Based on these results it was hypothesized that, after controlling for social desirability, having worked with disabled people had no effect on explicit attitudes. The second hypothesis stated that having worked with people with disabilities had significant effects on implicit attitude, and controlling for the effects of social desirability did not have effect on that relationship.

Method

Participants

The participants were Psychology students in Reykjavík University. In total there were 46 respondents, 40 women and six men. The participants ranged in age from 19 to 37 years old but most of them, or about 26%, were 22 years old. The mean age of the respondents was approximately 23 years ($SD = 3.492$). The participants were 22 first-year students, 22 students on their second year and two of the participants were third-year students. They were chosen because of their psychological academic background. The participants were not representatives of the population because they were only students from one university and their attendance in the research was evaluated to grades.

No students were refused to participate in the research because of physical or mental condition.

Instruments and measures

Three scales were used to evaluate attitude towards people with disabilities and social desirability. Social desirability of the participants was examined by proposing the Marlowe-Crowne Social Desirability scale (MCSDS). The scale was developed in 1960 and has 33 items (Crowne & Marlowe, 1960). The scale has been shortened into 13 items and researches have shown that the reliability is the same as in the original scale (Crowne & Marlowe, 1960; Reynolds, 1982). The shortened scale contains 13 statements concerning personal attitudes and traits. The statements have to be answered with a true or false (e.g., there have been times when I felt like rebelling against people in authority even though I knew they were right). If the participants mark a statement as false, although it is intended that the statement should be true, it is believed that he or she did it because of social desirability

(Crowne & Marlowe, 1960). The internal consistency for MCSDS was acceptable in this study ($\alpha = .658$).

Attitudes Towards Disabled Persons scale (ATDP) and Disabled Implicit Association Test (DA-IAT) were administered to the students. ATDP contained 20 Likert-type questions with a range from 1 (agree very much) to 6 (disagree very much) measuring their explicit attitude towards people with disabilities (Yuker et al., 1970). The alpha coefficient for the 20 items was .64, suggesting that all variables had a reasonable internal consistency. Both the MCSDS and ATDP scale were translated from English to Icelandic for this study, but have not been tested further in Iceland as far as is known.

Implicit Association Test (IAT) was developed by Greenwald, McGhee, and Schwartz (1998). IAT aims to measure implicit attitudes by measuring underlying unintended valuations. IAT may reveal attitudes and other spontaneous association of an individual, even though he or she does not express the attitude under any circumstances. It is an attitude in which an individual has little or no conscious idea that he has (Greenwald et al., 1998).

IAT is usually a computer test (Pruett & Chan, 2006). The application lets the participant pair two concepts together (Greenwald & Banaji, 1995; Greenwald et al., 1998). The more related the terms are, the easier it is to address them as one. If the concepts "old" and "sullen" are closely related, it should be easier to respond faster when the participant is asked to give the same response. This is achieved by pressing either E or I on a computer keyboard. If the terms "young" and "sullen" are not closely related, in the participant's mind, it should be more difficult to react quickly when the terms are paired. This gives a measure of how strongly related two concepts are. The more connected, the faster the participant should be able to respond

(Greenwald & Banaji, 1995; Greenwald et al., 1998). Several studies argued that IAT had high internal consistency with $\alpha = .80$ (Cunningham, Preacher, & Banaji, 2001; Greenwald & Farnham, 2000; Greenwald, Nosek, & Banaji, 2003).

Another tests was also administered to the participants, among Attitudes Toward Obese Person scale, Anti Fat attitudes scale and Obese Implicit Association test (obese IAT) but these tests will not be discussed here because they were not used in the statistical analysis in this study.

Procedure

Two investigators that carried out the investigation. The researchers contacted the Psychology students attending a specific course in Reykjavík University via e-mail that contained information about the study. The researchers contacted the students that answered the e-mail and signed them up for the study. Before the participants attended, the researchers drew a ticket to see which implicit test the participants should begin with, the participants were sat in front of a laptop with appropriate attitude test open, information consent (see appendix A) and a pen. The participants were asked to sign the consent if they were willing to participate in the study.

Thereafter, participants were asked to draw a number out of a jar. It was the participant's number, to ensure strict anonymity in the tests. When the participants had signed the information consent, one researcher described to both of the participants how to participate in the implicit test and instructed them to read well the instructions accompanying the test and if they had any questions, they should not hesitate to ask ("Project implicit social attitudes," 2011). After finishing the implicit test, a researcher wrote down the score and the participant's number. Thereafter the participants took the survey online containing all of the scales and background

variables (see appendix B) (Survey Monkey, n.d.). The participants were told to carefully read the questions and answer in an honest way. The first test was MCSDS, next one was ATDP, followed by ATOPS, background variables came next, then after that came the Anti Fat scale and in the end they the participants were asked about their gender and age.

Analysis

Data were analyzed in SPSS, version 21. Total score of the MCSDS for each participant was calculated using general score criteria (Reynolds, 1982). The total score could range from zero to 13. The higher the score was, the more concern the individuals have about social approval. Total score on the ATDP scale was also calculated in accordance with the general score criteria (Yuker et al., 1970). The score could range from zero to 120. The higher the score was, the more positive was the attitude towards people with disabilities. There were six possible results from DA-IAT, from strong automatic preference for abled people compared to disabled people to strong automatic preference for disabled people compared to abled people. The higher the score was in the implicit test the more positive attitudes towards people with disabilities was.

Hierarchical regressions were administered to investigate the hypothesis of the study; if having worked with people with disabilities had an impact on people's explicit and implicit attitudes, when controlled for social desirability.

Results

Independent variables were two; explicit attitudes and implicit attitudes and their value can be seen in table 1. The mean of explicit attitudes, which was measured by ATDP scale indicates that the majority of the participants had positive attitudes towards people with disabilities. The mean of implicit attitudes that was measured by

DA-IAT indicated that the majority of the participants had negative implicit attitudes towards people with disabilities. The average score on social desirability suggest that most participants had some need for social approval. It was generally half of the participants who had worked with disabled.

Table 1

Mean, standard deviation and minimum and maximum score of individuals response

Measure	Mean score	SD	Min / Max
Explicit attitude	61.13	13.883	32 / 87
Implicit attitude	1.96	1.210	1 / 6
Social desirability	5.74	2.175	2 / 10
Working with disabled people	1.52	.505	1* / 2**

*Working with disabled people

** Not working with disabled people

According to Durbin Watson test the residual terms are uncorrelated for the two observations. The result of the test was found to be 2.016, depending on implicit attitudes, working with disabilities and need for social desirability. The result of the test was 1.884 when explicit attitudes, working with disabilities and need for social desirability were examined.

Assumptions for the multiple regression was made and one assumption was not met, the dependent variables should be on a continuous scale was not met but it unlikely affected the conclusion.

There remained no statistically significant correlation between work and social desirability, $p > .05$ (see table 2). That means, increases or decreases in one variable do not significantly relate to increases or decreases in the second variable. Explicit

attitudes correlate significantly with both social desirability ($p = .046$) and working with disabled people ($p = .036$).

Table 2

Summary of Intercorrelations, for explicit attitude, implicit attitude, social desirability and if participants worked with disabled people

Measure	Explicit attitude	Implicit attitude	Social desirability	Working with disabled people
1. Explicit attitude	--	.143	.296*	.310*
2. Implicit attitude	.143	--	.105	.220
3. Social desirability	.296*	.105	--	.106
4. Working with disabled people	.310*	.220	.106	--

Note. N = 46.

* $p < .05$.

A hierarchical regression model was conducted with explicit attitudes as the dependent variable and social desirability was put first in the model to control for the effects of working with people with disabilities on the dependent variable (see table 3). The results indicate a significant effect of social desirability ($F(1, 44) = 4.234$; $p = .046$) and that 9% of the variability in explicit attitudes can be explained by social desirability ($\Delta R^2 = .088$). Adding working with disabled to the regression model explained additional 7.9% of the variance in explicit attitudes, even when the effects of socially desirable were statistically controlled for ($\Delta R^2 = .079$). This change in R^2 was also significant ($F(1,43) = 4.051$; $p = .050$). When both of the independent variables were included in stage two of the regression model, they were both a significant predictors of explicit attitudes towards disabled ($F(2, 42) = 4.289$; $p = .020$). Together the two independent variables accounted for 16.6% of the variance in explicit attitudes ($\Delta R^2 = .166$).

In the final model, working with disabled was the one statistically significant variable and were also with higher Beta-value ($\beta = .282, p < .05$) than working with disabled ($\beta = .266, p < .05$). Therefore, if students had been or are working with disabled, it had more impact on explicit attitudes than need for social desirability.

There was statistical significant difference between explicit attitudes for social desirability and if individuals had work with people with disability $p < .05$. It can be concluded that the differences between condition means were not likely due to change and were probably due to the independent variables manipulation. As shown in table 3, both of the independent variables had predictive validity for explicit attitudes when they were separated, $p < .05$.

Table 3

Hierarchical Regression of explicit attitudes towards people with disabilities on social desirability and working with people with disabilities

	b	SE	β	P	R ²
Step 1					.088
Social desirability	1.891	.919	.296	.046	
Step 2					.166
Social desirability	1.700	.0894	.266	.064	
Working with disabled	7.748	3.849	.282	.050	

Additional hierarchical multiple regression was performed with implicit attitudes as the dependent variable and in the first step, social desirability were entered as predictor (see table 4). Social desirability explained 1.1% of variance in implicit attitudes ($\Delta R^2 = .011$), however the model was not statistically significant ($F(1, 44) = .494; p = .486$). After entry of working with disabled at stage two the total variance explained by the model as a whole, was 5.5% ($F(2, 43) = 1.253; p = 2.96$).

The introduction of working with disabled accounted for 4.4% ($\Delta R^2 = .044$) variance in implicit attitudes, after controlling for social desirability ($F(1, 43) = 2.001$; $p = 1.64$). There remained no statistical difference between the three conditions, $p > .05$. The differences between condition means are therefore likely due to change and not likely due to the social desirability or if individuals have worked with people with disabilities. As seen in the final model in table 4, neither working with disabled nor need for social desirability had predictive validity for implicit attitudes, $p > .05$.

Table 4

Hierarchical Regression of implicit attitudes towards people with disabilities on social desirability and working with disabled people

	b	SE	β	P	R ²
Step 1					.011
Social desirability	.059	.083	.105	.486	
Step 2					.055
Social desirability	.046	.083	.083	.581	
Working with disabled	.505	.357	.211	.164	

Discussion

The current study was conducted to examine if working with disabled and social desirability alter explicit and implicit attitudes towards disabled people.

The results from the hierarchical multiple regressions showed that working with disabled accounted for 7.9% variance in explicit attitudes after controlling for social desirability (see table 3). The first hypothesis was therefore not supported that after controlling for social desirability, having worked with disabled people had no effect on explicit attitudes. These findings are in line with other studies that knowing or recognizing disabled affect their positive attitudes, however it should be contemplated that it has also been demonstrated that participants are well aware of

attitudes are being scrutinized and that could also affect what they answer in a questionnaire (de Laat et al., 2013; ten Klooster et al., 2009; Wong et al., 2004; Yucker et al., 1970).

The findings did not support the second hypothesis that having worked with people with disabilities had significant effects on implicit attitude, and controlling for the effects of social desirability did not have effect on that relationship. Implicit attitudes did not have significant effects on implicit attitudes when controlled for the effects of social desirability (see table 4). The relationship between implicit attitudes and working with people with disability remained non significant when correlation analyses did not control for social desirability. As far as is known, this has not been studied before and therefore there are no researches that can support nor criticize these findings. Still it has been demonstrated, as mentioned before that familiarity can affect individuals attitude towards people with disabilities (de Laat et al., 2013; ten Klooster et al., 2009). A possible reason for lack of support for the second hypothesis could be the little variance in the measurement of implicit attitudes (see table 1). It would be interesting to administer this research to a bigger group, with various backgrounds, and see if it affects the significant. Interestingly, working with disabled explained 50% less on the implicit attitudes than the explicit, which means that working with people with disabilities, had more impact on explicit attitudes rather than implicit attitudes towards people with disabilities (see table 3 and 4).

Results revealed that individuals who work with people with disabilities have more positive explicit attitudes towards disabled people than people who do not or have never worked with them. These findings are consistent with similar research when familiarity was studied (de Laat et al., 2013; ten Klooster et al., 2009). In future research it would also be interesting to see if the period of employment will affect

their attitudes towards people with disabilities and look at people who have worked with them for a short term versus long term.

Approximately 17% of explicit attitudes could be explained by the need for social desirability and if individuals had worked with disabled people. This has not been examined before, however Yazbeck and friends (2004) indicated that little need for social desirability was associated with more positive attitudes towards people with disabilities. Other researches examined if familiarity to disabled people affected their explicit attitudes, which it did according to their findings (de Laat et al., 2013; ten Klooster et al., 2009).

There was a low positive correlation between implicit and explicit attitudes but it was not significant, consequently it is not possible to conclude that there is a relationship between the two tests. This is consistent with Koole, Dijksterhuis and van Knippenberg (2001) who found that correlation was low between these tests. Other results demonstrate that there was no significant relationship between implicit and explicit attitudes (Karpinski & Hilton, 2001; Pruett & Chan, 2006). The reason for that could be that when measuring explicit attitudes, participants can answer the self-report questions in any way they like since they are well aware that their attitudes are being measured, in contrast to when participating in DA-IAT and therefore the results of the tests can be various and unrelated (de Laat et al., 2013; Greenwald et al., 1998; Rydell & McConnell, 2006; Yuker et al., 1970).

Disadvantages of the studies were few in this research. External validity was little to nothing in this research and it cannot be generalized to other groups or populations because the participants were too homogeneous. Data was collected from a relatively small sample from only one educational institution. The study was only performed on psychology students and therefore it is a rather homogeneous group.

The homogeneous group could also be of an advantage for the research. In more heterogeneous group it is likely that other factors would have affected the attitudes, for example education. It was expected that everyone had the same or similar education in current study so it can supposedly be excluded that divergent education had an impact on the findings. In the future, it would be interesting to have a random sample from other Universities and consequently the external validity would be higher. It could perhaps be better if there had been a control group wherein the psychology students could have been more aware that their attitudes are being investigated where it is a part of what they are studying at their undergraduate level.

Both scales were translated from English to Icelandic and that could also be a disadvantage of the research due to some societal difference between English and Icelandic speaking countries and that was not taken in account when the test was administered. Also, when participants executed the DA-IAT, the introduction to the tests was in English and that could have affected participants understanding on how they administered the test.

Anonymity was well protected and in good care because of the participants number which all of the participants drew before administering the research. The biggest advantage of the study was that these variables have, as far as known, never been investigated before together, and perhaps will these findings add to growing area in the science with a focus on attitude and hopefully it will lead to more interest in investigating similar subject in the future.

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Appendix A

Upplýst samþykki fyrir þátttöku í vísindarannsókn

Titill rannsóknar: The Difference Between Implicit and Explicit Attitudes Towards People with Disability Among Psychology Students

Þér er boðið að taka þátt í þessari rannsókn. Áður en þú tekur ákvörðun er mikilvægt að þú skiljir hvers vegna þessi rannsókn verður framkvæmd og hvert er innihald hennar. Þetta upplýsingablað upplýsir þig um tilgang, áhættu og ávinning af rannsókninni. Ef þú ákveður að taka þátt verður þú beðin/n um að skrifa undir upplýst samþykki. Ef spurningar vakna varðandi rannsóknina þá væri okkur sönn ánægja að gefa þér frekari útskýringar. Þér er velkomið að taka þér eins mikinn tíma og þú þarft til þess að lesa þessar upplýsingar. Þú ættir aðeins að samþykkja þátttöku þegar þér finnst þú skilja til hvers er ætlast af þér og þú hefur fengið nægan tíma til að íhuga ákvörðun þína. Takk fyrir að lesa þetta.

Tilgangur rannsóknarinnar

Tilgangur rannsóknarinnar er að skoða breytileika á viðhorfi á minnihlutahópum og mun á mismunandi prófum. Þér hefur verið boðið að taka þátt í eftirfarandi rannsókn vegna þess að þú leggur stund á sálfræðináms við Háskólann í Reykjavík. Rannsókn þessi mun að meðaltali taka um 60 mínútur.

Þátttaka**Verð ég að taka þátt?**

Það er þinn valkostur að ákvarða hvort þú takir þátt eða ekki. Ef þú ákveður að taka þátt færð þú eintak af upplýsingablaðinu og ert beðin/n um að skrifa undir upplýst samþykki. Ef þú ákveður að taka þátt er þér þó leyfilegt að hætta við hvenær sem er án þess að gefa upp ástæðu. Ákvörðun um að hætta hvenær sem er, eða sú ákvörðun að taka ekki þátt mun ekki hafa áhrif á rétt þinn á einn eða annan hátt.

Hvað felst í því að taka þátt?

Þú munt byrja á því að skrifa undir upplýst samþykki og þar á eftir munt þú taka þátt í tveimur prófum í gegnum netið. Því næst verður þú beðin/n um að svara nokkrum spurningalistum. Það er ætlast til þess að þú svarir bæði prófunum sem tekin eru á tölvu og einnig þeim spurningalistum sem lagðir verða fyrir. Það er engin hætta sem stafar af því að taka þátt.

Hve lengi mun rannsóknin standa yfir?

Rannsóknin mun standa yfir í um 60 mínútur. Eftir að þú hefur svarað prófunum sem tekin eru á tölvu og spurningalistunum þá hefur þú lokið þátttöku þinni við þessa rannsókn. Ekki verður aftur haft samband við þig vegna þessarar rannsóknar.

Hverjir eru hugsanlegir ávinningar þess að taka þátt?

Ef þú tekur þátt í þessari rannsókn þá gefst þér tækifæri til að sjá hvernig rannsókn fer fram sem mun vonandi nýtast þér í þínu eigin námi. Einnig færð þú þetta metið til einkunnar í námi þínu.

Hverjir eru hugsanlegir áhættuþættir þess að taka þátt?

Það er engin hugsanleg áhætta sem fylgir þátttöku í þessari rannsókn.

Hvað gerist við lok rannsóknarinnar?

Eftir að rannsókn er lokið mega þátttakendur hafa samband við rannsakendur ef einhverjar spurningar vakna og einnig til þess að fá upplýsingar um frekari niðurstöður rannsóknarinnar.

Hvað gerist ef ég skipti um skoðun varðandi þátttöku?

Þér er velkomið að skipta um skoðun hvenær sem þú vilt hvað varðar þátttöku í þessari rannsókn án þess að það hafi einhverjar afleiðingar.

Við hvern hef ég samband fyrir frekari upplýsingar?

Ef einhverjar spurningar vakna hvað varðar rannsóknina þá getur þú haft samband við rannsakendur í gegnum eftirfarandi netföng; alda12@ru.is eða tinnas12@ru.is. Ef þú hefur einhverjar áhyggjur hvað varðar þessa rannsókn og vilt hafa samband við einhvern í trúnaði þá getur þú haft samband við forsvarsmenn sálfræðideildar Háskólans í Reykjavík.

Upplýst samþykki

Nafn þátttakenda: _____

Titill rannsóknar: _____

Nafn rannsakenda: Alda Magnúsdóttir Jacobsen og Tinna Brá Sigurðardóttir

1. Ég samþykki að ég hafi lesið upplýsingablaðið og haft tækifæri til þess að spyrja spurninga. ☐
2. Ég er sátt/ur við og skil þær upplýsingar sem mér hafa verið gefnar og hef haft nægan tíma til þess að íhuga upplýsingarnar. ☐
3. Ég skil að þátttaka mín er valfrjáls og ég get hætt við hvenær sem ég vil án þess að gefa upp ástæðu. Einnig að það hafi ekki áhrif á lagaleg réttindi mín. ☐
4. Ég samþykki það að taka þátt í rannsókninni. ☐

_____	_____	_____
Nafn þátttakanda	Dagsetning	Undirskrift
_____	_____	_____
Rannsakandi	Dagsetning	Undirskrift

Appendix B

1. Hér fyrir neðan eru nokkrar staðhæfingar um persónuleg viðhorf og eiginleika. Lestu hvert atriði og merktu við hvort þér finnist staðhæfingin vera sönn eða ósönn hvað varðar þig persónulega. Merktu við það sem á við hverju sinni.

	Satt	Ósatt
1) Það er stundum erfitt fyrir mig að sinna vinnunni minni ef engin hvatning er til staðar.	<input type="checkbox"/>	<input type="checkbox"/>
2) Ég finn stundum til gremju þegar fæ mínu ekki framgengt.	<input type="checkbox"/>	<input type="checkbox"/>
3) Stöku sinnum hef ég gefist upp á að gera eitthvað þar sem ég taldi mig ekki hafa getuna til þess.	<input type="checkbox"/>	<input type="checkbox"/>
4) Það hafa komið tilfelli þar sem mig langar að gera uppreisn gegn yfirvöldum jafnvel þó ég vissi að þau höfðu rétt fyrir sér.	<input type="checkbox"/>	<input type="checkbox"/>
5) Sama við hvern ég tala þá er ég alltaf góður hlustandi.	<input type="checkbox"/>	<input type="checkbox"/>
6) Það hafa komið tilfelli þar sem ég notfærði mér einhvern.	<input type="checkbox"/>	<input type="checkbox"/>
7) Ég er alltaf tilbúin til að viðurkenna þegar ég geri mistök.	<input type="checkbox"/>	<input type="checkbox"/>
8) Stundum reyni ég að hefna mín í stað þess að fyrirgefa og gleyma.	<input type="checkbox"/>	<input type="checkbox"/>
9) Ég er alltaf kurteis, jafnvel við þá sem eru mér ósammála.	<input type="checkbox"/>	<input type="checkbox"/>
10) Ég hef aldrei fundið til gremju þegar einstaklingar lýsa hugmyndum sínum sem eru ólíkar mínum hugmyndum.	<input type="checkbox"/>	<input type="checkbox"/>
11) Það hafa komið tilfelli þar sem ég hef verið öfundsjúk/ur þegar öðrum gengur vel.	<input type="checkbox"/>	<input type="checkbox"/>
12) Ég er stundum ergileg/ur gagnvart þeim sem biðja mig um greiða.	<input type="checkbox"/>	<input type="checkbox"/>
13) Ég hef aldrei sagt eitthvað vísvitandi til þess að skaða tilfinningar annarra.	<input type="checkbox"/>	<input type="checkbox"/>

2. Merktu við hverja staðreynd á línuna vinstra megin hversu sammála eða ósammála þú ert þeim. Notaðu eftirfarandi tölur til að gefa til kynna hvernig þér líður hverju sinni.

+3 = Mjög sammála

-1 = Lítið sammála

+2 = Nokkuð sammála

-2 = Nokkuð ósammála

+1 = Lítið sammála

-3 = Mjög ósammála

- _____ 1. Foreldrar barna með fötlun eiga ekki að vera jafn strangir og aðrir foreldrar.
- _____ 2. Einstaklingar með líkamlega fötlun eru jafn gáfaðir og ófatlað fólk.
- _____ 3. Það er auðveldara að láta sér líka við fatlaðan einstakling en annað fólk.
- _____ 4. Flestir einstaklingar með fötlun vorkenna sjálfum sér.
- _____ 5. Fólk með fötlun er eins og flest annað fólk.
- _____ 6. Það ættu ekki að vera sér skólar fyrir börn með fötlun.
- _____ 7. Það væri best fyrir fólk með fötlun að búa og vinna í sérstöku samfélagi.
- _____ 8. Það er í hlutverki stjórnvalda að sjá um einstaklinga með fötlun.
- _____ 9. Flest fólk með fötlun hefur miklar áhyggjur.
- _____ 10. Það á ekki að gera jafn miklar kröfur til fatlaðra einstaklinga eins og ófatlaðra.
- _____ 11. Fólk með fötlun er jafnt hamingjusamt og fólk án fötlunar.
- _____ 12. Það er ekki erfiðara að láta sér líka við fólk sem er með mikla fötlun en fólk sem er með litla fötlun.
- _____ 13. Það er nánast ómögulegt fyrir einstakling með fötlun að lifa eðlilegu lífi.
- _____ 14. Þú ættir ekki að búast við jafn miklu af fötluðu fólki.
- _____ 15. Einstaklingar með fötlun eiga það til að halda sig útaf fyrir sig.
- _____ 16. Fólk með fötlun á auðveldara með að komast í uppnám en fólk án fötlunar.
- _____ 17. Fólk með fötlun getur ekki átt eðlilegt félagslíf.

- _____ 18. Flest fólk með fötlun líður eins og það sé ekki jafn mikils virði og annað fólk.
- _____ 19. Þú þarft að vanda hvað þú segir þegar þú ert með fötluðu fólki.
- _____ 20. Fatlað fólk er oft geðvont.

3. Hefur þú unnið með fötluðum?

- ☐ Já
- ☐ Nei

Appendix C

Summary Report for Research Participants – Icelandic

Kæri þátttakandi,

ég vil byrja á að þakka þér fyrir að hafa tekið þátt í rannsókninni minni sem fór fram í mars síðastliðnum. Tilgangur rannsóknarinnar var að athuga hvort tilhneiging væri til félagslegs samþykkis og hvort vinna með fötluðum einstaklingum hafði áhrif á ytra viðhorf annars vegar og innra viðhorf hins vegar gagnvart fötluðum. Ytra viðhorf er skilgreint sem þitt meðvitaða viðhorf og voru spurningalistarnir sem þú tókst þátt í notaðir sem mæling á því. Innra viðhorf er skilgreint sem þitt ómeðvitaða viðhorf og var prófið á tölvunni sem þú tókst mæling fyrir því. Megin niðurstöður rannsóknarinnar leiddu í ljós að vinna með fötluðum hafði áhrif á ytra viðhorf einstaklings en ekki innra viðhorf hans. Ekki hika við að senda tölvupóst á netfangið alda12@ru.is ef frekari spurningar vakna hvað varðar rannsóknina.

Kær kveðja, Alda Magnúsdóttir Jacobsen