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Attitudes of able-bodied young adults towards disabled people

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ABSTRACT

This mixed method study examined the attitudes of able-bodied young adults towards disabled people. It also examined which factors were predictors of Yuker, Block and Young's (1970) Attitudes Toward Disabled Persons (ATDP) scores. Two questionnaires and semi-structured interviews, using photographic images of disabled people, were employed. The questionnaire section involved an opportunity sample of 81 undergraduates from the University of Cumbria who completed two questionnaires, one of which was the ATDP Form A (Yuker, Block & Young, 1970) and the other was designed by the researcher. Eight undergraduates from the University of Cumbria participated in the qualitative section and the data was analysed using Braun and Clarke's (2006) guidelines to thematic analysis. It was found that able-bodied young adults have positive attitudes towards disabled people and the regression analyses indicated that 'Own Attitudes' was a strong positive predictor of ATDP score (β = .46, t = 4.44, p < .001). The interviews revealed that whilst participant's attitudes were positive towards disabled people they still held stereotypical views of an older person, in a wheelchair. Furthermore, respect and inspirational feelings were evoked when viewing a picture of a disabled person who was considered to have strength of character and intelligence.

Introduction

This research was conducted to understand the attitudes of able-bodied young adults towards disabled people and to discover what occurs when disabled people are introduced to young able-bodied adults, through the medium of photographs. The Equality Act (2010) defines a disabled person as:

> *"A person (P) has a disability if—P has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities"* (The Equality Act, 2010, p. 4).

According to a recent report, only around three per cent of disabled people are actually born with their disabilities (Department for Work and Pensions, 2013). As life expectancy increases it has been predicted that by 2026 the incidence of disabled people over the age of 64 will increase by 86 per cent, so over our lifetimes many of us will either experience disability ourselves or care for someone who does (Department for Work and Pensions, 2013). The report also suggested that different age groups suffered from different types of disability. Young children suffer mainly from learning disabilities, autism, and Attention Deficit Hyperactivity Disorder (ADHD); people of working age are likely to become impaired by back pain, anxiety, or depression; retired people have a greater likelihood of suffering from Dementia, Chronic Obstructive Pulmonary Disease (COPD), Coronary Heart Disease (CHD), Osteoarthritis and Stroke (Department for Work and Pensions, 2013).

An earlier research report indicated that almost 80% of interviewed (both able-bodied and disabled) people were of the belief that prejudice against disabled people was commonplace in the UK, with ignorance being quoted as the most common cause of this prejudice (Grewal, Joy, Lewis, Swales & Woodfield, 2002). Nevertheless, attitudes have become more positive since 2005 in the UK according to the British Social Attitudes Survey (2009). However, the majority of people questioned believed that prejudice towards disabled people was still a major issue. Thus, the attitudes of able-bodied people towards disabled people could be something most of the population will experience during their lifetimes and if prejudice continues and attitudes towards disabled people do not continue to improve then this could be detrimental to the wellbeing of a large group in society.

Wright (1983) suggested that more positive attitudes within a society could facilitate acceptance of people with disabilities and would ultimately help their inclusion in society. Negative attitudes, on the other hand, could lead to the original disability becoming more than just a personal issue but one in which the whole family are affected (Vilchinsky & Findler, 2004). They also create barriers, such as prejudice, which can hinder the disabled person reaching their personal goals in life (Antonak & Livneh, 2000). The social model of disability suggests that these socially created barriers can culminate in the exclusion of the disabled person (Bampi, Guilhem, & Alves, 2010). Conversely, the medical model focuses on the cause of the disability and the rehabilitation of the disabled person, suggesting that the disability is the cause of the exclusion of the disabled person and not societal prejudice (Bampi, Guilhem, & Alves, 2010). The debate continues as to how negative attitudes towards disabled people are formed, and the question has been

raised as to whether the medical or social model is the fundamental cause of this negativity.

Arney and Bergen (1983) argued that the medical profession had power over disabled people in their care by treating them as the sum total of their medical problems and not considering the social issues. The categorization of disabled people by the medical profession could result in segregation and oppression, rather than acceptance and inclusion (Stockholder, 1994; as cited in Hayes & Hannold, 2007). The traditional view of disability by the health care professionals is of a medical problem that should be treated as such (Hughes, 2010). Hughes (2010) argues that the medical model does not help disabled people to integrate into society as it focuses solely on the symptoms and inabilities of the disabled person. Thus making it a personal problem, rather than a social issue, that does not take into consideration the whole person, their abilities, and their right to choose and have control of how they live (Hughes, 2010). Conversely, the social model reasons that disabled people are not impaired by their body malfunctions, but by the society in which they live (Oliver, 2009). A society that does not provide the necessary help and funding, such as access to all buildings and specialist equipment in the workplace, exacerbates the problems faced by disabled people and limits their integration (Oliver, 2009). Bampi, Guilhem and Alves (2010) described the medical model as being hegemonic and that the illness is the cause of the disability. They purported that disability was commonly linked with the inability of the disabled person to have sufficient skills to conduct a normal social life. However, they argued that these skills were ambiguous and much debate has been conducted around this issue. The social model views the illness as the biological explanation but the disability itself is a sociological phenomenon.

Oliver (2009) suggested that a disabled person would feel more disadvantaged if the society in which they live failed to put in place the facilities necessary to permit equal access. Additionally, he argued that society itself was responsible for the formation of negative attitudes towards disabled people (Oliver, 1993, as cited in French, 1994). Furthermore, he suggested that too much emphasis was placed on trying to rehabilitate the disabled person in an effort to transform them into someone able-bodied. Oliver, who is a disabled researcher, maintains that this emphasis was not beneficial to the integration of disabled people into society. He further suggested that viewing disability in the form of a category of people could only be understood in a much wider social and cultural framework (Oliver, 1990). The social model of disability was supported to an extent by the UK government in the integration of disabled people into society (UK Parliament Website, 2012). However, recently the position has reversed as Lord Freud suggested, in a debate regarding the Welfare Reform Bill, that the social model was too expensive to implement and put too much pressure on State funding. The bio-psychosocial model he suggested was the required alternative, as this model suggested that the influence of biological, psychological, and social factors were responsible for the individual needs of the disabled person (UK Parliament Website, 2012). Oliver was not alone in his quest for integration and the Fundamental Principles of Disability was published by the Union of the Physically Impaired Against Segregation (UPIAS) to address this issue (UPIAS, 1976).

The way in which disabled people were perceived was completely reversed by the publication of these principles. The aim of UPIAS was to encourage government funding in order to integrate the physically disabled into society thereby creating independent living and ultimately as much control over their lives as possible. They suggested that separate facilities for the disabled should be abandoned in favour of updated facilities for the use of both able-bodied and physically disabled people. They further purported that the government should provide medical, financial, educational, technical, and any other support necessary for this integration to take place (UPIAS, 1976). Although this quest for integration began many years ago, it is still relevant today and it supported Oliver's beliefs that it was not the disability in question but the lack of provision made by society that creates segregation of the disabled (Oliver, 2009). Oliver further advocated that resources were better spent on changing the way in which society was organised rather than trying to cure the disabled (Oliver, 2009). Hayes and Hannold (2007) posited that the aim of the disability rights movement was to move beyond the medical model of disability towards a socio-political model. However, the need for continued input from the medical profession was also important and they suggested that the disability movement was not seeking normalization of disabled people. The push by the disability rights campaigners, beginning in the 1980's, has made some positive progress in the UK with the introduction of the Disability Discrimination Act (1995). The UK Government has also stated its commitment to promoting positive attitudes towards disabled people (HM Government, 2012). Furthermore, a pilot scheme was set up in 2010, to help disabled people live more independently, giving them more control over how they lived within society (Welfare Reform Act, 2009). Nevertheless, it has been suggested that the media (Auslander & Gold, 1999) and politics (Oliver, 1990) have an influence on attitude formation and not always in a positive way.

Auslander and Gold (1999) argued that the mass media was responsible for playing a crucial part in the formation of the public's attitudes towards disabled people. The study examined the influence of the media in Canada and Israel and found that in both countries the media often strengthened negative attitudes against the developmentally disabled and those with psychiatric disabilities. Oliver (1990) purported that disability was a form of social oppression and although much has been done in recent years in the UK to help integrate disabled people by applying the social model, the government has in the last few years issued cuts in benefits for disabled people. Increasing negative attitudes towards disabled people has been a result of these cuts and the resulting negative portrayal of disabled people by the media (Franklin & Marsh, 2011). As a consequence the ill and disabled have felt that they were living in a nightmare of the governments making as, by 2007, the 'benefit scrounger' expression became commonplace (Franklin & Marsh, 2011). By 2012, the media emphasis shifted to that of the positive impact of the Paralympics held in London.

It was expected that by watching the London 2012 Paralympics able-bodied children would grow up with positive attitudes towards disabled people and that the games would inspire young disabled people in the UK to take up a sport (Abraham, 2012). Sixty-six per cent of able-bodied adults sampled who watched the media coverage of the games reported that their attitudes towards disabled people had become more positive as a result (Abraham, 2012). A Scope review conducted in

December 2012 revealed that disabled people did believe that the games had had a positive effect on attitudes. However, despite the poll revealing that the 'Paralympics effect' was tangible, the Chief Executive Richard Hawkes argued that attitudes towards disabled people could not possibly be changed over the limited period over which the games took place. He further suggested that the only way to improve attitudes, over the longer-term, would be for the Government and the media to use the positive effect of the games as a building block for the future (Scope, 2012). Unfortunately shortly after the games were held many disabled people felt it necessary to protest to the UK Government about the cuts in benefits, as a result of an unstable financial climate, for disabled people (Scope, 2012). The labelling of disabled people as 'benefit scroungers' has become more common in the media since the economic crisis began in 2008 and the increasing number of hate crimes has been suggested to be the result of this defamation of disabled people (Riley-Smith, 2012).

Reported hate crimes against disabled people have reached unprecedented levels with figures doubling since 2008 (Riley-Smith, 2012). This rise has coincided with the Government's introduction of Employment and Support Allowance (ESA), which replaced incapacity benefit, and culminated in the Welfare Reform Act of 2012. The media have exacerbated the problem by implying in the headline news that seventy per cent of disabled people, who were unemployed and claiming benefits, were actually fit to work (Samuel, 2011). Samuel (2011) purported that the press had misinterpreted this figure, either deliberately or in error. The figure in question included people who had been put into the 'might be able to work in the future' ESA category. It also included those who appealed the decision and who later were awarded ESA after winning their appeal. The true figure in this pilot study, conducted in the Burnley area, was fewer than thirty per cent overall, not the seventy per cent suggested by the media (Samuel, 2011). The misrepresentation of important figures such as these could have a negative impact on people's attitudes towards disabled people, including those held by young adults, by adding incorrect disparaging suggestions about disabled people.

The word 'disabled' itself has negative connotations and disabled people themselves are often reluctant to admit to this identity (Swain, Finkelstein, French & Oliver, 1993). Disability can be seen in a negative context because it is more often than not associated with illness and disease rather than focusing on the person's abilities, however, not every disabled person is in fact ill (French, 1994). This condemnation of disabled people by the press, the continued labelling of disabled people as 'benefit scroungers' and the negative association attached to the word 'disabled' could, ultimately, result in the escalation of negative attitudes towards disabled people. These negative attitudes and the stereotyping of disabled people could lead to disabled people experiencing self-doubt, a lowering of self-esteem, self-confidence and self- efficacy and ultimately to loneliness, isolation and depression (Godan, Brajkovic, Fortuna & Godan, 2008). Only by understanding the process of attitude formation can this problem be addressed and positive attitude formation encouraged.

Attitudes towards disabled people are quite complex, however, they have been described as comprising of three elements (French, 1994): cognition (how the person understands the basic medical condition that produces the disability),

emotion (the thoughts and feelings that are felt when someone considers, or interacts with, the disabled person), and behaviour (how someone reacts to a person with a disability). On their own, each of these elements can produce negative attitudes but attitude formation is further complicated by the possible interactions (or lack of) between them (French, 1994). However, Livneh (1985) argues that the fear of death is the primarily cause of negative attitude formation. Intervention tools, to help with the integration of disabled people into society, use the afore-mentioned elements (Florian & Kehat, 1987, as cited in French, 1994). Certain intervention programmes educate and inform, some use role-play techniques, and others encourage integration with disabled people (Florian & Kehat, 1987, as cited in French, 1994). Understanding attitude formation, particularly in young adults could provide a clearer understanding of how negative attitudes are formed, thereby providing further research information that could help in the design of suitable intervention tools.

The benefits of intervention tools that are used to eliminate negative attitudes in the workplace are that they would help disabled people to find employment in a role that challenges them and allows advancement in their careers (Hunt & Hunt, 2004). In an educational setting, intervention tools used to enable young disabled children to integrate into schools can help these children to socialize, develop their academic skills, and improve their cognitive skills (Odom, Buysse & Soukakou, 2011). This review also posited that there was some evidence to suggest that able-bodied young children could also benefit from this inclusion (Odom, Buysse & Soukakou, 2011). For example, inclusion has been suggested to have a positive effect on 3-5 year old able-bodied children's attitudes and understanding of disability (Diamond & Huang, 2005). Furthermore, a recent pilot scheme suggested that even a short-term disability awareness intervention for able-bodied children aged 9-11 could also have a positive effect on their attitudes, awareness, and acceptance of disabled people but further research was necessary (Ison *et al.,* 2010).

The objective of the current study was to examine the attitudes of able-bodied young adults towards disabled people. The age group chosen for this study was 18-21 as it was felt that the participants would have formed their attitudes towards disabled people but were still young enough to be influenced by other factors, such as their parents and peers. Questionnaires were used to measure attitudes and to examine the predictors of such attitudes. The interviews were conducted to gain an in-depth understanding of attitudes towards disabled people and if they were affected by the settings in which the disabled person was viewed. Furthermore, they also allowed examination of the three elements of attitude formation, emotions, behaviours and cognitions, when dissimilar disabled people were viewed in a photograph. The transcripts of the interviews were thematically analysed using the guidelines advocated by Braun and Clarke (2006) as they suggested that this type of data analysis was an adaptable and valuable method. These interviews were a novel aspect of the study and could be valuable in disability research as it could help in the design of intervention and educational programs. It was hypothesized that able-bodied people would have negative attitudes towards disabled people and that a variety of factors (e.g. Family and Paralympics) would be predictors of attitudes towards disabled people. According to Bampi, Guilhem and Alves (2010) there has been limited research conducted in this area and the results that emerge from this study could add valuable insights into the way in which able-bodied young adults

perceive disabled people and what other factors have influenced their attitude formation.

Method

Design

This study was of mixed methods design which included questionnaires and semi-structured interviews. The eight interviews were recorded then transcribed and finally they were analysed using thematic analysis and Braun and Clarke's (2006) guidelines, so that codes could be organised into themes resulting in an in-depth understanding of transcripts. The questionnaires were within subjects as all the participants answered all the questions. The use of a randomizer application from the internet to randomize the way in which the interview photographs were viewed during the interviews, was used as a control variable (Research Randomizer). The interviews were also conducted in the same quiet room in the Learning Gateway, at the University of Cumbria, to try and eliminate as many distractions as possible.

Participants

An opportunity sample of eight able-bodied undergraduates from the University of Cumbria and aged between 18 and 21 took part in the semi-structured interviews. The participants were recruited by the use of an information leaflet (Appendix 1) and by asking them to take part either in person or via email. Eighty-one able-bodied undergraduates from the University of Cumbria, aged between 18 and 21 (M = 19.32, SD = .95) completed all parts of the questionnaires (Appendix 2).

Materials

The materials used for this study were the information leaflet (Appendix 1) and the questionnaires (Appendix 2), which included the ATDP Form A (Yuker, Block & Young, 1970). Some examples of the items on the ATDP form are:

> "Disabled people show as much enthusiasm as other people",
> "Most disabled persons are not dissatisfied with themselves" and
> "The way disabled people act is irritating".

The ATDP questionnaire scores were changed for the purpose of this study as it was felt that a scale from 0 (I disagree very much) to 5 (I agree very much) would be much easier to understand than Yuker, Block and Young's (1970) original -3 (I disagree very much) to +3 (I agree very much) scale. This scale did not contain a neutral score such as: I neither agree nor disagree. Once completed the ATDP Form A questionnaires were re-scored using the -3 to +3 scale, then Yuker, Block and Young's (1970) instructions were followed to produce the final ATDP score (Appendix 3) which could range from 0 to 180 and the higher the score the more positive the attitude of the participant. The final scores were analysed using SPSS.

A second questionnaire was formulated in two parts (A & B) by the researcher. Some examples of the items on this questionnaire are:

> "Disability is a personal problem",

"Disabled people should be an integral part of society" and
"Socialising with a disabled person would not be difficult for me".

The second questionnaire employed a Likert scale of 1 (I strongly disagree) to 5 (I strongly agree). The age of the participants was noted on the consent forms and descriptive statistics, frequencies on SPSS were employed to discover the mean age and standard deviation. The seven subscales were tested for reliability using Cronbach's alpha: Family (α = -.30), Own Attitudes (α = .81), Paralympics (α = .50), Media (α = .73), Social (α = .41), Personal (α = .24) and Consultation (α = .34). As a result of this test of reliability a standard multiple regression was conducted on three of the subscales: Own Attitudes, Media and Paralympics. Family, Social, Personal and Consultation were not reliable as they had Cronbach's alpha scales of below .7 (Paralympics was below .7 but was considered to be such an important factor that it was included in the regression).

Other materials included the interview questions (Appendix 4), interview pictures (Appendix 5), information sheets (Appendix 6), consent forms (Appendix 7), debrief sheet (Appendix 8) and a voice recorder for the interviews.

Questionnaire procedure

The researcher explained the study to three groups of undergraduates before they began their lectures over a period of two weeks in February, 2013 at the University of Cumbria. During this explanation the right to withdraw at any point, the matter of confidentiality and the inclusion criteria were clarified. They were then asked if they had any questions before beginning the research. The information sheet (Appendix 6), consent form (Appendix 7), questionnaires (Appendix 2) and debrief (Appendix 8) were given to the students who fit the criteria and consented to taking part. The completed questionnaires and consent forms were collected at the end of the lectures and the participants were debriefed and thanked for their involvement. Further questionnaires were completed by third year applied psychology students via email and it was stressed that by completing the questionnaires the participants were giving their consent. They were given the same information as the other participants and debriefed and thanked via e-mail which addressed any ethical concerns.

Interview Procedure

The participants were initially contacted via e-mail to ask if they would volunteer. Of the original volunteers, four women and four men were chosen by the researcher and then given details via e-mail of the date, place and time of the interviews. The interviews were conducted over a period of three weeks in November, 2012 and the volunteers chose which half hour time slot was suitable for them. The participants were then interviewed individually. They were given an information sheet (Appendix 6) to read before the semi-structured interviews began. Once they had read the information sheets they were asked to sign the consent form (Appendix 7) and then asked if they had any further questions before the interview began. The interviews were digitally recorded by using a voice recorder. Each participant was shown a series of six pictures (Appendix 5) in a random order and asked five questions (Appendix 4); the same questions were asked for each picture. A clinical interviewing method as suggested by Dapkus (1985) was employed by the use of

probes to encourage further dialogue if the interviewer felt that expansion was necessary. Once complete the recording of the interviews was ended and the participants were debriefed (Appendix 8), so that the research complied with ethical guidelines, and thanked for their participation.

The interviews were transcribed and analysed using thematic analysis and the guidelines advocated by Braun and Clarke (2006). During the transcription, the researcher was aware that neutrality was paramount and she could have had some influence upon the elucidation of the data during this qualitative analysis. The researcher is disabled and this could also affect the analysis, but according to Oliver and Barnes (1997), this should not be problematic and they supported the use of disabled researchers in disability research. The research was a novel concept so outside influences on the researcher by previous studies should be limited and neutrality maintained.

Results

Questionnaires

Originally 100 undergraduates were asked to complete the questionnaires but only 84 did so. Of the 84 completed questionnaires three had to be discarded; two because more than ten per cent of the questions were unanswered and one because the participant had a mother who was disabled and this could have had a positive effect on her attitude towards disabled people. The results showed that all the participants had ATDP scores of above 90 ($M = 125.94$, $SD = 17.66$) and the histogram showed a near perfect normal distribution of scores:
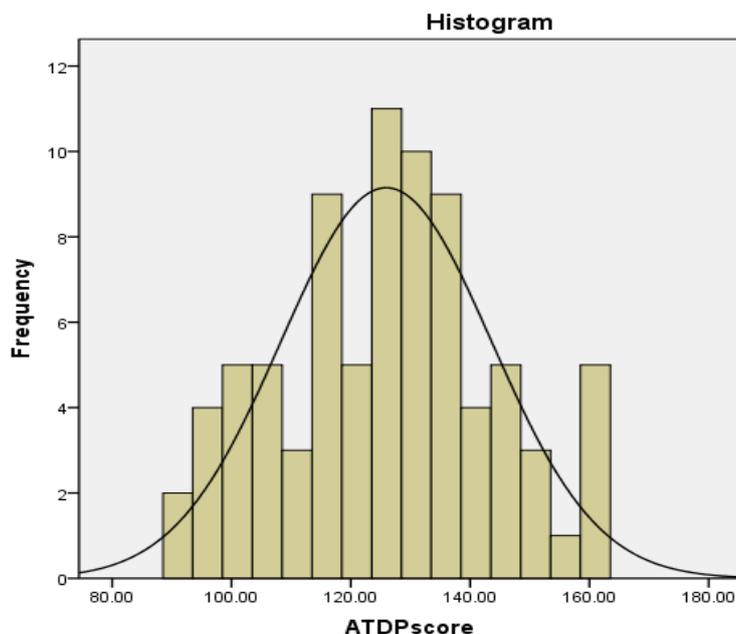

Figure 1: Histogram of ATDP scores

The next stage included a preliminary Pearson's correlational analysis of the second questionnaire data set, followed by a Multiple Regression analysis of the same data.

Preliminary Analyses

Preliminary correlational analyses were performed to assess if there were significant correlations between the ATDP scores and the predictor variables (Own Attitude, Paralympics and Media) as well as inter-correlations between the predictor variables. This analysis was also performed to ensure there was no evidence of collinearity (see Table 1 below):

Table 1
Pearson's correlations between ATDP, Own Attitudes, Media, Paralympics

	ATDP	Own Attitude	Paralympics	Media
ATDP		.477*	.053	.013
Own Attitude			-.080	.060
Paralympics				.110
Media				

* p < .001

A two-tailed Pearson's correlation revealed a significant positive correlation between the ATDP score and Own Attitudes, ($r = .45$, $p < .001$). Further two-tailed Pearson's correlations revealed no significant correlations between the ATDP score and Paralympics or the ATDP score and Media. The predictor variable was significantly related and did not demonstrate evidence of collinearity (the correlation was not above .8).

Multiple Regression Analyses

The multiple regression analysis performed was a standard multiple regression using ATDP as the criterion variable and own attitudes, media and Paralympics were used as predictor variables. The purpose of the analysis was to examine how well own attitudes, media and Paralympics predicted the ATDP score. The analysis revealed own attitudes was the only significant positive predictor of attitudes towards disabled people (Beta =.46, $t = 4.44$, $p < .001$). The model explained 21% of the variance (adjusted R^2 suggested it was only 18%). The ANOVA result was also found to be significant; $F(3, 76) = 6.66$, $p < .001$, meaning the overall model comprising of the criterion and predictor variables is significant. Table 2 (below) summarises the results of the standard multiple regression:

Table 2
Standard multiple regression of ATDP on my attitudes, Paralympics and media.

Variables	Beta	t	Sig	R^2	Adj R^2
Own Attitudes	.46	4.44	<.001		
Paralympics	.09	.90	.372		
Media	- .03	.24	.811	.21	.18

ANOVA: $F(3, 76) = 6.66$, $p < .001$

Interviews

The thematic analysis guidelines suggested by Braun and Clarke (2006) were employed in the data analysis of the eight semi-structured interviews. Although this method is structured it is sufficiently flexible to allow themes to emerge from the data (Braun & Clarke, 2006). The recorded data was transcribed verbatim. To protect confidentiality, the participants were given anonymity by allocation of a letter of the alphabet (A to H) rather than using their name. The themes were identified by reading and re-reading the transcript as many times as was necessary in order for the refined themes to emerge as per the guidelines (Braun &Clarke, 2006). The six key phases involved were: familiarization of the data (through transcribing and reading of the data), initial code generation (recognition of latent or semantic codes of interest), probing for themes (arranging codes into candidate themes and sub-themes), revising themes (re-reading extracts relating to each theme), final definition of meaningful themes and then the production of the report (Braun & Clarke, 2006).

The five main themes which emerged from this data were: *attitude formation* (cognition, emotion and behaviour), *personal attitudes* (positive or negative), *personal stereotypes* (their personal image of a disabled person), *social model of disability* (society and disabled people) and *the person in the photograph* (their personal impression of the people depicted in the photographs) (Appendix 10). Table 3 (below) summarises these themes:

Table 3
The themes developed regarding attitudes of able-bodied young adults towards disabled people.

Themes	Subthemes	Codes	Sub-codes
1. **Attitude Formation**	Cognition	Recognition of condition	Cognitive effect
	Emotion	Sadness Empathy Hope	Emotional effect

		Sympathy	
		Fear for self	
		Respect	
		Anger	
		Guilt	
		Envy	
		Admiration	
		Humbled	
		Happiness/joy	
	Behaviour	Moves out of way	Behavioural effect
		Ignores differences	
		Changes method of communication	
		Avoidant thoughts	
		Checking if ok	
2. **Personal Attitudes**	Positive attitudes	Same	Able-bodied attitudes towards disabled people
	Negative attitudes	Different	
3. **Personal Stereotypes**	Characteristics of Stereotype	Older	Labelling of disabled people
		Adult	
		Wheelchair	
		Poor	
		Reliant	
		Cannot walk	
		Loss	
		Cognitive issues	
		Unemployed	
4. **Social Model of Disability**	Steps taken by society to improve integration	Access	Societal influences
		Equality	
		Framework	
		Opportunity	
		Support	
5. **The Person in the Photograph**	What do you see?	Helpless/trapped	Reactions to the photograph
		Unhappy	
		Intelligent	
		Inspirational	
		Role model	
		Strength of character	
		Individual differences	
		Definition of disability	
		Promotes positive attitudes	
		Reinforces stereotype	

Each theme will now be discussed in turn.

Attitude formation

When the picture of the disabled child and his mother (picture A), was viewed the overwhelming emotion the participants felt was empathy, closely followed by sadness. The participants understood from the picture that the child had quite severe problems and one participant thought that the child had not just physical problems but cognitive ones also.

"…he looks as if he's mentally disabled as well." (*Participant G*).

They felt that being disabled in childhood was much tougher than becoming disabled when older and sometimes even blocked thoughts of disabled children and behaved differently when around them in case they said the wrong thing. One participant even felt guilt but another thought that the child looked well cared for and loved which offered some hope for the future. The rainbow colours, of the harness, according to one participant, also gave the picture a feeling of hope when the initial response to the picture had been one of hopelessness.

"But, when it's happens from childhood Ah don't you know honestly really think it's much great a life." (Participant F).

"That's really, really sad, but he doesn't seem sad. It's so sad, so sad." (*Participant A*).

"Cos you might want to talk to them about how they feel, but it could be such a dangerous thing to open up that alley, where mebbe the parents have shielded them from that…" (*Participant B*).

"It sorta makes you feel a bit ungrateful for everything you've actually got, really. So, it's like, that that actually meks us feel really, really horrible to be honest and sort of, sort of guilty to be totally honest." (*Participant F*).

The majority of the interviewees recognised that the older man (picture B) had quite a severe disability. Empathy and sadness were the most mentioned emotions evoked by this image. One person was upset thinking about the difficulties the man faced, two felt sympathy towards him and one person feared that they could become like him. Another avoided thoughts of severely disabled people, possibly because she felt that disability equated with sadness and found the image and severity of the disability upsetting. One participant just wanted to know if the man was ok as he looked like he was suffering and another admitted that interacting with this man would be difficult.

"…it won't be easy, it's not an easy life for him either, yeah." (*Participant E*).

"Ah [I] would ah would describe it as sadness. I mean if that was me um I mean I could live with being partially disabled, but I could not live being like that, from what I can see from that picture!" (*Participant B*).

"Ah feel a little bit sorry for him because he probably has to rely on people more than he wants to." (*Participant C*).

"It certainly makes me realise that there are more serious disabilities out there that I don't think of, that I just try and ignore (laughs)." (*Participant A*).

"Yeah like if, if Ah saw him and he, he, he kept that emotion on his face, definitely like 'Are you alright chap?' you know." (*Participant D*).

"…you can't interact with them the same way as you interact with other people. You know it would be hard to interact with them." (*Participant E*).

The overwhelming feeling to emerge from the image of Stephen Hawking (picture C) was that of respect. Half of the participants recognised that he was severely disabled but this appeared to be outweighed by his extreme intelligence. One person was angry at the injustice of his condition as he felt that science could have been greatly enriched if he had not been so inflicted. Only one person mentioned that they felt sadness and sympathy towards him. One participant felt that trying to interact with Stephen Hawking would be frustrating as they realised that his method of communication involved some delay in his reply. They also admitted that they would hate to be in his position regardless of his intellectual supremacy. Another interviewee felt envious of his brain capacity and wished that some part of it could be transferred to her.

"…ya don't, ya don't think of him as disabled cos he's so, so smart." (*Participant H*).

"I see the Boss, the big man. …probably done more in the last year than most people 'ill do in their entire lifetime and he deserves a lotta respect for that." (*Participant D*).

"Um Ah [I] suppose ah…more annoyed than anything else, because if he hadn't had that disability you know where could theoretical science be now?" (*Participant B*).

"...Ah wouldn't wanna be in his shoes as great as he is." (*Participant E*).

"Ah just wanna put his brain in like one of them little jars and be like stare at it and hope it imparts it's secrets (laughs)." (*Participant F*).

The young woman working at a desk (picture D) was considered to be the most neutral image. There was no sadness felt when viewing this image just a great deal of respect for her ability to conduct a 'normal' life. The fact that she was able to work seemed to evoke happier feelings and admiration. The positioning of the wheelchair in an environment where most people were seated could lead to it not being noticed at all. One participant even felt that she would perhaps be more able than he was at conducting certain tasks such as computer work.

"Um (Long pause) It makes me think, you know um, just wow you know what a great person…" (*Participant A*).

"It's just kind of, it just kind of feels happy, I dunno, I mean cos the wheelchair's there, just seems to be getting on with work…" "You, you could, I can imagine me walking past and mebbe noticing it but not thinking of it as prominently, because she was at a desk where I wouldn't normally see a [wheel] chair." (Participant B).

"…she's probably be a little bit better than me on the laptop to be honest,
she will probably be faster (laughs)." (*Participant C*).

Respect and admiration were felt for the doctor in a wheelchair (picture E) as it was suggested that his profession was a difficult one for able-bodied people and something which was not considered to be in the reach of a disabled person. One person did however think that it was a rather sad situation and felt that it must be difficult for him to work as a doctor.

"The fact that he can still be a doctor is pretty impressive, um yeah!" (*Participant H*).

" That's actually really cool. Yeah happy for him really…Because, Ah know it, it is actually horrible thing to say, but Ah wouldn't have thought they'd be able to fully practice medicine…" (*Participant F*).

"No just a bit sad, again. If you're a doctor you need to be on your feet all they time, running about everywhere, looking on patients. You never really get a break if you're in a wheelchair it must make it a bit more difficult. I just think wow like before he's amazing…" (*Participant A*).

The rock climber (picture F) induced the most positive emotions of admiration and respect. One participant felt humbled by his ability to go rock climbing and another thought that if he was in the same position he would possibly become a thrill-seeker too. Although the thrill-seeking aspect was also considered to be something which could become quite destructive as the man may not care about his own safety and threat to his life. The man's ability to take part in a sport such as this was considered by most of the participants to be impressive and quite an amazing achievement.

"I feel really like wow, what a great man. That's really like, I sorta feel a bit humble as well, so I think could I do that? Yeah I feel really in awe of him…" (*Participant A*).

"I could imagine me going through a massive transition and then I imagine me coming out on top, being kind of thrill-seeking and things like that. But, to the same extent, it could be extremely destructive, I mean he might not <u>care</u> if he was to die or fall off." (*Participant B*).

"...tough doing a little bit of wall climbing never mind rock climbing but to do it without like using your legs is quite amazing to be honest." (*Participant C*).

"Quite amazing, actually." (*Participant G*).

Personal attitudes

The overwhelming attitudes of all the participants was positive, however, the pictures of the child and his mother, the older man and Stephen Hawking did provoke contemplation of their own attitudes and emotions towards a disabled people. One person even suggested that Stephen Hawking as a role model for disabled people could ultimately change, for the better, everybody's attitudes towards disabled people as he is severely disabled but very able cognitively. Another suggested that negative attitudes

could be very destructive and Stephen Hawking was a prime example of how wrong these attitudes are.

> *"She's she's just a normal person like, just the chair looks a bit different. Um.. they can do exactly what everyone else can do, more or less."* (*Participant D*).

> *"Um it wouldn't change my attitude, um it probably makes me think about it more…"* (*Participant B*).

> *"Ah think this pretty much changes, not just my attitude, but everybody's attitude…He's far smarter than me and he's a lot older than me and he can still do things probably better than me, so."* (*Participant C*).

> *"...when people kinda degenerate disabled people. I think this is like mebbe the prime example of how wrong that can be and how destructive that can be..."* (*Participant B*).

Personal stereotypes

All of the participants had similar stereotypical views of a disabled person which was of an older person who could not walk and was in a wheelchair, reliant on others, perhaps have cognitive issues and possibly unemployed. The picture of the child (picture A) was not considered a stereotypical one but it did remind them that it can, and does, happen.

> *"…looking at this picture it makes me realise that it does happen."* (*Participant A*).

The older man (picture B) for one participant was their stereotypical view and another thought that this image was quite a common one but not one which was depicted in the media very often. Others said that their stereotype did not include such an extreme disability and voiced that they thought that it only occurred in the minority of disabled people.

> *"Um..it's er, it's er again it's quite a common one, but it's not on T.V. as much, yeah."* (*Participant E*).

> *"This depicts only a small, only a small part, I mean this…I would have said that from this image this is an extreme case, this is probably well can't really see it being much worse..."* (*Participant B*).

> *"…I don't really think of it quite as extreme as that. So it doesn't depict what I think but I know it exists, but it certainly doesn't depict, like my idea of what disabled people are."* (*Participant A*).

The image of Stephen Hawking (picture C) was not the stereotypical view of any of the participants. The fact that he was older and in a wheelchair matched some of their views but again the severity of his disability was considered more unusual and in addition it was felt that he was far more intelligent than their personal depiction of a disabled person. It was also interesting that participant B admitted that he formed his own disabled stereotype from his life experiences with his disabled grandmother and participant F believed that a

disabled person equated with a wheelchair, perhaps because the image of a wheelchair was used so widely in society.

> *"…Ah don't think all disabled people are like him, he's an exceptional person and also he's, he's really disabled. .he's really a, an A-typical disabled person."* (*Participant E*).

> *"It doesn't really, to be totally honest, because Ah think agen with his extreme intelligence it's a complete different kettle o' fish to begin with. …if ya see disabled access it's a wheelchair...it's gotta be a wheelchair. You're technically not really disabled because you haven't got a wheelchair (laughs)."* (*Participant F*).

> *"Um not really as I said before I always think of my Nana when I think of a disabled person because she was in a wheelchair.* (*Participant B*).

   The picture of a young woman at a desk (picture D) was considered stereotypical by two of the participants but the others considered her too young, too able and employable to fit their views.

> *"…it's more what Ah would a [have] actually thought to be honest, like to begin with."* (*Participant F*).

> *"It's not what Ah picture at all like erm…She's quite, she's obviously quite young, she's still doing, she' still at work doing what we all do, yeah."* (*Participant H*).

> *"You know, they're more seen as people who need help, not people who can live life properly or the same as everybody else."* (*Participant E*).

> *" Ah still don't think it erm depicts the stereotype, like the...because she is working, she is able to do…working on computas and stuff."* (*Participant G*).

   The doctor (picture E) was considered far removed from the usual stereotype as his profession was not one which was considered to be attainable by a disabled person. Once again he was considered far removed from the usual stereotype as he was too young, too able, has good cognitive functionality and was not reliant on other people.

> *"…although he's in a wheelchair, his job is not what I would expect."* (*Participant A*).

> *"Um but Ah think it's, it's good to see like you know it kinda changes the stereotype that most people that are disabled are older and need to rely on others. …it's like it kinda takes away the stereotype, maybe, maybe the image that a lotta people have."* (*Participant C*).

> *"Erm…yeah it changes it because he is younger, he's obviously agen [again] got nothing wrong with his mind cos he's a doctor."* (*Participant H*).

   The rock climber (picture F) was considered much removed from the normal stereotype as he was also too able, but one participant did suggest that the London 2012 Paralympics had helped to change views somewhat as it promoted the ability of the individual. Another felt that if he was to become disabled he would consider that he had

lost something in his life and would try to make up for it by doing something like this as a replacement for what he had lost.

> "Ah didn't think that most people in wheelchairs would get up to this..." (*Participant C*).

> "Just something to replace whatever I thought I'd lost, cos I'm kind of an active person so I'd have to up, one-up it with things like that (laughs)…" (*Participant B*).

> "The Paralympics, Ah think it has made people more aware, a lot. It, it puts disabled people in a new light the Olympics." (*Participant E*).

Social model of disability

Five of the eight interviewees mentioned how access to work and play was an important dynamic for disabled people. Equality, the opportunity to work, social acceptance of the individual, the willingness of able-bodied people to help the disabled person and the implementation of the necessary framework were considered important factors for integration within society. Participant D also mentioned the specialist equipment that would be essential for the rock climber to take part in his hobby.

> "There's like disabled access so she can just carry on as you would really, um…Ah wouldn't have actually thought them to be that accommodated for, in that type of setting, to be totally honest with ya [you]." (*Participant F*).

> "Whereas, you know he could live, he could live in the modern world with wheelchair access and stuff. He'd be able to feel relatively normal as a person in a wheelchair nowadays...Yeah it's, it's yeah it makes me think that how er yeah in our society, that I mean, that we should have a framework in place to help people who aren't as fortunate as us." (*Participant E*).

> "…it just kind of shows if we treat disabled people better, they can actually contribute _way_ more sometimes, than people without disabilities." (*Participant B*).

> "Obviously, it doesn't stop them from doing _anything,_ as long as they are obviously willing and everyone helps, lets the, lets them and helps them to do what they want to do then they can do it." (*Participant G*).

The person in the photograph

The pictures evoked many different thoughts and feelings about the person in the photograph, but by far the strength of character of the disabled person was the most salient, closely followed by intelligence. The child (picture A) and the older man (picture B) were viewed as being in greater need of help. Stephen Hawking (picture C), the young woman (picture D), the doctor (picture E) and the rock climber (picture F) were all considered able in one form or another. The image of Stephen Hawking was considered inspirational, an example of a good role model and aroused thoughts of the true definition of disability. Pictures C, E and F were each considered to promote and reinforce positive attitudes. One participant also felt that these pictures showed people who just get on with their lives and others who became quite

destructive. He also mentioned that he felt there was another personality type who just gave up on life. Picture D brought to the fore an awareness of how disability can strike at any age but it was also considered a happy image.

> *"It shows agen [again] that they're probably a lot stronger than people...who don't suffer. ...life gives you lemons and he's thrown them back in life's face...added the gin, drank it."* (*Participant D*).

> *"Ah think he'd be able to do what he wants to do but he'd have to have more help and obviously more understanding than someone...just in a wheelchair or something."* (*Participant G*).

> *"...he's a bit of like a role model...that like no matter what happens you can still carry on going."* (*Participant C*).

> *"I suppose actually there's mebbe in three veins, there's people that just get on with their life, there's people that become heavily destructive and then there's people that kind of...push themselves down."* (*Participant B*).

Overall, the photographs that aroused the most positive attitudes, such as respect and admiration, were those that depicted someone whose disabilities were considered to be outweighed by their inner strength and ability.

Discussion

The aim of this study was to examine the attitudes of able-bodied young adults towards disabled people and to see if the social model, personal (medical) model, family, own attitudes, Paralympics, media and consultation were predictors of ATDP scores. The results of the ATDP questionnaire did not support the hypothesis that able-bodied young adults have negative attitudes towards disabled people. This study found that the average score of able-bodied young adults was 125.94 (the higher the score the more positive the attitudes, with 180 being the highest). This score was much higher than the average scores of Chinese first-year rehabilitation (M = 103.4) and business students (M = 106.9) (Chan, Lee, Yuen & Chan, 2002). Suggesting that English social science students had more positive attitudes than Chinese rehabilitation and business students, however, the study was conducted over ten years ago, and attitudes may have improved. Yuker, Block and Young (1970) worded the questions on the ATDP Form A questionnaire so that if the participant considered a disabled person to be the same as an able-bodied person their attitude was therefore deemed positive. Therefore, the results suggested that the participants in this study did not view disabled people as being very different from themselves. This could be due to the influence of the introduction of legislation such as the Disability Discrimination Act (1995) and the UK government's promotion of positive attitudes (HM Government, 2012). However, it could also be due to the age of the participants as it has been suggested, by Darling and Heckert (2010), that younger people were more likely to have disabled friends than older adults and as a consequence were more accepting of the 'normality' of disabled people. Furthermore, older adults were found to be less likely to embrace the social model of disability and would continue to harbour the negative attitudes and stigma associated with the out-dated medical model (Darling & Heckert, 2010). The scales of social and personal model of disability in the quantitative section of the current study were not reliable so could not be employed to examine the influence of these models on

able-bodied young adults.   However, the interview data did confirm that the interviewees had positive attitudes, as they all stated that a disabled person was no different from anyone else, and they also embraced the social model of disability.

The results of the multiple regression confirmed this as "Own Attitudes" was a significant predictor of ATDP scores.   The three elements involved in attitude formation varied dependent upon the picture being viewed. The pictures associated with a particular personality type, those who appeared to be overcoming their disabilities and just getting on with life, evoked feelings of respect, admiration and in some cases a feeling of disbelief that a disabled person could achieve so much. In fact, the participants concentrated on what the person was able to do as opposed to what they could not achieve and sometimes ignored the disability.   Although relatively little research has been done on the effects of different personality types and disability one study did suggest that Type D personality, who suffer from chronic heart failure, were more likely to report increased disability after one year than their non-Type D counterparts (Pelle, Pedersen, Szabo & Denollet, 2009).   Therefore, non-Type D personalities could be as disabled as Type-D but their inner strength and motivation could lead to their abilities being considered over and above their disabilities. Personality types have been found to be a factor in the rehabilitation of people with learning disabilities (Hinkebein, Koller & Kunce, 1992). Change-oriented extroverts are the thrill-seekers, stability-oriented introverts have problems with self-image and often suffer from depression, change-oriented introverts focus on over-exaggerating their difficulties, and stability-oriented extroverts do the opposite in that they do not admit to having any difficulties (Hinkebein, Koller & Kunce, 1992). These four different types of personality could influence how an able-bodied adult views a disabled person. The able-bodied person's stereotypical view may be based upon their own interactions with, or media representations of, certain personality types of disabled people, which could create either positive or negative attitudes. The thrill-seeker may invoke positive attitudes whilst the disabled person who over-exaggerates their difficulties could have the opposite effect. Other pictures evoked feelings of sadness and empathy such as the child and the older man.

One person went so far as to state that these sectors of the disabled population were so upsetting to contemplate that she tried to ignore that they existed. However, the Positive Exposure Photography Project aims to focus the awareness of all kinds of disabilities by the use of transformative photographic art, so that the medical condition of the disabled person is understood but the wider context of social issues is also addressed (Abbott, 2011). This type of intervention could put the picture of the child and the severely disabled person in a different light and ultimately help able-bodied people come to terms with the fact that these conditions do exist and are not necessarily negative images. The images in the current study, although unlike those in the Exposure Photography Project, did evoke different thoughts and feelings dependent upon the image being viewed.

The data revealed that if the person in the picture was seen to be employed and intelligent then positive emotions and respect were the result. The colour of the picture was also a factor as in the case of the disabled child, the rainbow straps in the picture turned what initially was viewed as a hopeless image into one of hope and happiness. The woman at her desk was one considered to be a 'normal' image of a regular person going about her work regardless of the fact that she was in a

wheelchair. The physicist, the doctor and the rock climber were all considered to be inspirational images and role models for affirmation of the ability of disabled people as opposed to their inability. This suggests that images such as these three could influence positive attitude formation and could contribute in the formation of intervention programs. The image of the older man was the most saddening and considered stereotypical although rather more severe in nature than their normal stereotypes.

The data does suggest that despite attitudes towards disabled people being quite positive, young able-bodied adults still hold stereotypical views of disabled people. This labelling and stereotyping of disabled people has a negative effect as it leads to stigma and negative psychosocial consequences, such as able-bodied people feeling sadness and sympathy or pity towards them which could make social interaction more difficult (Green, Davis, Karshmer, Marsh & Straight, 2005). According to the participants in the current study, their stereotype of a disabled person was that of an older adult who cannot walk and uses a wheelchair. The disabled person may also have cognitive problems, be reliant on others, unemployed, and have a relatively moderate disability. A 2002 research report supports the belief that disabled people are older as the statistics showed that disability affected forty-five per cent of people of retirement age and above (Grewal, et al., 2002). The research also suggested that conditions involving the back, neck and arms were more commonplace however, sixteen per cent of disabled people had mental health problems such as anxiety and depression, but these types of disabilities did not appear in the stereotype in this current study. Furthermore, eighteen per cent had visual impairment and twenty-seven per cent had breathing problems (Grewal, et al., 2002). The matter of having the belief that disabled people are unemployed is to an extent correct as, in 2006, more than 67 per cent of disabled people were unemployed (Berthoud, 2006). The participants in this study were not alone in their stereotypical view as Grewal, et al.'s (2002) report found similar results; the most noted views about disabled people were that they had overt physical injuries, could eventually become reliant on others and that the disability was permanent. The media, family attitudes, and personal experiences were all cited as being influential in the formation of these beliefs (Grewal, et al., 2002).

Media, Paralympics, and Family were examined in the current research however, the scale for Family was unreliable, and although Cronbach's alpha for Paralympics was under .7 it was included in the multiple regression because it was a recent important media event that had been suggested to have positive influences on attitudes towards disabled people (Scope, 2012). Only two items were included on this scale and this could have affected Cronbach's alpha. The current study did not support the influence of media on attitude formation as neither the Media nor Paralympic scales were found to be predictors of ATDP score. The lack of influence on attitudes by the Paralympics could have been due to the fact that this study did not contain enough items and was conducted some months after the event in the summer of 2012 and the longer-term effect was arguably limited (Scope, 2012). However, in the interviews one participant did talk about the influence of the London 2012 Paralympics in that the games helped to promote the ability not the disability of the competitor. Nevertheless, the positive impact could also have been lessened by the segregation of the games into two; the Olympics and the Paralympics.

This segregation was suggested to be as a result of the categorisation of the disabled person as someone who is different and fails to fit into the able-bodied category (Manjra, 2005). This categorisation could continue to reinforce the labelling of disabled people and increase prejudice rather than decrease it (Manjra, 2005). Considering a disabled person as different from an able-bodied person is what Yuker, Block, and Young (1970) posited to be an indicator of negative attitudes. Therefore, the games were responsible for promoting positive attitudes regarding the ability of the athletes (Scope, 2012), but they also continued to reinforce negative attitudes by the act of segregation (Manjra, 2005). These conflicting messages could be responsible for some of the decrease in the positive power of the Paralympics in changing attitudes towards disabled people. The portrayal of Paralympic athletes by the media could also lessen the positive effect of the games, as it has been suggested that some photographs of the athletes are framed in such a manner that their disability is hidden (Buysse & Borcherding, 2010). According to Buysse and Borcherding, (2010), when a disabled athlete is portrayed in the media it is usually in the form of a male in a wheelchair, thus reinforcing this stereotype. Furthermore, it has been suggested that by overlooking the disability the media is guilty of eradicating the athletes' social identity (Buysse & Borcherding, 2010).

There are some limitations to this study. Firstly, the participants were all Western undergraduates studying either psychology or sociology and policing which limits generalization to the rest of the population. Secondly, the reliability scales on the second questionnaire were mostly unreliable which could have been due to the inexperience of the researcher in questionnaire design. A pilot study would have been helpful to iron out these design problems. Thirdly, one of the questions used in the interviews was a leading question and although probes did correct this error, it would have been better to ask an open question initially. Finally, the qualitative data was useful in determining thoughts and feelings, beliefs and attitudes towards disabled people by eight able-bodied young adults, it cannot however be generalized.

Further research of interest could be questionnaires designed solely with the 'Paralympic Effect' and the social model of disability in mind. A similar qualitative study employing photographs from the Positive Exposure Photography Project rather than the original photographs could be employed to see if there were any differences in attitudes and attitude formation between the two types of images. The results of this study could help in the development of educational tools to help improve attitudes towards disabled people. Inspiring images could be shown to children in schools to help them understand that disabled people are not different from able-bodied people and that they have differing personalities and abilities just like the able-bodied population. Further research could be conducted to compare the attitudes of young able-bodied adults with that of older adults (those over 60) using the same ATDP Form A (Yuker, Block & Young, 1970) questionnaire. Additionally, a second questionnaire could be designed to examine whether the older adults are less inclined, than the younger ones, to support the social model as Darling and Heckert (2010) suggested. The research results could help to further understanding of attitude formation. If older adults are less inclined to embrace the social model of disability and as a result have negative attitudes towards disabled people, then this would suggest that educational tools that promote the social model would be beneficial to positive attitude formation in childhood and later life.

The implications of this study are that although positive attitudes were found to be the norm for able-bodied young adults, stereotyping of disabled people remained prevalent. Further research would be beneficial to examine why stereotypical views continue to remain hidden beneath the positive attitudes of able-bodied young adults. The representation of disabled people in the media, for example the Paralympics, may contribute towards this labelling of disabled people and further research would expose this. By applying research to the understanding of the formation of stereotypical views, teachers and other professional bodies would be better equipped to create packages to break down these labelling barriers early in childhood. In doing so, this would help children to see and accept that, disabled people come in many shapes and forms just as they do.

It is clear from the data that able-bodied young adult undergraduates have positive attitudes towards disabled people. Conversely, they do still hold stereotypical views of disabled people and the consequences of this have been shown to be detrimental to the social interactions of able-bodied and disabled people (Green, et al., 2005). This year has seen cuts in disability benefits and the labelling of disabled people as 'benefit scroungers' in the press (Franklin & Marsh, 2011). Clearly more needs to be done to discourage the labelling and stereotyping of disabled people. The quantitative research in this study did not result in data which supports the social model due mainly to the aforementioned limitations in the measures, in that the second questionnaire was rudimentary. However, the qualitative data did suggest that the social model was the model of choice for the participants. It has been shown in previous research (Darling & Heckert, 2010) that younger adults are more likely than older adults to embrace it, which could be the reason why it was found that younger able-bodied adults have positive attitudes. Further studies using positive imagery such as the inspirational ones employed in this study and those of the Positive Exposure Photography Project could provide useful intervention tools and help able-bodied young adults to view disability in a more positive light by eliminate stereotyping and labelling of disabled people.

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