

**Attitudes About Disability and Political Participation  
Since the 2016 U.S. Presidential Election**

by  
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## **DEDICATION**

To my mom, my sister Lisa, and my pets Leah and Snow.

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## **ABSTRACT**

In this dissertation, I examine the relations among social identity, intergroup attitudes, and political participation. I focus specifically on differences between disabled and non-disabled people and their attitudes toward disability and participation in disability rights activism. I ground my work in social identity theory and utilize the stereotype content model, social identity model of collective action, and other research on this topic. I recruited participants from a variety of sources including an introductory level psychology course, Amazon Mechanical Turk, and a national disability rights organization.

In Study 1, I found that disabled identity, considering disability to be an important election issue, and closeness to disabled people were all predictors of participating in disability rights activism after the 2016 U.S. Presidential election. Moreover, all but the latter remain significant even when controlling for previous activism participation. In Study 2, I examined non-disabled peoples' attitudes toward disability. My results suggested that hostile ableism, but not benevolent ableism, negatively relates to other negative attitudes about disability. In addition, hostile ableism correlated positively with both hostile and benevolent sexism, but benevolent ableism only correlated with benevolent sexism. Finally, in Study 3, I found that non-disabled and disabled people express hostile and benevolent ableism differently. For disabled people, hostile and benevolent ableism work in much the same way. Both are part of an interconnected system of prejudice, as both relate to negative attitudes about other social groups. For non-disabled people, on the other hand, only hostile ableism worked this way. Benevolent ableism,

rather, appeared to be a unique form of prejudice. Non-disabled benevolent ableists actually had positive attitudes toward disabled people. However, they endorsed the medical model of disability and reported greater non-disabled identity, agreeing to items suggesting they want to remain a part of the non-disabled community. As such, although they did not have negative attitudes about disabled people, they did have negative attitudes about disability. Taken together, these results suggest that activists and educators interested in reducing prejudice against disabled people would benefit from addressing both hostile and benevolent forms of ableism.

## CHAPTER 1

### Introduction

Many well-known companies including Starbucks, American Airlines, and Alaska Airlines announced policies banning plastic straws at their facilities in 2018 (Archie & Paul, 2018). Disabled people<sup>1</sup> criticized these moves as ableist and received hostile backlash for calling out these companies from non-disabled people interested in reducing environmental waste (Danovich & Godoy, 2018). Both academic and non-academic literatures suggest that such hostile reactions to marginalized groups, including disabled people, are common among privileged individuals, including non-disabled people (e.g., Bonilla-Silva & Forman, 2000; Glick et al., 2000; McIntosh, 1988). Despite this backlash, disabled people and others who are marginalized continue to participate in activism dedicated to improving their status in the social sphere (Cole & Stewart, 1996; Schur, Shields, & Schriener, 2005; Scotch, 1988). In three studies, I examine how individuals become disability rights activists, as well as activists' and non-activists' attitudes toward disabled people.

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<sup>1</sup> I use identity-first language (e.g. disabled people) rather than person-first language (e.g. people with disabilities) throughout this dissertation. Some disabled people prefer one form of language over the other, but identity-first language tends to be preferred by disabled people in general and disabled scholars in particular while person-first language tends to be preferred by medical professionals and non-disabled people (Bickford, 2004; Dunn & Andrews, 2015; Kenny et al., 2015). While I use identity-first language in this paper, I vary using identity-first and person-first language in the items of the Ambivalent Ableism Inventory in Studies 2 and 3 and in the additional disability measures to maintain the wording of established measures and to provide the language preferred by different disabled people.

## *Social Identity*

This research falls under the domain of Social Identity Theory (SIT). Researchers developed SIT as an extension of Realistic Group Contact Theory (RCT), which posits that inter-group conflict arises from competition between groups over limited resources (Sherif, 1967; Tajfel & Turner, 1979). SIT extends this theory by hypothesizing that individuals develop a social identity when they understand that they are part of a meaningful social group, often because of this conflict over resources (Tajfel, 1982; Tajfel & Turner, 1979). In the example above, conflict between disabled and non-disabled people has occurred over the availability of plastic straws. Many disabled activists have said that they need plastic straws in order to drink and that alternatives such as paper or metal are not ideal and even dangerous (Archie & Paul, 2018). Disabled people may use such incidents as proof of inequality between disabled and non-disabled people, and thus may begin to see themselves as part of a meaningful social group composed of disabled people who share similar experiences of inequality. In Studies 1 and 3, I use SIT to examine how disabled and non-disabled people do and do not identify with a social group defined by disability and investigate how these identities relate to attitudes toward disability and participation in disability-rights activism.

In Study 1, I examine how social identity affected participation in disability rights activism during and after the 2016 Presidential election in the United States. In particular, I investigate the roles of political partisanship and disability identity in respondents' self-reported participation in disability rights activism. Most people who participate in identity-based movements, such as feminist and women's movements, anti-racist activism, and pro-LGBTQ activism, identify with left-wing politics (Bernstein, 2005). However, disability appears to be an exception to this rule. Ne'eman (2009) argued that because disability rights have not been



championed by the left to the same degree as other identity-based movements, disabled people have had to rely on allies regardless of political affiliation. In addition, according to Davis (2013) disability is an unstable category because people can move in and out of the category (e.g., a non-disabled person could become disabled after a car accident or a deaf person could get cochlear implants). Such experiences may not change people's predetermined political affiliation and thus disabled people may be more likely to have right-wing politics than members of other marginalized groups such as Black Americans, women, or LGBT people. Indeed, disabled respondents in a Pew Research Center survey reported a variety of political ideologies with a variety of respondents reporting their ideological values were consistently or mostly liberal (31%), mixed (42%), or consistently or mostly conservative (26%) (Igielnik, 2016). Thus, disabled people appear to have a range of political ideologies. As such, disability rights activism may not be associated with left-wing politics to the same extent as other identity-based social movements. However, because it is an identity-based movement, I expect disabled people to be more likely to participate in disability rights activism than non-disabled people.

In Study 3, I examine disabled and non-disabled people's attitudes about disability. As in Study 1, because I have participants with both identities, I am able to examine the role of disability identity on these attitudes. While I expect disabled people to have more positive attitudes about disability than non-disabled people, both groups have the potential to develop positive attitudes. One way that both disabled and non-disabled people may come to have positive attitudes toward disability is through group consciousness. While consciousness raising groups were a popular second-wave feminist tactic, especially for middle- and upper-class white women, some aspects of the groups continue to exist today (Kravetz, 1978; Sowards & Renegar, 2009). A developed group consciousness involves a group identity, awareness that a social

hierarchy exists, and a commitment to changing that hierarchy (Gurin et al., 1980; Jackman & Jackman, 1973). This group identity can arise from a multitude of experiences including being part of a marginalized group (e.g. disabled people) and being close to members of a marginalized group (e.g. those who are close to disabled people) (Broido, 2000; Phinney, 1989; Tajfel & Turner, 1979). I expect those who identify with the disabled community and those who have disability consciousness, regardless of whether they identify as disabled or not, to have positive attitudes toward disability.

### *Group Attitudes*

Group attitudes, such as attitudes toward disability can be positive, negative or ambivalent (Cuddy, Fiske, & Glick, 2008; Fiske, Xu, Cuddy, & Glick, 2002). Much of the psychological literature has focused on the negative side, although more recently positive and ambivalent attitudes have become more popular in the literature (e.g. Allport, 1954; Davies, Tropp, Aron, Pettigrew, & Wright, 2011; Dovidio & Gaertner, 1986; Fiske et al., 2002). Included in the literature on ambivalent attitudes are hostile and benevolent sexism, modern racism, and modern heterosexism (Glick & Fiske, 1997; McConahay, 1986; Morrison & Morrison, 2002; Morrison, Parriag, & Morrison, 1999). Using Glick and Fiske's (1997) framework, hostile attitudes are negative attitudes toward people based on their group membership(s) and benevolent attitudes are seemingly positive attitudes about group members based on stereotypes about their group(s). In ableism terms, this means that hostile ableism comprises negative attitudes toward disabled people and benevolent ableism includes seemingly positive attitudes about disabled people that are based on stereotypes about disability. Across all three studies, I examine the content of disabled and non-disabled peoples' attitudes toward disability and how

such attitudes relate to attitudes about other social groups and peoples' participation in activism on behalf of disabled people.

In Study 1, I only briefly examine group attitudes using a feeling thermometer to measure warmth toward disabled people. Feeling thermometers originated in the 1964 American National Election Study (ANES) and have been used to measure attitudes about individuals and social groups such as political candidates and political parties (e.g., Greene, 2002; Wilcox, Sigelman, & Cook, 1989). I use this measure to examine how this positive attitude relates to participation in disability rights activism during the 2016 U. S. Presidential election for those who identify as disabled and those who do not. Since disability rights activism aims to improve the experiences of disabled people, higher warmth ratings should be related to greater likelihood to participate in disability rights activism.

Since Study 1 only included the single-item warmth measure, I designed Studies 2 and 3 to learn more about attitudes toward disability. In these studies, I establish a quantitative measure of hostile and benevolent ableist attitudes. I base this measure on the Ambivalent Sexism Inventory, qualitative research on hostile and benevolent ableist attitudes, and content derived from social media articles to include items missing from previous research (Glick and Fiske, 1997; Nario-Redmond, Lester, & Kemerling, 2017). I also seek to validate this new measure using established measures of attitudes toward disability including the Questionnaire on Disability Identity and Opportunity (QDIO), the Multidimensional Attitude Scale toward persons with disabilities (MAS), and the Affective Reactions Scales (ARS) of the Disability Questionnaire (Copeland, Chan, Bezyak, & Fraser, 2009; Darling & Heckert, 2010; Findler, Vilchinsky, & Werner, 2007; Popovich, Scherbaum, Scherbaum, & Polinko, 2003). I also examine the relation between ambivalent ableism and other forms of prejudice such as

ambivalent sexism, modern racism, and modern homonegativity using the Ambivalent Sexism Inventory, the Modern Racism Scale, and the Modern Homonegativity Scale (Glick & Fiske, 1997; McConahay, 1986; Morrison & Morrison, 2002). I expect each of these forms of prejudice to relate to underlying personality traits, including social dominance orientation and system justification, which are also measured, and the intercorrelations of the various attitudes and traits are examined. (Asbrock, Sibley, & Duckitt, 2009; Oldmeadow & Fiske, 2007).

### *Activism*

The final major theme that cuts across the studies is activism.

In Study 1, I focus on what led people to participate in disability rights activism during the 2016 U. S. Presidential cycle. This campaign was particularly interesting because of the starkly opposing portrayals of disability. On the one hand, several media outlets broadcast the story of Republican candidate Donald Trump mocking disability in 2015 (e.g., Hjelmgaard, 2015). On the other hand, Democratic candidate Hillary Clinton invited disability rights activists to the Democratic National Convention to respond to the story about Trump and to speak about disability rights (Drabold, 2016). These opposing portrayals suggest that the election is an important context in which to examine whether the relation between political partisanship and participation in disability rights activism has changed.

Due to the small number of disabled people and disability rights activists in Study 2, I do not examine how attitudes toward disability directly relate to activism. However, I use the results of Study 2, in particular how different variables correlate to attitudes toward disability, to inform my hypotheses in Study 3. In Study 3, I examine activism in a more nuanced way. I recruit samples that include a large number (roughly half of the total) of disabled people who are activists associated with organizations dedicated to disability. I examine participation of both

disabled and non-disabled peoples' participation in disability rights activism. I chose this focus to allow me to study one of the most commonly endorsed models of disability: the social model (Oliver, 1983; Shakespeare 2006). The social model of disability consists of the view that disability is defined and created by society and adherents of this model aim to improve disabled people's position in society by removing barriers to their participation (Oliver, 1983; Oliver, 2013; Shakespeare, 2006). The alternative, the medical model, suggests that disability is defined by individual impairment, and the aim is to develop cures for disabled peoples' impairments (Oliver, 1996; Priestley, 1999). Of course, some people are interested in both kinds of goals. I assess not only the focus of individuals' activism on diversity rights, but also their endorsement of these two models.

The medical and social models may be related to different political approaches. Since the medical model is the default understanding of disability, endorsement of the medical model can be seen as reinforcing the status quo (Areheart, 2008; Triano, 2000). Thus, medical model endorsers may be likely to accept the social hierarchy that disadvantages disabled people, have more negative attitudes about disability, and be less likely to participate in disability rights activism. On the other hand, the social model was created by disabled scholars to challenge the default understanding of disability. This can be seen as challenging the status quo (Barnes, 2012; Goodley, 2010; Oliver, 1983). Therefore, people who endorse the social model may be more likely to participate in disability rights activism to challenge the status quo, and to have more positive attitudes about disability.

While the creation of the social model has been beneficial for challenging medicalized notions of disabled people as helpless and in need of a cure, scholars have recently questioned whether disabled people see the full range of their experiences represented by the social model

(e.g., Humphrey, 2000; Price, 2015; Swain & French, 2000). For example, Price (2015) asks where pain experienced by disabled people due to the physical manifestations of their disability fits into the social model. She argues that disabled people can both reject societal demonization of disability and seek relief for pain and other negative physical consequences of disability. This understanding of disability merges ideas from both the medical and social models of disability. Theoretically, since this understanding seeks to account for disabled people's experiences more fully, those who endorse aspects of both the medical model and the social model may actually have the most positive attitudes toward disabled people and may also participate in disability rights activism, but this assertion requires more research.

The three studies in this dissertation provide answers to three questions about the way disabilities are represented in contemporary social identities, attitudes, and political activism. In Study 1, I examine how voters' political and disability identities, attitudes, and closeness to disabled people influenced their participation in disability rights activism after the 2016 U.S. Presidential election. In Study 2, I seek to validate a scale measuring hostile and benevolent attitudes about disability and examine how the scale relates to established measures of disability attitudes and attitudes toward other social groups. Finally, in Study 3, I extend the findings of Study 2 and ask how disability identity, attitudes and model endorsement influence people's participation in disability rights activism.

## **CHAPTER 2**

### **Study 1:**

#### Disability Rights and Healthcare Activism Participation during the 2016 U.S. Presidential Election

Disability rights activists have fought to improve the experiences of disabled people in the United States and across the world. One victory stemming from this activism was the Americans with Disabilities Act (ADA) which was introduced to Congress on May 9<sup>th</sup>, 1989 (Congress.gov, 1990). The bill received widespread, bipartisan support in the Senate and the House of Representatives, was signed into law by Republican President George H. W. Bush, was amended to include further protections by Republican President George W. Bush, and was celebrated by Democratic President Barack Obama on its 25<sup>th</sup> anniversary (Brayton, 2015). In contrast to the bipartisan support of the ADA, key events during the 2016 U.S. Presidential election campaigns were more strictly partisan. The Democratic National Convention featured speakers who were disability rights activists including Anastasia Somoza and former Senator Tom Harkin who sponsored and introduced the ADA to Congress. On the other side of the political aisle, a story of Republican nominee Donald Trump previously mocking disability surfaced. It is important to examine whether this shift away from bipartisan support for disability rights is reflected in the general population, and which factors other than political partisanship influence participation in disability rights activism.

Bipartisan support for identity-based protections is unusual in the current political climate of the United States which has become increasingly polarized (e.g. Abramowitz & Saunders, 1998; Fiorina & Abrams, 2008; Layman, Carsey, & Horowitz, 2006; Hetherington, 2002). One factor in this polarization is political differences in support or rejection of the status quo, with those on the right seeking to uphold the status quo and those on the left trying to challenge it (Jost, Nosek, & Gosling, 2008). These opposing motivations make solidarity on social issues difficult. For example, social movements that threaten the current social hierarchies among groups such as feminism, #BlackLivesMatter, and the transgender rights movement, tend to be supported by left-leaning people, while movements that seek to uphold these hierarchies such as nationalism, religious conservatism, and border security, tend to be supported by right-leaning people. The disability rights movement, then, should theoretically be a left-wing cause. However, autism rights activist Ari Ne'eman (2009) has argued that unlike other traditionally liberal causes, disability rights have not been championed by liberals to the same extent, causing some disability rights activists to seek allies elsewhere. On the other hand, it may be that disability rights has been a bipartisan issue historically, as reflected in the bipartisan support for at least one manifestation of disability rights, the ADA. It is important to investigate which of these was the case during the 2016 U.S. Presidential election, especially given the different ways disability was discussed by the candidates Donald Trump and Hillary Clinton and by other Republicans and Democrats during the election.

In the following sections, I will discuss the theories and factors other than partisanship that the psychology literature suggests are important to engagement in collective action on behalf of social groups such as the disabled community.

### *Social Identity*



Social Identity Theory was developed to supplement the earlier Realistic Group Contact Theory (RCT), both of which contribute to our understanding of intergroup conflict (see e.g. Campbell, 1965; Sherif, 1966; Tajfel & Turner, 1979; Tajfel, 1982). RCT posits that intergroup conflict occurs when there is a competition for resources among groups (Campbell, 1965). For disabled people in the United States, then, competing with non-disabled people for resources can create conflict. In higher education, for instance, conflict may occur when disabled students are given accommodations such as extended time for test taking. Some non-disabled students or even faculty might see such accommodations as giving disabled students an unfair advantage rather than as a means of leveling the playing field for students whose classes are not built with them in mind.

Such intergroup conflict, in turn, encourages the development of social identities (Tajfel & Turner, 1979). According to Social Identity Theory, individuals develop social identities when they come to understand that they are a part of a meaningful social group (e.g. Tajfel & Turner, 1979; Tajfel, 1982). Thus, in the context of disability, a person may develop a disabled identity not because they have an impairment but because they understand that they belong to a group of disabled people who share similar experiences.

Once individuals understand they are part of social groups and begin to identify with those groups, some may start to see their experiences as political through developing group consciousness (see e.g. Gurin, 1985; Miller, Gurin, Gurin, & Malanchuk, 1981; Gurin & Townsend, 1986). Group consciousness involves not only having a group identity, but also an awareness of a social hierarchy that privileges certain groups and marginalizes others, and a commitment to changing that social hierarchy (Jackman & Jackman, 1973; Gurin et al., 1980). Thus, while many disabled people identify as disabled, only those who view disabled people as

relatively disadvantaged within social relations, and make a commitment to change their place in society, can be said to have disability consciousness. Since group consciousness involves a commitment to social change, it should be a key factor in disabled people's participation in disability rights activism.

Van Zomeren, Postmes, and Spears (2008) also considered how social identity links to participation in collective action. They found that social identities directly and indirectly, through feelings of injustice and efficacy, predict participation in collective action in support of a corresponding social group. They also noted that while social identities are important predictors of collective action, *politicized* social identities have an even stronger effect, lending support to the notion that group consciousness is an important precursor to social change. For disabled people, identifying is not always accompanied by group consciousness, but taking on identification with the group should increase the likelihood of feelings of injustice about an ableist system that disadvantages them and efficacy to affect change based on working together as a group. In turn, these feelings of injustice and efficacy should influence disabled people's participation in collective action that benefits disabled people. While I expect disabled people to be more likely to participate in activism, non-disabled people may also participate under the right conditions. For instance, Broido (2000) found that students who had precollege egalitarian values, gathered information about the target group, engaged in meaning making processes, developed confidence, and had opportunities to act, engaged in ally activism (Broido, 2000; Edwards, 2006). Therefore, non-disabled people may engage in disability rights activism through these or similar processes.

Few studies have directly tested the relationship between disabled identity and activism. Using qualitative interviews, Schur (1998) found that all but one of a subsample of disability

rights activists with spinal cord injuries became activists after their injury rather than before. Activists had also been living with their disabilities longer than non-activists. Although Schur did not directly test whether a disabled *identity* might be responsible for this shift from inaction to action, most of the activists in her sample did identify as such. In the current study, I will take up the question of whether there is a direct link between disability identity and disability rights activism.

### *Personality*

Another factor that influences political participation such as participation in activism is personality. Researchers have focused on particular traits and their relations to political beliefs. One relevant trait is openness to experience. Openness to experience, a Big Five personality trait, includes “imaginativeness, aesthetic sensitivity, depth of feeling, curiosity, and need for variety” (McCrae & Costa, 1987, p. 24). Extensive research has shown that openness to experience is associated with left-wing political beliefs (e.g. Carney, Jost, Gosling, & Potter, 2008; Gerber, Huber, Doherty, & Dowling, 2011; Hirsh, De Young, Xu, & Peterson, 2010, Blankenship, Frederick, Savaş, Stewart, & Montgomery 2017). Openness to experience has also been associated with political participation in general (Gerber et al., 2011; Omoto, Snyder, & Hackett, 2010; Jordan, Pope, Wallis, & Iyer, 2015), and left-wing activism in particular (Curtin, Stewart, & Duncan, 2010). Although openness to experience is associated with activism, it is unclear if it will be related to disability rights activism. While group rights are often considered left-wing causes, since disability rights have not been associated with political partisanship, it is unclear if openness to experience is relevant to disability rights activism. This possibility will be investigated in the current study.

Another relevant personality trait is social dominance orientation (SDO). SDO is the belief that it is reasonable that some groups are dominant over others in society (Sidanius, Pratto, & Rabinowitz, 1994). People high in this belief tend to have right-wing political beliefs and report prejudice against members of different social groups (e.g. Whitley, 1999; Sibley, Wilson, & Duckitt, 2007; Van Hiel & Mervielde, 2002; Heaven, & St. Quintin, 2003; Whitley & Lee, 2000). While social dominance orientation has been clearly linked to intergroup attitudes, there is not much research investigating its relation to right-wing activism intended to uphold the status quo. However, since disability rights may not be a partisan cause, I expect that SDO will not be related to participation in disability rights activism. Again, this relationship will be investigated in the current study.

#### *Election Issues*

Finally, an important factor in disability rights activism, especially in the context of the 2016 U.S. Presidential election is considering disability rights to be an important issue in making voting choices. Wurgler and Brooks (2014) argued that voters consider group rights, such as disability rights, to be less important in who they decide to vote for than other issue clusters, such as economic issues. However, the 2008 and 2012 elections of President Obama demonstrated that voters do at least sometimes consider group rights issues to be important during elections. During the 2016 election, disability rights was discussed as an issue, especially by Hillary Clinton and other Democrats. Therefore, I expect those who considered disability rights an important issue in choosing who to vote for in the 2016 election will be more likely to participate in disability rights activism after the election compared to those who did not consider it to be important, regardless of whether or not they identify as disabled. This should be

especially true for those who thought that President Trump would not be a champion for disability rights, making collective action necessary to progress on this issue.

### *Current Study*

In the current study, I examine predictors of disability rights activism in a sample of registered voters who took part in a larger study of the 2016 United States Presidential election.

My hypotheses are as follows:

*H1:* People who identify as disabled, are close to disabled people, feel warmly toward disabled people, and rate disability as an important issue in choosing which candidate to vote for in the election, regardless of disabled identity, will be more likely to participate in disability rights activism following the election (Wave 4).

*H2:* Those who participated in disability rights activism prior to the election (Wave 1) will be more likely to participate in disability rights activism following the election (Wave 4).

*H3:* Closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue will also remain significant predictors when controlling for participation in disability rights activism prior to the election.

*Research Question about Partisanship:* Unlike most other forms of activism, political partisanship is not likely to be associated with participation in disability rights activism. By extension, personality variables that are related to political partisanship (social dominance orientation and openness to experience) are also not likely to be associated with disability rights activism prior to the election. However, since disability rights featured positively on the Democratic side and negatively on the Republican side during the election, I assessed the role of these variables in relating to disability rights activism both before and after the election.

*Comparison with Healthcare Activism:* Since political partisanship of disability rights activism was a question, I will compare the relations between the predictors and disability rights activism with the relations between the same predictors and healthcare activism. I chose healthcare activism because it is conceptually related to disability, but has been more politically partisan with left-wing people more likely to participate in healthcare activism, as shown by the political divide over the Affordable Care Act (Smith, 2015).

### *Method*

#### *Participants*

A collaborative project in which I participated collected data from 789 participants across four waves during the 2016 U.S. Presidential election (Blankenship, Savaş, Frederick, & Stewart, 2017). Of these, 38% dropped out from attrition between the first and fourth waves. An additional 3% were excluded for failing to complete our key measures.

In the final sample of 477 participants who completed all four waves, 13% reported that they viewed themselves as having a disability, while the remaining 87% indicated that they did not. About half (55%) reported that they were women, 45% indicated that they were men, and <1% reported that they were gender non-conforming. Most participants reported that they were Caucasian/White (78%), 9% indicated being African American/Black, 6% reported being Asian/Asian American, 4% reported being Latinx/Hispanic, <1% reported that they were Native American, <1% indicated being Middle Eastern, and 2% reported being Biracial/Multiracial. Most participants reported that they were straight (87%). Seven percent indicated that they were bisexual, 4% reported that they were gay/lesbian, and 1% indicated that they were none of the above. Thirty-four percent of participants reported that they describe themselves as working-class, 24% described themselves as lower middle-class, 35% described themselves as middle-

class, 7% described themselves as upper middle-class, and <1% indicated they were upper class. Participants' reported ages ranged from 19-72 years old ( $M = 38$ ,  $SD = 11$ ). A little more than half of participants reported that they were politically liberal (59%). The remaining participants indicated that they were moderate (21%) or conservative (20%).

Men were significantly more likely than women to have participated in Wave 1 only and to have dropped out of the study,  $\chi^2(1, n = 648) = 10.15, p < .01$ . In addition, participants who only finished Wave 1 were significantly younger ( $M = 32.46$ ,  $SD = 10.55$ ) than participants who completed Wave 4 ( $M = 38.38$ ,  $SD = 11.26$ ),  $t(651) = 6.02, p < .001$ . Thus, younger participants dropped out of the study at a significantly higher rate than older participants. Finally, Wave 1 only participants were higher in social dominance orientation ( $M = 2.61$ ,  $SD = 1.33$ ) compared to participants who did not drop out and participated in Wave 4 ( $M = 2.28$ ,  $SD = 1.38$ ),  $t(655) = 7.29, p < .01$ . There were no other differences between participants who only completed Wave 1 compared to those who participated in all four waves on my key measures and demographic variables, all  $ps > .05$ .

### *Procedure*

We surveyed Amazon Mechanical Turk (MTurk) workers at four times during the 2016 U.S. Presidential campaign period. Measures for this study were drawn from all four waves. Research has shown that MTurk samples typically are younger, lower income, less racially diverse, and include more students than the general U.S. population (see e.g., Levay, Freese, & Druckman, 2016). They are also more likely to be politically liberal, although this effect disappears when demographic variables, such as gender, class, and race-ethnicity, are included as controls. The limited representativeness of the sample is not an insurmountable problem in this study as I am interested in how different people come to different outcomes rather than whether

particular rates of outcomes can be directly generalized to the general U.S. population. In addition, researchers have shown that MTurk findings hold up when tested in representative samples (Berinsky, Huber, & Lenz, 2012; Clifford, Jewell, & Waggoner, 2015).

Participants completed Wave 1 up to 1-2 weeks before the Republican and Democratic conventions respectively (July 2-12, 2016). To participate in the study, participants must have been registered to vote in the United States, agreed to participate in all four waves, and provided informed consent. The Wave 1 survey included personality measures, identity measures, and measures specific to the Presidential election.

Wave 2 was collected from September 6-13, 2016, before the three debates between Hillary Clinton and Donald Trump. The Wave 2 survey included many of the same measures as Wave 1 and additional measures such as disability identity, closeness to disabled people, and warmth toward disabled people.

We collected Wave 3 data after the election, between November 15 and December 1, 2016. Many of the same items from Waves 1 and 2 were included in Wave 3. We also added items related to feelings about the election outcome and which issues were most important to participants in selecting which candidate they voted for.

Finally, we surveyed participants after the inauguration from January 25 to February 11, 2017. In addition to the measures from earlier waves, we asked participants to indicate their engagement in different forms of activism, such as disability rights activism, since the Presidential election. All waves described above were determined to be exempt from IRB oversight by the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences.

### *Measures*



*Political partisanship.* We measured participants' overall political views on a 7-point Likert scale from 1: Very Liberal to 7: Very Conservative in Wave 1. The mean was 3.26 ( $SD = 1.73$ ), suggesting that our sample tended to lean liberal, as other research has shown with respect to MTurk samples (e.g., Levay, Freese, & Druckman, 2016).

*Social dominance orientation.* In Wave 1, we measured social dominance orientation using the 8-item SDO<sub>7(s)</sub> measure (Ho et al., 2015), see Appendix A. In this study, I use the scale as a whole, given the high correlation ( $r = .83$ ) between the anti-egalitarianism and dominance subscales. Participants rated how much they favored or opposed each of the eight statements on a 7-point Likert scale from 1: Strongly Oppose to 7: Strongly Favor. Sample items include "An ideal society requires some groups to be on top and others to be on bottom," and "Group equality should not be our primary goal." The mean on the SDO measure was 2.27, below the midpoint on the scale (Cronbach's alpha was .92).

*Openness to experience.* Participants completed the Openness subscale of the Ten Item Personality Inventory (TIPI) (Gosling, Rentfrow, & Swann, Jr., 2003) during Wave 1, see Appendix B. The measure consisted of two items, "open to new experiences, complex" and "conventional, uncreative" (reverse scored). We asked participants to rate the extent to which these traits applied to them on a 7-point Likert scale from 1: Strongly Disagree to 7: Strongly Agree. The average score on openness to experience was 5.18 ( $SD = 1.31$ ), above the midpoint of the scale. Cronbach's alpha was .60 for the two items; although this is somewhat low, it is not unexpected for a two-item scale and is higher than Gosling et al.'s (2003) reported alpha of .45.

*Closeness to disabled people.* In Wave 2, we asked participants to select which groups they felt particularly close to, defined as which groups were most like them in their ideas, interests, and feelings (Gurin, Miller, and Gurin, 1980). Some examples include women,

heterosexuals, and Muslims. Participants were free to select as many groups as they wanted. Of the 17 groups, I was most interested in reported closeness to disabled people, and I coded participants as close to disabled people if they checked the box next to disabled people. Of our sample of 477 participants, 17% reported being close to disabled people.

*Warmth toward disabled people.* In Wave 2, we asked participants to “rate how cold or warm you feel toward” 10 groups such as “Disabled people,” “Christians,” and “Mexican immigrants” on a feeling thermometer from 0 (coldest feelings) to 100 (warmest feelings). Feeling thermometers have been widely used in psychology and related fields (e.g. Wilcox, Sigelman, & Cook, 1989; Perry, Dovidio, Murphy, & van Ryn, 2015; Crawford, 2014), and were introduced in the 1964 American National Election Study (ANES). The mean of the feeling thermometer for disabled people was 84.30 ( $SD = 20.03$ ), suggesting that participants on average felt quite warmly toward disabled people.

*Disability identity.* During Wave 2, participants rated the extent of their agreement or disagreement with five items that measured disability identity among both people who have disabilities and those who do not. The scale was adapted from a more specific measure of deaf acculturation (Maxwell-McCaw & Zea, 2011), see Appendix C. Example items include “I view myself as having a disability” and “I feel that I am part of the disabled community.” The mean was 2.72 for the sample, and the reliability was acceptable (Cronbach’s alpha was .75).

*Disability issue importance.* Participants completed a measure in Wave 3 in which they indicated how much each of 23 policy issues affected their candidate choice in the 2016 Presidential election on a scale from 1: None at All to 5: A Great Deal, see Appendix D. The items were adapted from the 2012 version of the ANES (The American National Election Study,

2012). One of the issues participants could choose from was “disability rights” ( $M = 2.50$ ,  $SD = 1.42$ ).

*Disability rights activism.* In Waves 1 and 4, we asked participants to indicate how they have been involved in 25 different left- and right-wing causes see Appendix E and F. For each cause, participants were asked to check boxes that corresponded to actions if they completed the action in the past year (Wave 1) or since the election (Wave 4), including two online actions (“posted online promoting this cause (i.e. social media)” and “signed a petition (online)”), five offline actions (e.g. “attended a meeting” and “attended a rally or demonstration”), and one unspecified action (“gave money”). This method was used in several previous studies (e.g. Duncan, 1999; Curtin, Stewart, & Duncan, 2010; Montgomery, & Stewart, 2010). One of the causes that participants provided ratings for was “disability rights.” I calculated scores for participation in disability rights activism by taking the sum of the number of actions participants checked off. Thus, we measured disability rights activism participation on a 5-point scale. During Wave 1, most (87%) participants did not check off any of the disability rights actions ( $M = .19$ ,  $SD = 0.59$ ). Of the 105 participants who did, 72% indicated that they completed one action, 18% reported that they completed two actions, 7% indicated that they completed three actions, and 3% reported that they completed four or more actions. Similarly, during Wave 4, most (90%) participants did not check off any of the disability rights actions ( $M = .20$ ,  $SD = 0.67$ ). Of the 47 participants who did, 81% indicated that they completed one action, 17% reported that they completed two actions, 6% indicated that they completed three actions, and 2% reported that they completed four or more actions.

*Healthcare Activism.* Another cause we asked participants to report their participation in during Wave 1 and Wave 4 was healthcare activism, see Appendix E and F. During Wave 1,

more than half (65%) of participants did not check off any of the healthcare actions ( $M = .42$ ,  $SD = 0.84$ ). Of the 220 participants who did, 68% indicated that they completed one action, 19% reported that they completed two actions, 7% indicated that they completed three actions, and 6% reported that they completed four or more actions. Similarly, during Wave 4, more than half (66%) indicated that they did not participate in healthcare activism ( $M = .48$ ,  $SD = .79$ ). Of the 166 who did, 70% indicated that they completed one action, 20% reported that they completed two actions, 8% indicated that they completed three actions, and 2% reported that they completed four actions.

*Statistical Controls.* For our analyses, we recoded some of our demographics into binary variables due to the small number of participants who reported identifying with certain groups. We coded the marginalized identity as 1 and the privileged identity as 2. This included gender (1 = women and 2 = men), race-ethnicity (1 = underrepresented racial-ethnic minority and 2 = non-underrepresented racial-ethnic minority), and sexual orientation (1 = LGBTQA, 2 = heterosexual). For social class, participants reported their own view of their class; we coded 1 as working-class, 2 as lower middle-class, 3 as middle- and upper-class. Finally, we included age as a continuous variable based on participant's self-reported age.

## *Results*

### *Data Analyses*

First, I ran simple correlations of all variables included in this study to test the magnitude and direction of the relations between all predictors and outcomes.

Next, I ran hierarchical linear regressions to predict Wave 4 disability rights activism and Wave 4 healthcare activism. The predictors included Wave 1 disability rights activism or healthcare activism (matched with the outcome variable), closeness to disabled people, warmth

toward disabled people, political partisanship, social dominance orientation, and openness to experience, Wave 2 disabled identity, and Wave 3 disability rights issue importance. Since I wanted to assess predictors of participation in the two types of activism separately from change in activism participation from Wave 1 to Wave 4, I entered all predictors except the corresponding Wave 1 activism measures in Step 1 and added the latter in Step 2. Demographics entered in Step 3 were not significant predictors of Wave 4 disability rights activism or Wave 4 healthcare activism, all  $ps > .05$ . Demographic variables are therefore not included in the results reported below.

### *Preliminary Analyses*

I ran simple correlations of all the predictors and outcome variables included in this study, see Tables 1.1 and 1.2 (Note: all tables and figures are located at the end of this document). Unsurprisingly, all of the disability-related variables including closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue in choosing who to vote for, were positively correlated with each other. As such, those who are close to disabled people tend also to be warm toward them, to identify as disabled, and to have considered disability to be an important election issue.

Similarly, all of the political variables, including political partisanship, social dominance orientation, and openness to experience were significantly correlated with each other. Political partisanship (coded 1 as very liberal and 7 as very conservative) was positively correlated with social dominance orientation and negatively correlated with openness to experience. In addition, social dominance orientation was negatively correlated with openness to experience.

Some of these variables were also related to the disability variables included in this study. Closeness to disabled people was negatively correlated with political partisanship and social

dominance orientation and positively correlated with openness to experience. Similarly, considering disability to be an important election issue was negatively correlated with political partisanship and social dominance orientation and was positively correlated with openness to experience. Warmth toward disabled people was negatively correlated with social dominance orientation and positively correlated with openness to experience, but it was not significantly correlated with political partisanship. Finally, disabled identity was only significantly and negatively correlated with social dominance orientation. It was not correlated with political partisanship or openness to experience.

Finally, I examined the correlations of the predictors with disability rights and healthcare activism at Waves 1 and 4. Wave 1 disability rights activism was positively correlated with closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue. In addition, Wave 1 disability rights activism was negatively correlated with social dominance orientation. However, disability rights activism was not significantly correlated with political partisanship or openness to experience. Wave 4 disability rights activism was also positively correlated with closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue, and negatively correlated with social dominance orientation. Unlike Wave 1 disability rights activism, Wave 4 disability rights activism was negatively correlated with political partisanship. Thus, while political partisanship did not relate to disability rights activism levels prior to the election, following the election, the more conservative participants were, the less likely they were to participate in disability rights activism.

Correlations between the predictors and healthcare activism were similar with a few exceptions. Like Wave 1 disability rights activism, Wave 1 healthcare activism was positively

correlated with closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue. It was also negatively correlated with social dominance orientation and not correlated with openness to experience. However, Wave 1 healthcare activism was negatively correlated with political partisanship. The more conservative participants were, the less likely they were to participate in healthcare activism. Similar to Wave 4 disability rights activism, Wave 4 healthcare activism was positively correlated with closeness to disabled people, warmth toward disabled people, disabled identity, and considering disability to be an important election issue. However, openness to experience was also significantly and positively related to Wave 4 healthcare activism participation. Finally, Wave 4 healthcare activism was negatively correlated with political partisanship and social dominance orientation, similar to Wave 4 disability rights activism.

#### *Wave 4 Disability Rights Activism Analyses*

I hypothesized that those with a disabled identity and those who were close to disabled people, warm toward disabled people, and considered disability rights as an important issue in choosing who to vote for in the election would participate in Wave 4 disability rights activism. These hypotheses were partially supported by the hierarchical regression analyses. Those who were close to disabled people were more likely to participate in disability rights activism after the election,  $t(439) = 2.09$ ,  $p < .05$ ; see Table 1.3. In addition, participants who identified as disabled and those who considered disability to be an important election issue were also more likely to participate in disability rights activism following the election,  $t(439) = 5.34$ ,  $p < .001$  for identity and  $t(439) = 3.36$ ,  $p < .01$  for important election issue. However, warmth toward disabled people did not significantly predict participation in disability rights activism following the election,  $t(439) = 1.55$ ,  $p > .05$ .

Having a disabled identity and considering disability as an important election issue in choosing who to vote for were the only predictors that remained significant in Wave 4 disability rights activism when Wave 1 disability rights activism participation was controlled for,  $t(438) = 3.79, p < .001$  and  $t(438) = 2.25, p < .05$ . Once it was entered into the regression, closeness to disabled people was no longer a significant predictor of Wave 4 activism. However, Wave 1 disability rights activism did predict Wave 4 activism,  $t(438) = 9.14, p < .001$ ; see Table 1.4.

I was also interested in exploring whether or not political partisanship would be related to disability rights activism, given the historical bipartisan support for disability legislation but more recent polarization of disability during the election campaign. I did not formulate a hypothesis about this relation or the relation between the personality variables social dominance orientation and openness to experience and disability rights activism participation. In the regression analysis, political partisanship did not predict participants' disability rights activism participation after the election,  $t(439) = -0.56, p > .05$ . Similarly, participants' social dominance orientation and openness to experience traits did not predict participation in disability rights activism in Wave 4  $t(439) = -0.60, p > .05$  and  $t(439) = -0.45, p > .05$  respectively. Moreover, none of these variables predicted participation in Wave 4 disability rights activism when Wave 1 disability rights participation was included in the analyses,  $t(438)$  ranged from -0.41 to -0.71, all  $ps > .05$ .

#### *Wave 4 Healthcare Activism Analyses*

I compared the results of analyses predicting participation in healthcare activism following the election using predictors from Waves 1-3 with the results reported above. The only significant disability-related predictor that was also a significant predictor of healthcare activism following the election was disability issue importance. Those who considered disability to be an



important election issue were more likely to participate in healthcare activism following the election,  $t(439) = 3.44, p < .01$ , see Table 1.5. Disability issue importance remained a significant predictor of Wave 4 healthcare activism when I included Wave 1 healthcare activism as a control,  $t(438) = 3.12, p < .01$ , see Table 1.6.

Unlike with disability rights activism participation, those who were close to disabled people and those who identified as disabled were not more likely to participate in healthcare activism following the election,  $t(439)$  range from 1.33 to 1.36,  $ps > .05$ . In addition, participants with warmer feelings toward disabled people were also no more likely to participate in healthcare activism following the election, similarly to disability rights activism participation,  $t(439) = 1.93, p > .05$ .

Also unlike disability rights activism participation, political partisanship did predict participants' healthcare activism participation after the election,  $t(439) = -4.92, p < .001$ . Liberal participants were more likely to participate in healthcare activism following the election, compared to conservative participants. Political partisanship remained significant after controlling for Wave 1 healthcare activism participation,  $t(438) = -4.41, p < .001$ .

On the other hand, participants' social dominance orientation and openness to experience traits did not predict participation in healthcare activism in Wave 4  $t(439) = 0.86, p > .05$  and  $t(439) = 0.75, p > .05$  respectively. Moreover, neither of these personality variables predicted participation in Wave 4 healthcare activism when Wave 1 healthcare activism was included in the analyses,  $t(438)$  ranged from 0.38 to 0.82,  $ps > .05$ . However, Wave 1 healthcare activism did predict Wave 4 activism,  $t(438) = 9.47, p < .001$ . When this was entered into the regression, only political partisanship and disability issue importance were significant predictors of healthcare activism after the election.

## *Discussion*

The results of these analyses partially supported my hypotheses. In particular, analyses suggested that, as expected, closeness to disabled people, disability identity, considering disability to be an important election issue, and participating in disability rights activism prior to the election predicted participation in disability rights activism following the election. These results align with Social Identity Theory and the Social Identity Model of Collective Action that state that identity is an important predictor of involvement in social movements on behalf of a social group (Tajfel & Turner, 1979; Tajfel, 1982; van Zomeren et al., 2008). The Social Identity Model of Collective Action also acknowledges that while identity is one of the strongest predictors of collective action on behalf of a social group, there are other factors that are important. For example, van Zomeren et al. (2008) suggest that emotions are important in producing an understanding that social hierarchies are unjust. One way that people might develop such emotions is through closeness to disabled people. When people witness injustice against others who they are close to, they may feel angry about the social hierarchy that disadvantage disabled individuals. In addition, considering disability to be an important election issue in deciding who to vote for calls to mind van Zomeren et al.'s (2008) suggestion that efficacy is also an important predictor of activism. Voters use a wide variety of issues in deciding who to vote for in a given election, and choosing disability as one such factor is a way to express efficacy by potentially influencing social change in that issue.

I also examined a research question about the relation between political partisanship, related personality variables, and disability rights activism participation. I examined correlations between these variables and included political partisanship, social dominance orientation, and openness to experience as predictors of disability rights activism following the election in the

regression analyses. Political partisanship was not correlated with disability rights activism prior to the election and was weakly, but significantly correlated with disability rights activism following the election with liberals more likely to participate. Social dominance orientation was also weakly and negatively correlated with disability rights activism participation, but was correlated both prior to and following the election. Openness to experience was not correlated with disability rights activism at either time-point. In addition, none of these variables predicted participation in disability rights activism. Thus, although some are related to disability rights activism before and after the election, they do not appear to be particularly important in predicting disability rights activism participation when controlling for other more relevant variables such as disabled identity and considering disability to be an important election issue. These results confirm the suggestion that the disability rights movement may not be as politically polarized as other identity-based movements, though it was more polarized after the election than before, as indicated by the post-election.

While I did not make predictions about specific predictors of participation in healthcare activism following the election, it is interesting to note that of all of the disability-related variables I included in the current study, only considering disability to be an important election issue in choosing who to vote for predicted participation in healthcare activism. While healthcare is not strictly an identity-based cause, ensuring healthcare coverage is widespread and easily accessible is an important issue for disabled people (and others) in the United States. As with disability rights activism, this factor may be important because of its relation to feelings of efficacy. If voters feel that they can make a difference on an issue, they may be more likely to participate in a variety of types of activism related to that issue.

As expected, respondents who participated in disability rights activism prior to the election were more likely than those who did not to participate in disability rights activism following the election. Even when taking this into account, both disabled identity and considering disability to be an important election issue remained significant predictors of participation in disability rights activism after the election, while closeness to disabled people became non-significant. Thus, identifying as disabled and considering disability to be an important election issue predicted an increase in participation in disability rights activism following the election result. This suggests that disabled people and those who feel strongly about disability may have been even more motivated to protect disability rights once it became clear that President Trump won the election, given the criticism of disabled people prominent in Trump's campaign.

While the partisan or non-partisan nature of disability seemed to shift after the election in the current study, healthcare has been more obviously a partisan issue in the recent political climate. The Affordable Care Act was passed during President Barack Obama's presidency, and there was immediate and persistent criticism of the Act by Republicans and people on the right of the political spectrum. Thus, it is not surprising that political partisanship was a predictor of participation in healthcare activism following the election, with liberal-leaning people being more likely than conservative-leaning people to participate in healthcare activism. Healthcare may have been seen as a particularly vulnerable issue by liberals, with the election of President Trump and with the attacks on the Affordable Care Act by Republicans in Congress have made since the Act passed.

Both political partisanship and considering disability to be an important election issue remained significant when controlling for participation in healthcare activism prior to the

election. Thus, liberal-leaning people and those who considered disability to be important in deciding who to vote for increased their participation in healthcare activism following the election. This provides further evidence that healthcare was seen by liberals as a particularly important issue to protect in a Republican-dominated government.

While political partisanship significantly predicted participation in healthcare activism following the election, the related personality variables social dominance orientation and openness to experience did not, as with disability rights activism. Social dominance orientation was weakly and negatively correlated with healthcare activism both prior to and after the election, but openness to experience was only weakly and positively correlated with healthcare activism after the election. As with disability rights activism, these variables appear to be less important than others variables such as political partisanship and considering disability to be an important election issue, as the effects of the correlations decline when controlling for other variables.

### *Limitations*

There were several limitations in the current study. One of the most significant limitations was the use of single-item measures. Since the current study was part of a larger study of the 2016 U.S. Presidential election, space constraints limited the number of questions that could be asked about disability. Of the eight hypothesized predictors of disability rights activism, five were single-item measures and one was a two-item measure in a larger scale. The single-item measures included closeness to disabled people, warmth toward disabled people, political partisanship, disability as an important election issue, and participation in activism prior to the election. In addition, openness to experience was measured using a two-item subscale in the TIPI scale (Gosling, Rentfrow, & Swann, Jr., 2003).

While closeness to disabled people, considering disability to be an important election issue, and participation in disability rights activism prior to the election were significant predictors of participation in disability rights activism after the election, warmth toward disabled people, political partisanship, and openness to experience were not significant predictors. In addition, closeness to disabled people, warmth toward disabled people, and openness to experience did not predict participation in healthcare activism following the election. It is possible that such single-item and two-item measures were simply not strong enough measures to predict activism prior to the election. Given these mixed results, future studies using multiple-item scales would be helpful in determining whether any of the non-significant predictors are important in predicting disability rights and healthcare activism.

Another limitation was the use of an MTurk sample. MTurk samples are not typically representative of the general U.S. population or the population of U.S. voters more specifically. Rather, MTurk samples tend to be more politically liberal, younger, lower class, less racially diverse, and include more students than the general population (Levay, Freese, & Druckman, 2016). Although MTurk samples are not representative, MTurk findings have held up when tested in more representative samples (Berinsky, Huber, & Lenz, 2012; Clifford, Jewell, & Waggoner, 2015). It would strengthen the findings of the current study to replicate the study using a more representative sample of the population of U.S. voters.

As noted earlier, there was non-random participant attrition from Wave 1 to Wave 4. In particular, men and younger participants were more likely than women and older participants to drop out of the study after Wave 1. When I controlled for demographic variables including gender and age, neither was a significant predictor of disability rights activism or healthcare activism following the election. Thus, this attrition was not likely to have affected the results. In

addition, people who participated in only Wave 1 of the study were higher in social dominance orientation than participants who completed Wave 4. Again, this variable was not a significant predictor of either disability rights activism or healthcare activism and was not likely to have had a strong impact on the results. Still, it is impossible to know if there were other unmeasured factors that influenced both attrition and the results of the analyses.

### *Implications*

The current study provides several implications for psychological research and its applications to the real world. One significant implication is that disability may be a site where people on the left and right of the political spectrum can work together. Of the 25 causes participants reported their participation in, disability rights was the *only* cause that political partisanship did not significantly predict in Wave 1. While there was a weak correlation ( $r = -.11$ ) between political partisanship and disability rights activism in Wave 4, political partisanship did not predict disability rights activism in Wave 4 when controlling for other variables. Thus, it seems less likely that this finding was not a result of measurement error and likely to be related to something special about disability rights. A potential explanation of this result is that disability, and in particular disability that is acquired later in life, is not experienced by more people on one side of the political spectrum than the other. Many people acquire disabilities after their formative years when their identities develop (Stewart & Healy, 1986). This is unlike other identity-based movements such as the women's movement or anti-racist movements where identities are more likely to be determined prior to birth and seen as important in political and identity development later in life. While political partisanship is not necessarily a negative factor in the women's movement or the anti-racist movements, for example, having bipartisan support for disability rights can make social change much easier. Future research

examining the role of political partisanship in participation in disability rights activism would be useful in replicating and strengthening this finding.

Finally, this research suggests that psychology research can benefit from more multi-wave and longitudinal research. A strength of the current study was that I was able to examine changes in disability rights activism and healthcare activism participation over time. Researchers interested in similar phenomena might consider measuring relevant predictor and outcome variables over time. While I cannot make causal claims based on this research, the fact that certain predictors were significant in predicting outcomes in later waves, while controlling for other variables, suggests potential causal relations that can be tested in future studies.



## CHAPTER 3

### Study 2:

#### **Is Ableism Ambivalent? Measuring Hostile and Benevolent Ableism**

In 2018, car company Toyota released a series of advertisements focused on the upcoming Winter Olympics and Paralympics. One such advertisement, “Good Odds,” featured the life story of eight-time Paralympic gold medalist Lauren Woolstencroft (Toyota Global, 2018). Throughout the advertisement, viewers witness a disabled infant, child, and adult performing ordinary tasks such as walking, dancing, and exercising alongside able-bodied peers in addition to performing at the Paralympic games. The advertisement was considered to be the “most effective” of all advertisements featured during the National Football League’s 2018 Super Bowl, despite not featuring a single car until the last five seconds of the clip (Nudd, 2018). It was considered to be the most effective not because people were suddenly more likely to buy Toyotas but because of its emotional impact as an “inspirational” advertisement. Toyota released a similar advertisement “Thin Ice,” which featured an able-bodied person overcoming obstacles, at the same time they released “Good Odds,” and the advertisement was not considered to have invoked the same levels of inspiration. Disabled activist and comedian Stella Young called this form of ableism “inspiration porn” (Young, 2012; Young, 2014). She considered inspiration porn to be problematic for disabled people because it constructs disability as bad and makes normal achievements appear extraordinary. The focus of the current study is to create a measure to

specifically examine this and other forms of hostile and benevolent ableist attitudes that have an impact on disabled people's lives.

Attitudes about social groups include stereotypes about those groups. The stereotype content model posits that group stereotypes are based on two dimensions: warmth and competence, and in turn these dimensions shape intergroup attitudes and behavior (Fiske, Cuddy, Glick, & Xu, 2002; Fiske, Cuddy, & Glick, 2007; Fiske, Xu, Cuddy, & Glick, 1999). According to Fiske et al. (2007), views of a groups' overall "warmth" predict whether groups are perceived positively or negatively, while views of a group's competence predict how strong that positive or negative perception is. Disabled people are stereotyped within the model as low in competence, but high in warmth (that is, they tend to be perceived in a positive but patronizing way; Cuddy, Fiske, & Glick, 2007). Like other groups that are considered high on one of the dimensions and low on the other, such as elderly and Jewish people, disabled people face ambivalent prejudices from out-group members (Fiske, Cuddy, & Glick, 2007). In the following section, I will discuss the literature on ambivalent ableism (i.e. hostile and benevolent ableism) and its relation to other ambivalent attitudes.

### *Hostile and Benevolent Ableism*

Hostile and benevolent ableism parallel other forms of prejudice such as sexism, racism, and heterosexism in several ways. The lay understanding of prejudice includes only hostile attitudes toward people of different social groups. Indeed, although Allport (1954) briefly acknowledged that prejudice can include positive views of groups or individuals, he defined ethnic prejudice in solely negative (hostile) terms. According to this conceptualization, *hostile ableism*, then, is defined as negative attitudes toward disabled people as a group or as individuals. While hostile attitudes are clearly a form of prejudice, defining prejudice based

solely on negative attitudes is not sufficient. As Glick and Fiske (1996) argued, sexism includes a second component: benevolent sexism, which includes seemingly positive attitudes toward women based on stereotypical views. Similarly, *benevolent ableism* can be defined as seemingly positive ableist attitudes toward disabled people based on stereotypes about disabled people.

Hostile ableism has received extensive attention in the literature. Scholars have written and theorized about dehumanization of disabled people (e.g., Bogdan & Tayler, 1989; Carlson, 2001; O'Brien, 1999; O'Brien, 2003; Szasz, 1973), stigmatization of disability (e.g., Fine & Asch, 1988; Corrigan, 2014; Susman, 1994; Thirthalli & Kumar, 2012; Buljevac, Majdak, & Leutar, 2012; Sternke & Abrahamson, 2015) and hatred towards disabled people (e.g., Waxman, 1991), for some examples. In addition to overall negative attitudes, an important aspect of hostile ableism is contagion fear, specifically the fear of becoming disabled or of catching a disability from a disabled person. While contagion fear includes fear of disability related to contagious diseases such as sexually transmitted infections (e.g., Bishop, Alva, Cantu, & Rittiman, 1991; Maieron, Roberts, & Prentice-Dunn, 1996), it also can be seen in interactions with disabled people whose disabilities are not contagious. Park, Faulkner, and Schaller (2003) argued that disability (in general) has historically been associated with disease, which for many people connotes contagiousness. Similarly, Covey (1998) contended that disabled people are often perceived by non-disabled people as being unclean. In a qualitative study, Nario-Redmond et al. (2017) also found that disabled people report contagion fear-related comments and behaviors in addition to overall hostile ableism from non-disabled people. These outcomes construct disabled people as dangerous by being unclean and carrying a contagious potential. Thus, instead of the paternalistic responses predicted by the stereotype content model, disabled people experience these hostile reactions.

Like hostile ableism, benevolent ableism has also been discussed in the literature, although it has not been explicitly named as such. Two major components to benevolent ableism are patronizing attitudes (e.g., Thoreson & Kerr, 1978) and inspiration porn (see Young, 2012; Young, 2014). Fox and Giles (1996) described three types of patronizing talk experienced by physically disabled people: baby talk such as being called “sweetie” or “hun” in a condescending way; depersonalizing language (e.g. using the phrase “you people” to refer to disabled people), and third-party talk, describing occasions when non-disabled people talk to disabled people through another non-disabled person (e.g. does she like to draw?). As mentioned above, patronizing language is expected, based on the placement of disabled people within the stereotype content model as a high warmth and low competence group. Stella Young, in her TEDxSydney talk, described another result of disabled people being perceived this way. She explained that non-disabled people have such low expectations of disabled people that disabled people appear to be inspirational just for doing ordinary things (Young, 2014). This inspiration porn, according to Young, objectifies disabled people for the benefit of non-disabled people because it makes the latter feel better about their own circumstances at the expense of the former. Since Young coined the phrase inspiration porn, scholars have taken up the topic in the literature (e.g., Grue, 2016; Hadley, 2016; Ellis & Groggin, 2015). Nario-Redmond et al. (2017) found that both patronizing language and inspiration porn are commonly experienced by disabled people. This makes them important to consider alongside more hostile forms of ableism.

### *Measuring Hostile and Benevolent Ableism*

In order to develop a scale to measure hostile and benevolent ableism, I started with the much-used Ambivalent Sexism Inventory (see Glick & Fiske, 1996). The two forms of prejudice share several components such as overall hostile attitudes and paternalism. Some items translated

well between the scales and were used as a pilot test of my measure of hostile and benevolent ableism. On the other hand, there were also aspects of sexism that did not easily translate to ableism. For instance, one form of benevolent sexism is heterosexual intimacy in which women and men are taught that they cannot be truly happy unless they are in a heterosexual relationship (Glick & Fiske, 1996). Unlike women who are often perceived as sexually and romantically desirable, disabled people are often stereotyped as asexual and incapable of having sex making them appear to be undesirable as a life partner (Dotson, Stinson, & Christian, 2003; Esmail, Darry, Walter, & Knupp, 2010; Kim, 2011; Milligan & Neufeldt, 2001). Rewording these items to reflect ableism would be nonsensical. Therefore, although I used the Ambivalent Sexism Inventory as a starting point for creating a hostile and benevolent ableism scale, I did not just reword all of the Ambivalent Sexism Inventory items to their ableism counterparts.

To fill in some of the gaps created by differences between sexism and ableism, I utilized qualitative work on hostile and benevolent ableism. Nario-Redmond et al. (2017) analyzed open-ended data investigating the experiences disabled people had with ableist prejudice. I used her results to create items to supplement the items translated from the Ambivalent Sexism Inventory. In addition, I examined social media discussions, and added a few additional items based on experiences disabled people shared online (e.g., I created items about accommodations in schools and the association between gun violence and psychological disabilities which were not topics that were referred to in the other sources). I added five additional items using this method.

#### *Individual Differences and Hostile and Benevolent Ableism*

In addition to creating a measure of ambivalent ableism that could be used in future studies, I was interested in exploring whether there were particular underlying individual differences associated with hostile and benevolent ableism. Two candidates were social

dominance orientation and openness to experience. Social dominance orientation refers to an individual's preference for social hierarchies that privilege some social groups and disadvantage others (Pratto, Sidanius, Stallworth, & Malle, 1994). Openness to experience, on the other hand, is one of the Big Five personality traits, and it captures people's preferences towards or against variety and trying new things as well as curiosity (McCrae & Costa, 1987). Social dominance orientation has been shown to be associated with prejudice and openness to experience with a lack thereof and thus are likely to impact attitudes about disability (Brandt, Chambers, Crawford, & Wetherell, 2015; Flynn, 2005; Pratto et al., 1994; Sibley & Duckitt, 2008; Whitley, 1999).

More specifically, social dominance orientation has been shown to be associated with both traditional and modern forms of prejudice including racism (e.g., Sidanius, Devereux, & Pratto, 1992; Van Hiel & Mervielde, 2005), sexism (e.g. Sibley, Wilson, & Duckitt, 2007; Thomas & Esses, 2004), and heterosexism and homophobia (e.g., Eldridge & Johnson, 2011; Whitley & Ægisdóttir, 2000). As such, it would be reasonable for social dominance orientation to also be associated with traditional and modern forms of ableism. Hostile ableism, a more traditional form of ableism, may reinforce the social hierarchy that places non-disabled people in a privileged position and disabled people in a marginalized position as disabled people are thought of in negative and stereotypical ways. This thought process aligns with social dominance orientation. Benevolent ableism, while seemingly positive, may also reinforce this social hierarchy due to the underlying assumption that disabled people are incapable and incompetent. Therefore, social dominance orientation should also be related to benevolent ableism.

Openness to experience, on the other hand, has been shown to be inversely related to prejudice including racism (e.g., Cokley et al., 2010; Flynn, 2005), sexism (e.g., Akrami, Ekehammer, & Wallentin, 2011; Castro & Torrejon, 2001), and heterosexism and homophobia

(e.g., Baron, Struckman-Johnson, Quevillon, & Banka, 2008; Cullen, Wright, & Alessandri, 2002). As such, it should also be inversely related to hostile and benevolent ableism. One caveat, however, is that people who are high in openness to experience also display intolerance towards certain groups (Brandt et al., 2015). In particular, Brandt et al. (2015) found that while people who were more open to experience, compared to those who were less open, expressed less intolerance towards others who had different worldviews than their own, both groups were less tolerant of those who expressed different worldviews compared to those who had similar worldviews to them. However, since the ambivalent ableism measure does not capture worldviews, I do not expect greater levels of openness to experience to be associated with hostile or benevolent ableism.

#### *Politics and Hostile and Benevolent Ableism*

A political individual difference measure that is important to explore is political partisanship, or the degree to which a person is liberal, moderate, or conservative politically. As discussed in Study 1, the disability rights movement received at least some bipartisan support historically (e.g., the Americans with Disabilities Act; Congress.gov, 1990). Such bipartisan support is unusual in American politics, and identity-based movements in particular (Abramowitz & Saunders, 1998; Fiorina & Abrams, 2008; Layman, Carsey, & Horowitz, 2006; Hetherington, 2002). However, disability became polarized during the 2016 U. S. Presidential election. Then Republican candidate Donald Trump was criticized for mocking disability while Democratic candidate Hillary Clinton included disability rights activists at the Democratic National Convention. Given the differences between past and present political support for disability rights, it will be interesting to test whether political partisanship affects attitudes toward disability. If disability is still a bipartisan cause, political partisanship should not be

related to hostile and benevolent ableism, while if it has become polarized, people who are more conservative politically should be more likely to report hostile and benevolent ableism.

Another political variable that may not be related to hostile and benevolent ableism is political self-efficacy. Political self-efficacy is the belief that an individual's actions can have an impact on politics and that such actions are worth doing (Campbell, Gurin, & Miller, 1950). In the American National Election Study (ANES) (2015), political self-efficacy captured people's beliefs that they understand politics and government and that individual people can have an impact of what the government does. Research on political self-efficacy has focused on voting behavior (e.g., Pinkleton, Weintraub Austin, & Fortman, 1998; Vecchione & Caprara, 2009), campaign involvement (e.g., Rudolph, Gangl, & Stevens, 2000) and trust in the government (e.g., Craig, Niemi, & Silver, 1990; Parent, Vandebek, & Gemino, 2005). While political self-efficacy is related to such political behavior, it is unlikely to impact hostile and benevolent ableist attitudes because both people who want to uphold and disrupt traditional stereotypes and constructions of social groups can believe that they can have an impact. Thus, political self-efficacy will be considered to potentially demonstrate discriminant validity of hostile and benevolent ableism.

Finally, a political variable that may be related to hostile and benevolent ableism is everyday social justice behavior. Social justice behavior includes taking actions to promote social change and dismantle hierarchies between groups (Duncan, 1999; Reicher, 1984; Tajfel, 1978; Tajfel & Turner, 1979). Montgomery (2014) extended this concept to include seemingly small actions people take on a day-to-day basis that have the same goal of promoting social change. Although Montgomery's (2014) scale only included one item specifically referring to disability (How often do you avoid calling people "retarded?"), I expected everyday social



justice behavior to be inversely related to hostile and benevolent ableism because such beliefs misalign with the goal to promote social change.

### *Current Study*

In Study 2, I seek to validate a measure of ambivalent ableism. I also examine attitudes associated with ambivalent ableism as well as how participation in activism is related to the scale.

I hypothesize that:

*H1:* There will be two main components to ambivalent ableism: hostile and benevolent ableism. In addition, I will test whether these components are correlated with each other in a similar way to hostile and benevolent sexism or if they are unrelated constructs (Glick & Fiske, 1996).

*H2:* Hostile and benevolent ableism will be correlated with hostile and benevolent sexism.

*H3:* Hostile and benevolent ableism will be associated with other attitudes toward disability, such as work-related attitudes toward disability.

*H4:* Individual differences, particularly social dominance orientation (positively) and openness to experience (negatively), will be associated with both hostile and benevolent ableism.

*H5:* Hostile and benevolent ableism will be negatively associated with everyday social justice behavior.

*H6:* Political self-efficacy will not be associated with hostile and benevolent ableism, lending evidence to its discriminant validity.

*H7:* Individual differences, particularly social dominance orientation (positively) and openness to experience (negatively), will significantly predict hostile and benevolent ableism.

*H8: Hostile and benevolent ableism will significantly predict everyday social justice behavior.*

*Research question about political partisanship.* As in Study 1, I will examine the relation between political partisanship and disability variables, in this case hostile and benevolent ableism. Due to the unclear relation between political partisanship and disability, I do not have a hypothesis about the strength or magnitude of this relation, but I will explore this question in the current study.

### *Method*

#### *Participants*

Participants were 164 students from an introductory level psychology course who received extra credit for their participation.

Of the 164 students who participated, only 6% reported having a disability; the remaining 94% did not. In addition, 68% indicated that they were women, 24% reported that they were men, and 1% indicated a different gender identity. More than half (67%) reported that they were Caucasian/White, 17% Asian/Asian American, 5% African-American/Black, 4% Latino/Latina/Latinx/Hispanic, 4% Biracial/Multiracial, 2% Middle Eastern, and 2% Other. Twelve percent indicated that they were upper-class, 44% upper-middle class, 27% that they were middle class, 10% lower-middle class, and 8% working class. Most (88%) reported that they were straight, while 8% indicated that they were bisexual, 3% gay or lesbian, 1% asexual, and 1% reported they were “none of the above”. Participants’ ages ranged from 18-34 ( $M = 20$ ,  $SD = 1.95$ ). Politically, 58% reported that they were liberal, 28% moderate, and 15% conservative.

#### *Procedure*

I created the Ambivalent Ableism Inventory using three main sources of items: adaptations of items in the Ambivalent Sexism Inventory (Glick & Fiske, 1996), qualitative research on hostile and benevolent ableism (Nario-Redmond, 2017), and themes arising in social media.

I began by adapting the 22 items of the Ambivalent Sexism Inventory (Glick & Fiske, 1996) to refer to ableism rather than sexism. I discussed the items with the members of a gender and personality in context research group composed of 3 faculty members, 7 graduate students and 1 undergraduate student. We decided on which items translated well from sexism to ableism (e.g. “Disabled people exaggerate problems at work”) and which didn’t (e.g. “There are actually very few disabled people who get a kick out of teasing non-disabled people by seeming sexually available and then refusing their advances”). I removed the latter items from the scale. Fourteen of the 22 items made sense in a disability context (see Table 2.1).

I then added items based on Nario-Redmond’s (2017) qualitative study of hostile and benevolent ableism. She reported open-ended responses to items asking participants to describe their experiences of ableism. Several themes emerged from her analyses that I used to develop questions to add to the items converted from the Ambivalent Sexism Inventory. Example items that I included were “People with disabilities are brave for going out in public,” and “If you avoid people with disabilities, you’ll stay healthier.” Altogether, I added 15 items based on this study.

Finally, I added items from social media discussions that I felt were important to include even though they did not emerge from either of the above sources. An example is “Accommodations for disabled students give them an unfair advantage over non-disabled students.” An item such as this would be expected to come up in a sample of students, and

neither of the above sources used such a sample. Therefore, I used the social media discussions to fill in such gaps. I added five items using this method.

The resulting provisional Ambivalent Ableism Inventory included 34 items that were included in a survey given to students in an introductory level psychology course, Introduction to Personality Psychology. This research was determined to be exempt from IRB oversight by the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences. I adopted procedures consistent with the protection of participants' rights to withdraw from the study, not to answer particular items, and to have their privacy protected.

The main instructor of the course contacted students after midterms to offer extra credit in exchange for participating in an online survey. The survey was both computer and mobile compatible, and participants could take it anywhere they wanted. In order to participate, participants must have agreed to the informed consent document at the beginning of the survey which indicated that they could withdraw at any time without penalty, they could skip any questions they did not want to answer, and that upon completion, they would be linked to an additional survey to provide their name and course section number to receive their extra credit. They were also informed that, to preserve confidentiality, this additional survey was not linked in any way to their responses on the main survey. I also indicated that while the category disability is a broad and diverse category, I wanted participants to answer questions to the best of their abilities, by thinking of disability as a whole rather than thinking about a specific disability. Finally, I discussed the use of identity-first (disabled person) and person-first (person with a disability) language throughout the survey to orient the participants to the language. Since many disabled people prefer one form of language over the other, I decided to vary using identity-first

and person-first language in my items and to maintain the wording of established measures (Bickford, 2004; Kenny et al., 2015).

I asked participants to indicate at the beginning of the survey if they were disabled. I then used their responses within display logic so that disabled and non-disabled students saw certain items differently. Any participants who skipped this question were given the items for disabled students as these were the original wordings of the items. I displayed different items from any of the scales on the survey that referred to having a disability. For instance, disabled participants saw the item “I am a better person because of my disability,” while non-disabled participants received the item “I am a better person because I don’t have a disability.”

### *Measures*

*Disability items.* At the beginning of the survey, I asked participants to indicate if they had a disability with three questions. I asked, “Are you disabled?” and provided the choices “yes” and “no.” I also asked participants to report whether their disability or disabilities could be categorized as “concealable,” “non-concealable,” or “both.” I also provided an N/A option for those who were not disabled. Finally, I provided an open-ended space for disabled participants to indicate what term they prefer people to use to refer to their disability or disabilities. Non-disabled participants were instructed to write N/A. Of the 6% of participants who indicated that they were disabled, half (50%) rated their disabilities as concealable, 44% indicated their disabilities were both concealable and non-concealable, and 6% reported their disabilities were non-concealable. Participants used the following terms for their disabilities: mental illness, ADHD, hard of hearing, and psychiatric disabilities.

In addition, I asked participants to report whether they knew any disabled people, excluding themselves. Their options were “yes,” “maybe,” or “no.” Scores were coded as 3 =

yes, 2 = maybe, and 1 = no. The mean for this item was 2.54 ( $SD = .79$ ), indicating that participants tended to know at least one disabled persons other than themselves.

*Ambivalent Ableism Inventory.* The Ambivalent Ableism Inventory consisted of 34 items measuring hostile and benevolent ableism as described above, see Appendix G. Participants were asked to indicate their level of agreement with each statement on a 6-point Likert scale from 1: Strongly Disagree to 6: Strongly Agree. Descriptive statistics for this measure will be provided in the account of the factor analysis results.

*Ambivalent Sexism Inventory.* In order to compare attitudes toward disabled people (i.e. ambivalent ableism) to attitudes toward other groups, I included the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996). Like the Ambivalent Ableism Inventory, the ASI included hostile and benevolent components with 11 items for each type for a total of 22, see Appendix H. The scale ranged from 1: Strongly Disagree to 6: Strongly Agree. “Women are too easily offended” and “Every man ought to have a woman whom he adores” are example items. Positively worded items were recoded and scores were aggregated for hostile and benevolent sexism separately. Higher scores indicate more sexist attitudes for each type. In the current sample, the means were 2.42 ( $SD = .95$ ) for hostile sexism and 2.97 ( $SD = .86$ ) for benevolent sexism.

*Disability Attitude Measures.* I included three other measures of disability attitudes to compare to the Ambivalent Ableism Inventory. The first was the Questionnaire on Disability Identity and Opportunity (QDIO) (Darling & Heckert, 2010). The QDIO consists of four factors: Disability Pride, Exclusion Dissatisfaction, Social Model, and Personal/Medical Model, see Appendix I. The scale was originally intended to be given to disabled participants, and where necessary I reworded items that referred to personal disabilities for the participants who

indicated they were not disabled (as I did for the Ambivalent Ableism measure). For example, “My disability enriches my life” became “Not having a disability enriches my life” Participants who selected that they were disabled received the originally worded items. The means of the QDIO Disability Pride subscales were 3.18 ( $SD = .85$ ) for disabled participants and 2.63 ( $SD = .77$ ) for non-disabled participants. The latter indicates pride in being non-disabled. For the Exclusion Dissatisfaction subscale, the means were 2.58 ( $SD = .83$ ) for disabled participants and 1.70 ( $SD = .57$ ) for non-disabled participants. Thus, disabled participants reported more exclusion for their disability status than did non-disabled participants. Finally, all participants rated the same items for the Social Model and Personal/Medical Model subscales. The means for these subscales were 3.44 ( $SD = .53$ ) for the Social Model and 3.24 ( $SD = .45$ ) for the Personal/Medical Model.

The second disability attitude measure was the Multidimensional Attitude Scale toward persons with disabilities (MAS) (Findler, Vilchinsky, & Werner, 2007). Participants read the following vignette: “Imagine the following situation. Joseph/Michelle went out for lunch with some friends to a coffee shop. A man/woman in a wheelchair, with whom Joseph/Michelle is not acquainted, enters the coffee shop and joins the group. Joseph/Michelle is introduced to this person, and shortly thereafter, everyone else leaves, with only Joseph/Michelle and the man/woman in the wheelchair remaining alone together at the table. Joseph/Michelle has 15 minutes to wait for his/her ride. Try to imagine the situation.” They were then asked to rate Joseph/Michelle on three subscales: emotion, cognition, and behavior, see Appendix J. They were asked to rate the likelihood Joseph/Michelle would feel 16 emotions such as “nervousness,” “calmness,” and “shyness.” Participants also rated the likelihood of 10 cognitions that Joseph/Michelle might have including “He/she seems to be an interesting guy/girl” and “I can

always talk with him/her about things that interest both of us.” Finally, participants rate the likelihood that Joseph/Michelle might exhibit eight behaviors such as “move away” and “start a conversation.” I aggregated the scores on these three subscales by reverse coding positively worded items, standardizing the scores, and taking the means for each participant. Higher scores indicate more negative attitudes about disability. The means for the subscales were 2.62 ( $SD = .67$ ) for the emotion subscale, 2.26 ( $SD = .72$ ) for the cognition subscale, and 2.45 ( $SD = .65$ ) for the behavior subscale.

The final measure of disability attitudes was the Affective Reactions Scale (ARS) of the Disability Questionnaire (Popovich, Scherbaum, Scherbaum, & Polinko, 2003; Copeland, Chan, Bezyak, & Fraser, 2009). The ARS consisted of 17 items that measured attitudes about disability in the workplace on a 7-point Likert scale from 1: Completely Disagree to 7: Completely Agree, see Appendix K. Examples include “I would find it difficult to supervise a person with a disability,” “I wouldn’t mind having my job redesigned to accommodate a co-worker with a disability,” and “I trust that workers with disabilities who are hired would be able to perform the necessary tasks of the job.” Positively worded items were recoded and scores were aggregated such that higher scores indicated more negative attitudes about disability. The mean for this measure was 2.78 ( $SD = .83$ ).

*Individual Differences.* Social dominance orientation and openness to experience were measured the same way as they were in Study 1; see Appendix A for social dominance orientation and Appendix B for openness to experience. In the current study, the mean for social dominance orientation was 2.44 ( $SD = 1.13$ ), and the mean for openness to experience was 5.06 ( $SD = 1.39$ ).



*Political partisanship.* Political partisanship was also measured in the same way as in Study 1. The mean for political partisanship was 4.95 ( $SD = 1.44$ ) in the current study, indicating that the sample leaned moderate to liberal.

*Political Self-efficacy.* I measured political self-efficacy using 4-items from the ANES (Campbell, Kahn, & Cooper, 2015), see Appendix L. Participants rated their agreement with each item on a 5-point Likert scale from 1: Strongly Disagree to 5: Strongly Agree. The items were “Sometimes, politics and government seem so complicated that a person like me can’t really understand what’s going on,” “I feel that I have a pretty good understanding of the important political issues facing our country,” “Public officials don’t care much what people like me think,” and “People like me don’t have any say about what the government does.” Items were recoded such that higher scores indicated greater political self-efficacy, and these items were aggregated to produce mean scores for each participant. In the current sample, the mean for political self-efficacy was 3.05 ( $SD = .71$ ).

*Everyday Social Justice Behavior.* I measured Everyday Social Justice Behavior with 22 items developed by Samantha Montgomery (2014), see Appendix M. The items measure how often people take actions to support social justice in their everyday lives on a scale of 1: Never to 5: Very Often. Some items refer to specific causes or social movements while others are more general. For example, “Challenge homophobic ideas” and “Discourage prejudice” are included in the scale. Montgomery (2014) found that the measure was reliable ( $\alpha = .90$ ) and valid. It was correlated in the expected direction with related variables such as social dominance orientation (-), system justification (-), intersectional awareness (+), and collective action behaviors (+). In the current sample, scores were aggregated with higher scores indicating higher levels of everyday social justice behavior. The mean in this sample was 4.15 ( $SD = .64$ ).

*Social Desirability.* Social desirability was measured using the 10-item Marlowe-Crowne Social Desirability Scale (Strahan & Gerbasi, 1972), see Appendix N. Participants rated their level of agreement with each item on a 7-point Likert scale from 1: Strongly Disagree to 7: Strongly Agree. Sample items include “I’m always willing to admit it when I make a mistake” and “I have never deliberately said something that hurt someone’s feelings.” Items were recoded such that higher scores indicated more socially desirable responses, and these scores were aggregated for each participant. The mean for social desirability was 3.97 ( $SD = .74$ ) in the current sample.

*Statistical Controls.* I included the same statistical controls as in Study 1; see Appendix 12.

## *Results*

### *Data Analyses*

First, I ran exploratory factor analyses on the 34 items of the Ambivalent Ableism Inventory using principal components analyses with oblique rotations in SPSS. I recoded three items so that all items were coded with higher scores indicating higher ableism. While I hypothesized a two-factor solution that included hostile and benevolent factors of ableism, I ran two to five-factor solutions to create a scree plot and to capture any unexpected factors. The scree plot suggested a two-factor solution best fit the data. In addition, because the two factors were not significantly correlated ( $r = -.10$ ), I re-ran the analyses using a varimax rotation. The final solution reported below is the two-factor solution from these analyses.

Next, I used the results of the exploratory factor analysis to create two subscales (hostile and benevolent ableism) and run reliability analyses on the subscales.

Finally, to test convergent and discriminant validity, I ran simple correlations of the hostile and benevolent factors with the other disability attitude measures, hostile and benevolent sexism, and the political variables included in the study.

### *Exploratory Factor Analysis*

I ran an exploratory factor analysis on the 34 Ambivalent Ableism Inventory items. Two factors emerged containing 12 of the 34 original items. These factors aligned with my hypothesis that ableism would be composed of hostile and benevolent factors. The hostile ableism factor included six items such as “Disabled people fail to appreciate all that non-disabled people do for them,” “People who stand up from wheelchairs are obviously faking a disability,” and “People with disabilities are freeloaders”; see Table 2.1. The hostile items were not strongly endorsed by participants, on average, with the mean of the subscale falling below the midpoint ( $M = 1.74$ ,  $SD = .68$ ). The benevolent ableism factor consisted of six items such as “People with disabilities are inspiring,” “Disabled people are heroic for enduring medical treatment,” and “Disabled people should be protected by non-disabled people.” On average, participants agreed more strongly with these items, with the mean falling above the midpoint ( $M = 3.93$ ,  $SD = .78$ ). Participants in the current sample were also more likely to agree, on average, with the benevolent sexism items ( $M = 2.97$ ,  $SD = .86$ ) than with the hostile sexism items ( $M = 2.42$ ,  $SD = .95$ ), but the averages for hostile and benevolent ableism were closer to the endpoints of the scale and thus were somewhat more extreme.

Cronbach’s alphas for the two factors ranged from acceptable ( $\alpha = .69$  for benevolent ableism) to good ( $\alpha = .84$  for hostile ableism), suggesting that the items hung together reasonably well. In addition, neither of these factors was correlated with social desirability ( $r = .05$  for hostile ableism and  $r = -.05$  for benevolent ableism,  $ps > .05$ ). These results suggest that the

hostile and benevolent factors were not results of response bias and can be used to measure attitudes about disability.

### *Simple Correlations*

Given that the reliability analyses provided evidence that the hostile and benevolent factors are useful, I ran correlation analyses to test the relations between the factors themselves and the factors with demographics, other disability attitude measures, ambivalent sexism, and political variables from the current study. The hostile ableism factor was not significantly correlated with the benevolent ableism factor (in contrast to the pattern observed for sexism and therefore the label “ambivalent sexism,” see Table 2.2. In addition, while I did not make specific predictions about which demographic variables would be related to hostile and benevolent ableism, others have found that such prejudices are associated with more privileged identities (e.g. Branscombe, Schmitt, & Schiffhauer, 2007; Schmitt, Branscombe, & Kappen, 2003). Hostile ableism was significantly correlated with gender, with men more likely to report hostile ableism than women, and with social class, with higher class individuals more likely to report hostile ableism than lower class individuals. No other demographics were correlated with hostile ableism, and no demographics were correlated with benevolent ableism.

Next, I tested convergent validity by examining correlations between hostile and benevolent ableism and the other disability attitude measures I included in the study, see Table 2.3. I hypothesized that both hostile and benevolent ableism would be related to all of the attitude measures. This hypothesis was partially supported. Hostile ableism was significantly correlated with each of the subscales of the Questionnaire on Disability Identity and Opportunity, except social model endorsement. In particular, it was positively correlated with the pride subscale for non-disabled participants (i.e., pride in being non-disabled), the exclusion subscale for non-

disabled participations (i.e., feelings of exclusion for being non-disabled), and the medical model subscale, suggesting that those who have more hostile ableist attitudes are more likely to think of disability in medical and cure-based terms. Hostile ableism was also correlated with one subscale of the Multidimensional Attitude Scale toward persons with disabilities. In particular, hostile ableism was associated with more negative cognitions about a hypothetical disabled person. Finally, hostile ableism was correlated with the Affective Reactions Scale of the Disability Questionnaire. People who reported more hostile ableism were more likely to hold negative attitudes about working with disabled people. On the other hand, benevolent ableism was only correlated with the social subscale of the Questionnaire on Disability Identity and Opportunity. People who reported more benevolent ableist attitudes were more likely to endorse the social model of disability.

To further explore convergent validity, I ran correlations between the hostile and benevolent ableism factors and the hostile and benevolent sexism factors of the Ambivalent Sexism Inventory, see Table 2.4. I hypothesized that hostile ableism would be related to both hostile and benevolent sexism. This hypothesis was supported; hostile ableism was positively correlated with hostile sexism and with benevolent sexism. I also hypothesized that benevolent ableism would be correlated positively with both hostile and benevolent sexism. This hypothesis was partially supported. Benevolent ableism was only weakly correlated to benevolent sexism, and it was not correlated with hostile sexism. This result suggests that while related to benevolent sexism, benevolent ableism may be a unique form of benevolent prejudice that is only somewhat related to other forms of benevolent prejudice such as benevolent sexism.

I also expected hostile and benevolent ableism to be related to individual differences. I hypothesized that both hostile and benevolent ableism would be positively correlated with social

dominance orientation and negatively correlated with openness to experience. This hypothesis was partially supported. People who reported more hostile ableism were also more likely to report social dominance orientation and less likely to report that they were open to new experiences, see Table 2.5. However, benevolent ableism was negatively correlated with both social dominance orientation and openness to experience, again suggesting that benevolent ableism is a unique form of prejudice.

Finally, I conducted analyses examining the correlations between hostile and benevolent ableism with the political variables included in the study, see Table 2.6. I hypothesized that hostile ableism would be negatively correlated with political partisanship (coded as 1 = very conservative to 7 = very liberal) and everyday social justice behavior. I did not expect hostile ableism to be correlated with political self-efficacy. This hypothesis was supported. People who reported more hostile ableism were less likely to be politically liberal and to report doing everyday social justice behaviors. Hostile ableism was not correlated with political self-efficacy. I also hypothesized that benevolent ableism would be negatively correlated with political partisanship and everyday social justice behavior and not related to political self-efficacy. These hypotheses were partially supported. Benevolent ableism was not related to any of the other political variables. This lack of correlation between hostile and benevolent ableism and political self-efficacy lends support to the discriminant validity of hostile and benevolent ableism.

### *Discussion*

The results above provided evidence for potential answers to the exploratory questions asked and partially supported my hypotheses. Most significantly, hostile and benevolent ableism was not correlated in the same way that hostile and benevolent sexism are (Glick & Fiske, 1996). Thus, ableism, unlike sexism, appears not to be ambivalent. Instead, different people express

hostile ableist attitudes than those who express benevolent ableist attitudes. The differences seem to lie in the benevolent factor. Hostile ableism, like hostile sexism and other forms of traditional prejudice such as old-fashioned racism, appears to align with Allport's (1954) description of prejudice as mainly negative and overt. As such, many of the expected correlations and predictions were significant for hostile ableism. Benevolent ableism, however, captures different attitudes than does benevolent sexism and other forms of modern prejudice such as modern racism. In particular, a majority of the items referred to disabled people as inspirational, as Young (2012; 2014) discussed in her TedxSydney talk on inspiration porn. No inspirational objectifying component emerged in Glick & Fiske's (1996) ambivalent sexism inventory or McConahay's (1986) modern racism scale. As benevolent ableism appears to contain different beliefs than other forms of benevolent sexism and modern prejudice, it makes sense that some of the effects I would expect from benevolent sexism, for example, are not significant for benevolent ableism.

Perhaps partially because hostile and benevolent ableism were uncorrelated in this study, many of my subsequent hypotheses, which expected the correlations and effects to be in the same direction for hostile and benevolent ableism, were only partially supported; naturally only one or the other was associated with particular indicators. For example, I expected both hostile and benevolent ableism to be correlated with the different disability attitude measures I included in the study. Many of these measures were correlated with hostile ableism in the expected direction. These include pride in being non-disabled, feelings of exclusion for being non-disabled, medical model endorsement (positive), negative cognitions about a hypothetical disabled person, and negative attitudes about working with a disabled person. All of these

constructs represent traditional prejudice based on explicitly negative attitudes (see Allport, 1954).

By contrast, benevolent ableism was only significantly correlated with social model endorsement. That people who express benevolent ableist attitudes endorse the social model suggests that they understand that there are barriers to disabled people participating fully in society. While those with benevolent ableist attitudes do not have attitudes about disabled people that are as negative as people who report more hostile ableist attitudes, they still report negative feelings, but do not report positive attitudes about disabled people and disability in general. This is important because many people may mistakenly think that many of the items in the benevolent factor express such positive attitudes. For example, some of the items include “People with disabilities are inspiring,” “Disabled people are heroic for enduring medical treatment,” and “Working disabled people are awesome for being able to work despite having a disability.” Rather than representing positive attitudes about disability, these items epitomize Stella Young’s concept of inspiration porn, which points out how disabled people are used in an objectifying way for non-disabled people to inspire and feel good about themselves (Young, 2012; Young, 2014). As I have shown here, these attitudes are not associated with positive attitudes about disability even though they are not negative in the way that hostile ableist attitudes are.

Hostile and benevolent ableism were also correlated with different forms of sexism. Since sexism contains attitudes that are more ambivalent in nature, it is not surprising that the more traditional hostile ableism was correlated positively with both hostile and benevolent sexism (Glick & Fiske, 1996). However, benevolent ableism was only correlated with benevolent sexism rather than with both hostile and benevolent sexism as it would have been if ableism were more ambivalent like sexism. Hostile ableism was also correlated with variables



associated with traditional prejudice, e.g., social dominance orientation (Pratto et al., 1994; Whitley, 1999). It was correlated negatively with political partisanship (with conservatives more likely to express hostile ableist attitudes) and openness to experience, and positively with social dominance orientation. Benevolent ableism was only negatively correlated with openness to experience and was actually also negatively correlated with social dominance orientation. As such, people across the political spectrum and those who did not believe that some groups should be dominant in society were equally likely to report benevolent ableist attitudes. These results further suggest that ableism is not ambivalent and that hostile ableism represents traditional prejudice.

### *Limitations*

A major limitation of this study is that it depends on a student sample. One constraint this imposed is that there was only had a small percentage of participants who identified as disabled. I chose to use this sample for this initial study because it was convenient and cost-effective and it provided an easy way to begin researching this topic. However, I cannot make generalizations about hostile and benevolent ableist attitudes in the general population, and I cannot compare attitudes about disability in disabled and non-disabled subsamples. There could be a variety of factors that influenced my results because my sample consisted of students rather than a Broader population. For example, disabled people are less likely than non-disabled people to have access to higher education (Shevlin, Kenny, & Mcneela, 2004). Indeed, only 6% of participants in my sample identified as disabled whereas nearly 20% of the U.S. population identifies as a disabled (census.gov). In addition, disability tends to increase with age, making it less likely to be present in a student sample. Thus, the participants in my study may have less

contact with disabled people in their everyday lives than participants from a non-student sample would.

In addition, because the sample included very few disabled participants, I was unable to test group differences between disabled and non-disabled participants, or to assess whether ableism is ambivalent (that is, hostile and benevolent ableism are correlated and relate to similar other variables) among those with disabilities. I will be able to test these in Study 3, where I have larger numbers of both disabled and non-disabled participants. The lack of disabled participants in Study 2 may have been the reason that I had very low rates of disability rights activism. For that reason, I was unable to use activism as an outcome variable to test the predictive validity of hostile and benevolent ableist attitudes. In Study 3, I recruited disabled and non-disabled activists from different types of disability organizations. Some of these organizations are medical/cure-focused and other are more rights-focused. Therefore, I can also examine how medical and social model endorsement differ for disabled and non-disabled activists who participate in a variety of disability organizations.

### *Implications*

An implication of these results is that people interested in reducing prejudice against disabled people would benefit from an understanding that there are different types of ableist attitudes that are endorsed by different types of people. Prejudice reduction programs or trainings that focus solely on traditional or hostile ableist attitudes may not be sufficient. While they would cover the most blatant and overt form of hostile ableism, they would not reduce more the subtler and less obviously negative benevolent ableism, particularly since the two are not correlated. Interventions targeting benevolent ableism are necessary to challenge the social hierarchy related to disability. Prejudice reduction programs, for example, would benefit to

devoting time to the ways in which disability is conceptualized in inspirational objectifying and patronizing ways. ABC's series based on a disabled character with cerebral palsy, "Speechless," tackles inspiration porn in the season one episode "H-E-R- HERO" (Wanshel, 2017). Clips from the episode, as well as from Young's TedxSydney talk could be used to reinforce this point.

Another implication is that advertisers and people in general should rethink inspirational messaging about disability. Ads such as "Good Ones" by Toyota, while inspiring to non-disabled people, come at the expense of disabled people (Toyota Global, 2018). Young described such inspiration porn as objectifying because it implies that disabled people are unable to do basic tasks such as getting out of bed in the morning or remembering their own name (Young, 2014). Such imagery implies that disability is a bad thing and that disabled people should try to cure themselves of their disabilities so that life would be better for them. Similarly, benevolent ableist attitudes imply that disabled people are inspirational specifically because they are engaging in activities that non-disabled people do not expect them to do. For example, one of the items in the benevolent ableism factor is "People with disabilities are brave for going out in public." Going out in public is a basic action that both non-disabled and disabled people do daily, but it is only seen as inspirational when disabled people do it because disability is perceived as negative. This is especially problematic because this messaging appeals to benevolent ableists, who are more likely to perceive disabled people in stereotypical ways and to see disability as a negative that needs to be eradicated. Hostile ableists, on the other hand, are likely to be unmoved by inspirational advertising because of their relatively more extreme negative perceptions of disabled people, and their unlikelihood to consider disabled people in positive ways, regardless of whether or not that positivity is patronizing. Ceasing to use such ads would be beneficial as they would no longer reinforce benevolent ableist attitudes in those who have them.

## CHAPTER 4

### Study 3:

#### **Hostile and Benevolent Ableism Endorsement: Does Being Disabled or an Activist Matter?**

In Study 2, I established that there are two forms of ableism: hostile and benevolent ableism, using a sample of non-disabled students at a large mid-western university. While there was, unexpectedly, no significant correlation between these two factors in Study 2, I intend to reexamine these and their related factors in the current study using a larger sample of both disabled and non-disabled adults, some of whom are disability rights activists. In addition, I seek to understand how hostile and benevolent ableism relate to other group attitudes including ambivalent sexism, modern racism and modern heterosexism and other factors such as identity, disability model endorsement (i.e., medical or social model endorsement), and disability consciousness. In the following sections, I will discuss the literature on each of these concepts and how they relate to group attitudes generally and ableism specifically.

#### *Identity*

As discussed previously, Social Identity Theory suggests that social identities become important as people begin to see themselves as part of a meaningful social group (e.g., Tajfel, 1978; Tajfel and Turner, 1979). Members of these social groups often display ingroup favoritism or bias (e.g., Brewer, 1979; Crocker & Schwartz, 1985; Gaertner et al, 1993; Greenwald & Pettigrew, 2014) and outgroup derogation (e.g., Branscombe & Wann, 1994; Fein & Spencer,

1997; Perdue, Dovidio, Gurtman, & Tyler, 1990). While few studies have examined these variables with disabled participants, there is no reason to assume that the process would be any different for disabled people. In particular, disabled people should be less likely to endorse ableist attitudes than non-disabled people. A complication in this relation is the complexity of disability as a social category. Disability is an umbrella term that includes people with many different types of disabilities such as physical, psychological, and intellectual. However, the prototypical examples of a disabled person are limited to people in wheelchairs, and blind or deaf people (Garland-Thomson, 2009). As such, not all people who could be included in the category identify as disabled. This ambiguity about the group's definition may color attitudes about disabled people as a group of individuals who have different kinds of disabilities.

Further, while non-disabled people are likely to have more ableist attitudes than non-disabled people, other factors such as closeness to disabled people can be buffers against these attitudes. Intergroup contact theory posits that when the right conditions are met, contact between privileged and marginalized groups can reduce negative intergroup attitudes (Allport, 1954; Pettigrew & Tropp, 2006). Thus, non-disabled people who have regular contact with disabled people, such as those with a disabled family member or co-worker, may be less likely to endorse hostile and benevolent ableist attitudes, compared with those who do not have such contact, particularly if that contact is positive. On the other hand, those who do not have contact with disabled people may come to have more negative attitudes about disability, even if they are disabled themselves. Such people can be said to have internalized ableism (see Allport's 1954 discussion of "traits due to victimization"). Disability scholars such as Fiona A. Kumari Campbell (2008) have demonstrated this phenomenon in some disabled people.

Rodriguez and Gurin (1990) found that intergroup contact was also related to group consciousness for racial-ethnic minorities. Group consciousness consists of multiple dimensions, such as discontent, system vs. individual blame, and collective orientation (Gurin, Miller, & Gurin, 1980; Gurin, 1985; Gurin & Townsend, 1986). Since many of the dimensions relate to rejecting the current state of society, group consciousness has been shown to be important to people's political participation including activism (Duncan, 1999; Miller, Gurin, Gurin, & Malanchuk, 1981). It is also associated with feelings about some social groups. For instance, Henderson-King and Stewart (1994) found that feminist consciousness was related to feelings about feminists but not feelings about women. King (2003) also found that ethnic and womanist consciousness, but not feminist consciousness, were associated with appraisals of negative comments as racist or sexist. Disability consciousness, then, should be inversely related to negative attitudes about disability including hostile and benevolent ableism.

#### *Concealability/Visibility*

While having an identity as disabled is likely to be important, disability can be further problematized by considering concealability. Like other potentially concealable identities such as sexual orientation, some disabilities are concealable for some disabled people at least part of the time. For instance, someone with chronic pain may use a wheelchair during a flare up, but may not appear disabled at other times. Other disabled people may have disabilities that are concealable most or all of the time (e.g., cognitive and psychological disabilities, and certain medically-defined physical disabilities, such as STIs or arthritis), and still others may have disabilities that are always visible. Such differences may or may not be important to ableist attitudes about disability.

Nario-Redmond et al. (2017) differentiated between visible and concealed disabilities in their study on experiences of ableism. While they found that both visibly disabled people and people who concealed their disabilities experienced both benevolent and hostile forms of ableism, visibly disabled people experienced both forms more frequently than those who were able to conceal their disabilities (Nario-Redmond et al., 2017). Nario-Redmond and colleague's results are in line with previous research on disability. Low (1996) argued that people with visible disabilities are more vulnerable to certain ableist practices and that those with concealable disabilities kept them concealed to avoid overt discrimination. Others have demonstrated that when people completely conceal their disabilities, there are still negative consequences such as internalized stigma, anticipated stigma from others, and discrimination (Quinn & Chaudoir, 2009). Since both visibly disabled people and people whose disabilities are concealable experience ableism relatively frequently, I might expect both to reject hostile and benevolent ableist attitudes because they have first-hand experience with the negative effects of such attitudes. On the other hand, since those who can conceal their disabilities often do, they may be less likely to identify as disabled, to be close to other disabled people, and to have disability consciousness compared to visibly disabled people. These variables likely influence their levels of hostile and benevolent ableism.

### *Model Endorsement*

Beyond identity and disability type, ableist attitudes are likely to be influenced by endorsement of different models of disability. While there are many different models, the two most discussed in the literature are the medical model and the social model. The medical model of disability is the default model many people endorse (Oliver, 1983; Shakespeare 2006). The medical model consists of the following ideas: disability is caused by an individual's medically

diagnosable impairment, medical professionals are considered to be experts on disability, and the goal is to rehabilitate and cure people of their disabilities (Oliver, 1996; Priestley, 1999).

Disabled scholars unhappy with this limited understanding of disability proposed a different, opposing model of disability, the social model. The social model contains opposing views to the medical model: disability is caused by a society built for non-disabled people, disability is a social rather than individual phenomenon, disabled people are experts on disability, and the goal is to reduce societal barriers to disabled people's full participation in society (Oliver, 1983; Oliver, 2013; Shakespeare, 2006).

While the social model of disability is an important addition to our understanding of disability, it is not without its own limitations. For example, Margaret Price (2015) argues that pain, and the desire to reduce such pain, can be a significant part of disabled people's lives, and such desires are not necessarily associated with negative attitudes about disability. Critics of the social model suggest that it is time to move beyond the model towards a more nuanced understanding of disability that considers both medical and social perspectives of disability (Shakespeare & Watson, 2001). While the social model has been critiqued, it is still an important step away from the traditional medicalized conceptualization of disability and has its uses for challenging societal barriers faced by disabled people.

### *Disability Rights Activism*

Organizations such as ADAPT and The American Association of People with Disabilities (AAPD) were created to advocate for disability rights in line with the social model of disability (adapt.org, 2018, aapd.com, 2018). Similar to the social model, disability rights activism actively challenges the status quo with its medicalized conceptualizations of disability. Participating in status quo challenging activism has been shown to be associated with positive, pro-social



attitudes toward social groups (Curtin, Stewart, & Cole, 2015; Kelly, 1993). It is also related to group consciousness, which is associated with group attitudes as discussed above (Duncan, 2012; Miller, Gurin, Gurin, & Malanchuk, 1981) While not much research has been conducted specifically using activists who participate in disability rights activism, Hahn and Belt (2004) found that many disabled activists rejected treatment intended to cure them of their disabilities. One potential reason for rejecting a cure might be that disabled people do not want to lose their group membership as a disabled person because they have positive attitudes about disability. Garland-Tomson (2012), for instance, argues that disability should not be eliminated from society and that we should think of disabilities as benefits rather than deficits. Taken together, this research suggests that participation in disability rights activism should be related to positive attitudes about disability.

#### *Sexism, Racism, and Heterosexism*

Finally, it has been established that different forms of prejudice are associated with each other as they are related to underlying personality traits (e.g., Altemeyer, 1998; Henley & Pincus, 1978; Pratto, Sidanius, Stallworth, & Malle, 1994; Sidanius, Levin, Liu, & Pratto, 2000; Sidanius & Pratto, 1999). Ambivalent sexism is one such type of prejudice that has been shown to be associated with other forms of prejudice (Glick & Fiske, 1997; McMahon & Kahn, 2016). As discussed in Study 2, ambivalent sexism was used as a starting point for developing my scales assessing hostile and benevolent ableism. While not all items translated between the different types of attitudes, the same underlying structure of hostile and benevolent forms of prejudice emerged from both scales. Thus, ambivalent sexism is likely to be related to hostile and benevolent ableism.

Modern racism is another form of prejudice that is expected to be associated with hostile and benevolent ableism. Distinguished from old-fashioned racism, modern racism is another ambivalent set of attitudes toward Black people (McConahay, 1983; McConahay, 1986; Pettigrew, 1989). Like other forms of prejudice, modern racism appears in many different contexts including the workplace, college campuses, and the media (e.g., Entman, 1992; McConahay, 1983; Simmons & Lecouteur, 2008; Sydell & Nelson, 2000). Modern racism is also produced by the same underlying personality characteristics as other forms of prejudice including social dominance orientation, and right-wing authoritarianism (Poteat & Spanierman, 2012). Due to its ambivalent nature and relations to social dominance orientation and right-wing authoritarianism, modern racism and hostile and benevolent ableism should be related to each other.

Finally, I am interested in examining the associations between ableist and heterosexist attitudes as both disability and sexual orientation are concealable for some people. Like sexism and racism, heterosexism can be considered an ambivalent prejudice, at least for some subgroups (Clausell & Fiske, 2005; Fiske, 2012). In addition, heterosexism is also related to social dominance orientation and right-wing authoritarianism as are sexism and racism (e.g., Eldridge & Johnson, 2011; Pearte, Renk, & Negy, 2013; Seelman & Walls, 2010). As heterosexism is another potentially ambivalent form of prejudice resulting from the same personality traits as ambivalent sexism and modern racism, I expect it to also be related to hostile and benevolent ableism.

### *Study 3 Hypotheses*

In Study 3, I plan to extend the findings from Study 2's sample of mostly non-disabled students, using a larger, primarily non-student sample of both disabled and non-disabled people

who are both activists and non-activists. My purpose is to determine why some people endorse hostile and benevolent ableist attitudes by determining what is related to such attitudes.

I hypothesize that:

*H1:* As in Study 2, there will be two main components to ambivalent ableism: hostile and benevolent ableism. Since hostile and benevolent ableism were not correlated in the non-disabled sample in Study 2, I expect that hostile and benevolent ableism will not be correlated in the non-disabled sample. I will examine the correlation between these attitudes in the disabled sample separately to determine if being disabled matters to the relation between hostile and benevolent ableism.

*H2:* In Study 2, hostile ableism was positively correlated with medical model endorsement and there was a non-significant trend toward a negative correlation with social model endorsement. Benevolent ableism, on the other hand, was positively correlated with social model endorsement, and there was a non-significant trend toward a positive correlation with medical model endorsement. In Study 3, I expect these trending relations to be significant due to the increased sample size and for the significant correlations to replicate in the non-disabled sample. I will explore these relations in the disabled sample and expect them to be similar to the non-disabled sample.

*H3:* Hostile and benevolent ableism will be negatively associated with disability consciousness. In the non-disabled sample, I expect hostile and benevolent ableism to be positively related to non-disabled identity. In the disabled sample, I expect hostile and benevolent ableism to be negatively associated with disabled identity.

*H4:* Hostile and benevolent ableism will be related to other negative attitudes about disability. Again, I will test whether the non-significant findings between benevolent ableism

especially and the other disability attitude measures replicates in Study 3, particularly in the non-disabled sample.

*H5:* Hostile and benevolent ableism will be related to negative attitudes about other social groups. I will examine whether the relation between benevolent ableism and hostile attitudes is significant in the non-disabled sample or if the non-significant findings from Study 2 replicate in Study 3.

*H6:* Hostile and benevolent ableism will be related to social dominance orientation and negatively related to openness to experience. In Study 2, hostile ableism was not significantly correlated with openness to experience and benevolent ableism was negatively correlated with social dominance orientation. I will test whether this replicates in the non-disabled sample.

*H7:* Hostile and benevolent ableism will be associated with conservative political partisanship. In Study 2, benevolent ableism was not correlated with political partisanship. I will test this relation again in the non-disabled sample.

*H8:* Hostile and benevolent ableism will negatively predict participation in disability rights activism for both non-disabled and disabled participants.

*H9:* Hostile and benevolent ableism will negatively predict performing everyday social justice behavior for both non-disabled and disabled participants. Benevolent ableism was not related to everyday social justice behavior for participants in Study 2. If this replicates, it will not be correlated with everyday social justice behavior for non-disabled participants in Study 3.

## *Method*

### *Participants*

Participants were individuals recruited from MTurk and a disability rights organization. I recruited both disabled and non-disabled participants from both of these sources, over-sampling

disabled people in MTurk to ensure that there was a large enough sample for statistical analyses. For those recruited from the disability rights organization, I did not specify how active they had to be in order to participate. A member of the organization shared a link to the survey with a short description asking for volunteers to take the survey. Anyone who had access to the survey link was able to take the survey regardless of whether or not they were disabled.

Of the 277 non-disabled participants, 77% were recruited from MTurk and 23% were recruited from the disability rights organization. In addition to reporting whether they were disabled, participants were given the option to report if they had a chronic illness or mental illness. Of those who indicated they were non-disabled, 19% indicated they had a mental illness and 17% reported they had a chronic illness. These participants were included in the non-disabled sample because they did not identify these as disabilities. Participants' ages ranged from 19-74 ( $M = 37.41$ ,  $SD = 11.69$ ). Half (51%) reported that they were women, 46% indicated that they were men, and the remaining 3% of participants did not indicate their gender; participants were given the options to report if they were transgender/transsexual/gender non-conforming or if they did not identify as any of the above options, but no participants in the non-disabled sample chose either of these. Nearly three-quarters (73%) reported that they were Caucasian/White, 11% reported they were Asian/Asian American, 9% indicated they were African American/Black, 8% indicated they were Latino/Latina/Latinx/Hispanic, 2% reported they were Native American, 1% reported they were Middle Eastern, 2% indicated they were biracial, and 9% did not indicate their race-ethnicity; percentages add to more than 100% because participants could check off more than one race-ethnicity. Approximately one-third (37%) responded that they were middle-class, 25% reported they were lower middle-class, 22% indicated they were working class, 13% reported they were upper middle-class to upper-class,

and 3% did not indicate their social class. Finally, 87% of non-disabled participants indicated they were straight, 6% indicated they were bisexual or pansexual, 3% reported they were gay or lesbian, 1% reported they were asexual, and the remaining 3% did not indicate their sexual orientation.

Of the 387 disabled participants, 77% were recruited from the disability rights organization and 23% were recruited from MTurk. About one-quarter (24%) of those identifying themselves as disability indicated they had a chronic illness and 19% reported they had a mental illness. Participants' ages ranged from 18 to 76 ( $M = 38.94$ ,  $SD = 12.32$ ). Almost two-thirds (64%) indicated that they were women, 17% reported they were men, 1% (each) indicated they were transgender/transsexual/gender non-conforming and did not identify as any of the above; 17% did not indicate their gender. Most (83%) reported they were Caucasian/White, 6% reported they were African American/Black, 5% indicated they were Latino/Latina/Latinx/Hispanic, 4% indicated they were Native American, 3% reported they were Asian/Asian American, 1% reported they were Middle Eastern, 2% indicated they were biracial, <1% selected Other, and 19% did not indicate their race-ethnicity; percentages add to more than 100% because participants could select more than one race-ethnicity. Nearly half (45%) reported they were middle-class, 17% indicated they were working class, 14% reported they were lower middle-class, 8% reported they were upper middle-class to upper-class, and 17% did not report their social class. Finally, 70% reported they were straight, 8% indicated they were bisexual or pansexual, 3% reported they were gay or lesbian, 2% (each) indicated they were asexual and none of the above; 17% did not indicate their sexual orientation.

### *Procedure*

I collected data in two ways in this study, and both of these data collection methods were determined to be exempt from IRB oversight by the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences. I ensured procedures were consistent with the protection of participants' rights to withdraw from the study, not to answer particular items, and to have their privacy protected.

The first method of data collection used Amazon Mechanical Turk. Prior to posting the main survey, I posted a short screening survey with demographic questions to recruit participants based on their disability status. I used this survey to randomly select 150 non-disabled participants without chronic or mental illnesses and 150 non-disabled participants with chronic or mental illnesses. All disabled participants (approximately 100) who responded to the screening survey were also selected to participate. I posted the main survey to Turk Prime inviting each of these groups of potential participants to take part. Those who chose to participate in the survey were first prompted to read over and sign an informed consent form. Once they submitted the survey, they were compensated \$3 for their time.

The second data collection method was through a disability rights organization. I reached out to the organization through email and sent their correspondent all survey materials and the IRB exemption notice. I wrote a paragraph description of the survey for potential participants to decide if they wanted to participate. The organization's correspondent posted the survey with this description to their organization's listserv. As with the MTurk survey, participants read an informed consent document either by themselves or using a screen reader. Upon completion of the survey, participants were compensated \$10 for their participation.

### *Measures*

*Measures from Study 2.* All of the measures from Study 2 were used in Study 3. I included the full set of items from the Ambivalent Ableism Inventory to test whether the factor structure was the same across the two studies. I also ran a confirmatory factor analysis based on the results from Study 2. Below are the new measures added to Study 3.

*Disability consciousness.* I measured disability consciousness using a 7-point scale adapted from Gurin and colleagues' gender consciousness scale (Gurin 1985; Gurin et al., 1980; Gurin & Townsend, 1986), see Appendix O. The scale includes three subscales measuring different components of group consciousness: discontent, system vs. individual blame, and collective orientation.

Discontent includes items regarding different social groups' influence on society. Participants rated these groups on a seven-point scale from 1: "too little influence" to 7: "too much influence." For disability consciousness, the relevant groups included disabled people and non-disabled people. I computed a relative discontent score for each participant based on the discrepancy between ratings of disabled people and non-disabled people (Gurin, 1985). I subtracted the mean discontent ratings for disabled people from the mean discontent ratings for non-disabled people. Scores above 0 indicated a belief that non-disabled people have relatively too much influence compared to disabled people. For the non-disabled sample, the mean for collective discontent was 2.04 ( $SD = 2.22$ ) and the mean of collective discontent for the disabled sample was 1.75 ( $SD = 2.74$ ), suggesting that both groups considered non-disabled people to have relatively too much influence compared to disabled people.

System vs. individual blame measures the perceived legitimacy of power differentials between social groups in terms of income, occupational status, and general position in the United States using a four item 7-point scale. In Study 3, these social groups included disabled and non-



disabled people. Participants chose between two explanations for each power differential, one that attributed blame to societal obstacles (system blame) and one that attributed blame to personal deficiencies (individual blame). I computed mean scores with higher scores indicating greater system blame. The mean system blame for the non-disabled sample was 4.65 ( $SD = .77$ ) and for the disabled sample, the mean system blame was 4.78 ( $SD = .91$ ). Both of these means were above the mid-point of the scale, suggesting more system blame than individual blame attributions.

Finally, collective orientation comprises participants' ratings of how much they believe group members should work as a group or as individuals. Gurin, Miller, and Gurin (1980) considered organizing, working together, and group pressure to be collective actions and voting, writing letters to people in power, and sharing opinions with others as individual actions (p. 32). They asked participants to choose between collective and individual actions to address a series of social problems. In Study 3, I was interested in participants' ratings of collective orientation in relation to disabled people and adapted Gurin, Miller, and Gurin's (1980) measure. An example item is "the best way to overcome discrimination is for each individual disabled person to be even better qualified and trained than the most qualified non-disabled person" (individual) or "the best way for disabled people to overcome discrimination is through pressure and social action" (collective). Responses were on a 7-point scale from 1 (individual option) to 7 (collective option), therefore higher scores indicated greater collective orientation. The mean for the non-disabled sample was 3.98 ( $SD = .98$ ), while the mean for the disabled sample was 4.12 ( $SD = 1.08$ ). These means indicate a slight preference for collective rather than individual action, on average, for each group.

*Attitudes about other social groups.* In addition to the Ambivalent Sexism Inventory used in Study 2, I included the Modern Racism Scale and the Modern Homonegativity Scale, (McConahay, 1983; McConahay, 1986; Morrison & Morrison, 2002; Morrison, Parriag, & Morrison, 1999). I chose these scales and not the Old-Fashioned Racism Scale or the Homonegativity Scale to reduce the burden on participants and because their modern equivalents are based on ambivalent attitudes similar to the Ambivalent Ableism Inventory.

The Modern Racism Scale consisted of six items on a 5-point Likert scale (1: Strongly Disagree to 5: Strongly Agree) with higher scores representing greater racial prejudice, see Appendix P. Researchers developed the scale to measure relatively subtle and less overtly hostile negative racial attitudes toward Black Americans as compared to previous measures of old-fashioned racism (McConahay, 1986). The scale was designed to limit reactivity such that participants would not avoid answering questions or fake answers due to knowing the socially acceptable answers, and has been shown to be internally consistent and reliable ( $\alpha = .85$ ; Swim, Aikin, Hall, & Hunter, 1995). Sample items include “Discrimination against blacks is no longer a problem in America” and “Blacks are getting too demanding in their push for equal rights.” For the non-disabled sample, the mean modern racism was 2.08 ( $SD = 1.00$ ), and for the disabled sample, the mean was 2.60 ( $SD = 1.20$ ). Both group means were near the mid-point of the scale, with the non-disabled sample mean falling slightly below the mid-point and the disabled sample mean falling slightly above the mid-point of the scale.

The Modern Homonegativity Scale similarly measures relatively subtle and not overtly hostile negative attitudes toward gay men and lesbians (Morrison & Morrison, 2002), see Appendix Q. It consists of 12 items on a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Morrison and Morrison (2002) designed the original scale to be used

separately for gay men and lesbians; it was shown to be internally consistent and reliable ( $\alpha$  ranged from .81 to .95; Morrison & Morrison, 2010). In order to measure attitudes about both groups, then, researchers would have to provide the scale twice swapping out the term gay men for lesbians in the items. In Study 3, I adapted the scale to be used to measure attitudes about LGBTQ people as a group rather than gay men or lesbians separately. I chose to use the term LGBTQ people rather than sexual minorities because it is more commonly used in everyday language and is therefore a more accessible term. Example items include “Many LGBTQ people use their sexual orientation so that they can obtain special privileges” and “LGBTQ people have become far too confrontational in their demand for equal rights.” The non-disabled sample produced a group mean on heterosexism at the mid-point of the scale ( $M = 2.54$ ,  $SD = 1.13$ ), whereas the disabled sample had a group mean on heterosexism above the mid-point ( $M = 2.90$ ,  $SD = 1.20$ ).

*Activism.* I measured activism in a similar way to Duncan and colleagues (Curtin, Stewart, and Duncan, 2010; Duncan, 1999; Duncan & Stewart, 2007), see Appendix R. Participants indicated whether they had participated in collective action across a variety of domains including disability rights. They reported whether they performed any of eight actions including online and offline forms of activism. These actions included sharing related content on social media, writing a blog, signing a petition, giving money, writing a letter or calling a public office, attending a meeting, being an active member of an organization, and attending a demonstration or rally. I chose to include both online and offline activist items because offline activism includes what scholars typically consider activism (e.g., attending a rally), while online activism includes actions that are accessible to the widest variety of people (e.g., sharing related content on social media) (Pearson & Trevisan, 2015). Participants received a breadth score based

on the number of actions they reported taking part in during the past year. The non-disabled sample tended not to participate in disability rights activism with a mean of less than one action ( $M = .83$ ,  $SD = 1.59$ ). The disabled sample, on the other hand, averaged 2.56 actions ( $SD = 2.22$ ) for disability rights.

*Statistical controls.* I used the same statistical controls that were used in Study 1 and Study 2.

## *Results*

### *Data Analyses*

I first ran confirmatory factor analyses on the Ambivalent Ableism Inventory based on the hostile and benevolent factors from Study 2. I ran these analyses using the full sample, the sample of non-disabled people only, and the sample of disabled people only. I decided to run the confirmatory factor analyses to examine whether the factor structure was the same for disabled and non-disabled participants.

As in Study 2, I then used these factors to create two subscales of hostile and benevolent ableism and ran reliability analyses on them.

To replicate Study 2's findings and further provide evidence supporting convergent and discriminant validity, I ran simple correlations examining the relations between hostile and benevolent ableism and the other variables included such as other disability attitude measures, ambivalent sexism, modern racism, and modern heterosexism, and political participation.

Finally, I ran linear regression analyses using hostile and benevolent ableism to predict political outcomes, including disability rights activism and everyday social justice behavior. Demographics that were significantly correlated with each outcome variable were added to these models.

### *Confirmatory Factor Analysis*

I ran confirmatory factor analyses on the 12 Ambivalent Ableism Inventory items that were used to create the hostile and benevolent subscales in Study 2 to test Hypothesis 1. As in Study 2, I expected a two-factor structure with hostile and benevolent subscales of ableism. To test this, I first ran a confirmatory factor analysis on the full sample of 503 participants with complete data on the Ambivalent Ableism Inventory, see Table 3.1. The fit statistics indicated that the model fit the data relatively well,  $\chi^2 = 273.00$ ,  $p < .001$ , TLI = .93, CFI = .94, RMSEA = .09 (90% CI [.08, .10]), SRMR = .08. While the TLI and CFI values were slightly below the standard .95 cutoff, I considered these to be acceptable fit statistics due to the large sample size. Similarly, I considered RMSEA to indicate good fit because the 90% confidence interval included the standard cutoff of .08.

Next, I ran confirmatory factor analyses on the non-disabled and disabled samples separately. Since the sample in Study 2 only contained non-disabled participants, I wanted to be able to test if the results were the same or different with these different groups in Study 3. The non-disabled sample included 245 participants who completed the Ambivalent Ableism Inventory, see Table 3.2. Fit statistics indicated that the model fit the data well,  $\chi^2 = 104.45$ ,  $p < .001$ , TLI = .95, CFI = .95, RMSEA = .06, SRMR = .07. All of these values are beyond the standard cutoffs for each fit statistic. In addition, the hostile and benevolent subscales were reliable (Cronbach's  $\alpha = .90$  and  $.81$  respectively). In this subsample, the mean for hostile ableism was below the mid-point at 2.02 ( $SD = 1.04$ ), while the mean for benevolent ableism was above the mid-point at 4.04 ( $SD = 1.03$ ).

The disabled sample included 258 participants with complete data on the Ambivalent Ableism Inventory, see Table 3.3. The model fit the data less well,  $\chi^2 = 221.35$ ,  $p < .001$ , TLI =

.91, CFI = .93, RMSEA = .11 (90% CI [.10, .13], SRMR = .06, but the fit statistics were close enough to the cutoffs that I considered using the same scales for the disabled sample as the non-disabled sample to be justified. Further, reliability analyses indicated that the subscales were reliable (Cronbach's  $\alpha = .95$  and  $.85$  for hostile and benevolent ableism respectively), suggesting that the items made sense together. The mean hostile ableism for disabled participants was at the mid-point at 2.99 ( $SD = 1.76$ ), while the mean benevolent ableism was above the mid-point at 3.77 ( $SD = 1.27$ ). The mean difference in hostile ableism between non-disabled and disabled participants was statistically significant, with disabled people reporting higher levels of hostile ableism,  $t(616) = -8.01, p < .001$ . The mean difference in benevolent ableism between non-disabled and disabled participants was also statistically significant, with disabled people reporting lower levels of benevolent ableism,  $t(615) = 2.87, p < .001$ . Taken together, these three sets of results provide evidence supporting Hypothesis 1 that there is a two-factor structure of hostile and benevolent ableism, especially for non-disabled people.

### *Simple Correlations*

To test Hypotheses 1-7 and to investigate convergent and discriminant validity, I ran correlation analyses with hostile and benevolent ableism and the other variables included in the current study. I hypothesized that hostile and benevolent ableism would not be correlated in the non-disabled sample as in Study 2, and I did not make a prediction about the presence of a correlation between the factors for the disabled sample. This hypothesis was not supported. There was a *negative* correlation between hostile ableism and benevolent ableism in the non-disabled sample, see Table 3.4. On the other hand, there was a *positive* correlation between these factors in the disabled sample, see Table 3.5.

In addition, I did not hypothesize relations between the factors and demographic variables. In the non-disabled sample, hostile ableism was negatively correlated with age and gender and positively correlated with race-ethnicity, see Table 3.4. Younger participants, men and racial-ethnic minorities were more likely to report hostile ableism in this subsample. In addition, age was positively correlated with benevolent ableism in the non-disabled sample. Older participants were more likely to report benevolent ableism in this subsample. Furthermore, hostile ableism was correlated positively or negatively with all of the demographic variables in the disabled sample, see Table 3.5. Younger people, men, white people, people with higher social class, and straight people were all more likely to report hostile ableism. Finally, benevolent ableism was correlated with age, class, and sexual orientation. Similar to hostile ableism, younger people, people with higher social class, and straight people were more likely to report benevolent ableism.

I also expected hostile and benevolent ableism to be negatively associated with disability consciousness and disability identity in the disabled sample. I expected these factors to be positively related to non-disabled identity in the non-disabled sample. This hypothesis was partially supported. In the non-disabled sample, only hostile ableism was associated negatively with two of the subscales of disability consciousness, see Table 3.6. People who reported more hostile ableism were more likely to consider disabled people to have too much influence in society compared to non-disabled people and were less likely to blame the system (or more likely to blame the individual) for disabled peoples' disadvantages in society. In addition, non-disabled people who reported stronger non-disabled identity also reported more hostile ableism and more benevolent ableism, as expected.

In the disabled sample, the pattern of correlations was somewhat surprising. First, unsurprisingly, hostile ableism was also negatively correlated with disability consciousness, see Table 3.7. Also consistent with expectations, disabled people who reported more hostile ableism were more likely to consider disabled people to have too much influence in society compared to non-disabled people, to blame the individual rather than the system for disabled peoples' disadvantages in society, and were less likely to report that disabled people should act collectively rather than individually. Similarly, disabled people who reported more benevolent ableism also were more likely to consider disabled people to have too much societal influence compared to non-disabled people and to blame the individual rather than the system for disadvantages disabled people face. However, contrary to expectations, both hostile ableism and benevolent ableism were positively correlated with strength of disabled identity. Thus, disabled people who identified more strongly as disabled reported more hostile and benevolent ableist attitudes.

I hypothesized that hostile ableism would be positively correlated with medical model endorsement and negatively correlated with social model endorsement and that benevolent ableism would be positively correlated with both medical and social model endorsement for both the non-disabled and disabled samples. This hypothesis was supported for the non-disabled sample and partially supported for the disabled sample, see Tables 3.8 and 3.9. For disabled participants, there was no relation between benevolent ableism and social model endorsement. All other correlations were significant and in the expected direction.

I also hypothesized that hostile and benevolent ableism would be related to other negative attitudes about disability in both the non-disabled and disabled samples. This hypothesis was partially supported. In the non-disabled sample, hostile ableism was positively correlated with



pride in being non-disabled and reported experiences of exclusion for being non-disabled, see Table 3.8. Further, hostile ableism was related to expecting a non-disabled person to experience negative emotions, cognitions, and behaviors in a hypothetical interaction with a disabled person, and negative attitudes about disabled workers. Counter to expectations, in the non-disabled sample, benevolent ableism was related to expecting non-disabled people to have positive cognitions and behaviors in a hypothetical interaction with a disabled person, and to reporting positive attitudes about disabled workers. Benevolent ableism was not significantly correlated with pride in being non-disabled, exclusion from being non-disabled, or expecting negative emotions in the above hypothetical interaction. These results suggest that non-disabled people who are more hostile ableist have negative attitudes about disabled people. On the other hand, when considering these results and the results on medical and social model endorsement above, non-disabled people who are benevolent ableist report ambivalent to positive attitudes about disabled people.

For disabled participants, the results were also mixed. Disabled people who reported more pride in being disabled and exclusion for being disabled were both more likely to report both hostile ableism and benevolent ableism, see Table 3.9. Further, disabled people who reported more hostile and benevolent ableism also reported expecting non-disabled people to have negative emotions, positive cognitions, and negative behaviors in a hypothetical interaction with a disabled person. In addition, those who reported greater hostile and benevolent ableism also reported more negative attitudes about disabled workers. In general, these results suggest that disabled people who report more hostile and benevolent ableism have more negative attitudes toward disabled people, but the pattern is not completely consistent.

In addition to testing the relations between hostile and benevolent ableism with other disability attitude measures, I also tested the relations between these factors with attitudes about other social groups. I hypothesized that people who are more hostile and benevolent ableist would have negative attitudes about other social groups, but that because there was no relation between benevolent ableism and hostile sexism in Study 2, I did not make a prediction about this relation in Study 3, particularly for the non-disabled sample. As expected, hostile ableism was positively related to hostile sexism, benevolent sexism, modern racism, and modern heterosexism, in the non-disabled sample, see Table 3.10. Benevolent ableism, however, was positively related only to benevolent sexism in the non-disabled sample. In the disabled sample, perhaps because they are correlated with each other for this subsample, hostile and benevolent ableism were both positively related to other forms of prejudice, see Table 3.11. Hostile ableism was correlated with hostile sexism, benevolent sexism, modern racism, and modern heterosexism. Benevolent ableism was also correlated with hostile sexism, benevolent sexism, modern racism, and modern heterosexism. Here, hostile ableism works the same way for non-disabled and disabled participants. For both, hostile ableism is related to other forms of prejudice. On the other hand, benevolent ableism was related to different forms of prejudice for disabled people only. Benevolent ableism was only related to one type of prejudice for non-disabled participants: benevolent sexism.

Next, I hypothesized that hostile and benevolent ableism would be related to social dominance orientation and openness to experience. I expected both hostile and benevolent ableism to be positively correlated with social dominance orientation and negatively correlated with openness to experience, although not all of these relations were significant or in the expected direction in Study 2. In the non-disabled sample, this hypothesis was only supported for

hostile ableism, see Table 3.12. People who reported hostile ableism were also more likely to report social dominance orientation, and they were less likely to report openness to experience. On the other hand, benevolent ableism was negatively correlated with social dominance orientation in the non-disabled sample as it was in Study 2, and not significantly related to openness to experience as it was in Study 2. In the disabled sample, hostile and benevolent ableism again worked the same way, supporting this hypothesis, see Table 3.13. Hostile ableism was positively correlated with social dominance orientation and negatively correlated with openness to experience. Benevolent ableism was also positively correlated with social dominance orientation and negatively correlated with openness to experience. For disabled people, then, hostile and benevolent ableism were associated with individual differences found to be related to other forms of prejudice (e.g., Akrami, Ekehammer, & Wallentin, 2011; Cokley et al., 2010; Sidanius, Devereux, & Pratto, 1992; Sibley, Wilson, & Duckitt, 2007).

Finally, I hypothesized that hostile and benevolent ableism would be associated with conservative political partisanship. In Study 2, benevolent ableism was not related to political partisanship, and I examined whether this lack of relation replicated. In the non-disabled sample, both hostile and benevolent ableism were associated with conservative political partisanship; see Table 3.14. Similarly, in the disabled sample, both hostile and benevolent ableism were associated with conservative political partisanship, see Table 3.15. These results supported this hypothesis.

### *Regression Analyses*

Finally, to test Hypotheses 8 and 9 and to examine the predictive validity of hostile and benevolent ableism, I ran regression analyses with hostile and benevolent ableism as predictors and disability rights activism and everyday social justice behavior as outcome variables. In the non-disabled sample, I included hostile and benevolent ableism in the same models because the

correlation between the two factors was weak. However, because the correlation between the factors was stronger in the disabled sample, I ran separate models testing the predictive validity of hostile and benevolent ableism for this group. I also only generated hypotheses about main effects, but I tested interactions between hostile and benevolent ableism factors and medical and social model endorsement to provide suggestions for starting points for analyses in future studies.

I hypothesized that hostile and benevolent ableism would negatively predict disability rights activism participation for both non-disabled and disabled participants. This hypothesis was not supported in the non-disabled sample, see Table 3.16. There were no main effects for hostile or benevolent ableism on disability rights activism participation,  $t(215) = .27, p > .05$  and  $t(215) = -1.63, p > .05$  respectively. It is also interesting to note that as in Study 1, when I added political partisanship to the model, it did not significantly predict participation in disability rights activism,  $t(214) = 1.61, p > .05$ . I next entered the interaction terms between the ableism types and disability model endorsement variables in four separate models (one for each interaction). I included all lower order effects in these models. Two of these interactions were statistically significant in the non-disabled sample: hostile ableism interacted with medical model endorsement and benevolent ableism interacted with social model endorsement,  $t(212) = 5.03, p < .001$  and  $t(212) = , p < .05$  respectively. For those low in hostile ableism, medical model endorsement mattered in whether or not they participated in disability rights activism. Those who were low in hostile ableism and in medical model endorsement were most active in support of disability rights, see Figure 3.1. By contrast, for those who were high in hostile ableism, medical model endorsement did not have much of an impact on their disability rights activism. Both of these groups were taking fewer actions in support of disability rights than the low-low group

described above. In addition, the interaction between benevolent ableism and social model endorsement suggested that benevolent ableism only contributed to predicting disability rights activism for those who were high in social model endorsement, see Figure 3.2. For those who were high in social model endorsement, non-disabled people who were low in benevolent ableism were more activist in disability rights than those who were high in benevolent ableism.

In the disabled sample, the hypothesis that hostile and benevolent ableism would negatively predict disability rights activism was supported,  $t(285) = -2.74, p < .01$  and  $t(284) = -3.17, p < .01$  respectively, see Table 3.17. Here, political partisanship did predict participation in disability rights activism with people who were more liberal reporting more participation in disability rights activism,  $t(285) = 2.46$  and  $t(284) = 3.47$  in the hostile and benevolent ableism models respectively,  $ps < .05$  and  $.01$  respectively. Again, I added interaction terms in separate models with all lower-level effects included. Here, only an interaction between hostile ableism and social model endorsement was significant,  $t(282) = -2.25, p < .05$ , see Figure 3.3. Those who were low in hostile ableism and high in social model endorsement were taking nearly two more actions for disability rights, on average, than any other group. Each of the other groups averaged a similar number of actions.

Lastly, I hypothesized that hostile and benevolent ableism would negatively predict performing everyday social justice behavior for both non-disabled and disabled participants. I did, however, note that benevolent ableism was not correlated with everyday social justice behavior in Study 2 so it was possible that this non-significant result would replicate in Study 3. In the non-disabled sample this hypothesis was partially supported. Hostile ableism negatively predicted everyday social justice behavior, while benevolent ableism positively predicted it,  $t(244) = -6.16$  and  $5.08$  respectively,  $ps < .001$ , see Table 3.18. There were two significant

interactions when added to separate models with lower order effects. There was a cross-over interaction between hostile ableism and medical model endorsement,  $t(242) = 3.59, p < .001$ . However, those who were low in hostile ableism were performing more everyday social justice behaviors than those who were high in hostile ableism regardless of medical model endorsement; see Figure 3.4. In addition, there was a significant interaction between benevolent ableism and medical model endorsement,  $t(242) = 2.66, p < .01$ ; see Figure 3.5. People who were low in medical model endorsement were performing more everyday social justice behaviors in each benevolent ableism group, but this difference was greater for those who were low in benevolent ableism.

Finally, Hypothesis 9 was partially supported in the disabled sample, see Table 3.19. Only hostile ableism negatively predicted everyday social justice behavior,  $t(301) = -4.53, p < .001$ . Benevolent ableism did not predict everyday social justice behavior,  $t(300) = -.67, p > .05$ . In addition, there were two significant interactions when they were added to the models with all lower order effects. There was again a significant interaction between hostile ableism and medical model endorsement, see Figure 3.6. For those who were high in medical model endorsement, there was not a large difference in everyday social justice behavior based on hostile ableism. However, those who were low in medical model endorsement performed more everyday social justice behaviors if they were also low in hostile ableism. Finally, there was a significant interaction between hostile ableism and social model endorsement,  $t(298) = 4.67, p < .001$ ; see Figure 3.7. Those who were high in social model endorsement engaged in more everyday social justice behaviors than those who were low in social model endorsement, and this difference was larger for those who were high in hostile ableism compared to those who were low in hostile ableism.

## *Discussion*

The Study 3 results provided further evidence of the nature of ableism. The two-factor structure of hostile and benevolent ableism replicated for both samples as expected in Hypothesis 1, although the fit statistics were better for the non-disabled sample compared to the disabled sample. This is not surprising since the exploratory factor analysis run in Study 2 was based on a sample of non-disabled participants only. As such, it would be beneficial to replicate the Study 3 results with additional disabled samples. Further, the differences in fit were likely driven by benevolent ableism rather than hostile ableism, as the factor loadings were consistently lower for benevolent ableism. It is possible that there are other benevolent ableist attitudes that were not captured by the items provided to participants, or that there is an underlying, confounding variable that is influencing participant's endorsement of the benevolent ableism items. Either way, it would be helpful to examine the individual items further to determine their usefulness.

Further, the results showed that ableism works differently for people who are disabled and those who are not. For non-disabled participants, there was a significant negative correlation between hostile and benevolent ableism, unlike in Study 2. The correlation in Study 2 was in the negative direction but was not significant, and the increased sample size in Study 3 may have contributed to the significant result. As such, this result is not particularly surprising even though I did not hypothesize it. It also suggests that non-disabled people tend to be either hostile ableist or benevolent ableist, and endorsing one decreases the likelihood of endorsing the other. As in Study 2, this result suggests that for non-disabled people, ableism is not ambivalent despite disabled people falling in the ambivalent high warmth, low competence category of the stereotype content model (Fiske et al., 2002). This contrasts with the result from the disabled participants. Similar to other forms of ambivalent prejudice and as expected based on the

stereotype content model, hostile and benevolent ableism were positively correlated for disabled participants (e.g., Glick & Fiske, 1996; Fiske et al., 2002). As such, the same people endorsed both hostile and benevolent ableism. This result was more similar to my initial expectations going into this study as reflected in my hypotheses. A potential reason for this difference may be that disabled people are more likely to have a more nuanced understanding of disability and to understand that inspiration porn can be negative. As such, only those who have overtly negative attitudes about disability might support such beliefs. Non-disabled people, on the other hand, might not have as well-developed understanding of the deleterious effects of inspiration porn, and thus their support of such items is not mutually exclusive with meaning well. Thus, there are two types of non-disabled ableists: those who have overtly negative attitudes and those who mean well but still have patronizing and inspiration porn-related attitudes about disability.

My second hypothesis concerned endorsement of different models of disability. I expected that for non-disabled participants, hostile ableism would be positively related to endorsing the medical model and negatively related to endorsing the social model and that benevolent ableism would be positively related to both. The results provided evidence supporting this hypothesis. I did not formulate a hypothesis for disabled participants, but most of these relations replicated. The only one that did not was benevolent ableism and social model endorsement; benevolent ableism was not significantly related to social model endorsement in the disabled sample. Although some disability studies scholars have criticized the limitations of the social model, in general it appears to include a more positive outlook on disability as it challenges the medicalized status quo (Oliver, 1983; Shakespeare & Watson, 2001). This difference, therefore, can be important in interpreting the subsequent results discussed below. For non-disabled people, benevolent ableism and social model endorsement were positively



related, and some of the results for benevolent ableism suggest at least some positivity toward disabled people. For disabled participants, however, the lack of correlation between benevolent ableism and social model endorsement suggests less positivity toward disabled people.

Therefore, benevolent ableism looks more similar to hostile ableism for disabled participants than it does for non-disabled participants. Again, this could be because disabled people, unlike non-disabled people, are more likely to have a complex understanding of disability, and thus there are not as many people who have well-meaning but misguided benevolent attitudes separate from more overt and negative attitudes.

This difference is demonstrated by the results for Hypothesis 3. I expected hostile and benevolent ableism to be negatively associated with disability consciousness and disabled identity. I also expected hostile and benevolent ableism to be positively related to non-disabled identity. For the most part, the results supported this hypothesis for hostile ableism in both samples and for benevolent ableism in the disabled sample. However, collective orientation was not correlated with hostile ableism in the non-disabled sample nor was it correlated with benevolent ableism in the disabled sample, but these results may have arisen due to chance. It would be useful to replicate these results to see if they hold. In the non-disabled sample, benevolent ableism was not correlated with any of the disability consciousness variables. This provides further evidence that benevolent ableism works differently for non-disabled and disabled people. While disabled benevolent ableists might view disability individualistically and think of collective action as unnecessary, non-disabled benevolent ableists might take a more neutral stance.

In addition, both disabled identity and non-disabled identity were positively correlated with both hostile and benevolent ableism for both groups respectively. The scale measuring non-

disabled identity contained items such as “I’m glad to be a member of the non-disabled community” and “I want to remain a member of the non-disabled community.” Since these views are associated with hostile and benevolent ableism, it appears that neither hostile nor benevolent ableists want to become disabled themselves. This suggests a negative understanding of disability and being disabled. For disabled participants, hostile and benevolent ableism were associated with wanting to remain in the disabled community. This is a counter-intuitive result that could be due to a spurious correlation or something unusual about the current sample. Since most of the disabled sample came from a disability rights organization, it makes sense that they would want to remain members of the disabled community. A sample that consisted of more typical disabled people might not produce a similar result. Further research is needed to explain this result.

I also hypothesized that hostile and benevolent ableism would be related to other negative attitudes about disability. Again, this hypothesis was largely supported for hostile ableism in both samples and benevolent ableism in the disabled sample. This lends further evidence that hostile ableism is an overtly negative attitude about disability, and that hostile and benevolent ableism work similarly for disabled people. Surprisingly, both hostile and benevolent ableism were correlated with positive expected cognitions in a hypothetical interaction between a disabled and non-disabled person in the disabled sample, but because the other subscales (expected negative emotions and expected negative behaviors) both related to hostile and benevolent ableism in the sample, it is likely that these results arose due to chance. Again, this can be tested further in additional samples. In the non-disabled sample, benevolent ableism again produced unexpected results. In fact, benevolent ableism was related to positive attitudes about a hypothetical disabled person and disabled workers. However, I would caution against

considering non-disabled benevolent ableism to be a positive attitude. Taken with the results discussed above (in particular the positive correlations with medical model endorsement and non-disabled identity), non-disabled benevolent ableists might think positively about disabled people, but they do not think positively about disability itself. They still believe that disability is a negative thing that should be cured, and they do not want to become disabled themselves. This viewpoint aligns with the stereotype content model (Fiske et al., 2002). Disabled people fall in the high warmth, low competence category. This category is associated with feelings of pity toward the group member. I would expect the non-disabled benevolent ableists in the current sample to feel this way about disabled people since they do not think positively about disability, even if they feel warmly toward disabled people. This is clearly a problematic view on disability even if it is not as negative as hostile ableism.

In addition to the relations with other disability attitude measures, I hypothesized that hostile and benevolent ableism would be related to negative attitudes about other social groups. Similar to previous results, this hypothesis was supported for hostile ableism in both samples and benevolent ableism in the disabled sample. In particular, hostile ableism (and benevolent ableism in the disabled sample) related to hostile and benevolent sexism, modern racism, and modern heterosexism. This suggests that ableism is part of a system of interrelated prejudices that work together to disadvantage marginalized groups in society. It relates to ambivalent sexism, modern racism, modern homonegativity, and other variables typically associated with prejudice including social dominance orientation and low openness to experience. Thus, someone who is a hostile ableist is likely to be prejudiced against a variety of marginalized groups, and they are expected to have the most negative views of disability and disabled people. Again, benevolent ableism worked differently in the non-disabled sample. In particular, benevolent

ableism only significantly and positively correlated with benevolent sexism. As both of these prejudices are benevolent in nature, this relation makes sense. The main difference between benevolent ableism and hostile ableism, in the non-disabled sample, however, was that benevolent ableism appeared to be mostly a separate form of prejudice. As such, non-disabled benevolent ableists do not have as overtly negative attitudes about disabled people. In fact, in Study 3, they had positive attitudes about disabled people. On the other hand, they reported endorsing the medical model of disability and greater non-disabled identity. These suggest that although they do not have negative attitudes about disabled people, they do have negative attitudes about disability. This is still harmful to disabled people because it is a rejection of an important part of who they are and is associated with pitying and patronizing feelings.

Given the hypotheses that ableism would be related to prejudice, I also expected that hostile and benevolent ableism would be positively associated with social dominance orientation and conservative political partisanship and negatively associated with openness to experience. Again, these hypotheses were supported for hostile ableism in both samples and benevolent ableism in the disabled sample. These results suggest that ableism, like many other forms of prejudice, is characterized by a belief that social hierarchies that disadvantage certain social groups are desirable and by conventional thinking. In the non-disabled sample, benevolent ableism only related to some of these. Benevolent ableism was correlated with conservative political partisanship, but it was also negatively related to social dominance orientation, and it was not significantly correlated with openness to experience. Again, this suggests that non-disabled benevolent ableists do not express prejudice in the same way as hostile ableists or other types of prejudiced people.

Finally, I hypothesized that both hostile and benevolent ableism would negatively predict disability rights activism participation and everyday social justice behavior. Unexpectedly, there were no main effects for hostile and benevolent ableism on disability rights activism in the non-disabled sample. However, this is likely due to the low levels of activism in this sample. The mean number of actions non-disabled participants performed in support of disability rights was less than 1 ( $M = .83$ ,  $SD = 1.59$ ). Thus, non-disabled people appear not to participate in disability rights activism, regardless of whether or not they are hostile or benevolent ableist. In the disabled sample, hostile and benevolent ableism did negatively predict disability rights activism. As discussed above, disabled hostile and benevolent ableists likely view disability individualistically negating the appeal of taking collective action such as participating in disability rights activism. It also makes sense that disabled people who internalize ableism and its negative conceptualization of disability would not find disability rights activism appealing.

There was also mixed support for the hypothesis that hostile and benevolent ableism would negatively predict everyday social justice behavior. The hypothesis regarding hostile ableism was supported, perhaps because hostile ableism is related to other forms of prejudice. The scale measuring everyday social justice behavior only includes one item related to disability: “How often do you avoid calling people “retarded”?” All other items refer to prosocial behaviors related to other social groups. Thus, the connections between hostile ableism and sexism, racism, and heterosexism, are crucial in hostile ableism negatively predicting everyday social justice behavior. On the other hand, the results indicate that this hypothesis was not supported for benevolent ableism in either of the samples. In the non-disabled sample, benevolent ableism actually positively predicted everyday social justice behavior when controlling for hostile ableism. In the disabled sample, benevolent ableism did not significantly predict everyday social

justice behavior. These results provide further evidence that benevolent ableism works differently than other forms of prejudice, especially for non-disabled people. The negative correlation between benevolent ableism and social dominance orientation in the non-disabled sample can also help us understand the positive prediction here. If non-disabled benevolent ableists do not think some groups deserve to be on top in society, they might be motivated to take actions that challenge group dominance.

While I did not hypothesize interactions, I examined how hostile and benevolent ableism interacted with medical and social model endorsement for both outcomes. There was little pattern in which interactions were significant for each group; see Table 3.20 for summary. However, the interaction that was significant in nearly all of the analyses was the hostile ableism by medical model endorsement interaction. In both of these cases, people who were low in hostile ableism and low in medical model endorsement were engaged in the most disability rights activism and everyday social justice behavior, see Figure 3.1, Figure 3.4 and Figure 3.6. Thus, both hostile ableism and medical model endorsement work as barriers to prosocial behavior.

### *Limitations*

In Study 2, my sample consisted solely of undergraduate students. In the current study, I included disabled and non-disabled participants from MTurk and from a disability rights organization. While these samples improve upon the sample of Study 2, they are not perfect. First, it would have been useful to collect data from more than one disability rights organization. Since the organization I sampled from primarily focuses on one disability rather than disability in general, I cannot generalize the results to disabled people in general. On the other hand, I would not expect the results to be different in other disabled samples as most of my hypotheses were supported in this sample. However, this would have to be tested in a future study. In addition to

including additional disability rights organizations, I was originally interested in comparing hostile and benevolent ableist attitudes of people who participate in disability rights activism with those who participate in medical rights activism. I was particularly interested in these two groups because these types of organizations align with either the social model of disability (disability rights organizations) or the medical model of disability (medical rights activism). Since I did not collect data from the latter type of organization, I was unable to compare results between these two groups. Again, this is a potential area of future research.

Another limitation in the sampling was that both samples consisted of mostly privileged people, and this was especially true for the disabled sample. Most disabled participants were white, straight, and middle to upper-class. The MTurk sample included more social class diversity, but was also mostly white and straight. Since I focused on prejudice based on group membership, this lack of diversity may have influenced the results. It would be useful for future researchers to examine whether ableism still relates to racism, sexism, and heterosexism in more diverse samples.

Finally, due to space and time constraints, I was limited in what variables I could include in the survey. As such, I did not ask participants to report if they engaged in any particular ableist behaviors. This would have been useful to strengthen the findings of the predictive validity of hostile and benevolent ableism. While participation in disability rights activism is essentially the opposite of ableist behavior, it is limited as an outcome because it probably takes strong anti-ableist motivation to participate. The non-disabled participants in the current study, in general, did not meet this motivational threshold. This likely contributed to the non-significant main effects of hostile and benevolent ableism on disability rights activism participation in the non-

disabled sample. Including a measure of ableist behavior in future studies would be useful in avoiding this limitation.

### *Implications*

As in Study 2, the results of the current study have implications for prejudice reduction programs. Specifically, it is important to not only focus on overtly negative or hostile forms of ableism, but to educate people about subtler forms of prejudice such as benevolent ableism. To combat benevolent ableism, it is important to rethink not just the treatment of disabled people, but the negative conceptualization of disability. This will help people reconsider how disability is conflated with impairment that ought to be cured by a medical professional. Rather than discussing disability as individual and medical, educators may benefit from getting people to think about the social aspects of disability. For example, they can be asked to think about the environment they are in and to consider ways the space excludes or is welcoming to disabled people. This reframes the discussion away from disability as deficit toward inaccessibility as a problem. Instead of “she can’t climb stairs,” the discussion becomes “stairs are a problem.” This can also be motivating to people who might otherwise feel like they cannot be part of the solution. While not everyone is a medical professional who can treat impairment, anyone can contact relevant parties to ensure there are elevators in a business or braille outside of classroom doors. Programs that incorporate these ideas and concepts can be useful not only in reducing prejudice, but in increasing feelings of efficacy to create change.

Further, results suggest that it is important to address hostile and benevolent differently because of their different connections to other forms of prejudice. While hostile ableism relates to other forms of prejudice, at least in some cases benevolent ableism does not. This can make challenging hostile ableism particularly difficult because other social hierarchies come into play.



It is likely not enough to just discuss ableism without examining how it relates to racism, sexism, heterosexism, and other forms of prejudice. Crenshaw's (1989) concept of intersectionality is particularly useful here. Crenshaw originally developed intersectionality to explain Black women's experiences of oppression at the intersection of racism and sexism. Others have since expanded the term to include other social groups. Including an intersectional discussion about disability and other marginalized identities can be useful in challenging hostile ableism in particular.

## CHAPTER 5

### General Discussion

In this dissertation, I was interested in examining several key questions. In Study 1, I focused on the correlates of disability rights activism during the 2016 U.S. Presidential election. In particular, my main research question was who participates in disability rights activism. I also compared these results with that of healthcare activism because healthcare is a cause that, like disability rights activism, has implications for disabled people. In this first study, my most important finding is that disabled people, people who considered disability to be an important election issue, and those who were close to disabled people were all more likely to participate in disability rights activism following the 2016 election. In addition, political partisanship was not related to participation in disability rights activism, suggesting that disability rights is a potentially bipartisan issue. In Study 2, I switched focus to attitudes about disability and disabled people. My research questions were: what attitudes about disability do non-disabled people endorse? and is ableism an ambivalent form of prejudice with overtly negative and seemingly positive attitudes? I was also interested in how psychology researchers could best measure such attitudes about disability. I also developed a new measure, based on ambivalent sexism, to measure the hostile and benevolent ableism. I found that non-disabled people endorse more benevolent than hostile attitudes about disability, but hostile ableism is associated with other more negative attitudes. Moreover, unexpectedly, hostile and benevolent ableism were not correlated, suggesting that at least among non-disabled people ableism might not be “ambivalent.” Finally, in Study 3, I extended the findings of Study 2 to include disabled people’s attitudes about disability, and a non-student sample of both non-disabled and disabled

people. I examined similar research questions as those in Study 2, but here considering non-disabled and disabled people's attitudes toward disability separately. I also connected Studies 1 and 2 in Study 3 by examining non-disabled and disabled people's disability rights activism participation. I readdressed the question who participates in disability rights activism in this study. In Study 3 my key findings were that non-disabled and disabled hostile ableists both had overtly negative attitudes toward disability, disabled people, and other marginalized groups of people while non-disabled and disabled benevolent ableists looked very different. Non-disabled benevolent ableists expressed negative attitudes about disability but not disabled people, but disabled benevolent ableists endorsed similar attitudes as disabled hostile ableists. Finally, hostile and benevolent ableism were positively correlated among disabled people but were negatively correlated among non-disabled people, further complicating the question of whether ableism is ambivalent.

#### *Contributions of the Research*

This dissertation demonstrates the importance of studying disability attitudes. In Studies 2 and 3, I developed and validated a measure of hostile and benevolent ableist attitudes. This research was inspired by the stereotype content model literature and research examining hostile and benevolent sexism (see Fiske et al., 2002 and Glick & Fiske, 1997). Similar to women, disabled people fall into an ambivalent category in terms of stereotype content; according to this model, social psychologists expect people to consider disabled people to be warm, but not competent. This idea was supported by the current findings to some extent, in that there were both hostile and benevolent attitudes about disability. In addition, the benevolent attitudes, particularly when endorsed by non-disabled people, reflected the expectation of high warmth

especially. Non-disabled benevolent ableists tended not to think negatively about disabled people, but still tended to believe that disability is a bad thing that should be cured.

The question of whether ableism is ambivalent is truly unclear. In the student sample the two scales were uncorrelated, while in the adult non-student sample of disabled people they were positive correlated (hence ambivalent), but for the non-disabled people in that sample they were negatively correlated. As a result, I can connect definitively draw any conclusion except to recommend that future research examine the two scales separately and consider their relations further.

This dissertation also relates to and extends the stereotype content and social identity literatures (e.g., Fiske et al., 2002; Tajfel & Turner, 1978). These broad theoretical frameworks encompass multiple social identities and do not delve into the specifics of particular identity groups. In the current research, I focused on how attitudes about disability are similar to and different from attitudes about other marginalized groups including women, racial-ethnic minorities, and LGB people. Future research by stereotype content and social identity theorists can further examine the unique properties of ableism, such as the differences between attitudes about disability and attitudes about disabled people (for example in terms of particular kinds of patronizing attitudes), as well as the ways in which ableism works the same way as other forms of prejudice, such as in the case of hostile ableism. In addition, the social identity literature would be strengthened by further examining the similarities and differences in non-disabled and disabled people's attitudes about disability. For example, hostile ableism appears to work similarly whether the respondent is disabled or not, but benevolent ableism may have very different consequences based on the respondent's identity.

Hostile and benevolent ableism have implications for both non-disabled and disabled people's political engagement. This theme relates to research based on Social Identity Theory and the Social Identity Model of Collective Action (SIMCA) (e.g., Tajfel & Turner, 1978; van Zomeren et al., 2008). As expected by SIMCA, disabled people appear to be much more likely than non-disabled people to participate in disability rights activism even if they hold hostile and benevolent ableist attitudes. In particular, they reported doing more actions in support of disability rights than did non-disabled people. It is worth noting that the measure relied on assessing actions taken by samples of people who were largely not disabled. If there are some forms of activism that are common to disabled people but rare or absent among non-disabled people, they were not assessed. Future research could assess activism in more open-ended ways or using interview methods, in order to establish whether there are forms of activism not included in this measure. My measure (based on previous research using this approach) assessed the breadth of types of activism by adding up the number of actions each individual took. As such, I did not assess whether disabled people performed *different* actions than did non-disabled people. Future research can examine the differences in the types of actions non-disabled and disabled people do for disability rights. It is also important to note that in Studies 2 and 3, the non-disabled samples largely came from non-activist sampling strategies (an introductory psychology course and MTurk) and the disabled sample consisted mainly of people recruited through a disability rights organization. Therefore, I cannot rule out the possibility that sampling had an impact. On the other hand, since some non-disabled people participated in the survey who were members of the disability rights organization. Since I don't have reason to believe they are less representative of non-disabled people than the disabled people were of those with

disabilities, It is likely that the sample reflected the composition of the organization, and non-disabled people were less likely to participate.

Although disabled people were more likely to participate in disability rights activism, there are several ways in which non-disabled people can become motivated to participate in disability rights activism. One such pathway is through group consciousness (see Gurin et al., 1980; Miller et al., 1981; Henderson-King & Stewart, 1994). While group consciousness is also more commonly developed by members of the target group, developing a politicized group consciousness (such as identifying as a feminist) has been shown to impact activism, and can be also be developed by people with privileged identities (e.g., Gutierrez, 1995; Henderson-King & Stewart, 1994). While I did not test the relation between group consciousness and disability rights activism in Study 3, group consciousness was related to having more positive attitudes (i.e., less hostile ableist attitudes in general and less benevolent ableist attitudes in the disabled sample). These attitudes related to activism in the disabled sample. Another related pathway is through a rejection of the medical model of disability and a rejection of hostile and benevolent ableism. Non-disabled people who did not endorse the medical model and who were low on hostile ableism, for example, engaged in more disability rights activism than did people who endorsed the medical model and those who were high on hostile ableism. Future research, especially research focused on interventions intended to reduce non-disabled people's ableism and medical model endorsement, would be beneficial in learning more about this relation.

#### *Limitations and Future Directions*

Across all three studies, my results were limited by the samples recruited. In Study 1, I collected data from participants through MTurk. In addition, there was non-random attrition from Wave 1 to Wave 4. The participants who dropped out were more likely to be men, younger, and

to have greater social dominance orientation. Any of these factors may have influenced the Wave 4 results. Even so, because many of my results were aligned with my hypotheses, I do not think that the sample had a significant impact on the results. In Study 2, sampling was a greater concern. I recruited participants from an introductory level psychology course. As such, there were too few disabled participants in the sample to run analyses comparing the differences on key measures between disabled and non-disabled respondents. I also did not have enough activists to use hostile and benevolent ableism to predict participation in disability rights activism. To address this limitation, I recruited participants from MTurk and a disability rights organization in Study 3. However, I was only able to sample participants from one organization, and I did not collect data from participants from a medical rights organization as I originally planned. Although MTurk samples (including mine) are diverse in terms of gender, and skewed toward lower social class membership, there are few participants who are truly poor, though many disabled people are. In addition, both of my MTurk samples, and the student sample, are largely White and heterosexual. In that sense, my samples were limited in terms of race and sexuality, as well as inclusion of participants who are truly poor. Since I was interested in expressions of prejudice and the similarities between ableism and other forms of prejudice, having samples like these may have influenced the results. In all of the above cases, the results would be strengthened by future research using a variety of additional samples.

The other limitation that cut across all three studies was related to measurement. Since Study 1 was part of a larger study on the 2016 election, I was limited in the questions I could ask, and in many cases I had to use single-item or two-item measures. This restricted their usefulness in analyses and may have contributed to some of the non-significant results. In Studies 2 and 3, I created a measure of hostile and benevolent ableism. I consider this to be an important

contribution to the research, but it would have been beneficial to include a behavioral measure of ableism to more adequately assess the predictive validity of the hostile and benevolent ableism scales. Again, these limitations could be easily addressed in future research. It would also help to revisit the benevolent ableism items in future studies to determine whether there are better items to capture the construct. Benevolent ableism, particularly for non-disabled participants, led to many surprising findings, such as the relation between benevolent ableism and positive attitudes about disability. While non-disabled people are expected to feel warmth toward disabled people according to the stereotype content model, many measures of attitudes about disability assess negative views, and benevolent ableists did not hold those views even though I anticipated that they would (Fiske et al., 2002). Future studies dedicated to examining benevolent ableism more closely, perhaps especially focusing on whether there are important differences between views of disabilities per se vs. disabled people, would be valuable.

### *Implications*

All three studies have implications for political engagement broadly and participation in collective action in particular. In this section, I focus on the implications from Studies 2 and 3, since in these I differentiate hostile and benevolent ableism. First, it is important for organizers interested in challenging ableist policies and practices to address both hostile and benevolent forms of ableism. While recognizing hostile ableism might be easier because it is more overt, benevolent ableism is just as important to tackle. In both Study 2 and Study 3, benevolent ableism endorsement was higher than hostile ableism endorsement for both non-disabled and disabled participants (*M*s ranged from 3.77-4.04 for benevolent ableism and 1.74-2.99 for hostile ableism) In all cases, these differences were statistically significant  $t(143-346)$  ranged from -11.34 to -24.03, all  $ps < .001$ . Thus, even though hostile ableism is more overt and negative,



benevolent ableism appears to be more pervasive. Many disability rights activists already challenge benevolent ableism, and inspiration porn in particular (e.g., Stella Young, Alice Wong, and many others). These results suggest that continuing to do so is important.

Second, it is not sufficient to address disability as a single identity issue. Hostile ableism correlates strongly with sexism, racism, and heterosexism among non-disabled and disabled people. In the sample of disabled people in Study 3, benevolent ableism also related to all of these forms of prejudice. However, in the sample of non-disabled people, benevolent ableism was unrelated to sexism, racism, and heterosexism, confirming the view that benevolent ableism among non-disabled people reflects a very particular view of disabled people. Overall this pattern suggests that taking account of disability status is critical.

Moreover, considering an intersectional approach is imperative, given the association of negative attitudes about disabled people's association with sexism, racism, and heterosexism, apart from the case of benevolent ableism among non-disabled people in these mostly White, straight samples. The disability rights movement has been justly criticized for catering to white disabled people's voices and concerns. The twitter hashtag #DisabilityTooWhite was created by Black disabled activist Vilissa Thompson in 2016 to call out this issue (Blahovec, 2017). Yet, there is still a lot of work to do to make the disability rights movement more intersectional and inclusive. We need more research about attitudes toward disability and disabled people among people of color and in the LGB community.

The findings also have implications for schooling and pedagogy. First, it is important to increase access to higher education for disabled people, especially multiplying marginalized disabled people. As mentioned in Study 2, only 6% of my fairly educated sample reported being disabled despite 20% of the U.S. population identifying as disabled (census.gov). Intergroup

contact theory suggests that contact between people from different social identity groups can be beneficial to prejudice reduction (e.g, Pettigrew & Tropp, 2006; Pettigrew & Tropp, 2008). Thus, increasing access to higher education should be beneficial not only in enhancing the opportunities of disabled people, but also in reducing prejudice against disabled people. In addition to increasing enrollment, educators in programs that address social issues and prejudice in particular, should not overlook disability as a category of analysis and discussion. For example, in departments like Women's and Gender Studies, courses often include at least some intersectional content, but many do not include disability as one axis of power relations and identity. As mentioned above, since ableism, sexism, racism, and heterosexism are all linked, including disability is important. Courses can include information about disability, such as hostile ableism, benevolent ableism and inspiration porn, and activism such as disability rights activism and healthcare activism.

### *Conclusion*

In this dissertation, I sought to examine how attitudes about disability and political participation relate in the current political climate. I uncovered differences in attitudes expressed by non-disabled and disabled people and different predictors of disability rights and healthcare activism. These findings have implications for activists and educators and for anyone interested in reducing prejudice against disabled people and negative attitudes about disability in general. Since there are multiple forms of ableism, we need to take different approaches to addressing more overt and subtler and pervasive forms of ableism. Reducing these forms of ableism can have a lasting impact, both by decreasing discrimination toward disabled people, and by motivating people to engage in and create social change to challenge the social hierarchies that marginalize disabled people.

## **TABLES**

Table 1.1

*Correlation Matrix of Wave 1-3 Predictors*

Measure	1	2	3	4	5	6	7
1. Political partisanship	-						
2. SDO	.55***	-					
3. Openness	-.21***	-.23***	-				
4. Closeness: disabled people	-.16***	-.15***	.09**	-			
5. Warmth: disabled people	-.04	-.19***	.09*	.25***	-		
6. Disabled identity	-.00	-.09*	.07	.42***	.20***	-	
7. Election issue: disability	-.28***	-.23***	.14**	.23***	.22***	.28***	-

Note. \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ .

Table 1.2

*Correlation Matrix of Wave 1-3 Predictors and Outcome Variables*

Measure	Wave 1 Disability rights activism	Wave 4 Disability rights activism	Wave 1 Healthcare activism	Wave 4 Healthcare activism
1. Political partisanship	-.05	-.11*	-.10**	-.30***
2. SDO	-.08*	-.12**	-.10**	-.18***
3. Openness	.01	.06	.07	.14**
4. Closeness: disabled people	.28***	.29***	.16***	.23***
5. Warmth: disabled people	.18***	.19***	.11**	.17***
6. Disabled identity	.29***	.38***	.17***	.19***
7. Election issue: disability	.27***	.30***	.18***	.29***

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ .

Table 1.3

*Predicting Wave 4 Disability Rights Activism from Wave 1-3 Predictors*

Variables	Model	
	$\beta$	SE
Wave 1 Closeness to disabled people	.14*	.07
Wave 1 Warmth toward disabled people	.02	.01
Wave 1 Political partisanship	-.01	.02
Wave 1 Social dominance orientation	-.01	.02
Wave 1 Openness to experience	-.01	.02
Wave 2 Disabled identity	.19***	.04
Wave 3 Disability issue importance	.06**	.02
$R^2 = .20, F = 15.21***$		

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Variables were entered hierarchically.

Table 1.4

*Predicting Increase in Disability Rights Activism from Wave 1-3 Predictors*

Variables	Model	
	$\beta$	SE
Wave 1 Disability rights activism	.37***	.04
Wave 1 Closeness to disabled people	.07	.06
Wave 1 Warmth toward disabled people	.01	.01
Wave 1 Political partisanship	-.01	.02
Wave 1 Social dominance orientation	-.01	.02
Wave 1 Openness to experience	-.01	.02
Wave 2 Disabled identity	.13***	.03
Wave 3 Disability issue importance	.03*	.02
$R^2 = .32, F = 26.24***$		

Note. \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Variables were entered hierarchically.

Table 1.5

*Predicting Wave 4 Healthcare Activism from Wave 1-3 Predictors*

Variables	Model	
	$\beta$	SE
Wave 1 Closeness to disabled people	.15	.11
Wave 1 Warmth toward disabled people	.03	.02
Wave 1 Political partisanship	-.13***	.03
Wave 1 Social dominance orientation	.03	.03
Wave 1 Openness to experience	.02	.03
Wave 2 Disabled identity	.08	.06
Wave 3 Disability issue importance	.09**	.03
$R^2 = .17, F = 12.92***$		

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Variables were entered hierarchically.



Table 1.6

*Predicting Increase in Healthcare Activism from Wave 1-3 Predictors*

Variables	Model	
	$\beta$	SE
Wave 1 Healthcare activism	.38***	.04
Wave 1 Closeness to disabled people	.11	.10
Wave 1 Warmth toward disabled people	.02	.02
Wave 1 Political partisanship	-.11***	.02
Wave 1 Social dominance orientation	.02	.03
Wave 1 Openness to experience	.01	.03
Wave 2 Disabled identity	.03	.05
Wave 3 Disability issue importance	.08**	.03
$R^2 = .31, F = 24.79***$		

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Variables were entered hierarchically.

Table 2.1

*Factor Loadings for the Two Factor Solution of Ambivalent Ableism Inventory*

	<b>Factor Loading</b>	
	<b>1</b>	<b>2</b>
<b>Factor 1: Hostile Ableism (<math>\alpha = .84</math>)</b>		
9. Disabled people fail to appreciate all the things that non-disabled people do for them.	.75	.10
5. Disabled people seek special favors under the guise of equality.	.71	.10
1. Disabled people exaggerate problems at work.	.71	-.05
29. People who stand up from a wheelchair are obviously faking a disability.	.65	-.05
17. Accommodations for disabled students give them an unfair advantage over non-disabled students.	.63	.02
13. People with disabilities are freeloaders.	.63	-.10
<b>Factor 2: Benevolent Ableism (<math>\alpha = .69</math>)</b>		
23. People with disabilities are inspiring.	-.18	.69
22. Non-disabled people should admire disabled people.	.01	.66
33. Disabled people are heroic for enduring medical treatment.	-.09	.65
34. Working disabled people are awesome for being able to work despite having a disability.	-.08	.60
18. Disabled people should be protected by non-disabled people.	-.10	.49
20. In a disaster, people with disabilities need to be rescued first.	-.15	.37

Table 2.2

*Correlation Matrix: Demographics*

Measure	Hostile ableism	Benevolent ableism
Benevolent ableism	-.10	-
Age	-.12	.10
Gender	-.26**	-.01
Race-ethnicity	.10	.06
Class	.21**	-.02
Sexual orientation	-.11	-.06

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 148-154.

Table 2.3

*Correlation Matrix: Disability Attitudes Measures*

Measure	Hostile ableism	Benevolent ableism
3. Pride in non-disability	.37***	.12
4. Exclusion from non-disability	.45***	-.14
5. Social model endorsement	-.15	.19*
6. Medical model endorsement	.24**	.14
7. MAS: emotion	.10	.05
8. MAS: cognition	.20*	-.15
9. MAS: behavior	.04	-.06
10. Affective Reaction Scale	.57***	-.14

Note. \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . Ns vary from 142-154.

Table 2.4

*Correlation Matrix: Ambivalent Prejudice*

Measure	Hostile ableism	Benevolent ableism
Hostile sexism	.55***	.00
Benevolent sexism	.32***	.21**

*Note.* \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ .  $N = 151$ .

Table 2.5

*Correlation Matrix: Individual Differences Variables*

Measure	Hostile ableism	Benevolent ableism
Social dominance orientation	.56***	-.18*
Openness to experience	-.13	-.16*

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ .  $N = 151$ .

Table 2.6

*Correlation Matrix: Political Variables*

Measure	Hostile ableism	Benevolent ableism
Political partisanship	-.25**	.06
Political self-efficacy	-.08	.01
Everyday social justice behavior	-.36***	.13

*Note.* \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 150-151.

Table 3.1

*Full Sample Ambivalent Ableism Inventory Confirmatory Factor Loadings*

	<b>Factor Loading</b>	
	<b>1</b>	<b>2</b>
<b>Factor 1: Hostile Ableism (<math>\alpha = .94</math>)</b>		
1. Disabled people exaggerate problems at work.	.89	-
5. Disabled people seek special favors under the guise of equality.	.87	-
17. Accommodations for disabled students give them an unfair advantage over non-disabled students.	.85	-
13. People with disabilities are freeloaders.	.85	-
9. Disabled people fail to appreciate all the things that non-disabled people do for them.	.84	-
29. People who stand up from a wheelchair are obviously faking a disability.	.76	-
<b>Factor 2: Benevolent Ableism (<math>\alpha = .83</math>)</b>		
33. Disabled people are heroic for enduring medical treatment.	-	.77
23. People with disabilities are inspiring.	-	.71
22. Non-disabled people should admire disabled people.	-	.69
34. Working disabled people are awesome for being able to work despite having a disability.	-	.69
18. Disabled people should be protected by non-disabled people.	-	.63
20. In a disaster, people with disabilities need to be rescued first.	-	.55

*Note.*  $N = 503$ .



Table 3.2

*Non-Disabled Sample Ambivalent Ableism Inventory Confirmatory Factor Loadings*

	<b>Factor Loading</b>	
	<b>1</b>	<b>2</b>
<b>Factor 1: Hostile Ableism (<math>\alpha = .90</math>)</b>		
1. Disabled people exaggerate problems at work.	.83	-
5. Disabled people seek special favors under the guise of equality.	.80	-
13. People with disabilities are freeloaders.	.80	-
17. Accommodations for disabled students give them an unfair advantage over non-disabled students.	.77	-
9. Disabled people fail to appreciate all the things that non-disabled people do for them.	.74	-
29. People who stand up from a wheelchair are obviously faking a disability.	.72	-
<b>Factor 2: Benevolent Ableism (<math>\alpha = .81</math>)</b>		
23. People with disabilities are inspiring.	-	.78
34. Working disabled people are awesome for being able to work despite having a disability.	-	.64
20. In a disaster, people with disabilities need to be rescued first.	-	.61
18. Disabled people should be protected by non-disabled people.	-	.61
33. Disabled people are heroic for enduring medical treatment.	-	.60
22. Non-disabled people should admire disabled people.	-	.59

*Note.*  $N = 245$ .

Table 3.3

*Disabled Sample Ambivalent Ableism Inventory Confirmatory Factor Loadings*

	<b>Factor Loading</b>	
	<b>1</b>	<b>2</b>
<b>Factor 1: Hostile Ableism (<math>\alpha = .95</math>)</b>		
1. Disabled people exaggerate problems at work.	.91	-
5. Disabled people seek special favors under the guise of equality.	.89	-
17. Accommodations for disabled students give them an unfair advantage over non-disabled students.	.89	-
9. Disabled people fail to appreciate all the things that non-disabled people do for them.	.87	-
13. People with disabilities are freeloaders.	.86	-
29. People who stand up from a wheelchair are obviously faking a disability.	.81	-
<b>Factor 2: Benevolent Ableism (<math>\alpha = .85</math>)</b>		
33. Disabled people are heroic for enduring medical treatment.	-	.87
22. Non-disabled people should admire disabled people.	-	.76
34. Working disabled people are awesome for being able to work despite having a disability.	-	.67
23. People with disabilities are inspiring.	-	.65
18. Disabled people should be protected by non-disabled people.	-	.63
20. In a disaster, people with disabilities need to be rescued first.	-	.53

*Note.*  $N = 258$ .

Table 3.4

*Non-Disabled Sample Correlation Matrix: Demographics*

Measure	Hostile ableism	Benevolent ableism
Benevolent ableism	-.20**	-
Age	-.17**	.12*
Gender	-.22***	.06
Race-ethnicity	.28***	-.09
Class	.05	.01
Sexual orientation	.05	-.06

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 251-270.

Table 3.5

*Disabled Sample Correlation Matrix: Demographics*

Measure	Hostile ableism	Benevolent ableism
Benevolent ableism	.69***	-
Age	-.21***	-.12*
Gender	.15**	.05
Race-ethnicity	-.14*	-.10
Class	.33***	.22***
Sexual orientation	-.25***	-.20***

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 299-348.

Table 3.6

*Non-Disabled Sample Correlation Matrix: Disability Items*

Measure	Hostile ableism	Benevolent ableism
Chronic and/or mental illness	-.17**	-.04
Non-disabled identity	.22***	.20**
Collective discontent	-.42***	.11
System blame	-.48***	.09
Collective orientation	-.09	-.12

*Note.* \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 268-270.

Table 3.7

*Disabled Sample Correlation Matrix: Disability Items*

Measure	Hostile ableism	Benevolent ableism
Chronic and/or mental illness	-.53***	-.23***
Disability Visibility	-.57***	-.45***
Disabled identity	.39***	.23***
Collective discontent	-.78***	-.53***
System blame	-.65***	-.44***
Collective orientation	-.14**	-.10

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 319-347.

Table 3.8

*Non-Disabled Sample Correlation Matrix: Disability Attitudes Measures*

Measure	Hostile ableism	Benevolent ableism
3. Pride in non-disability	.33***	.09
4. Exclusion for non-disability	.57***	-.11
5. Social model endorsement	-.37***	.33***
6. Medical model endorsement	.16**	.39***
7. MAS: emotion	.21**	.01
8. MAS: cognition	.40***	-.49***
9. MAS: behavior	.35***	-.24***
10. Affective Reaction Scale	.73***	-.30***

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 268-270.

Table 3.9

*Disabled Sample Correlation Matrix: Disability Attitudes Measures*

Measure	Hostile ableism	Benevolent ableism
3. Pride in disability	.40***	.28***
4. Exclusion from disability	.24***	.28***
5. Social model endorsement	-.14*	.01
6. Medical model endorsement	.48***	.55***
7. MAS: emotion	.38***	.27***
8. MAS: cognition	-.15**	-.38***
9. MAS: behavior	.47***	.18**
10. Affective Reaction Scale	.78***	.52***

Note. \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . Ns vary from 335-347.



Table 3.10

*Non-Disabled Sample Correlation Matrix: Ambivalent Prejudice*

Measure	Hostile ableism	Benevolent ableism
Hostile sexism	.66***	-.09
Benevolent sexism	.31***	.28***
Modern racism	.61***	-.04
Modern heterosexism	.43***	.05

*Note.* \*\*\* $p \leq 0.001$ . *Ns* vary from 267-268.

Table 3.11

*Disabled Sample Correlation Matrix: Ambivalent Prejudice*

Measure	Hostile ableism	Benevolent ableism
Hostile sexism	.74***	.60***
Benevolent sexism	.71***	.70***
Modern racism	.85***	.63***
Modern heterosexism	.67***	.56***

*Note.* \*\*\* $p \leq 0.001$ . *Ns* vary from 328-332.

Table 3.12

*Non-Disabled Sample Correlation Matrix: Individual Differences Variables*

Measure	Hostile ableism	Benevolent ableism
Social dominance orientation	.58***	-.20**
Openness to experience	-.20**	.09

*Note.* \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 267-268.

Table 3.13

*Disabled Sample Correlation Matrix: Individual Differences Variables*

Measure	Hostile ableism	Benevolent ableism
Social dominance orientation	.81***	.53***
Openness to experience	-.60***	-.39***

*Note.* \*\*\* $p \leq 0.001$ . *Ns* vary from 324-329.

Table 3.14

*Non-Disabled Sample Correlation Matrix: Political Variables*

Measure	Hostile ableism	Benevolent ableism
Political partisanship	-.26***	-.20**
Political self-efficacy	-.26***	-.08
Everyday social justice behavior	-.52***	.34***
Disability rights activism	.05	-.13*
Healthcare activism	.18**	.03

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 220-270.

Table 3.15

*Disabled Sample Correlation Matrix: Political Variables*

Measure	Hostile ableism	Benevolent ableism
Political partisanship	-.63***	-.50***
Political self-efficacy	-.42***	-.39**
Everyday social justice behavior	-.21***	-.01
Disability rights activism	-.36***	-.35***
Healthcare activism	.11	.09

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$ . *Ns* vary from 292-348.

Table 3.16

*Non-Disabled Sample Regression Analysis: Predicting Disability Rights Activism*

Variables	Model	
	$\beta$	SE
Hostile ableism	.14	.19
Benevolent ableism	-.16	.14
Political partisanship	.21	.13
	$R^2 = .03, F = 1.92$	
Hostile ableism x medical model endorsement interaction	1.128***	.22
	$R^2 = .18 F = 9.33***$	
Benevolent ableism x social model endorsement interaction	-.27*	.11
	$R^2 = .18 F = 9.13***$	

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. All lower order effects were included in models with interaction terms. Each interaction was added in a separate model.

Table 3.17

*Disabled Sample Regression Analysis: Predicting Disability Rights Activism*

Variables	Model	
	$\beta$	SE
Hostile ableism	-.37**	.14
Political partisanship	.37*	.15
Age	.32**	.12
	$R^2 = .16, F = 17.56***$	
Benevolent ableism	-.40**	.13
Political partisanship	.45**	.13
Age	.34**	.11
	$R^2 = .17 F = 18.90***$	
Hostile ableism x social model endorsement interaction	-.35*	.16
	$R^2 = .18 F = 9.13***$	

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Hostile and benevolent ableism were modeled separately as they were highly correlated. All lower order effects were included in models with interaction terms.



Table 3.18

*Non-Disabled Sample Regression Analysis: Predicting Everyday Social Justice Behavior*

Variables	Model	
	$\beta$	SE
Hostile ableism	-.45***	.07
Benevolent ableism	.25***	.05
Political partisanship	.15	.09
Age	-.01	.04
Gender	.09*	.04
Race-ethnicity	-.11**	.04
	$R^2 = .37, F = 24.23***$	
Hostile ableism x medical model endorsement interaction	.28***	.08
	$R^2 = .41 F = 20.63***$	
Benevolent ableism x medical model endorsement interaction	.14**	.05
	$R^2 = .39 F = 19.48***$	

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. All lower order effects were included in models with interaction terms. Each interaction was added in a separate model.

Table 3.19

*Disabled Sample Regression Analysis: Predicting Everyday Social Justice Behavior*

Variables	Model	
	$\beta$	SE
Hostile ableism	-.15***	.03
Political partisanship	.11	.08
Gender	.14***	.03
	$R^2 = .14, F = 16.00***$	
Benevolent ableism	-.02	.04
Political partisanship	.28***	.08
Gender	.12**	.04
	$R^2 = .17 F = 18.90***$	
Hostile ableism x medical model endorsement interaction	.16***	.04
	$R^2 = .19 F = 13.56***$	
Hostile ableism x social model endorsement interaction	.17***	.04
	$R^2 = .38 F = 37.23**$	

*Note.* \* $p \leq 0.05$ , \*\* $p \leq 0.01$  \*\*\* $p \leq 0.001$ . All betas are unstandardized. Hostile and benevolent ableism were modeled separately as they were highly correlated. All lower order effects were included in models with interaction terms. Each interaction was added in a separate model.

Table 3.20

*Significant Results by Disability Group and Outcome Variable*

		<b>Main Effect</b>			
<b>Outcome</b>	<b>Group</b>	Hostile Ableism		Benevolent Ableism	
Disability Rights Activism	Non-Disabled				
	Disabled	X (-)		X (-)	
Everyday Social Justice Behavior	Non-Disabled	X (-)		X (+)	
	Disabled	X (-)			
		<b>Interaction</b>			
<b>Outcome</b>	<b>Group</b>	Hostile Ableism x Medical Model Endorsement	Hostile Ableism x Social Model Endorsement	Benevolent Ableism x Medical Model Endorsement	Benevolent Ableism x Social Model Endorsement
Disability Rights Activism	Non-Disabled	X			X
	Disabled		X		
Everyday Social Justice Behavior	Non-Disabled	X		X	
	Disabled	X	X	X	X

*Note.* X = significant effect at  $p < .05$  through  $p < .001$ ; – and + indicate the direction of the main effects.

## **FIGURES**

Figure 3.1

*Non-Disabled Sample: Hostile Ableism x Medical Model Endorsement Interaction Predicting Disability Rights Activism*

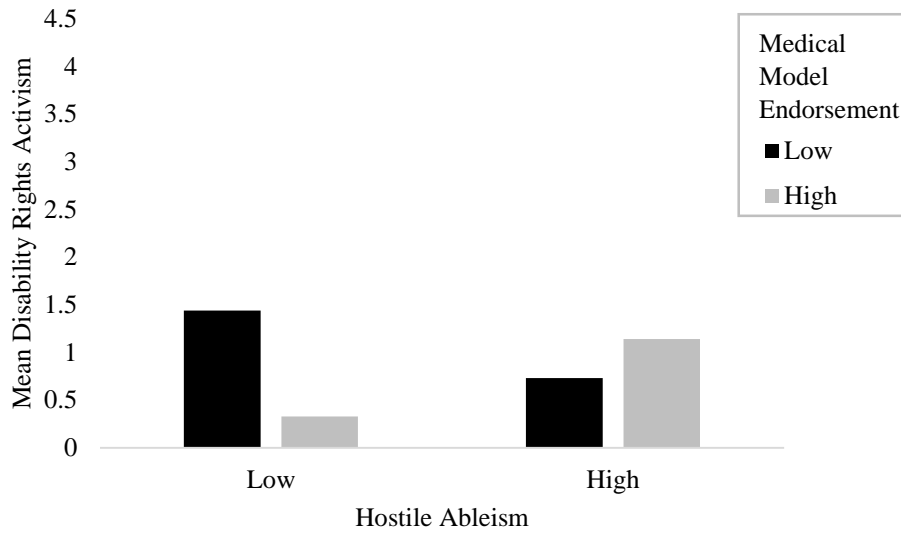


Figure 3.2

*Non-Disabled Sample: Benevolent Ableism x Social Model Endorsement Interaction Predicting Disability Rights Activism*

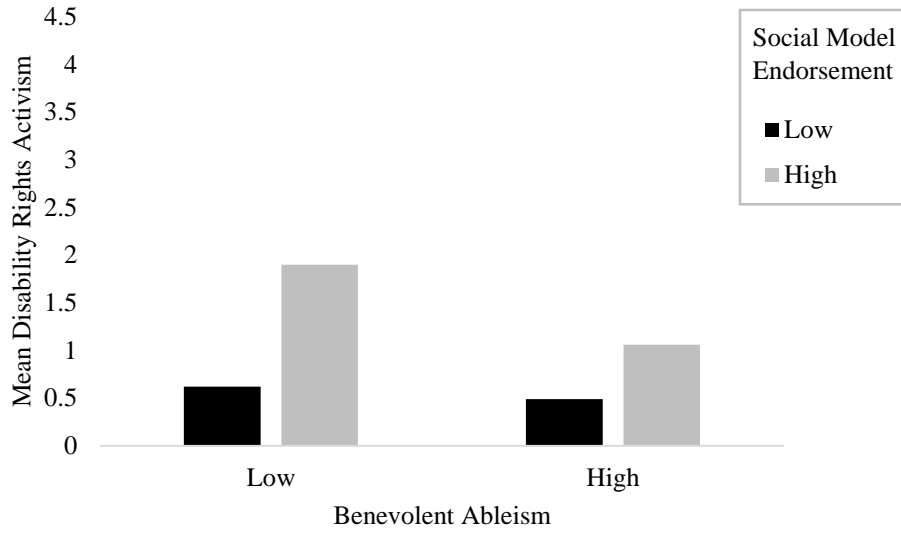


Figure 3.3

*Disabled Sample: Hostile Ableism x Social Model Endorsement Interaction Predicting Disability Rights Activism*

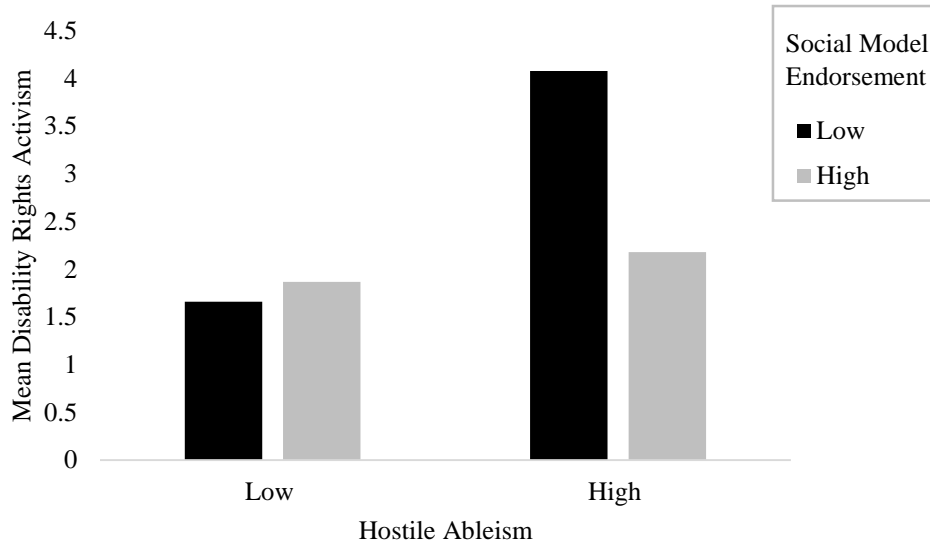


Figure 3.4

*Non-Disabled Sample: Hostile Ableism x Medical Model Endorsement Interaction Predicting Everyday Social Justice Behavior*

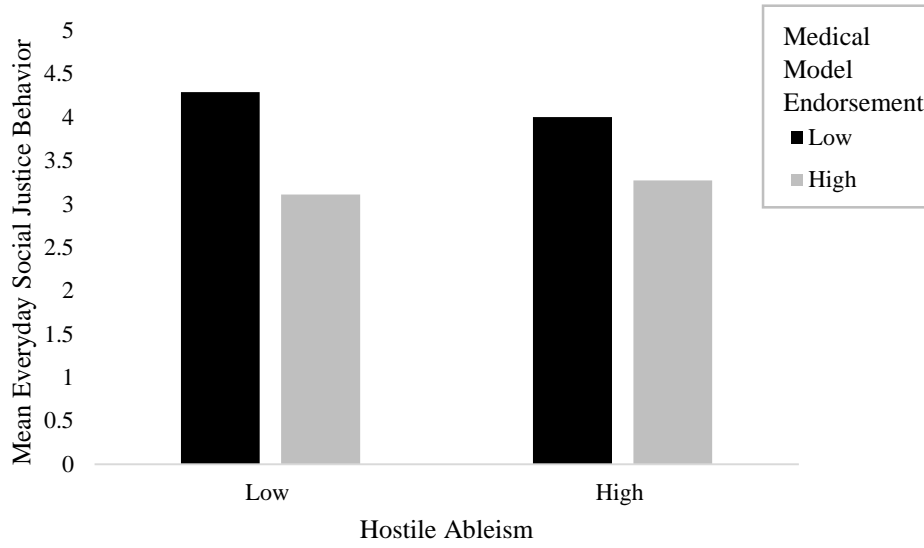




Figure 3.5

*Non-Disabled Sample: Benevolent Ableism x Medical Model Endorsement Interaction Predicting Everyday Social Justice Behavior*

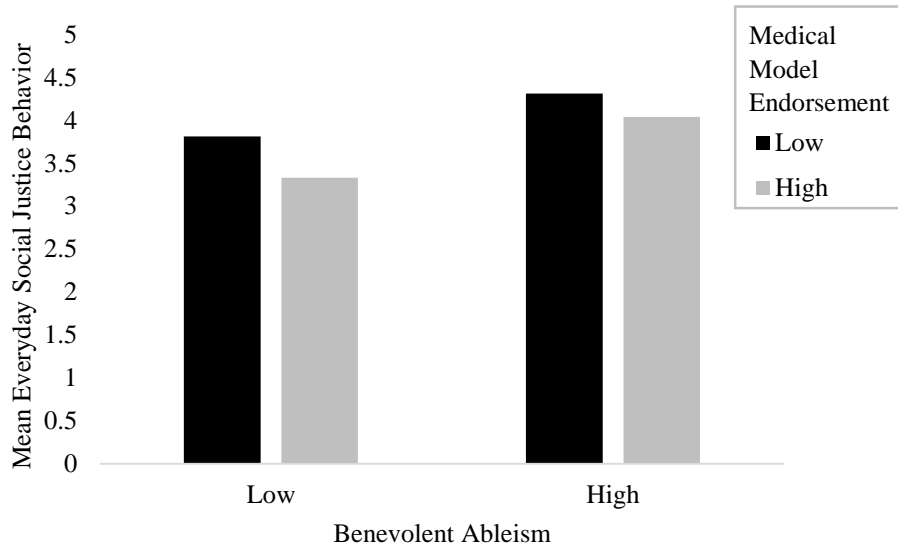


Figure 3.6

*Disabled Sample: Hostile Ableism x Medical Model Endorsement Interaction Predicting Everyday Social Justice Behavior*

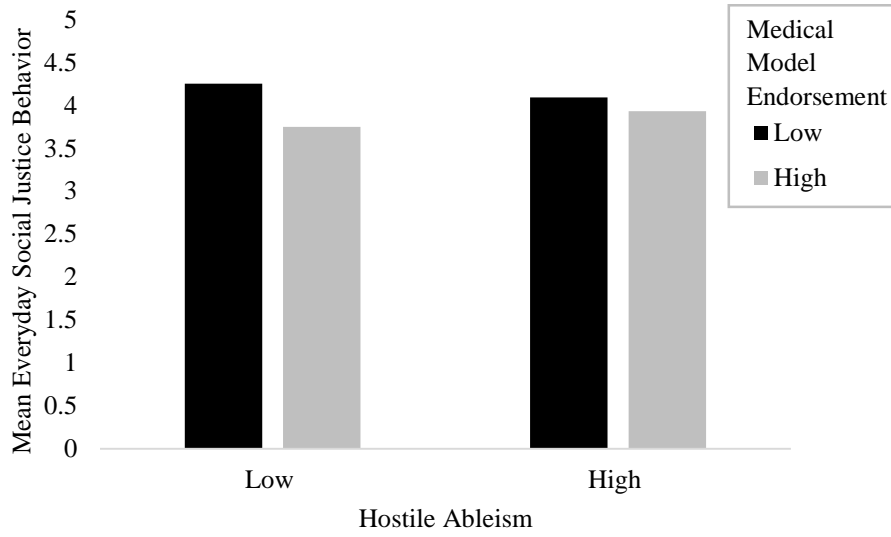
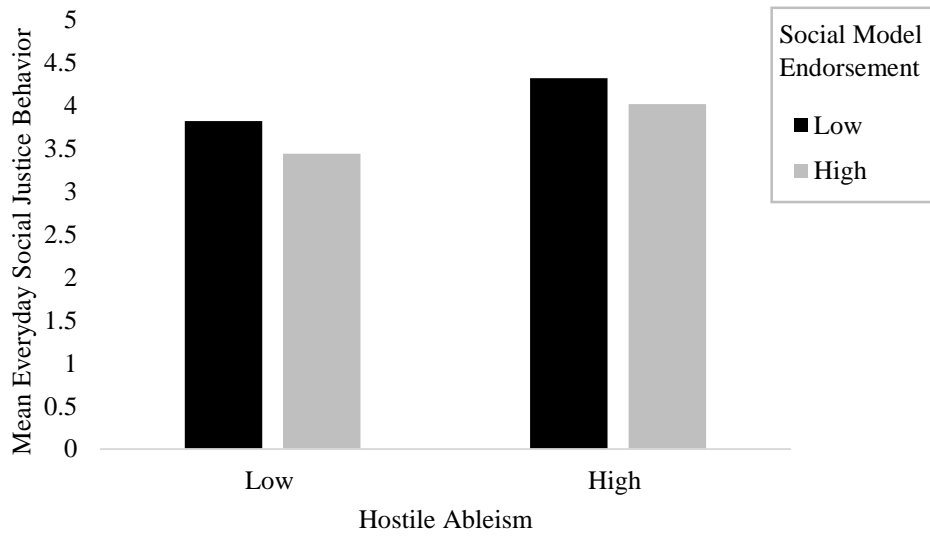


Figure 3.7

*Disabled Sample: Hostile Ableism x Social Model Endorsement Interaction Predicting Everyday Social Justice Behavior*



## **APPENDICES**

## **APPENDIX A**

### **Social Dominance Orientation**

“Show how much you favor or oppose each idea below by selecting a number from 1 to 7 on the scale below. You can work quickly; your first feeling is generally best.” (7-point scale, 1 = strongly oppose, 7 = strongly favor).

1. An ideal society requires some groups to be on top and others to be on the bottom.
2. Some groups of people are simply inferior to other groups.
3. No one group should dominate in society.
4. Groups at the bottom are just as deserving as groups at the top.
5. Group equality should not be our primary goal.
6. It is unjust to try to make groups equal.
7. We should do what we can to equalize conditions for different groups.
8. We should work to give all groups an equal chance to succeed.

## **APPENDIX B**

### **Openness to Experience**

“Here are a number of personality traits that may or may not apply to you. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.” (7-point scale; 1 = strongly disagree, 7 = strongly agree).

1. Open to new experiences, complex
2. Conventional, uncreative

## **APPENDIX C**

### **Disabled Identity**

(5-point scale, 1 = strongly disagree, 5 = strongly agree).

1. I view myself as having a disability.
2. I feel that I am part of the disabled community.
3. I am comfortable with disabled people.
4. Being involved in the disabled community is an important part of my life.
5. A disabled identity is an important part of my life.

## **APPENDIX D**

### **Disability Issue Importance**

“How much did each of these policy issues affect your candidate choice?” (5-point scale, 1 = none at all, 5 = a great deal).

1. Disability rights



## **APPENDIX E**

### **Wave 1 Activism**

“Please indicate how you have been involved in promoting any of the following causes during the past year by checking all boxes that are applicable.” (0 = none, 1 = one or more actions; 8 actions).

Causes:

1. Disability rights
2. Healthcare

Actions:

1. None
2. Posted online promoting this cause (i.e., social media)
3. Signed a petition (online)
4. Signed a petition (in person)
5. Gave money
6. Wrote a letter or called a public official
7. Attended a meeting
8. Was an active member of an organization
9. Attended a rally or demonstration

## **APPENDIX F**

### **Wave 4 Activism**

“Please indicate how you have been involved in promoting any of the following causes since the election by checking all boxes that are applicable.” (0 = none, 1 = one or more actions; 8 actions).

Causes:

3. Disability rights
4. Healthcare

Actions:

10. None
11. Posted online promoting this cause (i.e., social media)
12. Signed a petition (online)
13. Signed a petition (in person)
14. Gave money
15. Wrote a letter or called a public official
16. Attended a meeting
17. Was an active member of an organization
18. Attended a rally or demonstration

## APPENDIX G

### Ambivalent Ableism Inventory

“Below is a series of statements concerning disabled and non-disabled people and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement.” (6-point scale, 1 = strongly disagree, 6 = strongly agree).

1. Disabled people exaggerate problems at work.
2. People with disabilities are too easily offended.
3. Most disabled people interpret innocent remarks as prejudiced.
4. When people with disabilities lose fairly, they claim discrimination.
5. Disabled people seek special favors under the guise of equality.
6. Disability rights activists are making reasonable demands.
7. Disability rights activists are not seeking more power than people without disabilities.
8. Disabled people seek power by gaining control over non-disabled people.
9. Disabled people fail to appreciate all the things that non-disabled people do for them.
10. It is natural for non-disabled people to be curious about how disabled people became disabled.
11. All people with psychiatric disabilities should take medication.
12. People with psychiatric disabilities shouldn't be allowed to own guns.
13. People with disabilities are freeloaders.
14. Disabled people often exaggerate their disabilities to get out of doing things.
15. People who spend a lot of time with disabled people are more likely to become disabled themselves.
16. If you avoid people with disabilities, you'll stay healthier.
17. Accommodations for disabled students give them an unfair advantage over non-disabled students.
18. Disabled people should be protected by non-disabled people.
19. Non-disabled people should sacrifice their own comfort in order to provide for disabled people.
20. In a disaster, people with disabilities need to be rescued first.
21. Disabled people have a superior moral sensibility.
22. Non-disabled people should admire disabled people.
23. People with disabilities are inspiring.
24. Non-disabled people should bend down to people in wheelchairs when talking to them.
25. Disabled people are too easily offended by non-disabled people trying to help them.
26. Non-disabled people should feel bad for disabled people.

27. It is always obvious that a person has or doesn't have a disability.
28. It makes sense to speak very slowly to a person in a wheelchair.
29. People who stand up from a wheelchair are obviously faking a disability.
30. It is fine to address disabled people as "sweetie" or "hun."
31. It is natural for non-disabled people to stare at disabled people.
32. People with disabilities are brave for going out in public.
33. Disabled people are heroic for enduring medical treatment.
34. Working disabled people are awesome for being able to work despite having a disability.

## Appendix H

### Ambivalent Sexism Inventory

“Below is a series of statements concerning men and women and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement.” (6-point scale, 1 = strongly disagree, 6 = strongly agree).

1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality".
3. In a disaster, women ought not necessarily to be rescued before men.
4. Most women interpret innocent remarks as being sexist.
5. Women are too easily offended.
6. People are often truly happy in life without being romantically involved with a member of the other sex.
7. Feminists are not seeking for women to have more power than men.
8. Many women have a quality of purity that few men possess.
9. Women should be cherished and protected by men.
10. Most women fail to appreciate fully all that men do for them.
11. Women seek to gain power by getting control over men.
12. Every man ought to have a woman whom he adores.
13. Men are complete without women.
14. Women exaggerate problems they have at work.
15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.
16. When women lose to men in a fair competition, they typically complain about being discriminated against.
17. A good woman should be set on a pedestal by her man.
18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
19. Women, compared to men, tend to have superior moral sensibility.
20. Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.
21. Feminists are making entirely reasonable demands of men.
22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

## Appendix I

### Questionnaire on Disability Identity and Opportunity (QDIO)

“Please indicate the degree to which you agree or disagree with the following items.” (5-point scale, 1 = strongly disagree, 5 = strongly agree).

Version given to disabled respondents:

1. I am a better person because of my disability.
2. My disability is an important part of who I am.
3. I am proud of my disability.
4. My disability enriches my life.
5. My disability limits my social life.
6. My disability keeps me from working.
7. In general, I am satisfied with the quality of my life.
8. I often am excluded from activities because of my disability.
9. Lack of accessibility and discrimination from employers are the main reasons why disabled people are unemployed.
10. It isn't easy for people with disabilities to be treated as "normal."
11. People with disabilities need to fight for their rights more than non-disabled people do.
12. The biggest problem faced by people with disabilities is the attitudes of other people.
13. All buildings should be accessible to people with disabilities.
14. I am familiar with the Americans with Disabilities Act (ADA) and think it is a good law.
15. I am familiar with the Disability Rights Movement and support its goals.
16. If I had a choice, I would prefer not to have a disability.
17. I feel sorry for people with disabilities.
18. I wish that someone would find a cure for my disability.
19. Doctors and other medical professionals know what is best for people with disabilities.
20. People with disabilities need to learn to adjust to living in a world in which most people are not disabled.
21. I try to hide my disability whenever I can.
22. People should try to overcome their disabilities.
23. The most important thing for people with disabilities is to learn to accept what they cannot change.

Version given to non-disabled respondents:

1. I am a better person because I don't have a disability.
2. Not having a disability is an important part of who I am.
3. I am proud that I don't have a disability.
4. Not having a disability enriches my life.
5. Not having a disability limits my social life.

6. Not having a disability keeps me from working.
7. In general, I am satisfied with the quality of my life.
8. I often am excluded from activities because of my lack of a disability.
9. Lack of accessibility and discrimination from employers are the main reasons why disabled people are unemployed.
10. It isn't easy for people with disabilities to be treated as "normal."
11. People with disabilities need to fight for their rights more than non-disabled people do.
12. The biggest problem faced by people with disabilities is the attitudes of other people.
13. All buildings should be accessible to people with disabilities.
14. I am familiar with the Americans with Disabilities Act (ADA) and think it is a good law.
15. I am familiar with the Disability Rights Movement and support its goals.
16. If I had a choice, I would prefer not to have a disability.
17. I feel sorry for people with disabilities.
18. I wish that someone would find a cure for disability.
19. Doctors and other medical professionals know what is best for people with disabilities.
20. People with disabilities need to learn to adjust to living in a world in which most people are not disabled.
21. I try to hide my lack of disability whenever I can.
22. People should try to overcome their disabilities.
23. The most important thing for people with disabilities is to learn to accept what they cannot change.

## Appendix J

### Multidimensional Attitude Scale toward persons with disabilities (MAS)

Emotion subscale: “Imagine the following situation. Joseph/Michelle went out for lunch with some friends to a coffee shop. A man/woman in a wheelchair, with whom Joseph/Michelle is not acquainted, enters the coffee shop and joins the group. Joseph/Michelle is introduced to this person, and shortly thereafter, everyone else leaves, with only Joseph/Michelle and the man/woman in the wheelchair remaining alone together at the table. Joseph/Michelle has 15 minutes to wait for his/her ride. Try to imagine the situation.” People experience a variety of emotions when they are involved in such a situation. In the next column is a list of possible emotions, which may arise before, during, and/or after such a situation. Please rate on each line the likelihood that this emotion might arise in Joseph/Michelle. (5-point scale, 1 = not at all, 5 = very much).

1. Tension
2. Stress
3. Helplessness
4. Nervousness
5. Shame
6. Relaxation
7. Serenity
8. Calmness
9. Depression
10. Fear
11. Upset
12. Guilt
13. Shyness
14. Pity
15. Disgust
16. Alertness

Cognition subscale: “People experience a variety of cognitions when they are involved in such a situation. Following is a list of possible thoughts that may arise before, during, and/or after such a situation. Please rate on each line the likelihood that this cognition might arise in Joseph/Michelle:” (5-point scale, 1 = not at all, 5 = very likely)

1. He/she seems to be an interesting guy/girl.
2. He/she looks like an OK person.
3. We may get along very well.
4. He/she looks friendly.
5. I enjoy meeting new people.



6. He/she will enjoy getting to know me.
7. I can always talk with him/her about things that interest both of us.
8. I can make him/her feel more comfortable.
9. Why not get to know him/her better?
10. He/she will appreciate it if I start a conversation.

Behavior subscale: "People experience a variety of behaviors when they are involved in such a situation. Following is a list of possible behaviors that may arise before, during, and/or after such a situation. Please rate on each line the likelihood that Joseph/Michelle would behave in the following manner:" (5-point scale, 1 = not at all, 5 = very much).

1. Move away
2. Get up and leave
3. Read the newspaper or talk on a cell phone
4. Continue what he/she was doing
5. Find an excuse to leave
6. Move to another table
7. Initiate a conversation if he/she doesn't make the first move
8. Start a conversation

## **Appendix K**

### **Affective Reactions Scale of the Disability Questionnaire (ARS)**

“Please indicate the degree to which you agree or disagree with the following statements.” (7-point scale, 1 = completely disagree, 7 = completely agree).

1. Working with an individual with a disability would increase my workload.
2. I would find it difficult to supervise a person with a disability.
3. I am comfortable with the idea of working with a person with a disability.
4. Working with a person with a disability will slow down the rate at which I complete my work.
5. Workers with disabilities would require high levels of supervision.
6. It would be difficult to be supervised by a person with a disability.
7. I am uncomfortable with the idea of sharing my workplace with a person with a disability.
8. I would not want to work on a work site where workers with disabilities were operating machinery.
9. If I was on a work team with a co-worker with a disability, I would not want my performance rewards to depend on the performance of the worker with a disability.
10. I would be willing to cover work for a co-worker with a disability who had to miss work because of their disability.
11. People with disabilities can handle the stresses of daily work life.
12. I wouldn't mind having my job redesigned to accommodate a co-worker with a disability.
13. I trust that workers with disabilities who are hired would be able to perform the necessary tasks of the job.
14. It is important to have workers with disabilities in the workforce.
15. I wouldn't mind taking the time to set up a person with a disability's work space.
16. It would not be difficult to take directions from a person with a disability.
17. All workers, including workers with disabilities, should be evaluated on the same performance standards.

## **Appendix L**

### **Political self-efficacy**

“Please indicate the extent to which you agree or disagree with the following statements.”  
(5-point scale, 1 = strongly disagree, 5 = strongly agree).

1. Sometimes, politics and government seem so complicated that a person like me can't really understand what's going on.
2. I feel that I have a pretty good understanding of the important political issues facing our country.
3. Public officials don't care much what people like me think.
4. People like me don't have any say about what the government does.

## **Appendix M**

### **Everyday Social Justice Behavior**

“How often do you do the following?” (5-point scale, 1 = never, 5 = very often).

1. Include everyone in events regardless of race.
2. Give everyone equal opportunities.
3. Avoid giving people an advantage due to their social status.
4. Stand up for people who are being treated unfairly.
5. Accept people for their differences.
6. Treat people with respect.
7. Be open to new ideas and thoughts.
8. Discourage prejudice.
9. Avoid making sexist remarks.
10. Give up privileges to be fair.
11. Stand up for what you believe in.
12. Avoid judging people based on traditional stereotypes of their gender.
13. Work to eliminate bullying.
14. Challenge homophobic ideas.
15. Befriend people who are of different sexual orientations.
16. Discourage use of harsh words that attack a specific group.
17. Avoid calling people "retarded".
18. Create a safe environment.
19. Speak out against racism.
20. Stand-up for people who are victims of racism.
21. Encourage participation by everyone.
22. Create an environment in which everyone can express their ideas.

## **Appendix N**

### **Social desirability**

“Please indicate the degree to which you agree or disagree with the following statements.” (7-point scale, 1 = strongly disagree, 7 = strongly agree).

1. I'm always willing to admit it when I make a mistake.
2. I always try to practice what I preach.
3. I never resent being asked to return a favor.
4. I have never been irked when people expressed ideas very different from my own.
5. I have never deliberately said something that hurt someone's feelings.
6. I like to gossip at times.
7. There have been occasions when I took advantage of someone.
8. I sometimes try to get even rather than forgive and forget.
9. At times I have really insisted on having things my own way.
10. There have been occasions when I felt like smashing things.

## APPENDIX O

### Disability Consciousness

Discontent subscale: “Some people think that certain groups have too much influence in American life and politics, while other people feel that certain groups don't have as much influence as they deserve. Please indicate how much influence you think the following groups have” (7-point scale, 1 = Too little influence, 7 = Too much influence).

1. Disabled people
2. Non-disabled people
3. White people
4. Black people
5. Straight people
6. Lesbian, gay, and bisexual people
7. Men
8. Women

System vs. individual blame subscale: “Please indicate how much you agree with the following statements” (7-point scale, 1 = strongly disagree, 7 = strongly agree).

1. Many qualified disabled people can't get good jobs. Non-disabled people with the same skills have much less trouble.
2. In general, non-disabled people are more qualified than disabled people for jobs that have great responsibility.
3. Our schools teach disabled people to want the less important jobs.
4. If disabled people don't advance in their jobs, it is because there are barriers which keep them from getting ahead.
5. If disabled people don't advance in their jobs, it is because they aren't capable of performing their jobs.
6. If disabled people don't advance in their jobs, it is because they aren't interested enough in getting ahead.
7. If disabled people can't find work, it is because there aren't enough jobs for everybody.
8. If disabled people can't find work, it is because they aren't qualified to work.

Collective orientation subscale: “Please indicate how much you agree with the following statements” (7-point scale, 1 = strongly disagree, 7 = strongly agree).

1. The best way for disabled people to overcome discrimination is through pressure and social action.

2. The best way for disabled people to have the influence and get the things they want is to work as individuals and do such things as vote, write letters to officials and generally make their opinions known.
3. The best way to handle problems of discrimination is for each woman to make sure she gets the best training possible for what she wants to do.
4. It is not enough for a woman to be successful herself. Women must all work together to change laws and customs which are unfair to all women.
5. The best way for Blacks to overcome discrimination is through pressure and social action.
6. The best way for Blacks to overcome discrimination is for each individual Black to be better qualified and trained than even the most qualified white person.

## **APPENDIX P**

### **Modern Racism Scale**

“Please indicate the extent to which you agree with the following statements” (5-point scale, 1 = strongly disagree, 7 = strongly agree).

1. Discrimination against blacks is no longer a problem in the United States.
2. It is easy to understand the anger of black people in America.
3. Blacks have more influence upon school desegregation plans than they ought to have.
4. Blacks are getting too demanding in their push for equal rights.
5. Blacks should not push themselves where they are not wanted.
6. Over the past few years, blacks have gotten more economically than they deserve.
7. Over the past few years, the government and news media have shown more respect to blacks than they deserve.



## APPENDIX Q

### Modern Homonegativity Scale

“Please indicate the extent to which you agree or disagree with the following statements. Please note that LGBQ refers to lesbians, gay men, bisexuals, and people questioning their sexual orientation as a group” (5-point scale, 1 = strongly disagree, 5 = strongly agree).

1. LGBQ people have all the rights they need.
2. LGBQ people have become far too confrontational in their demand for equal rights.
3. LGBQ people should stop shoving their lifestyle down other people's throats.
4. LGBQ people seem to focus on the ways in which they differ from heterosexuals, and ignore the ways in which they are similar.
5. LGBQ people who are "out of the closet" should be admired for their courage.
6. Many LGBQ people use their sexual orientation so that they can obtain special rights and privileges.
7. LGBQ people no longer need to protest for equal rights.
8. In today's tough economic times, Americans' tax dollars shouldn't be used to support LGBQ organizations.
9. The notion of universities providing degrees in LGBQ studies is ridiculous.
10. LGBQ people should stop complaining about the way they are treated in society, and simply get on with their lives.
11. Celebrations such as "LGBQ Pride Day" are ridiculous because they assume that an individual's sexual orientation should constitute a source of pride.
12. If LGBQ people want to be treated like everyone else, then they need to stop making a fuss about their sexuality/culture.

## **APPENDIX R**

### **Study 3 Activism**

“Please indicate how you have been involved in promoting any of the following causes during the past year by checking all boxes that are applicable.” (0 = none, 1 = one or more actions; 8 actions).

Causes:

1. Democratic party
2. Republican party
3. Disability rights
4. Healthcare

Actions:

1. None
2. Posted online promoting this cause (i.e., social media)
3. Wrote a blog post
4. Signed a petition
5. Gave money
6. Wrote a letter or called a public official
7. Attended a meeting
8. Was an active member of an organization
9. Attended a rally or demonstration

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