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**DO EDUCATION AND PERSONAL RELATIONSHIPS REDUCE THE STIGMA
OF THOSE LABELLED?**

by

Jessica Rose Johnson

A Thesis

Submitted to the
Department of Psychology
College of Science and Mathematics
In partial fulfillment of the requirement
For the degree of
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at
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Thesis Chair: Roberta Dihoff, Ph.D.

Dedication

This thesis is dedicated to my mother, who not only encouraged me to continue pursuing my dreams, but also listened to countless hours of my nonsense along the way.

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This thesis wouldn't have been possible without the constant support of: Dr. Roberta Dihoff, her guidance has been invaluable.

Abstract

Jessica Rose Johnson

DO EDUCATION AND PERSONAL RELATIONSHIPS REDUCE THE STIGMA OF
THOSE LABELLED?

2015-2016

Roberta Dihoff, Ph.D.

Master of Arts in School Psychology

Labels exist within society for many reasons. Labels exist within school systems to benefit students by providing them with the best possible education. This includes providing accommodations when appropriate and guaranteeing the least-restrictive environment for them to grow and succeed. While labels are designed to help students, they sometimes have negative side effects, such as stigma that could result in stigma and subsequently low self-esteem or poor self-image. This study examines 93 students' responses for a connection between relationships with those who are labelled and attitudes and beliefs about those who are labelled educationally, as well as a possible relationship between knowledge of specific labels and attitudes and beliefs about those who hold those labels. While no significant relationships were found, much is still left to be learned about the stigma surrounding educational labels. Results suggest that further research is needed to add to the literature and hopefully provide new advances for programs to reduce stigma in schools.

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Chapter 1

Introduction

Many labels exist in today's society. For example, people may label others based on the color of their skin and even their religion. These labels often come with stigma. This stigma is often a generalization based on what you have learned from society about a certain group. However, people are also labelled by school districts. When a student is labelled it is usually because the school thinks that they will need this label in order to get the help that they need, and they are generally right. Although there are many positive reasons to label students, there are also negative reactions to the labelling that may affect those who are labelled. This stigma that comes from labelling could cause bullying and it may make those who are labelled feel ostracized from their peers. Sometimes a label might even elicit negative responses from teachers as well. The purpose of this study was to look at the attitudes and beliefs of college students regarding specific labels, and to potentially find evidence that points towards what factors have the largest influence on stigma.

Labels are used all the time by people. This system of labelling is sometimes informal, but in the case of labelling students it is very formal. The research question presented is, "What influences the attitudes and beliefs of college students regarding educational labels?" We also aimed to look at what experience these students have had with peers that are labelled, i.e. whether or not they know someone who has been labelled. The belief is that family members who are labelled or friends who are labelled would have less negative stigmatizing thoughts about labels.

Questionnaire accessed through an online subject pools were used to ask students about their beliefs and attitudes of those who are labelled. I specifically looked at major labels such as: ADHD, autism spectrum disorders, dyslexia, and speech disabilities. Specifically I asked if students have had experience with peers or family members who have had these specific labels. Then, I asked likert-like response questions to determine if the attitudes and beliefs of the participants were negative, neutral, or positive in nature. I hypothesized that those who have more experience with people with these labels would have more positive attitudes and beliefs.

Significance of the Study

The significance of this study is that the results would give us some insight into what factors influence whether or not students view educational labels and those who hold them negatively or positively. This would hopefully be able to help school districts and educators to work on reducing the stigma that comes along with these labels through prevention programs. This is significant not only due to peer bullying, but also due to evidence that teachers support these biases as well, which will be presented in Chapter 2.

Definitions and Assumptions

Stigma is something associated with a certain label or marker that signifies a negative connotation. This stigma in the case of this study is attributed to those who hold educational labels. Labels can be defined as a diagnosis for the purpose of this study. The specific labels that we are looking at are ADHD, dyslexia, autism spectrum disorders, and speech disabilities. Attention-Deficit Hyperactivity Disorder, also known as ADHD, is a chronic condition that includes a combination of problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior (Polanczyk, de Lima, Horta, Biederman,

& Rohde, 2007). Autism spectrum disorder is defined as a neurodevelopmental disorder that impairs a child's ability to communicate and interact with others, including autism, Asperger's, pervasive developmental disorder not otherwise specified, and childhood disintegrative disorder (Kite, Gullifer, & Tyson, 2013). Dyslexia is defined as disorders that involve difficulty in learning to read or interpret words, letters, and other symbols, but that do not affect general intelligence (Voeller, 2004). Speech disorders refer to several conditions in which a person has problems creating or forming the speech sounds needed to communicate with others (Van Dyke, & Holte, 2003).

Limitations

One limitation of my study is that it is not generalizable to the population as a whole. The reason for this is because most of those who participated in the survey are freshmen who are in the subject pool. Also, these young adults may already hold higher education levels, which may be an influencing factor in the knowledge portion of the questionnaire. Another limitation is that some people may not realize their negative view of those who are labelled. There is a tendency to choose responses that are more socially desirable, so participants may choose more positive answers, as not to be judged. However, this was controlled for by allowing the participants to take the questionnaire on their own personal computers and they were informed that their identity would not be tied to their responses.

Chapter 2

A Review of the Literature

Before delving into the specific facets of stigma, it is important to review what is known regarding stigma relating to the learning disabled. Stigma that is held by others can be transferred to the individual who is learning disabled. They have what is known as a “self-stigma”, where they judge themselves based off of what others believe. In one specific study, participants who identified as intellectually disabled recognized themselves as being a part of a minority group and some relayed that they tried to distance themselves from others with their labels (Jahoda & Markova, 2004). This is significant because as members of society we should be promoting an environment that makes having labels safe. Especially considering that schools are supposed to provide the least-restrictive learning environment. However, when people are actively trying to hide their labels and not be lumped together, it becomes abundantly more clear that individual differences are being ignored when it comes to the treatment and needs of those who are labelled (Lauchlan & Boyle,2007). One thing that supports these students trying to distance themselves from other students who are labelled might be that there is evidence to show that a significant number of high school students don’t believe that integration, or children with labels in the general education classroom, is a good thing (Cummins & Lau, 2003). This is important because it points towards negative attitudes and beliefs being present in the school age population. It would be safe to assume that these negative beliefs would follow them into college, which is the population I am interested in.

Based off of two recent studies, (Werner, Corrigan, Ditchman, & Sokol, 2012; Ditchman, Werner, Kosyluk, Jones, Elg, & Corrigan, 2013) it was found that although

individuals with intellectual disabilities face discrimination when it comes to health, housing, and employment due to stigma, there still doesn't seem to be one systematic framework applied to the intellectually disabled group when it comes to finding the source of the stigma. Therefore, it is hard to pin-point what exactly causes this stigma, but luckily there is more research that can be looked at. However, it seems that there are many factors that should be considered. It is important to note before continuing that current research supports the idea that when a mild disability is labelled it reduces negative attitudes (Scior, Connolly, & Williams, 2013). I may expect to find that those less severe labels included in my research would have more positive attitudes associated with them than the more severe labels would yield. However, Scior(2011)found that it was typical for people to express positive remarks when it came to whether or not they thought people who were labelled should be given the right to be included, but this was inconsistent with many people's views on whether or not they wished to interact with those who carried a label. This may be because it is socially desirable to say that you think people who carry a diagnosis should be included, because it would make a person look judgmental had they said they didn't think those people should have the same rights as a person who doesn't carry a label. Therefore, I think it is important that I control in some way for social desirability.

Labelling Theory

When you think of prejudice you usually think of stereotypes that people hold about a certain group of people that hold similar labels. When it comes to looking at a diagnosis, it is more useful to use the term stigma when it comes to discussing prejudices or negative stereotypes. Labelling theory supports the idea of a self-fulfilling prophecy,

meaning that when you have lower expectations for yourself you tend to do more poorly or fit those expectations (Shifrer, 2013).

Lauchlan & Boyle (2007) points out specific arguments for labelling and a counterargument for each. First, they point out that being labelled in a school system can lead to positive interventions. This is certainly a positive statement. However, on the flipside, they do point out that sometimes the emphasis is placed more on the label than the appropriate intervention that could help specific problems or symptoms. Second, some argue that when you label a child it leads to more knowledge of the label and therefore reduces prejudice. The exact opposite of this is sometimes true though, which is as much of the evidence presented in this literature review suggests, negative attitudes and beliefs regarding those who are labelled, or stigma. Some also argue that a label can provide a reason for why a student has certain issues, which then alleviates personal blame, but the labels are also known to provide students with a self-fulfilling prophecy to do more poorly. Finally, it is argued that labels provide a support system through others who are labelled. This is easily debunked, there is evidence that points directly towards the idea that those who are labelled try to distance themselves from others who share said label (Jahoda & Markova, 2004).

Teachers' Role in Stigma

Learning disabled people are protected by the law; they are also entitled to their own least restrictive learning environment. The topic of stigma is used most often when describing how peers feel towards their other classmates. However, there is research that points towards teachers being a source for stigmatizing behaviors and thoughts within the classroom.

One study conducted by Graham and Dwyer (1987) attempted to look at how undergraduate education majors scored writing samples, based on how much training the examiner was given, and whether or not the sample came from someone who was learning disabled. Those examiners who were in the condition with less training gave students who they were told had learning disabilities significantly lower scores. A similar study found that general education teachers gave the same scores regardless of labels, but that they were more likely to give those students with labels lower scores on a checklist that described symptoms that were more frequently found in those who were labeled as learning disabled or emotionally disturbed (Fogel & Nelson, 1987). This research is important because parents often rule out teachers as being a part of the problem, but there is even more evidence to suggest that they might be adding to the hardships faced by the learning disabled. In another study (Bianco, 2005) it became clear that teachers also use labels to stop children who are qualified from getting into gifted and talented programs, even when they fit the criteria. This stands out greatly because there is a multitude of documents that show that students with specific learning disabilities can perform just as well as “normal” students in a general education classroom (Banerji & Dailey, 1995). Teachers, more so than peers and parents, expect students with a diagnosis to do poorly in school (Shifrer, 2013). These results support the idea that teachers have lower expectations for students who are labelled than of typical students in a general education classroom.

More research was done to look at future teachers’ attitudes about labeled students, in which the subjects of this study were 45 education majors, 13 of whom were special education majors (Parish, Eads, Reece, & Piscitello, 1977). In both the pre-test

and post-test they found that those who are learning disabled and defined as educable mentally handicapped were viewed more negatively than those with physical handicaps. Also, there were no significant differences between the pre and post-test responses, and the more positive responses came from special education majors. This points towards huge implications for the use of inclusion, where the learning disabled students are included in general education classrooms. If general education teachers already possess negative thoughts about the learning disabled can we change that? Also, it goes directly against one of the points being argued in this research, that learning more about these disabilities can reduce stigma. However, after these future teachers took a course on exceptional learners, they showed no significant post-test differences in their beliefs. This is something I would hope to disprove in my research. If you know more about a specific label, it would give you reasons behind why a person is the way they are, which would in turn reduce stigma.

It is believed by some professionals that when some people focus on labels they are ignoring individual differences and focusing more on group differences (Ho, 2004). It is pertinent in education to focus on the individual child's needs and that is why it is so important to learn more about stigma. Learning more about college students and how they feel about specific stigma could help us to add to this existing literature, plus it could add more evidence to suggest that education majors need more sensitivity training and need more objective grading procedures to prevent them from treating those who are labelled unfairly. The information obtained about teachers and how their personal attitudes and beliefs towards those who are labelled affects students has led me to put

more of an emphasis on looking at education majors on their own as well as the entire sample.

Education and the Reduction of Stigma

I hypothesized that people who have more knowledge of a specific label and its causes would be less likely to hold negative attitudes and beliefs about those who hold that specific label. People who understand how something works likely rely on fact rather than emotion to judge something or someone. Education is used to reduce stigma in many populations, whether it be mental health stigma, or even the stigma that comes along with HIV and AIDS (Chan, Mak, & Law, 2009; Lichtenstein, & DeCoster, 2014).

Specifically, it seems that when people are presented with biological factors that rule the label out of anyone's control, the stigma is reduced (Boysen & Vogel, 2008). When it comes to labelling students, whether that is as learning disabled, or some other diagnoses, like ADHD or autism, it also seems likely that those who know more about each of these labels, would judge these students not only based on facts of what the diagnosis means, but also on an individual case basis. When participants in another study were presented with a story about a person that included symptoms associated with a specific intellectual disability they were asked to identify it (Scior, Addai-Davis, Kenyon, & Sheridan, 2013). Not only did only 28% of the population report that those symptoms included in the vignette were typical of a mild intellectual disability, but those same people were found less likely to hold stigma and more likely to hold more positive attitudes towards the person described in the vignette. This supports the idea that more knowledge about a specific label would reduce stigma.

In the case of autism, it seems that many people may be misinformed or hold beliefs that are not accurate. However, in the case of one study, after their misconceptions were corrected and they participated in an online program to educate them on the topic, the stigma was reduced and their knowledge on autism had increased (Gillespie-Lynch, Brooks, Someki, Obeid, Shane-Simpson, Kapp, & Smith, 2015). Interestingly enough, in a similar study that compared results of an Autism Spectrum Disorder information session in pre-test and post-test between US citizens and citizens from Lebanon, more misconceptions were found in the US citizen's answers (Obeid, Daou, DeNigris, Shane-Simpson, Brooks, & Gillespie-Lynch, 2015). However, the US citizens did have an overall lower stigma and more knowledge of the subject in the pre-test condition. Results from this study show that online information software that works to reduce stigma is cost-effective and can work across different cultures. This also supports the idea that schools need to make student and faculty more aware of the misconceptions they hold about those who hold a stigmatizing label. Prejudices are learned responses, they can be combated. This information supports my hypothesis that those who are more informed about specific labels are less likely to hold negative attitudes or beliefs regarding those who are labelled.

Personal Relationships and Stigma

Knowing someone on a personal level allows you to see their individual traits and humanize them. Knowing someone who fits into a certain label may reduce the stigma you attach to that label. For example, if you have a son or daughter who has autism, you may have more positive attitudes and beliefs about the label than someone who has never interacted with someone who has that label. One way to look at how personal

relationships with someone labelled influence stigma is to look at parents of someone who is labelled and how their beliefs change.

One study looked at parents of children with autism and found that those parents were more likely to advocate for the reduction of stigma and also to promote others to look into getting diagnoses for their children when it is appropriate (Russel & Norwich, 2012). This is important because it shows that not only does stigma decrease when a parent learns their child has a certain label, but that they also reach out to others to help reduce their stigma. However, little is known regarding other relationships, such as sibling-relationships, and also friendships and how those relationships impact stigma in an individual. That is why I made it a point to ask participants not only if they knew someone on a personal level who holds a specific classroom label, but also what their relationship is. That way it can be added to the literature.

A study mentioned earlier that was conducted by Scior, Addai-Davis, Kenyon, & Sheridan (2013), found that stigma was reduced in those who knew more about a specific label, but that is not what stands out in regards to the association between personal relationships and stigma. This same study found that the only factor that seemed to be contributing to the relationship between knowledge and reduced stigma was contact. This means that those who are in contact with someone who holds a specific label are not only more likely to know more about that label, but they are more likely to have reduced stigma and more positive attitudes towards people who carry the label. That is why I plan to do a correlational analysis between knowledge of a label and whether or the subject knows someone with said label.

DSM Changes

It is important to note that autism is no longer considered just one label, with the release of the DSM-V it became part of a larger grouping known as Autism Spectrum Disorder. This change merged autism and Asperger's disorder into one succinct diagnosis. Pervasive developmental disorder and childhood disintegrative disorder were also added into this new broad diagnosis. The way it works is that it ranks you on a scale from less to more severe (Kite, Gullifer, & Tyson, 2013).

Along with this change came fear that grouping all of these together would increase stigma on individuals who were not priorly categorized as having autism. It was thought that people would assume that if you were categorized as having autism spectrum disorder that it meant you had autism, thus creating a more negative stigma. However, recent research suggests that whether you label someone as on the spectrum or as having Asperger's, it doesn't change the types of responses you will receive from someone (Oha, Ellefson, & Corrigan, 2015). It would be interesting then to see if people pick the right choice when it comes to identifying autism spectrum disorder. I am measuring for knowledge of the label. Therefore, I can include possible responses that would test to see if people really understand what changes have been made and if they understand that autism spectrum disorder is not just those who were prior to this change in the DSM labelled as autistic.

Chapter 3

Methods

Participants

The study at hand features 93 participants from a mid-size university on the east coast. Participants were recruited using the university's online subject pool. Those who are included in the subject pool are students participating in an introductory psychology course. All participants were 18 and over. No minors were included, as they are not representative of typical college students. These participants received credit through the subject pool that was applied to their grade in their introductory psychology course. The mean age of the participants were 19.15 with a standards deviation of 1.25.

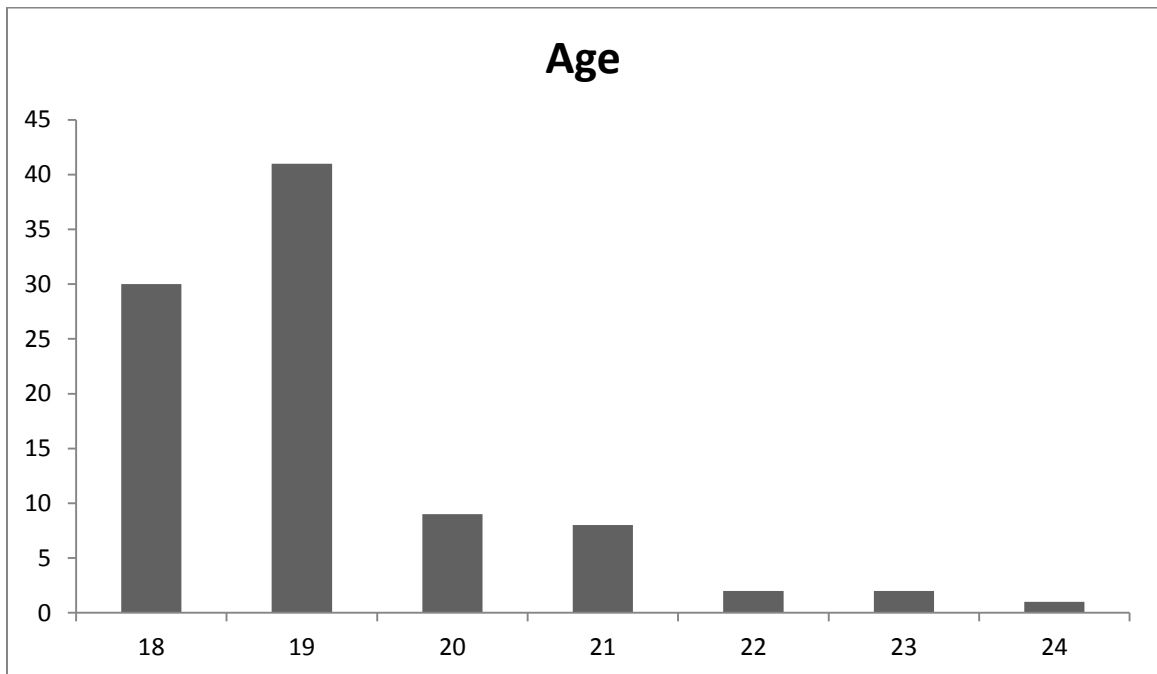


Figure 1. There was a proportionately higher number of 18 and 19 year-olds who participated.

There were slightly more male participants (48) than female participants (45).

Table 1

Gender Frequencies

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	48	51.6	51.6	51.6
female	45	48.4	48.4	100.0
Total	93	100.0	100.0	

Note: There was an almost equal distribution of male and female participants.

The participants consisted of 60 students who identified as Caucasian/White, 18 that identify as African American or Black, 4 as Hispanic/Latin American, 3 Asian, and 8 identified as two or more races or other.

Table 2

Frequencies of Race

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Caucasian/White	60	64.5	64.5	64.5
Black/ Africa American	18	19.4	19.4	83.9
Hispanic/Latino	4	4.3	4.3	88.2
Asian	3	3.2	3.2	91.4
2 or more ethnicities/other	8	8.6	8.6	100.0
Total	93	100.0	100.0	

Note: These results depict the self-reported race/ethnicity that the participants identify as.

54 participants were first year students, 26 were in their second year, 9 were in their third year, and 4 were in their fourth and final year.

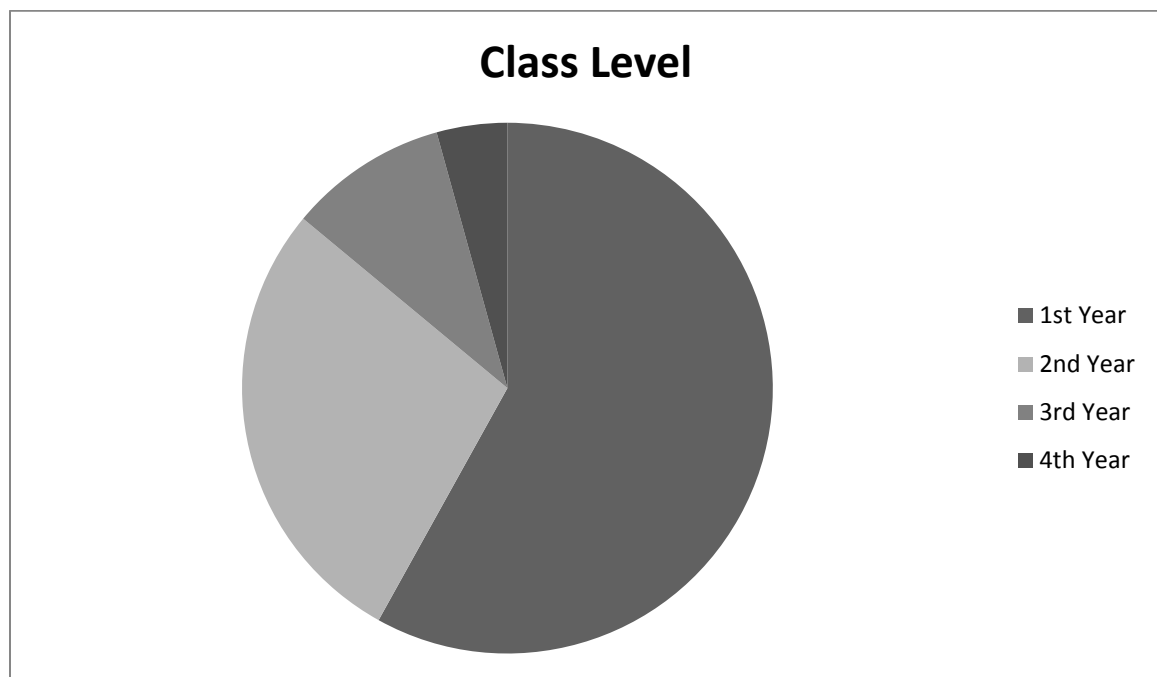


Figure 2. Students in their first year of college made up the majority of the participants.

Instrumentation

The measures used in this study are as followed:

1) demographic information that includes, age, gender, race/ethnicity, grade level, and major 2) whether or not they know someone personally who has been diagnosed with autism spectrum disorder, a speech disorder, dyslexia, or ADHD, 3) a measure of the knowledge the participant holds regarding each of these labels based on the number of correct responses out of four multiple-choice questions that ascertain whether or not the participant has a basic understanding of what each label means, 4) the attitudes and beliefs of the participant regarding people who hold these specific labels that has been

adapted from the Attitudes to Disability Scale, or ADS (Power, Green, & WHOQOL-DIS Group, 2010). The adapted version of the ADS asked 30 questions on a likert-scale to see how much people agree with certain statements. It measures things such as: whether or not you think someone who holds a specific label is valued by society, defined by their label, treated fairly, and whether or not the participant thinks these people are easily taken advantage of, or if they themselves have made fun of someone with that label. The original measured how the person with the label would respond, but for the purposes of this study we adapted it to ask individuals how they felt about those with a certain label. The responses to these questions were collapsed into one variable that was created by taking the average of each response after coding the responses into numerical data. Questionnaire can be found on page 27 in the Appendix.

Procedures

Participants logged onto their online portal to gain access into the subject pool's possible research projects. The participants were able to pick what research projects they wanted to participate in as subjects. The study at hand used an alternate consent, featuring a statement at the top of the online questionnaire. The participants were asked to answer a set of questions to obtain demographics about the sample. Next, they answered questions to see if they personally knew someone who held the label of autism spectrum disorder, ADHD, dyslexia, or speech disorders. After that they moved on to questions that assessed their knowledge of specific labels used in school settings. They responded specifically to questions that tested whether or not they understood what it means to have the label of autism spectrum disorder, dyslexia, speech disorder, and ADHD. Finally, their attitudes

and beliefs regarding people who hold these specific labels were tested using a questionnaire adapted from the ADS.

Statistical Analysis

Demographic information was analyzed for descriptive data. Knowledge of each label was determined by giving each participant a raw score of how many questions they got correct out of four. A correlational analysis was run on the different attitudes and beliefs against knowledge, as well as against whether or not there is a personal relationship. Correlational analyses were also determined between the demographic statistics and each main statistic, i.e.: knowledge, personal relationships, and attitudes and beliefs.

Chapter 4

Results

Descriptive Statistics

The average attitudes and beliefs were 3.37 for the participants with 1 being very negative and 5 being very positive ($SD = .37566$). This data is relatively neutral. Most people did well on the knowledge questionnaire, which was scored out of 4 possible points ($M = 3.53$, $SD = .78839$).

Inferential Statistics

A correlational analysis was conducted to assess the relationship between knowing someone with Autism Spectrum Disorder and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91) = .007$, $p = .994$. A correlational analysis was conducted to assess the relationship between knowing someone with ADHD and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91) = .073$, $p = .485$. A correlational analysis was conducted to assess the relationship between knowing someone with Dyslexia and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91) = -.074$, $p = .480$. A correlational analysis was conducted to assess the relationship between knowing someone with a Speech Disorder and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91) = -.094$, $p = .372$.

A correlational analysis was conducted to assess the relationship between participant's scores on a knowledge questionnaire and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91)=.114$, $p=.275$. A correlational analysis was also conducted to assess the relationship between Gender and Attitudes and Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91)=-.200$, $p=.055$. A correlational analysis was conducted to assess the relationship between Race/Ethnicity and Attitudes/Beliefs about those who hold labels. There was no significant correlation between the two variables, $r(91)=-.165$, $p=.114$.

Chapter 5

Discussion

Labels play a crucial role in how schools work and how accommodations are made possible for children who truly need them. More needs to be known about how labels influence not only the child but also the students around them. At the end of the day educators should hope for an environment that is safe for all students, not just those who fit into the general education mold. That is why it is so crucial to gain a better understanding of the attitudes and beliefs of school-aged children concerning labels and those who hold them. This study set out to see if relationships with those who hold educational labels influenced those attitudes and beliefs in a positive way. It also aimed to see if those with more knowledge about specific labels would hold more positive beliefs about those who hold educational labels.

Although the data set forth within this study was not found to be significant, it does not discount the fact that more research needs to be done to further assess the factors that may or may not influence how people feel about those who are labelled. The average attitudes and belief were above neutral for the participants with 1 being very negative and 5 being very positive ($M=3.37$, $SD= .37566$). This is good news. While this sample is by no means representative of the population as a whole it is nonetheless important to mention that the average attitudes and beliefs of the participants were higher than neutral. This suggests that students may be becoming more socially aware of issues plaguing the educational system, like an increase in those who receive accommodations and who hold educational labels.

The mean score on the knowledge questionnaire was relatively high ($M=3.53$, $SD=.78839$). This is interesting because it implies that awareness may be spreading, or perhaps the rise in prevalence has nurtured more knowledge of educational labels and their implications. It is important to note that this mean may be so high due to it being a survey that was given to college students. These students may be learning about educational labels now or may just be more knowledgeable about the basic concept of each diagnosis based on prior schooling or personal experiences. Research has shown that those who are labelled sometimes view themselves as a minority group, (Jahoda & Markova, 2004) hopefully this is less of the case now that students seem to be becoming not only more accepting, but also more knowledgeable. Further research should be done to check the claim that most high school students don't support the idea of mainstreaming or integration of those who are educationally labelled into general education classrooms, (Cummins & Lau, 2003) as the positive attitudes and beliefs in this study which has been done 13 years later may suggest that this may not be the case anymore, although it needs to be tested.

Graham and Dwyer (1987) did research that suggested undergraduate education majors may grade less objectively when they are aware of an educational label being present. More current data needs to be collected; therefore I propose that further research should examine the attitudes and beliefs of current college students who are majoring in education. While past research supports the claim that when people are presented with biological factors that rule the label out of anyone's control, the stigma is reduced (Boysen & Vogel, 2008) the knowledge portion of the questionnaire used in this study did not confirm these results. However, it may be more useful for future researchers to

assess the knowledge more in depth using a longer questionnaire that is more challenging. The questionnaire used in this survey assessed for basic knowledge. It also would be interesting to assess for this knowledge across different educational backgrounds, i.e. not just those who went to college. It also may be possible that the survey used for assessing attitudes and beliefs could have been confusing to some. There is a chance that participants may have responded not based on their own views but how they think society views those with educational labels.

This research has added to the body of literature and has made it clearer that more needs to be known about the attitudes and beliefs concerning educational labels and the factors that influence them. If this information is able to be gained it would open up a door for educators to create prevention programs to educate youth to reduce the stigma associated with those who hold educational labels. While we did not find evidence to support our hypotheses, we did find reason to believe that we are heading in the right direction and that further research could bring us one step closer.

References

- Banerji, M., & Dailey, R. A. (1995). A study of the effects of an inclusion model on students with specific learning disabilities. *Journal of Learning Disabilities*, 28(5), 511-522.
- Bianco, M. (2005). The effects of Disability Labels on Special Education and General Education Teachers' Referrals for Gifted Programs. *Learning Disability Quarterly*, 28(4), 285-293.
- Boysen, G. A., & Vogel, D. L. (2008). Education and mental health stigma: The effects of attribution, biased assimilation, and attitude polarization. *Journal of Social and Clinical Psychology*, 27(5), 447-470. doi:10.1521/jscp.2008.27.5.447
- Chan, J. Y. N., Mak, W. W. S., & Law, L. S. C. (2009). Combining education and video-based contact to reduce stigma of mental illness: "the same or not the same" anti-stigma program for secondary schools in hong kong. *Social Science & Medicine*, 68(8), 1521-1526. doi:10.1016/j.socscimed.2009.02.016
- Cummins, R. A., & Lau, A. L. D. (2003). Community integration or community exposure? A review and discussion in relation to people with an intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 16(2), 145-157. doi:10.1046/j.1468-3148.2003.00157.x
- Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B., & Corrigan, P. W. (2013). Stigma and intellectual disability: Potential application of mental illness research. *Rehabilitation Psychology*, 58(2), 206-216. doi:10.1037/a0032466
- Fogel, L. S., & Nelson, R. O. (1983). The effects of special education labels on teachers' behavioral observations, checklist scores, and grading of academic work. *Journal Of School Psychology*, 21(4), 241-251.
- Gillespie-Lynch, K., Brooks, P. J., Someki, F., Obeid, R., Shane-Simpson, C., Kapp, S. K., Smith, D. S. (2015). Changing college students' conceptions of autism: An online training to increase knowledge and decrease stigma. *Journal of Autism and Developmental Disorders*, 45(8), 2553-2566. doi:10.1007/s10803-015-2422-9
- Graham, S., & Dwyer, A. (1987). Effects of the learning disability label, quality of writing performance, and examiner's level of expertise on the evaluation of written products. *Journal of Learning Disabilities*, 20(5), 317-318. doi:10.1177/002221948702000513
- Ho, A. (2004). To be labelled, or not to be labelled: That is the question. *British Journal of Learning Disabilities*, 32(2), 86-92. doi:10.1111/j.1468-3156.2004.00284.x

- Jahoda, A., & Markova, I. (2004). Coping with social stigma: people with intellectual disabilities moving from institutions and family home. *Journal of Intellectual Disability Research*, 48, 719–729. doi: 10.1111/j.1365-2788.2003.00561.x
- Kite, D. M., Gullifer, J., & Tyson, G. A. (2013). Views on the diagnostic labels of autism and asperger's disorder and the proposed changes in the DSM. *Journal of Autism and Developmental Disorders*, 43(7), 1692. doi:10.1007/s10803-012-1718-2
- Lauchlan, F., & Boyle, C. (2007). Is the use of labels in special education helpful? Support for Learning, 22(1), 36-42. doi:10.1111/j.1467-9604.2007.00443.x
- Lichtenstein, B., & DeCoster, J. (2014). Lessons on stigma: Teaching about HIV/AIDS. *Teaching Sociology*, 42(2), 140-150.
- Obeid, R., Daou, N., DeNigris, D., Shane-Simpson, C., Brooks, P. J., & Gillespie-Lynch, K. (2015). A cross-cultural comparison of knowledge and stigma associated with autism spectrum disorder among college students in lebanon and the united states. *Journal of Autism and Developmental Disorders*, 45(11), 3520-3536. doi:10.1007/s10803-015-2499-1
- Ohan, J. L., Ellefson, S. E., & Corrigan, P. W. (2015). Brief report: The impact of changing from DSM-IV 'asperger's' to DSM-5 'autistic spectrum disorder' diagnostic labels on stigma and treatment attitudes. *Journal of Autism and Developmental Disorders*, 45(10), 3384. doi:10.1007/s10803-015-2485-7
- Parish, T. S., Eads, G. M., Reece, N. H., & Piscitello, M. A. (1977). Assessment and attempted modification of future teachers' attitudes toward handicapped children. *Perceptual and Motor Skills*, 44(2), 540-542.
- Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *The American Journal of Psychiatry*, 164(6), 942-948. doi:10.1176/ajp.2007.164.6.942
- Power, M. J., Green, A. M., & WHOQOL-DIS Group. (2010). The attitudes to disability scale (ADS): Development and psychometric properties. *Journal of Intellectual Disability Research*, 54(9), 860-874. doi:10.1111/j.1365-2788.2010.01317.x
- Russell, G., & Norwich, B. (2012). Dilemmas, diagnosis and de-stigmatization: Parental perspectives on the diagnosis of autism spectrum disorders. *Clinical Child Psychology and Psychiatry*, 17(2), 229-245.
- Scior, K. (2011). Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review. *Research in Developmental Disabilities*, 32(6), 2164-2182. doi:10.1016/j.ridd.2011.07.005

- Scior, K., Addai-Davis, J., Kenyon, M., & Sheridan, J. C. (2013). Stigma, public awareness about intellectual disability and attitudes to inclusion among different ethnic groups. *Journal Of Intellectual Disability Research*, 57(11), 1014-1026.
- Scior, K., Connolly, T., & Williams, J. (2013). The effects of symptom recognition and diagnostic labels on public beliefs, emotional reactions, and stigmas associated with intellectual disability. *American Journal On Intellectual And Developmental Disabilities*, 118(3), 211-223.
- Shifrer, D. (2013). Stigma of a label: Educational expectations for high school students labeled with learning disabilities. *Journal of Health and Social Behavior*, 54(4), 462-480. doi:10.1177/0022146513503346
- Werner, S., Corrigan, P., Ditchman, N., & Sokol, K. (2012). Stigma and intellectual disability: A review of related measures and future directions. *Research in Developmental Disabilities*, 33(2), 748-765. doi:10.1016/j.ridd.2011.10.009
- Van Dyke, D. C., & Holte, L. (2003). Communication disorders in children. *Pediatric Annals*, 32(7), 436.
- Voeller, K. K. S. (2004). dyslexia. *Journal of Child Neurology*, 19(10), 740-744.

Appendix

Participant Survey

1. Age
 - a. _____
2. Gender
 - a. Male
 - b. Female
3. Race/Ethnicity
 - a. 2 or more races/ethnicities
 - b. African American/Black
 - c. Alaska Native/ American Indian
 - d. Asian
 - e. Hispanic/Latino
 - f. Caucasian/White
4. Class Year
 - a. 1st Year
 - b. 2nd Year
 - c. 3rd Year
 - d. 4th Year

Personal Relationships

1. Do you know anyone personally who has autism spectrum disorder?

If so,: what is your relationship with them?

2.Do you know anyone personally who has ADHD?

If so,: what is your relationship with them?

3.Do you know anyone personally who has dyslexia?

If so,: what is your relationship with them?

4.Do you know anyone personally who has a speech disorder?

If so,: what is your relationship with them?

Knowledge Questionnaire

Choose the best definition for each category.

1. Autism spectrum disorder is best defined as:

- a. Persistent deficits in social communication and social interaction across multiple contexts
- b. A communication disorder that causes long-term lifestyle problems
- c. A neurological disorder that is caused by problems in pregnancy
- d. A diagnosis that is no longer valid in school systems

2. Speech disorders are best defined as:

- a. Specifically not being able to produce sounds
- b. A type of communication disorder where normal speech is disrupted
- c. Having trouble remembering words and what they mean
- d. Speaking at times where it is inappropriate

3. ADHD is characterized by:

- a. obsessive thoughts followed by ritualistic actions
- b. being able to do many tasks at once
- c. a persistent mood disorder
- d. difficulty staying focused and paying attention, difficulty controlling behavior, and over-activity

4. Dyslexia is also known as:

- a. a speech disorder
- b. a traumatic brain injury
- c. a reading and spelling disorder
- d. a condition that causes balance issues

The following categories represent your own thoughts about those who have been given the educational labels described above. Please choose whether or not you strongly agree, agree, feel neutral, disagree, or strongly disagree with the categories below.

I believe that those who have autism spectrum disorder, dyslexia, speech disorders, and ADHD are/do:

1. Valued by society

Strongly Agree Agree Neutral Disagree Strongly

Disagree

2. Respected

Strongly Agree Agree Neutral Disagree Strongly
Disagree

3. Accepted

Strongly Agree Agree Neutral Disagree Strongly
Disagree

4. Good-looking

Strongly Agree Agree Neutral Disagree Strongly
Disagree

5. Easy to get along with

Strongly Agree Agree Neutral Disagree Strongly
Disagree

6. Considered more by society

Strongly Agree Agree Neutral Disagree Strongly
Disagree

7. Not excluded

Strongly Agree Agree Neutral Disagree Strongly
Disagree

8. Treated the same as others

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

9. Make positive contributions

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

10. Not defined by disability

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

11. More likely to find it hard to make friends

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

12. More likely to have problems getting involved

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

13. Lonely and isolated

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

14. Easy to make fun of

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

15. Not treated fairly

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

16. Easier to take advantage of

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

17. More vulnerable

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

18. Make me uncomfortable

Strongly Agree	Agree	Neutral	Disagree Strongly
Disagree			

19. Frightening

Strongly Agree Agree Neutral Disagree Strongly
Disagree

20. Not capable of feelings

Strongly Agree Agree Neutral Disagree Strongly
Disagree

21. A burden on society

Strongly Agree Agree Neutral Disagree Strongly
Disagree

22. A burden on family

Strongly Agree Agree Neutral Disagree Strongly
Disagree

23. Expect too much

Strongly Agree Agree Neutral Disagree Strongly
Disagree

24. Optimistic about their future

Strongly Agree Agree Neutral Disagree Strongly
Disagree

25. Have less to look forward to

Strongly Agree Agree Neutral Disagree Strongly

Disagree

26. Stronger

Strongly Agree Agree Neutral Disagree Strongly

Disagree

27. Wiser

Strongly Agree Agree Neutral Disagree Strongly

Disagree

28. Achieve more

Strongly Agree Agree Neutral Disagree Strongly

Disagree

29. Determined

Strongly Agree Agree Neutral Disagree Strongly

Disagree

30. Lead satisfying lives

Strongly Agree Agree Neutral Disagree Strongly

Disagree