



A COMPARATIVE STUDY ON ATTITUDE TOWARDS PERSONS WITH DISABILITIES AMONG VARIOUS GROUPS OF INDIVIDUALS

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ABSTRACT: Thirty Health Professionals (mental / physical), thirty Professionals from any other stream, thirty uneducated individuals and thirty Persons with Disabilities were selected for the present study. Each group was divided on the basis of sex (fifteen males and fifteen females). The selected sample was assessed on selected psychological variables namely – Personality and Attitude towards disability. The main objective of the study was to determine that whether there is a significant difference in attitude of the various groups of individuals towards persons with disability and how does personality correlates, educational exposure, social stigma or variation in sex or being a person with disability him/herself effects the attitude of the various mentioned groups towards persons with disability. Statistics in the form of descriptive statistics (mean and standard deviation) and inferential statistics one way Analysis of Variance (ANOVA) were done. Results indicated a significantly higher between group scores for all the dimensions of the selected variables. Mental/physical health professionals shows most positive attitude towards persons with disabilities. Uneducated individual's group shows most negative attitude towards persons with disabilities. Professionals from any other stream and persons with disabilities themselves shows undecided or intermediate attitude towards persons with disabilities. Super-ego strength is observed to be highest in case of uneducated individual's group. Mental stability is observed to be highest in case of mental/physical health professional's group, whereas, highest levels of neuroticism are observed in the group of uneducated individuals. Introversion levels are observed to be highest in case of the group of persons with disabilities themselves. Need for social approval i.e. lie scores are observed to be highest in case of persons with disabilities. Females shows more positive attitude towards persons with disabilities, whereas, Females show higher levels of super-ego strength as compared to their male counterparts. On the other hand, Males show higher levels of neuroticism as compared to their female counterparts and Females have higher levels of introversion as compared to their male counterparts. Males show higher needs for social approval as compared to their female counterparts. Multivariate test in case of attitude towards persons with disabilities conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and sexes (i.e. males and females) both have significant effect on attitude towards persons with disabilities. Multivariate test in case of personality traits conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and sexes (i.e. males and females) both have significant effect on attitude towards persons with disabilities. Significant effect of subjected groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) on the levels of Psychoticism/super-ego and lie-scores are

observed. Significant effect of sexes (i.e. males and females) on the levels of neuroticism/stability, extraversion/introversion and lie-scores are observed.

Keywords: Attitude, Persons with Disabilities, Professionals

INTRODUCTION: The present spurt set period is characterized by materialistic – borne prospects and expectation that beautify the globalized world frugality. “Achieving” the height with enormous quantum of “speed” appears to be principle significance. This in turn, takes the risk on family – parenting – up of children and adolescents and their life style patterns. Above all disability of an individual add on to their particular well- being and social support. Disability is part of the mortal condition. We all have frequently observed in our life at some point of time or the other we do face impairment, which can be temporary or endless but, we do experience that difficulties in performing our day to day activities. Therefore, occasionally we do have to take liabilities of individualities, who are having disability. Responses to disability have changed since the 1970, urged largely by the tone-association of people with disabilities, and by the growing tendency to see disability as a mortal rights issue. Before, isolation in the form of domestic institutions or special seminaries were frequently observed as a result to deal with the disabilities of PwDs. Now, as per recent programs the attitude results are towards community and educational addition along with medically focused result. The United Nations Standard Rules on furnishing equal opening to Persons with Disabilities was been included in the mortal rights of people with disabilities, climaxing in 2006 as per the acceptance of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It helps in stablishing the present circumstances of the persons with disabilities across the world and also explores measures to promote their social participation that may range from health, education, employment and recuperation as a whole. A person is said to be having any disability if he she is suffering from an impairment that's acting as a hedge for him her to easily perform diurnal life conditioning that's caused due to limitations in any of the following cognitive, experimental, intellectual, internal, physical, sensitive or some combination of these. It mainly affects a person's life conditioning and may be present from birth or do during a person's continuance. As per World Health Organization, disability is a complex miracle, which restricts the desirable functioning of an individual in their diurnal, life situations. Disability is defined else, in different communities. It may relate to physical or internal angles, particularly drug, view as demanding, to be fixed (the medical model). It may relate to limitations assessed on people by the constraints of an ableist society (the social model). Or the term may serve to relate to the identity of people with disabilities. Disability is complex, dynamic, multidimensional, and queried. Over recent decades, the impaired people's movement together with multitudinous experimenters, from the social and health lores – have linked the part of social and physical walls in disability. The transition from an individual to a structural perspective has been described as the shift from a “medical model” to a “social model” in which people are viewed as being impaired by society rather than by their own fleshy issues or impairments. The ICF, espoused as the abstract frame promoted as a “social model”, which represents as balance between medical and social models. The Preamble to the CRPD acknowledges that disability is “an evolving conception”, but also stresses that “disability results from the commerce between persons with impairments and attitudinal and environmental walls that disturbs their full and effective participation in society”. Defining disability as an commerce means that “disability” isn't an trait of the person.

FACTORS EFFECTING THE IMPACT OF DISABILITY

People respond to disabilities in different ways, some focuses on their disabilities and thus adds on to their exclusion, whereas some focuses on their abilities and hence lead a productive life. There are several factors that affect the impact a disability has on an individual. As per, Falvo (2005), below mentioned are the most significant factors that determine the impact of disability on quality of life of an individual.

- **The Nature of the Disability** – Was the disability acquired (a result of an accident, or acquired disease) or congenital (present at birth)? Congenital disabilities are disabilities that have always been present, thus requiring less of an adjustment than an acquired disability, hence individuals face more difficulties in adjusting with their acquired disability than the individuals having it since birth.
- **The Individual's Personality** – Personality or the mind set of an individual impacts their perspective towards life and their disability. Someone with a positive outlook is more likely to accept a disability then someone with a negative outlook. Someone who is independent will continue to be independent and someone who is goal-oriented will continue to set and pursue goals.
- **The Meaning of the Disability to the Individual** – self perception and self-image is the most important aspect that helps in providing meaning of disability to the individual.
- **The Individual's Current Life Circumstances** - Is the individual independent or dependent on others (parents)? The economic status of the individual or the individual's caregivers? What is the individual's education level? The level of acceptance towards their disability.
- **The Individual's Support System** – How supportive is the environment of the individual? If so, he/she will have an easier time coping with a disability and thus will not be affected negatively by their disability.

CONCEPT OF PERSONALITY

In the present study Eysenck's Personality Questionnaire is being used to infer to the personality types of the subjects. Our personality is defined as a set of traits that can explain or prognosticate a person's getse in a variety of situations. In other words, personality is a set of characteristics that reflect the way we suppose and act in a given situation. Because of this, our personality has a lot to do with how we relate to one another in life situations. When we come to anticipate someone to act a certain way, we learn to interact with them grounded on their personality and vice versa. Personality also affects our capability to interact with others, which can impact our career success. In a 2009 study Angelina R. Sutin and Paul T. Costa, "Personality and Career Success," European Journal of Personality 23,no. 2(March 2009) 71 – 84. by Angelina Sutin et.al., it was set up that the personality specific of neuroticism (a tendency to witness negative emotional countries) had further effect than any personality characteristic on determining unborn career success. In other words, those with positive and hopeful personalities tend to be awarded through career success laterally in life. Although there's debate between whether or not our personalities are essential when we're born (nature) versus the way we grew up (nurture), utmost experimenters, agree that personality is generally a result of both nature and our environmental/ education gests. For illustrations, you have presumably, heard someone say, "She acts just like her mom" she probably behaves that way because she was born with some of her mom's traits, as well as because she learned some of the actions her mom passed to her while growing up.



CONCEPT OF ATTITUDE

In psychology, an attitude is a cerebral construct, it's an internal and emotional reality that inheres in, or characterizes a person. They're complex and an acquired state through gests. It's an existents predisposed state of mind regarding a value and it's rained through a responsive expression toward a person, place, thing, or event (the attitude object) which in turn influences the existent's study and action. Prominent psychologist Gordon Allport formerly described attitudes as "the most distinctive and necessary conception in contemporary social psychology". Attitude can be formed from a person's history and present.

FACTORS EFFECTING ATTITUDE

Psychological

The attitude of a person is determined by cerebral factors like ideas, values, beliefs, perception, etc. All these have a complex part in determining a person's attitude. Values are ideals, guiding principles in one's life, or overarching pretensions that people strive to gain (Maio & Olson, 1998). Beliefs are cognitions about the world – private chances that an object has a particular trait or that an action will lead to a particular out growth (Fishbein & Ajzen, 1975). Beliefs can be patently and unequivocally false. For illustration, checks show that a third of U.S. grown-ups suppose that vaccines beget autism, despite the transcendence of scientific exploration to the negative (Dixon et.al., 2015). It was set up that beliefs like these are tenaciously held and largely resistant to change. Another important factor that affects attitude is emblematic interactionism, these are replete with important symbols and charged with affect which can lead to a picky perception. Persuasion propositions says that in politics, successful beguilers move its communication donors into a picky perception or attitude polarization for turning against the contrary seeker through a repetitious process that they're in an indistinctive state and it's inferior and does not have any moral base for it and for this they only bear to chain the prevailing communication into a realm of plausibility (Gopnik, 2015 & O'Keefe, 2016).

Family: Family plays a significant part in the primary stage of attitudes held by individualities. Originally, a person develops certain attitudes from his parents, sisters and elders in the family. There's a high degree of relationship between parent and children in attitudes set up in them. **Society:** Societies play an important part in formatting the attitudes of an existent. The culture, the tradition, the language etc., influence a person's attitude. Society, tradition, and the culture teach individualities what's and what isn't respectable. **Political:** Political factors similar as testaments of political parties, political leaders and political stability affect the attitudes of people. A person's attitude also depends on issues similar as his payment, status, work as similar etc. **Confines OF DISABILITY IN INDIA** In India, data on impaired persons is collected through the Decennial Population Census and through NSSO checks (periodicity not regular). The Census 2011, conducted by the Office of the Registrar General and Census Commissioner, India, is the source for rearmost data on impaired persons in India. The analysis of confines of disability in India in this chapter is grounded on the results of the Census

2011 and the conversation are on number of impaired, distribution of impaired by colorful types of disabilities, their age groups, educational position, work status and connubial status. The Census 2011 used bettered generalities, questions, methodology of canvassing etc for better collection of information on impaired persons in India. In Census 2001, information on five types of disability was collected, while in Census 2011 data was collected for eight types of disability. The Count As per the Census 2011, In India out of the 121 Cr population, 2.68 Cr persons are 'impaired' which is 2.21% of the total population.

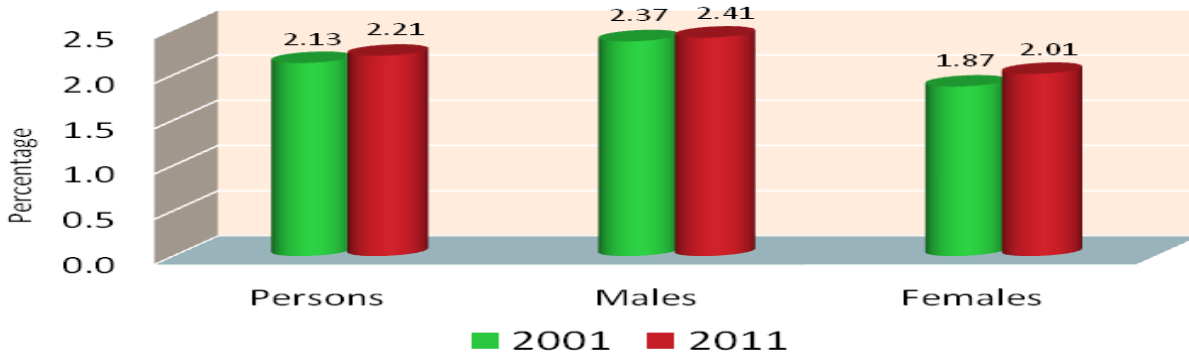
The Count

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POPULATION, INDIA 2011 (IN CRORES)			DISABLED PERSONS, INDIA 2011 (IN CRORES)		
PERSONS	MALES	FEMALES	PERSONS	MALES	FEMALES
121.08	62.32	58.76	2.68	1.5	1.18

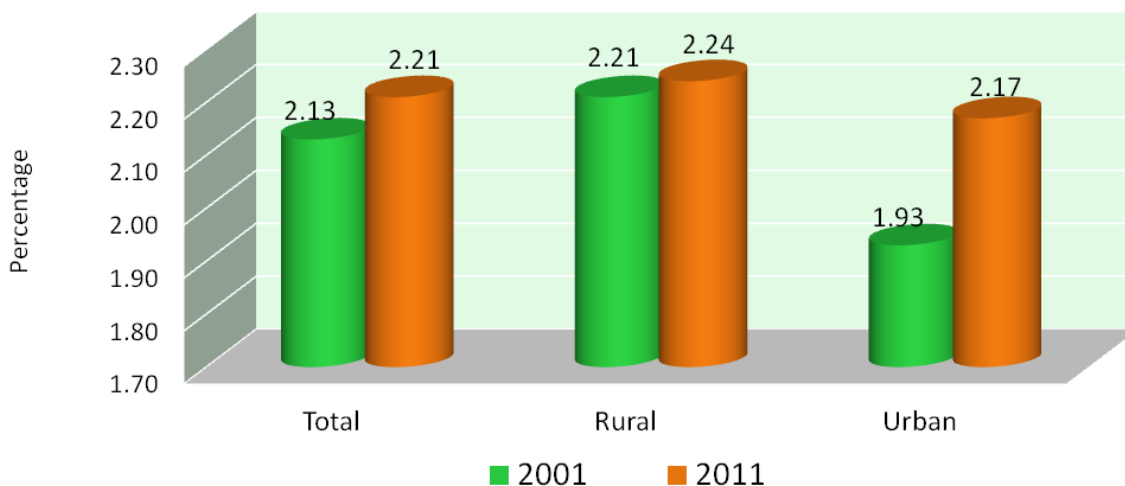
- Among the disabled population 56% (1.5 Cr) are males and 44% (1.18 Cr) are females. In the total population, the male and female population are 51% and 49% respectively. Majority (69%) of the disabled population resided in rural areas (1.86 Cr disabled
- Persons in rural areas and 0.81 Cr in urban areas). In the case of total population also, 69% are from rural areas while the remaining 31% resided in urban areas.

**Proportion of Disabled Population by Sex
India : 2001-11**



- The percentage of disabled population among males and females are 2.41% and 2.01% respectively. At all India level as well as disaggregated by various social groups, the proportion of disabled in the corresponding population is higher for males than females.

**Proportion of Disabled Population by Residence
India : 2001-11**

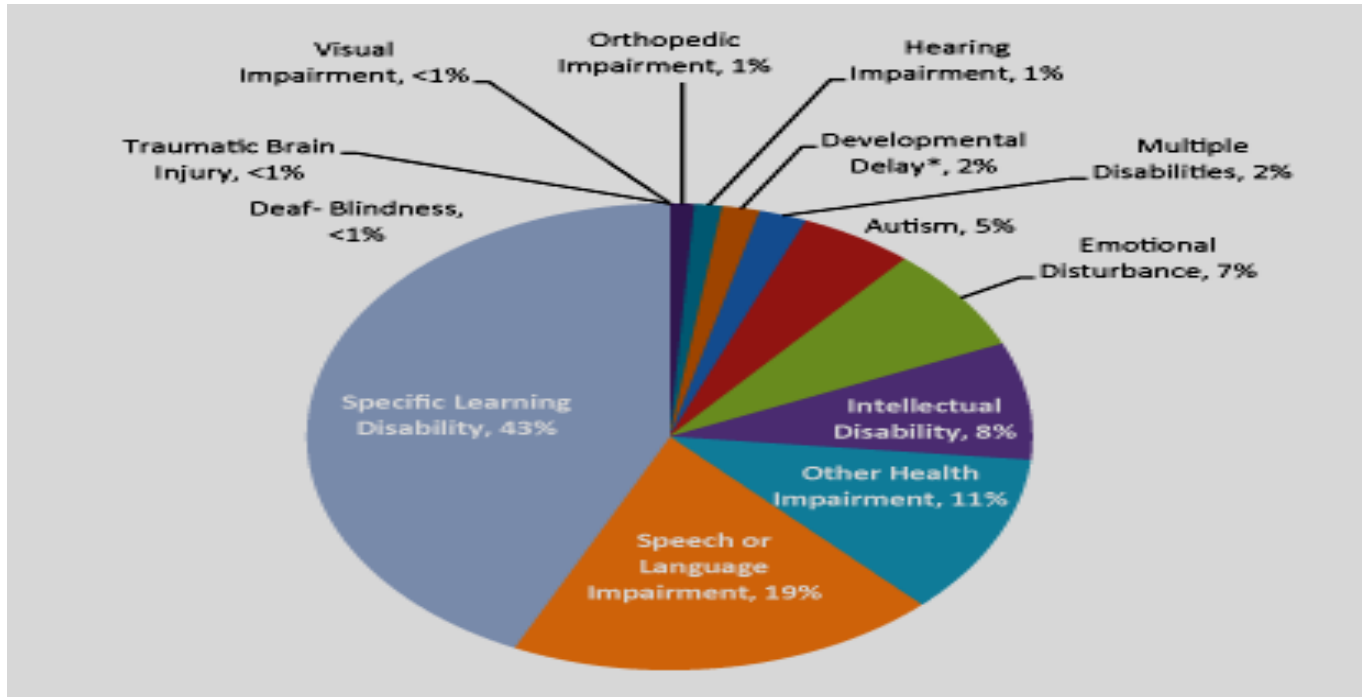


- During 2001 – 2011, an increase in the number of disabled persons was observed both in rural and urban areas and also among males and females. The share of disabled persons in the total population, as well as in the male and female population also increased during this period.
- The percentage of disabled to the total population increased from 2.13% in 2001 to 2.21% in 2011. In rural areas, the increase was from 2.21% in 2001 to 2.24% in 2011 whereas, in urban areas, it increased from 1.93% to 2.17% during this period. The same trend was observed among males and females during this period.

Types of disability

The Census 2011 revealed that,

- In India, 20% of the disabled persons are having disability in movement, 19% are with disability in seeing, and another 19 % are with disability in hearing, 8% has multiple disabilities.



- Among the male disabled, 22% are having disability in movement, 18% each has disability in seeing/ in hearing while 8% of them suffered from multiple disability. In the case of the female disabled, 20% each has disability in seeing / in hearing, 18% has disability in movement and 8% of them are having multiple disability.

Disabled population in various age groups

As per Census 2011,

- The number of disabled persons is highest in the age group 10-19 years (46.2 lakhs).
- 17% of the disabled population is in the age group 10-19 years and 16% of them are in the age group 20-29 years.
- Elderly (60+ years) disabled constituted 21% of the total disabled at all India level.
- The percentage of disabled is highest in the age group 10-19 years followed by age group 20-29 years for both the male and female disabled persons.
- Among the disabled males, 18% are elderly (above 60 years of age) whereas 23% of female disabled are elderly.
- Out of the total disabled in the age group 0-19 years, 20% are having disability in hearing followed by 18% with disability in seeing. 9% has multiple disabilities.
- Among the disabled in the age group 20-39 years, 22% are having disability in movement and 18% has disability in hearing. 6% has multiple disabilities.
- Among the disabled in the age group 40-59 years, 23% are having disability in movement and 19% has disability in seeing. 5% has multiple disabilities.
- Among the elderly disabled persons, the disabilities in movement (25%), in seeing (25%) and hearing (12%) are prominent. 12% has multiple disabilities.

Disabilities among children (0-6 years)

The disability among children is a matter of serious concern as it has wider implications. The

Census 2011 showed that, in India, 20.42 lakhs children aged 0-6 years are disabled. Thus, one in every 100 children in the age group 0-6 years suffered from some type of disability.

- 1.24% of the total children (0-6 years) are disabled. The percentage of male disabled children to total male children is 1.29% and the corresponding figure for females is 1.19%.
- The proportion of disabled males to total males is higher than the corresponding proportion for females at all India and at rural and urban areas. The same pattern has been observed in the case of children (0-6) years.
- The proportion of disabled to the total population for all ages is higher in rural areas for both males and females, while for children, the same is higher in urban areas.
- 23% of the disabled children (0-6 years) are having disability in hearing, 30% in seeing and 10% in movement. 7% of the disabled children have multiple disabilities. A similar pattern is observed among male and female disabled children.

OBJECTIVES OF THE STUDY

The study purports to examine:

- (1) Whether the Attitude of persons with disabilities differ from those of Health professionals (both physical and mental), professionals from any other stream and uneducated individuals towards persons with disabilities.
- (2) Whether the males differ from females counterparts with respect to their attitudinal aspects towards persons with disabilities.

MOTIVE TO CHOOSE SUCH STUDY

The motive that attracted me to do this study was to conclude and further implement that ...

how does personality correlates, educational qualification; social stigma or sex or being a person with disability may affect the attitude of various groups of sample so that the reasons of such negative attitudes could be checked on and reasons for positive attitudes could be enhanced through various awareness camps or workshops or therapies and counselling so that the attitudes towards persons with disabilities could be changed in a positive way and somehow decrease the levels of disabilities and incorporate -----

HAPPINESS; INDEPENDENCE; SELF-EFFICACY AND DIGNITY.....

In order to fulfil the objectives of the study to draw appropriate conclusions in the context a need is being felt to go through earlier researches in the field.

REVIEW OF LITERATURE

The subject of attitudes towards disability has entered wide attention from psychologists, croakers and recuperation labour force over the once 30 times. The ways used to measure these attitudes have been extremely varied.

These private evaluations frequently handed suppositions for evaluative studies. They also handed statements of opinions about disability which could be used as questionnaire particulars in the development of objective measures for assessing attitudes. Studies using objective measures have made use of a wide variety of ways; some were precisely planned and system logicity sound while others were shy in one or further felicitations. The specific fashion used by an investigator seeking an objective evaluation of attitudes towards disability is generally determined by the purpose of his study. In utmost cases, the main purpose of a study is moreover to check attitudes or to probe specific suppositions about attitudes toward disability. It's rare to find a study in which a primary thing was the development of an objective instrument for measuring attitudes. Accordingly, investigators in this field have tended to develop simple and untested instruments for inspiring attitudes. There are, still, a number of exemplifications where precisely planned and methodologically sound attitude measures were developed as a primary step in a further comprehensive study. Generally speaking, attitude measures are demanded for two types of studies. The first type of disquisition is concerned with the frequency of specific types of attitudes toward disability. An instrument developed for this type of study need not be a scorable measure since each attitude item can be anatomized independently in terms of the frequency of agreement or disagreement responses. These data can be compared with frequentness of response to other types of attitude particulars. Further, the frequency of agreement between different groups of subjects may be compared in studies of stereotypical attitudes. This type of study demands little sophisticated methodology in the construction of an instrument beyond careful phrasing of the particulars. The alternate type of disquisition is concerned with the relationship between attitudes toward disability and other variables. Such a study is stylish conducted with an objectively scorable measure furnishing a continuum of acceptance-rejection or positive-negative affect. This type of measure requires lesser attention to methodological detail in order to produce dependable and valid instrument. Numerous of the instruments used in the history could hardly be considered sophisticated from a psychometric point of view. Constantly, no substantiation was presented for the trust ability or validity of either individual

particulars or total test scores. Accordingly, numerous of these instruments have limited mileage and studies using them should be interpreted with caution. In addition to the distinction between storability and non-storability, instruments differ in whether they essay to measure attitudes toward a specific disability or disabilities, or physical handicap in general. Instruments acquainted toward disability in general rather than toward a specific disability are a fairly recent development. The range of formats used has been from simple unshaped interview schedules or questionnaires to likert scales, from non-projective social distance scales, adjective check-lists, Q-feathers, and socio-metric choice bias to judgement – completion and picture-story projective.

This chapter will review utmost of the measures of attitudes towards physical disability developed from 1930 through 1965. The discussion will include measures of attitudes which a non-disabled person maintains about impaired persons, and attitudes which an impaired person maintains about himself and his own disability. Studies of the attitudes of non-disabled persons toward the impaired include examinations of prejudice, acceptance-rejection, and personalized versus stereotypical attitudes.

In studies of the attitudes of impaired persons toward the disability in general it's frequently assumed that these are the expression of tone-attitudes, through the medium of protuberance. Therefore, measures of tone-conception, tone-regard, tone-image, and personality acclimatment are frequently included in this section when any of the particulars on these personality measures are stated in terms of attitudes towards disability or impaired persons.

Attitudes of Non-Disabled Persons

Based on studies in the literature, investigators have apparently devoted greater effort to developing measures of the attitudes of non-disabled persons than they have to developing measures of attitudes toward disability on the part of disabled persons. Because of the large number of studies, this section of the literature review will be organized by type of measure into four general orders. These are non-scored instruments, simple scored instruments, attitudes scales, and other score able ways. Non-scored instruments. The simplest system for tapping attitudes is the unshaped questionnaire or interview schedule. In similar measures S is asked direct questions about his attitudes toward disability or impaired persons and responds freely. This system was used as early as 1933 by Koehler in a study of the attitudes of university preceptors towards eyeless scholars. It's still raised in numerous attitude checks, particularly those of employer attitudes towards impaired workers (Jennings, 1951; Barton, Colardarci & Carlson, 1954; Reeder, 1958; Garrett, 1964). Generally, the data from unshaped questionnaires or schedules are treated only in terms of frequentness of types of response for each item. This was done in a study by Horowitz and Rees(1962) which develv of attitudes and information held by grown-ups and children about deaf people and deafness. These studies yield a pattern of specific types of attitudes toward disability, but don't give psychometric measures of over-all attitudes toward disability. Attitudes, Jennings(1951), for illustration, 20 employers in the New York City area, asking questions about similar factors as the perceived need for special vittles, for the impaired on the job; the mindfulness of the physical capabilities of the impaired; the degree of acceptance of the impaired as a working member of a platoon, etc. On the base of these interviews, she reported that employer attitude reflected a lack of confidence in the physical capabilities of impaired persons; a tendency toward inflated sympathy, with a consequent incapability to accept the handicapped as one who could, and should, be treated as a member of the so-called normal staff; and an incorrect conception of the hindered person's rate of absenteeism. Some investigators have used structured questionnaires and interview schedules or a combination of structured and open-end particulars rather than the simple open-end schedule. Baxt, David, Jaffe, and Wang(1959) used such a questionnaire in their study of employers' preferences in hiring impaired persons. The structured questionnaire may have the same format as a scorable standing scale, but the investigators haven't employed scaling ways or scoring styles. Rather, frequentness in each order of response for each separate attitude item are compared for different groups of Ss as in the open-end questionnaires. **Attitude Scale:** The ATDP was first reported at the 1959 American Psychological Association meetings and published in 1960. At about the same time, Roeher(1959) singly developed a 22- item, 5- point Likert scale of attitudes toward the physically impaired analogous to the ATDP. At the time of development, neither author was apprehensive of the other's conditioning. Roeher's attitude scale was combined with-an Information about Disability Scale and an autobiographical blank to gain information about contact with and knowledge of disability. This Likert scale was formalized on two airman groups the first group conforming of 73 persons seeking employment as counselors at a camp for crippled children and the alternate group conforming of 35 members of a unqualified church club to balance the ascendance of Protestants in the first group. The internal thickness, trust ability measures of the final scale was.84 with a sample of 35. Still, the thickness of the discriminative power of the individual particulars was farther demonstrated by the fact that there was no change in the rank. Ordering of the mean item values between any of the three exploration groups which over 300 Ss.

In 1961, Szuhay developed the Adult attitude toward the Physically Impaired Scale (AATPDS) to measure the attitudes of a group of matters toward the physically impaired. The matters attitude were compared with the attitudes of their children as measured by a socio- metric choice test described in a following section. Part one of the test used 10 particulars from Granofsky's (1955) projective picture and judgement completion measure of women's attitude toward impaired men, Szuhay converted Granofsky's projective particulars into scale particulars by supplying four choices of response for each deficient judgment. Judge's condition were used to elect scale values for responses using Thurstone scaling styles. The alternate part of the test contained 10 particulars concerning behavioral responses to given situations involving the impaired. The same type of 4- choice gauged response was used on this section. The inter correlation between the Sentence Completion and Situation Behavior portions of the AATDPS was.70 for Form A, and.73 for Form B. Szuhay concludes that the two portions are complimentary, and measure kindly different levels of attitudes toward the physically impaired. The two 20-item forms were developed on a sample of 50 women. Szuhay attained an inter-form trustability measures of. 88. The AATPDS was validated by correlation with the ATDP. Szuhay's findings are set up under the coitus variable and under Prejudice and despotism.

Attitudes of Disabled Persons

The development of measures of the attitudes of impaired persons toward disability has not been as expansive as the development of measures of the attitudes of non-disabled persons. The attitudes of impaired persons either toward themselves or toward other impaired persons can be relatively delicate to measure since they presumably deal with pride-involved attitudes with strong emotional factors. Similar attitudes are much more delicate to evoke. Utmost measures of attitudes toward disability designed for use with impaired persons' were intended as measures of personality adaptation or tone-conception. In some cases, particulars relating to attitudes toward disability have been insulated as a scorable subscale of a personality or adaptation measure (Bauman, 1954). At the other extreme, Fitting's (1954) and Larkin's (1962) adaptation to blindness measures were composed nearly entirely of attitude particulars specifically relating to blindness. Litman's Disability tone-generalization Scale (1961) was also composed substantially of particulars directed toward being impaired. In other cases, still, particulars reflecting attitudes toward disability in general or toward one's own disability were interspersed with particulars reflecting other aspects of personality or adaptation (Fishman, 1949; Berger, 1951; Braen & Weiner, 1965). All these measures of the attitudes of impaired persons are scorable with the exception of Gellert's (1961) Picture Story projective in which frequency of responses to orders of particulars were anatomized. Numerous investigators concerned with the tone-conception or adaptation of impaired persons used standard personality measures similar as the MMPI or Bernreuter's Personality force.

The review of the literature revealed that use of Likert scales in studies of attitudes toward the disabled is a fairly recent development courting from roughly 1950. Only one Likert scale (Roehrer, 1959), other than the ATDP, was directed towards impaired persons in general. Both scales were developed at about the same time. Although an examination of the it emphasizing of Roehrer's scale suggests that the test could be given to impaired persons, no normative data for impaired persons are available. In view of all the below limitations, the ATDP was designed to give an acceptable positive-negative gauged measure of attitudes toward the impaired with substantiation of trustability and validity; an instrument that could be used both with the impaired and the non-disabled. A Likert-type attitude scale which was fairly short, easy to announcement" iister score, and interpret was supposed most suitable for use in examinations of the relationship of attitudes toward the impaired in general and other variables. The Eysenck's Personality Questionnaire (EPQ) was administered to 675 undergraduate psychology scholars, and data were examined with regard to central tendency and variability, scale inter correlations, the internal intensity of the scales, and the factor structure of the instrument by using two logical approaches.

However, with the background information of this quality, the present study design has been formatted and presented in the next chapter.

METHODOLOGY: The first step of any exploration is to draw up a design of the exploration. This includes deciding the end of the study, operationally defining all the variables included in the study, choosing the tests and deciding on the procedure to be followed in the administration, scoring and interpretation of the results attained. The present bid seeks to probe into the attitude towards persons with disabilities among colourful groups of individualities separated or grouped on the base of professions, position of knowledge and personality attributes. Attempt is also made to see whether males and ladies differ in with respect to the below mentioned aspects of attitude and attributes. Before farther elaboration of the methodological frame accepted in the study, it's necessary to operationally define each variable as well as sample.

Functional delineations of the variables used in the present study

Attitude: In psychology, an attitude is a cerebral construct, it's a internal and emotional reality that inheres in, or characterizes a person. They're complex and an acquired state through gests. It's an existent's predisposed state of mind regarding a value and it's rained through a responsive expression toward a person, place, thing, or event (the attitude object) which in turn influences the existent's study and action. Prominent psychologist Gordon Allport formerly described attitudes as "the most distinctive and necessary conception in contemporary social psychology". Conception can be formed from a person's history and present. Crucial motifs in the study of attitudes include attitude dimension, attitude change, consumer geste, and attitude geste-connection.

(Perloff, 2016; Allport, 1935; Lynn, 2012; Elizabeth, 2014) **Personality:** Personality is a set of individual differences that are affected by the development of an individual values, attitudes, particulars, recollection, social connections, habits, and chops. Different personality proponents present their own delineation of the word grounded on their theoretical positions. The term "personality particularity" refers to enduring particularly characteristics that are revealed in a particular pattern of gests in a variety of situations. (Eysenck & Eysenck, 1975; Bartol & Bartol, 2008)

The following table describes the traits that are associated with the three dimensions in Eysenck's model of personality:

Psychoticism	Extraversion	Neuroticism
Aggressive	Sociable	Anxious
Assertive	Irresponsible	Depressed
Egocentric	Dominant	Guilt Feelings
Unsympathetic	Lack of reflection	Low self-esteem
Manipulative	Sensation-seeking	Tense
Achievement-oriented	Impulsive	Moody
Dogmatic	Risk-taking	Hypochondriac
Masculine	Expressive	Lack of autonomy
Tough-minded	Active	Obsessive

L - Lie/Social Desirability:

Although the first 3 scales were predicted upon a biologically based theory of personality, the fourth scale has not been theoretically specified to the same extent, but it was considered to be conceptually strong to the extent that it would demonstrate the same degree of measurement similarity across cultures. (Barett et.al. 1998)

AIMS AND OBJECTIVES OF THE PRESENT STUDY:

The present study is an attempt to compare the attitude towards persons with disabilities among various groups of individuals involving health professionals (both mental and physical), professionals from other streams, uneducated individuals and persons with disabilities as the 4th group as well. It also helps to understand that how does, personality attributes, sex and literacy affects the attitude of an individual to persons with disabilities.

The aims of the present study are –

1. To find out whether there is any difference among the four sets of subsamples of health professionals (both mental and physical), professionals from other streams, uneducated individuals and persons with disabilities with respect to attitude towards persons with disabilities.
2. To find out whether there is any difference among the four sets of subsamples of health professionals (both mental and physical), professionals from other streams, uneducated individuals and persons with disabilities with respect to personality traits.
3. To find out whether there is any gender difference in their attitude towards persons with disabilities.
4. To find out whether there is any gender difference in their personality traits.

SAMPLE:

(1) The selected sample consisted of four sets of subsamples of health professionals (both mental and physical), professionals from other streams, uneducated individuals and persons with disabilities themselves.

(2) The sample size for each group i.e. health professionals (both physical and mental health professionals) was 30 (15 males and 15 females), for the group of professionals from any other stream was also 30 (15 males and 15 females), for the group of uneducated individuals was 30 (15 males and 15 females) and lastly, for the group of persons with disabilities was 30 (15 males and 15 females).

(3) The four groups were matched according to the following inclusion/exclusion criteria –

The inclusion criteria are as follows:-

- ❖ The age range of the subjects was between 20 and 50 years.
- ❖ Persons with disability group include individuals from lower socio-economic status and exposed to secondary education.
- ❖ They belong to different sets of religion like Hinduism, Islam, Christianity, Jainism, Sikhism and Buddhism.
- ❖ They were of Indian nationality.

The exclusion criteria are as follows:-

- ❖ Subjects with any past history of psychiatric illness were excluded.
- ❖ Subjects of age range below 20 years and above 50 years were excluded.
- ❖ Subjects with any other nationality except Indian were excluded.

RESEARCH HYPOTHESIS:

(1) There is a significant difference among the four sets of subsamples of health professionals (both mental and physical), professionals from any other streams, uneducated individuals and persons with disabilities with respect to attitude towards persons with disabilities.

(2) There is a significant difference among the four sets of subsamples of health professionals (both mental and physical), professionals from other streams, uneducated individuals and persons with disabilities with respect to personality traits.

(3) There is a significant gender difference in their attitude towards persons with disabilities.

(4) There is a significant gender difference in their personality traits.

TOOLS USED

In the present study self-report instruments or scales were used to obtain informations from the subjects. Informations could be obtained using interview technique but questionnaires are more structured than open interview and have established reliability and validity indexes. This makes them more standardized instruments increases the generalizability of data obtained. Thus, questionnaires were used in the present study.

In the present study to assess the uniqueness of the four groups in personality traits and attitude towards persons with disabilities, data were collected by administering the following questionnaires –

- (1) Information Schedule.
- (2) Eysenck's Personality Questionnaire (Eysenck & Eysenck)
- (3) ATTITUDE TOWARDS DISABLED PERSON SCALE_(YUKER, HOROLD E. et.al.)

DESCRIPTION OF TOOLS:

Information Schedule: -an information schedule was prepared for this work with a view to elicit following information –

- Name, age, sex, area of residence, mother tongue of the individual.
- Family background in terms of name of guardians and relationship with them, with whom were they close to as a child.
- History of any severe physical or psychological illness.
- Likes and dislikes about life and life before joining school.
- Type of relationship shared with the peers.
- Aspirations in future.

Eysenck's Personality Questionnaire / EPQ (Eysenck & Eysenck):-

In psychology, Eysenck Personality Questionnaire (EPQ) is a questionnaire to assess the personality traits of a person, with the result occasionally appertained to as the Eysenck's personality force or (EPI). It was cooked by the psychologists Hans Jürgen Eysenck and Sybil B.G. Eysenck. Hans Eysenck's proposition is groned primarily on physiology and genetics. Although he was a behaviourist who considered learned habits of great significance, he believed that personality differences grow out of our inheritable heritage. He is, thus, primarily interested in what's generally called disposition. Disposition is that aspect of our personalities that's genetically grounded, and present from birth or indeed before. In contriving a disposition-grounded proposition Eysenck didn't count the possibility that some aspects of personality are learned, but left the consideration of these to other experimenters. The Eysenck Personality Questionnaire (EPQ) is a tone-report instrument that's grounded on Eysenck's proposition of personality. The EPQ was developed by Hans J. Eysenck, one of the most influential personality proponents, and Sybil B.G. Eysenck, and is part of a group of scales developed by Eysenck and his associates. The first published scale in this line of work was the Maudsley Personality force (MPI; H.J. Eysenck & Knapp, 1962), which measured two personality tendencies, Neuroticism (N) and Extraversion (E).

Description Purpose The EPQ was designed to assess the personality traits of psychoticism, extraversion, neuroticism, and social advisability. Questions assessing impulsivity are in the psychoticism sub-scale and questions assessing sensation-seeking and venture someness are in the extraversion sub-scale. These ultimate constructs are presumed to contribute to threat preferences. Questions 100 particulars using a yes/no format Sub-Scales Psychoticism, Extraversion, Neuroticism, Social desirability attitude towards persons with disabilities scale (ATDP) The ATDP was developed following a review of the applicable literature which indicated the need for an ideal and dependable instrument to measure attitudes toward impaired persons as a group. Since the exploration design involving the dimension of attitude toward the impaired that was to be accepted would involve collection of data in a competitive factory terrain where subjects were available for only limited ages of time, it was necessary that all exploration instruments used be fairly short and easy to administer. The procedures used in opting the particulars for the ATDP scales were identical for all three forms. As a first step, a large force of statements describing impaired persons was attained from a review of the literature. These particulars were also screened by several psychologists to determine their relevance for use in the scales. Some particulars were continently discarded as lacking face validity. Some were retained in their original form. In other cases, wording was changed so that a statement firstly pertaining to a specific disability order was made applicable to impaired persons in general. In some cases an item was changed from "positive" to Copies of the three forms of the ATDP are set up in Appendix A. Form 0 represents the original 20 item scale. Forms A and B were developed latterly and are each 30 particulars long.

As a result of this webbing and review, an original pool of about 300 items was narrowed down to primary scales of 40 to 60 particulars.

Each of the particulars on the scales was expressed as a statement with which a person might agree or differ. Instructions given to repliers indicated that they should rate the extent of their agreement or disagreement with each item. That is, the particulars were used to form a Likert-type scale on which the replier is asked to indicate his response in terms of a response order ranging from 3 to indicate "I agree veritably much," to -3 to indicate "I differ veritably much." There's no neutral or zero point on the scale; S is forced to make either a positive or negative response.

Administration: The ATDP may be administered as either an individual or a group test. The test contains particulars to which the subject responds by indicating the extent of his agreement or disagreement to each according to the following scale 3 I agree veritably much 2 I agree enough much 1 I agree a little- 1 I differ a little- 2 I differ enough much- 3 I differ veritably important

Instructions are published at the top of the runner Answers are recorded to the left wing of each statement on Form 0 while separate answer waste are handed for Forms A and B. Although instructions are published on the test, the monitor should also read them audibly, and answer any questions that arise. Care should be taken not to bandy, individual statements. Questions concerning the meaning or connection of specific statements should sap were by suggesting that S may interpret the statement any way that he pleases. The monitor should emphasize that every item must be responded to, and that neutral responses cannot be given, i.e., some extent of agreement or disagreement should be indicated for each item. In utmost cases, the test can be administered in about 15 twinkles. In its usual form the test requires that the replier be suitable to read and write. Still, it can be acclimated, for use by persons whose disability prevents them from reading or writing. Under similar conditions the particulars may be read to S and the monitor can record the responses. However, the monitor must decide whether the usual morals and interpretations can still be applied, If the test is administered in this fashion. This will generally be the case when there has been no discussion of the particulars.

Scoring

In scoring the ATDP the first step is to change the signs of the items with positive wording. By definition, a positive item is one which indicates that disabled persons are not "different" from non-disabled persons. Once the signs of the positive items have been changed, the algebraic sum of all the item scores is obtained. The sign of the sum is then reversed, from negative to positive or positive to negative. The total scores obtained in this fashion can range from -60 to +60 on the twenty-item scale, Form 0; and from -90 to +90 on the thirty-item Forms A and B. To eliminate negative values a constant is then added to make all of the scores positive. This constant is 60 for the twenty-item scale and 90 for the thirty-item scale. The resulting score range is from 0 to 120 (Form 0) or from 0 to 180 (Forms A and B) with a high score reflecting positive attitudes. If more than 10 percent of the items are left blank (3 items on the 20-item scale or 4 on the 30-item scale) the test is considered not score able. If 10 percent or fewer items are omitted, the completed items are scored as usual with the customary constant added to eliminate negative values. This is equivalent to assigning a neutral value to the omitted items.

SAMPLING TECHNIQUE :-

Purposive sampling technique was followed in the present investigation.

DATA COLLECTION PROCEDURE :-

The data were collected from 120 individuals, where 15 males/females were mental/physical health professionals, 15 males/females were professionals from any other stream, 15 males/females were uneducated and 15 males/females were persons with disabilities themselves. The participants were selected according to the inclusion/exclusion criteria already mentioned. The participants were given the data sheets including – Information Schedule, Eysenck's personality questionnaires (EPQ), Attitude towards Disabled Persons Scale (ATDP). It was checked whether all the items were attended and it was assured that there response would be kept confidential.

Data were collected through the presentation of following tools –

1. Information Schedule
2. Eysenck's Personality Questionnaires (EPQ)
3. Attitude towards Disabled Persons Scale (ATDP)

SCORING, TABULATION AND STATISTICAL ANALYSIS:-

Data for each of the questionnaire was scored following the scoring procedure for each of them accordingly. The scores were tabulated and statistical analysis was carried out. Statistic used in the study are:

- Mean and SD
- One way Analysis of Variance.

The next chapter thus comprises detailed discussion of the findings of the study.

RESULTS

The data obtained from subjects were systematically arranged and properly tabulated with respect to each of the variables considered in the present study. The data were processed in certain stages and the results are reported in different parts as follows:-

PART 1

DESCRIPTIVE STATISTICS – Deals with the Means (M) and Standard Deviations (SD) of Types of groups such as mental and physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves, Sex (Males and Females) as a whole with respect to the selected variables and their respective dimensions.

PART 2

INFERENCE STATISTICS – Deals with the one way Analysis of Variance (ANOVA) showing the significance of the difference between the means of the different groups such as mental and physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves and Sex (Males and Females).

SAMPLE SIZE AND ITS DISTRIBUTION**Between-Subjects Factors**

		Value Label	N
professional	1	Mental & Physical Health Professionals	30
	2	Other Streams Professional	30
	3	Uneducated	30
	4	PWDs	30
gender	1	male	60
	2	female	60

Means and Standard Deviations of mental and physical health professionals (N=30), professionals from any other stream (N=30), uneducated individuals (N=30) and persons with disabilities themselves (N=30) corresponding to the selected variables and their respective dimensions (attitude towards persons with disabilities) in respective of their sex.

Descriptive Statistics

	professional	gender	Mean	Std. Deviation	N
O	mental & physical health professionals	male	91.0667	1.43759	15
		female	1.0260E2	2.19740	15
		Total	96.8333	6.14247	30
	Professionals from other stream	any male	46.2667	3.12745	15
		female	62.2667	2.43389	15
		Total	54.2667	8.59002	30
	Uneducated individuals	male	2.8000	1.08233	15
		female	9.3333	1.49603	15
		Total	6.0667	3.56161	30
	PWDs	male	44.9333	4.38287	15
		female	20.0000	3.31662	15
		Total	32.4667	13.24239	30
	Total	male	46.2667	31.60233	60
		female	48.5500	37.34286	60
		Total	47.4083	34.46530	120
AB	mental & physical health professionals	male	1.4600E2	2.87849	15
		female	1.6007E2	11.09998	15
		Total	1.5303E2	10.70766	30
	Professionals from any other stream	any male	1.1493E2	2.81493	15
		female	1.3140E2	2.97129	15
		Total	1.2317E2	8.84379	30
	Uneducated individuals	male	21.6000	1.84391	15
		female	31.5333	1.68466	15
		Total	26.5667	5.34134	30
	PWDs	male	62.1333	2.06559	15
		female	44.4667	3.97971	15

	Total	53.3000	9.50916	30
Total	male	86.1667	48.30067	60
	female	91.8667	55.78788	60
	Total	89.0167	52.03780	120

Means and Standard Deviations of mental and physical health professionals (N=30), professionals from any other stream (N=30), uneducated individuals (N=30) and persons with disabilities themselves (N=30) corresponding to the selected variables and their respective dimensions (attitude towards persons with disabilities) in respective of their sex.

From the above mentioned table it can be said that Females are observed to be having more positive attitude towards persons with disabilities as compared to their male counterparts in the subjected groups except in the 4th group i.e. persons with disabilities themselves in which females are having lesser positive attitude towards persons with disabilities.

Means and Standard Deviations of mental and physical health professionals (N=30), professionals from any other stream (N=30), uneducated individuals (N=30) and persons with disabilities themselves (N=30) corresponding to the selected variables and their respective dimensions (personality traits) in respective of their sex.

Descriptive Statistics

Professional	gender	Mean	Std. Deviation	N
Psychoticism - mental & Superego professionals	male	2.0000	.75593	15
	female	2.3333	1.04654	15
	Total	2.1667	.91287	30
professionals from other streams	male	1.8000	.56061	15
	female	3.6667	.72375	15
	Total	2.7333	1.14269	30
Uneducated	male	3.4667	.51640	15
	female	4.2667	.59362	15
	Total	3.8667	.68145	30
PwDs	male	2.4000	.50709	15
	female	1.4000	.50709	15
	Total	1.9000	.71197	30
Total	male	2.4167	.86928	60
	female	2.9167	1.34406	60
	Total	2.6667	1.15470	120
Neuroticism - mental & stability professionals	male	9.8000	1.26491	15
	female	13.6000	3.77586	15
	Total	11.7000	3.37486	30

	professionals from other streams	male	9.4667	1.12546	15
		female	12.9333	2.54858	15
		Total	11.2000	2.61824	30
	uneducated	male	8.4000	1.29835	15
		female	10.8000	.67612	15
		Total	9.6000	1.58875	30
	PwDs	male	12.8000	1.20712	15
		female	8.9333	.59362	15
		Total	10.8667	2.17721	30
	Total	male	10.1167	2.03438	60
		female	11.5667	2.92486	60
		Total	10.8417	2.61218	120
Extraversion - mental & physical professionals	male	15.2000	1.08233	15	
	female	10.6667	1.29099	15	
	Total	12.9333	2.58555	30	
professionals from other streams	male	10.0667	.88372	15	
	female	14.0000	2.87849	15	
	Total	12.0333	2.89451	30	
Uneducated	male	10.8000	.94112	15	
	female	14.9333	.79881	15	
	Total	12.8667	2.27025	30	
Persons with disability	male	13.2000	.67612	15	
	female	14.6667	.81650	15	
	Total	13.9333	1.04826	30	
Total	male	12.3167	2.22841	60	
	female	13.5667	2.37477	60	
	Total	12.9417	2.37740	120	
liescore mental & physical professionals	male	8.8667	.99043	15	
	female	5.6667	1.11270	15	
	Total	7.2667	1.92861	30	
professionals from other	male	8.8667	1.18723	15	

streams	female	4.6667	.89974	15
	Total	6.7667	2.37346	30
uneducated	male	7.6667	.72375	15
	female	4.2667	.45774	15
	Total	5.9667	1.82857	30
Persons with disability	male	9.5333	.83381	15
	female	8.9333	1.09978	15
	Total	9.2333	1.00630	30
Total	male	8.7333	1.14783	60
	female	5.8833	2.05922	60
	Total	7.3083	2.19164	120

Means and Standard Deviations of mental and physical health professionals (N=30), professionals from any other stream (N=30), uneducated individuals (N=30) and persons with disabilities themselves (N=30) corresponding to the selected variables and their respective dimensions (personality traits) in respective of their sex.

Females are observed to be having higher levels of superego as compared to their male counterparts in reference to the means obtained except in the group of persons with disabilities in which females are having lesser superego strength as compared to their male counterparts.

Females are observed to be having higher levels of stability as compared to their male counterparts in reference to the means obtained except in the group of persons with disabilities in which females are having higher levels of neuroticism as compared to their male counterparts.

Females are observed to be having higher levels of introversion as compared to their male counterparts in reference to the means obtained in the groups of professionals from other streams, uneducated group and persons with disabilities group. Whereas, on the other hand males in the group of mental/physical health professionals are having higher levels of introversion. As it can be said that males are more extroverts than females.

On the other hand, in case of lie scores, males are having higher scores as compared to their female counterparts in reference to the means obtained, hence, it can be said that need for social approval are high in case of males as compared to females.

Multivariate Test (in case of attitude towards persons with disabilities)

Effect		Value	Hypothesis df	Sig.
Intercept	Pillai's Trace	.999	2.000	.000
	Wilks' Lambda	.001	2.000	.000
	Hotelling's Trace	738.426	2.000	.000
	Roy's Largest Root	738.426	2.000	.000
professional	Pillai's Trace	1.853	6.000	.000
	Wilks' Lambda	.000	6.000	.000
	Hotelling's Trace	299.295	6.000	.000
	Roy's Largest Root	293.329	3.000	.000
Gender	Pillai's Trace	.376	2.000	.000
	Wilks' Lambda	.624	2.000	.000
	Hotelling's Trace	.603	2.000	.000
	Roy's Largest Root	.603	2.000	.000
professional * gender	Pillai's Trace	.928	6.000	.000
	Wilks' Lambda	.075	6.000	.000
	Hotelling's Trace	12.228	6.000	.000
	Roy's Largest Root	12.224	3.000	.000

Multivariate Test in case of Attitude towards Persons with Disabilities conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and gender (both males and females) both have significant effect on attitude towards persons with disabilities.

Multivariate test (in case of personality traits)

Effect		Value	Hypothesis df	Sig.
Intercept	Pillai's Trace	.995	4.000	.000
	Wilks' Lambda	.005	4.000	.000
	Hotelling's Trace	181.873	4.000	.000
	Roy's Largest Root	181.873	4.000	.000
PROFESSIONAL	Pillai's Trace	1.169	12.000	.000
	Wilks' Lambda	.136	12.000	.000
	Hotelling's Trace	4.166	12.000	.000
	Roy's Largest Root	3.591	4.000	.000
gender	Pillai's Trace	.754	4.000	.000
	Wilks' Lambda	.246	4.000	.000
	Hotelling's Trace	3.068	4.000	.000
	Roy's Largest Root	3.068	4.000	.000
PROFESSIONAL* gender	Pillai's Trace	1.413	12.000	.000
	Wilks' Lambda	.088	12.000	.000
	Hotelling's Trace	4.769	12.000	.000
	Roy's Largest Root	2.891	4.000	.000

Multivariate Test in case of personality traits conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and gender (both males and females) both have significant effect on attitude towards persons with disabilities.

Effect of professional background on attitude towards persons with disabilities (one way ANOVA)

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
O	Between Groups	132667.625	3	44222.542	590.491	.000
	Within Groups	8687.367	116	74.891		
	Total	141354.992	119			
AB	Between Groups	313201.167	3	104400.389	1.339E3	.000
	Within Groups	9042.800	116	77.955		
	Total	322243.967	119			

The above mentioned table conveys that there are significant effects of professional background/subjected groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities group) on attitude towards persons with disabilities.

Effect of sex on attitude towards persons with disabilities (one way ANOVA)

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
O	Between Groups	156.408	1	156.408	.131	.718
	Within Groups	141198.583	118	1196.598		
	Total	141354.992	119			
AB	Between Groups	974.700	1	974.700	.358	.551
	Within Groups	321269.267	118	2722.621		
	Total	322243.967	119			

The above mentioned table conveys that there is no significant effect of sex (male and female) on attitude towards persons with disabilities.

Effect of professional background on personality traits (one way ANOVA)

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
psychoticism	Between Groups	68.467	3	22.822	29.350	.000
	Within Groups	90.200	116	.778		
	Total	158.667	119			
neuroticism	Between Groups	72.225	3	24.075	3.775	.013
	Within Groups	739.767	116	6.377		
	Total	811.992	119			
extraversion	Between Groups	54.425	3	18.142	3.404	.020
	Within Groups	618.167	116	5.329		
	Total	672.592	119			
Lie score	Between Groups	174.025	3	58.008	16.925	.000
	Within Groups	397.567	116	3.427		
	Total	571.592	119			

From the above mentioned table it can be interpreted that there is a significant effect of subjected groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) on the levels of Psychoticism/superego and lie score

Effect of sex on personality traits (one way ANOVA)

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
psychoticism	Between Groups	8.694	2	4.347	3.391	.037
	Within Groups	149.973	117	1.282		
	Total	158.667	119			
neuroticism	Between Groups	121.300	2	60.650	10.274	.000
	Within Groups	690.692	117	5.903		
	Total	811.992	119			
extraversion	Between Groups	139.947	2	69.974	15.370	.000
	Within Groups	532.644	117	4.553		
	Total	672.592	119			
liescore	Between Groups	247.282	2	123.641	44.606	.000
	Within Groups	324.310	117	2.772		
	Total	571.592	119			

From the above mentioned table it can be interpreted that there is a significant effect of sex (i.e. males and females) on the levels of neuroticism/stability, extraversion/introversion and lie score.

Effect of Psychoticism/superego on attitude towards persons with disabilities (one way ANOVA)

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
A	Between Groups	16895.727	4	4223.932	3.903	.005
	Within Groups	124459.265	115	1082.254		
	Total	141354.992	119			
AB	Between Groups	27927.751	4	6981.938	2.728	.033
	Within Groups	294316.216	115	2559.271		
	Total	322243.967	119			

12.2.5 From the above mentioned table it can be interpreted that there is a significant effect of Psychoticism/superego on attitude towards persons with disabilities.

Effect of Neuroticism/Stability on attitude towards persons with disabilities (one way ANOVA)**ANOVA**

		Sum of Squares	df	Mean Square	F	Sig.
A	Between Groups	48837.670	11	4439.788	5.183	.000
	Within Groups	92517.322	108	856.642		
	Total	141354.992	119			
AB	Between Groups	90568.271	11	8233.479	3.838	.000
	Within Groups	231675.696	108	2145.145		
	Total	322243.967	119			

From the above mentioned table it can be interpreted that there is a significant effect of neuroticism/stability on attitude towards persons with disabilities.

Effect of Extraversion/Introversion on attitude towards persons with disabilities (one way ANOVA)**ANOVA**

		Sum of Squares	df	Mean Square	F	Sig.
A	Between Groups	15545.402	9	1727.267	1.510	.153
	Within Groups	125809.590	110	1143.724		
	Total	141354.992	119			
AB	Between Groups	43958.514	9	4884.279	1.931	.055
	Within Groups	278285.452	110	2529.868		
	Total	322243.967	119			

From the above mentioned table it can be concluded that there is no significant effect of extraversion/introversion on attitude towards persons with disabilities.

Effect of need for Social acceptance (lie score) on Attitude towards persons with disabilities (one way ANOVA)

ANOVA

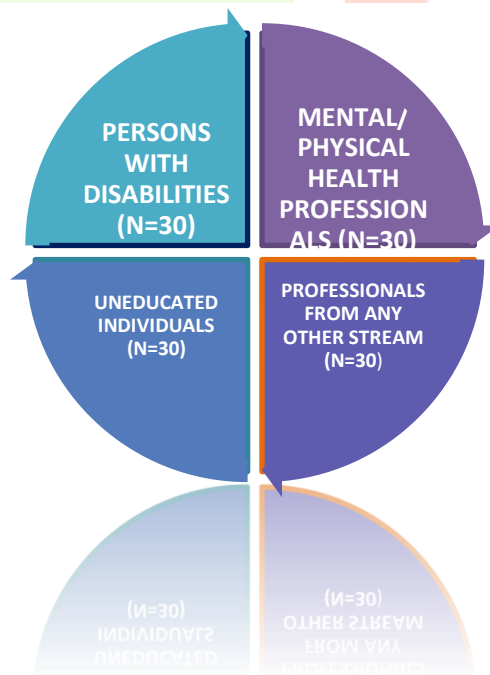
		Sum of Squares	df	Mean Square	F	Sig.
A	Between Groups	18177.600	7	2596.800	2.361	.027
	Within Groups	123177.392	112	1099.798		
	Total	141354.992	119			
AB	Between Groups	47129.692	7	6732.813	2.741	.012
	Within Groups	275114.275	112	2456.377		
	Total	322243.967	119			

From the above mentioned table it can be said that there is no such significant effect of need for social acceptance i.e. lie score on attitude towards persons with disabilities.

The obtained findings will be logically interpreted in the following chapter.

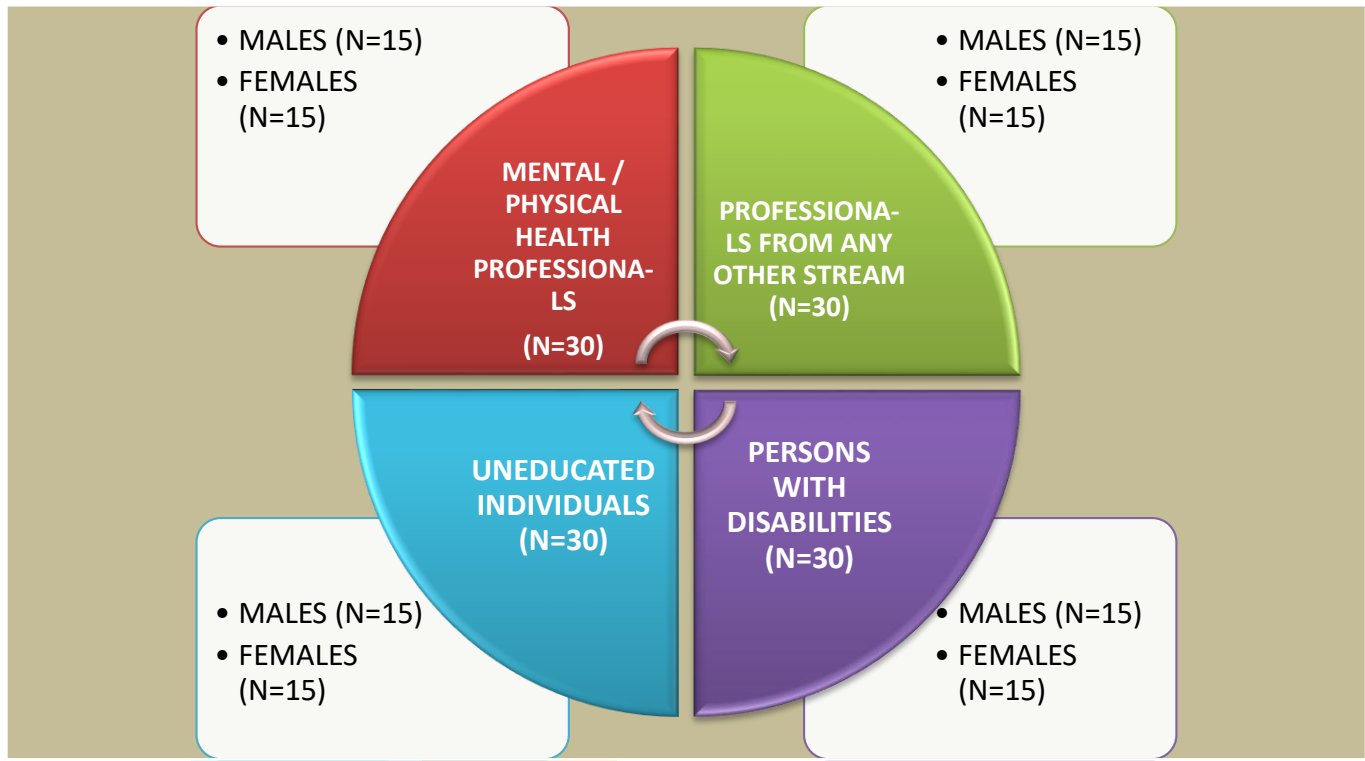
DISCUSSION The primary purpose of the research study was to examine the differences in the personality traits and attitude towards persons with disabilities among the subjected groups such as mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities group subcategorized on the basis of sexes both males and females. The significant differences exhibiting profile differences among mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities / males and females have also been supported by significant findings. The interpretations of the findings of the present investigation have been discussed as follows:-

SAMPLE



The above diagram indicates the sample size and the sample distribution of the selected subjected groups.

SUB-SAMPLE



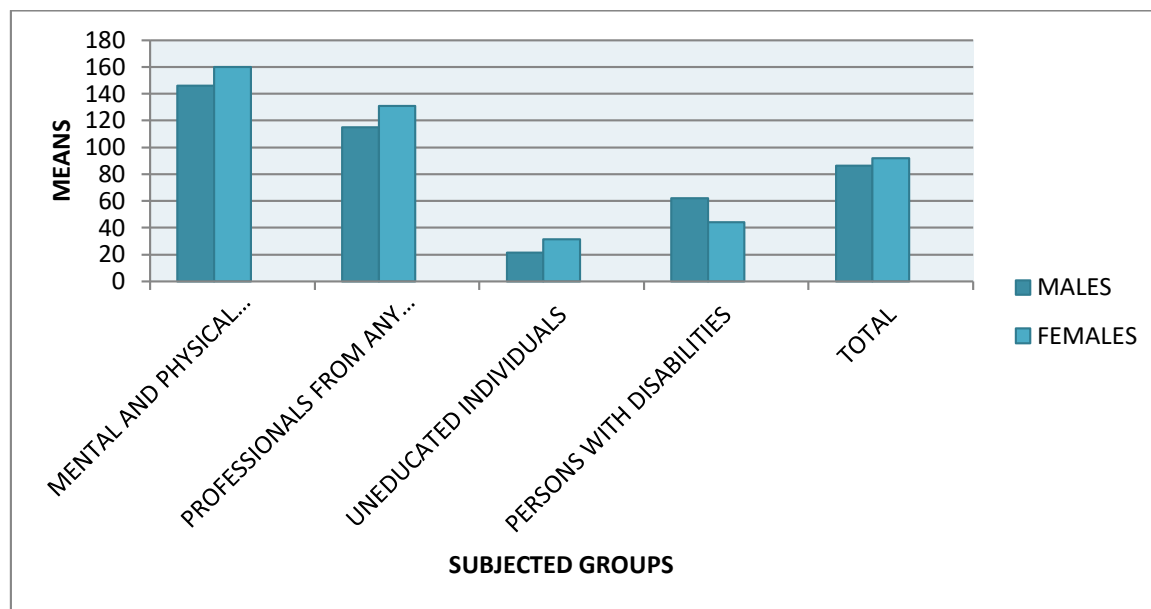
The above mentioned diagram indicates the complete distribution of sample and sub-samples of the subjected groups.

Profile differences of mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities:

Means of mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities groups corresponding to the selected variables and their respective dimensions (attitude towards persons with disabilities) in respective of their sex.

GRAPH OF O FORM



GRAPH OF AB FORM

The above mentioned graphs clearly states that mental/physical health professionals have a very positive attitude towards persons with disabilities as compared to the other groups whereas the uneducated group have a very negative attitude towards persons with disabilities.

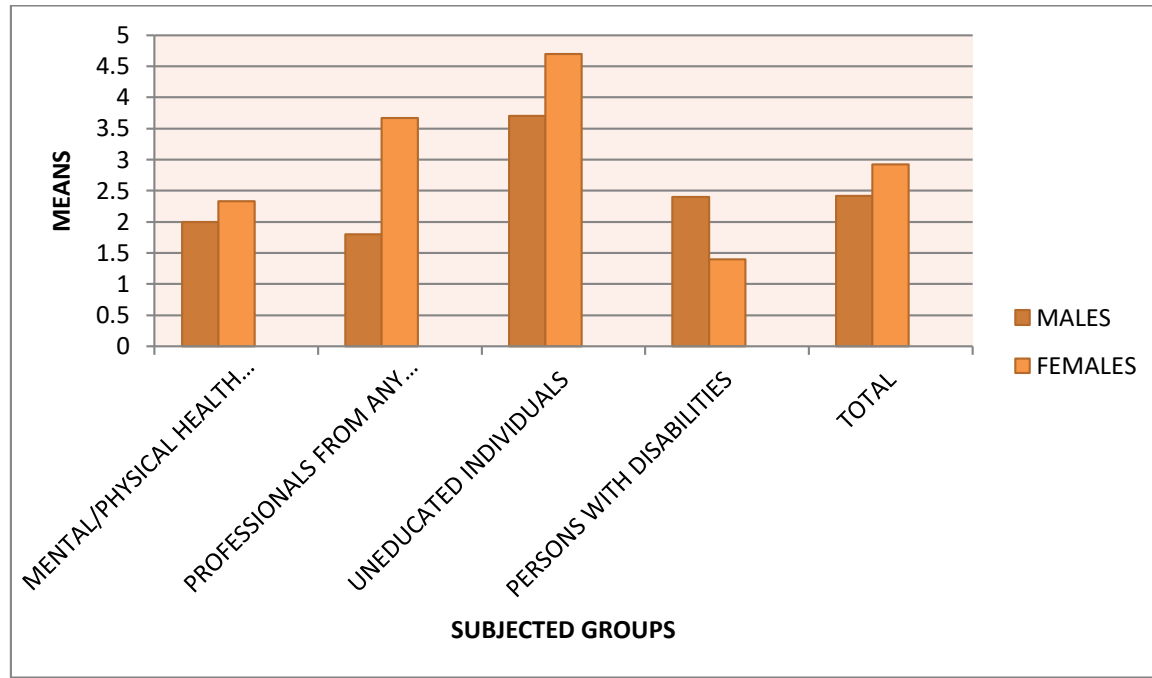
Negative societal attitudes toward people with disabilities are well-documented in the literature (Brodwin & Orange, 2002; Cook, 1998; Frank & Elliott, 2002; Livneh & Antonak, 1997; Siller, 1976; Smart, 2001; Wang, Thomas, Chan, & Cheing, 2003). Because of the impact of societal attitudes on life experiences, opportunities, and help-seeking behaviors of people with disabilities, negative attitudes toward disability could be viewed as “invisible barriers” to successful rehabilitation (Chubon, 1982). For these reasons, the study of attitudes toward people with CID and validating effective attitude change strategies has continued to be an important topical research area in rehabilitation.

Other concepts related to attitude include stereotype, prejudice, and discrimination. Allport (1968) defined stereotype as an “exaggerated belief associated with a category. Its function is to justify (rationalize) our conduct in relation to that category” (p. 191). The statement, “Asians are good at mathematics,” is an example of stereotypes held by some Americans. Prejudice is an “aversive or hostile attitude toward a person who belongs to a group simply because he belongs to that group, and is therefore presumed to have the objectionable qualities ascribed to in that group” (Allport, 1986, p. 7). Prejudice may be felt or expressed and may be directed to a group as a whole or to an individual because he or she is a member of that group. Discrimination is defined as the negative action that a person carries out, based on prejudice (Allport, 1954). Excluding people with psychiatric disabilities from employment, residential housing, and political rights are examples of discrimination (Smart, 2001). The term stigma refers to problems of knowledge (ignorance/stereotyping), attitude (prejudice), and behavior (discrimination) (Thornicroft, Rose, Kassam, & Sartorius, 2007). Stigma is a behavioral chain that starts from the stigmatizing mark (e.g., race/ethnicity, gender, disability), progresses through attitude structures (e.g., stereotypes and prejudices), and results in discrimination that is often harmful to individuals with disabilities (Lam, Tsang, Chan, & Corrigan, 2006). Grand, Bernier, and Strohmmer (1982) indicated that the relationship between attitude and behavior is highly complex modified by norms, contexts, habits, and expectations. In the context of disability, emotional, social, personality, and cultural factors also affect our attitudes toward people with disabilities (Livneh, 1982).

Likewise, the individual’s reaction to his or her disability (e.g., anxiety, depression, mourning, grief, denial, passivity, dependency, aggressiveness, withdrawal, compensation, and coping mechanisms) may also affect the reaction of people without disabilities (Livneh, 1982).

Means of mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities groups corresponding to the selected variables and their respective dimensions (personality traits) in respective of their sex.

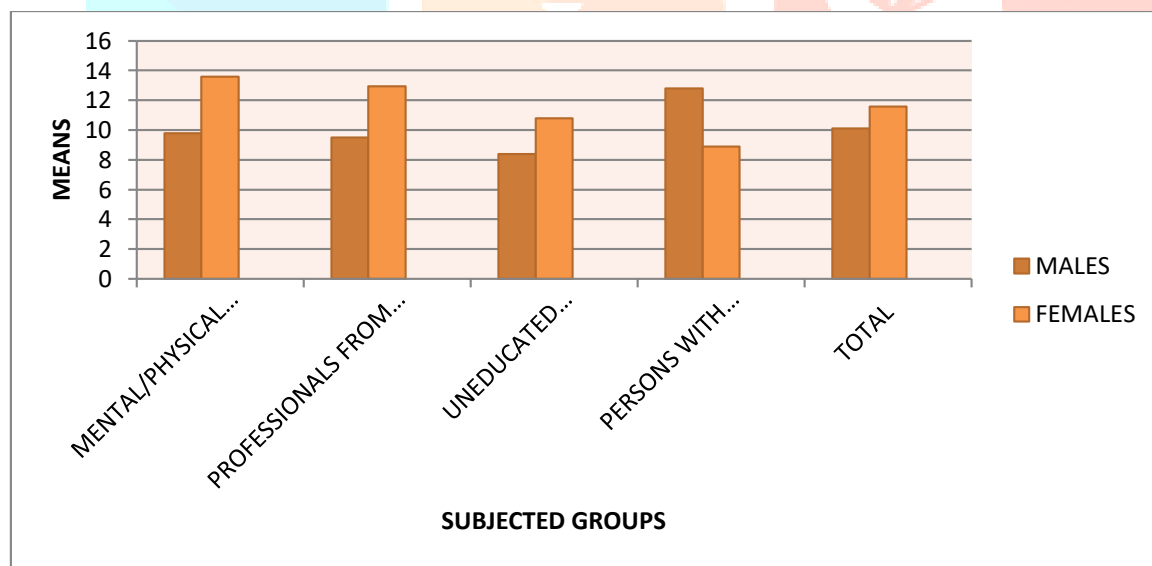
GRAPH OF PSYCHOTICISM/SUPER-EGO



From the above mentioned graph it can be concluded that females have higher superego strengths than males whereas males are more vulnerable to psychosis.

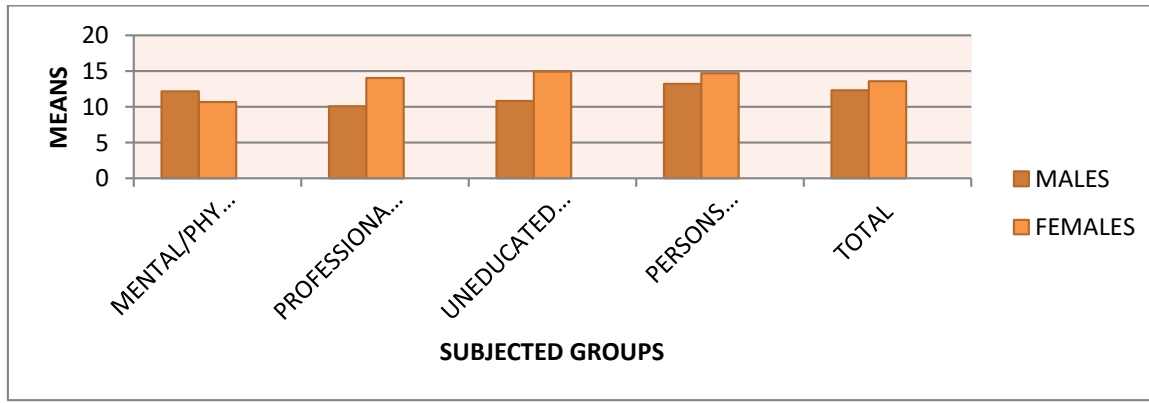
Study conducted by researchers at the University of York finds men are more likely to suffer from psychosis than women. To date, there have been many studies examining the link between — the most used illegal substance in the United Kingdom — and psychosis, but this is the first to study the ways in which it affects men and women differently.

GRAPH OF NEUROTICISM/STABILITY



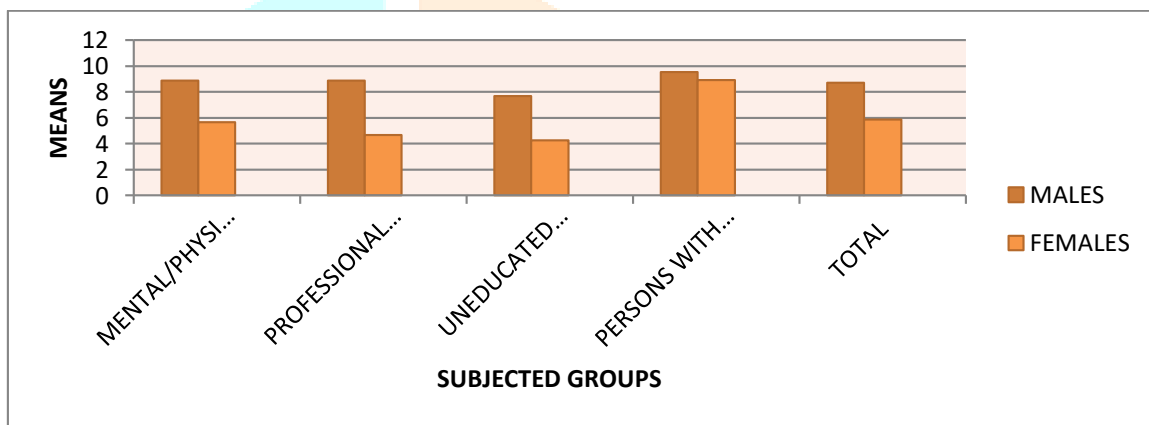
From the above mentioned graph it can be interpreted that females are more neurotic than males, the results thus obtained are supported by the various studies such as Women appear to be more prone to neuroticism than men, and they also score more highly when it comes to agreeableness (Preston, 2010)

GRAPH OF EXTRAVERSION/INTROVERSION



From the above mentioned graph it can be interpreted that females are more introverts than males. Males are more introverted, quieter and deeper than women based on experience and scientific studies. Males tend to have black matters on their brains and testosterone which inhibit them from expressing themselves as good as girls and drive them to be less social than their female counterparts. Women, on the other side, tends to be more social and outgoing, and usually talk more than men although there are also exceptions. (Jane, 2016)

12.2.4 GRAPH OF LIE SCORE i.e. NEED FOR SOCIAL APPROVAL



From the above mentioned graph it can be said that males lies more as compared to their female counterparts. At least that's according to a survey commissioned by the Science Museum of London which quizzed three thousand people about their truthfulness.

According to the responses, on average, British men tell three lies everyday or roughly 1,092 every year. By comparison women, on average, said they only told two fibs a day which works out to 728 lies a year. (CBSNEWS, 2010)

It's official – men really are more dishonest than women. While women typically avoid being honest to save someone’s feelings, men tend to fib to save them money or win an argument. The average man fibs, or avoids having to tell the truth four times a week. In contrast, women stretch the truth three times a week. (DAILY MAIL REPORTER, 2014)

On the basis of the discussions mentioned above, conclusion is drawn in the next chapter.

CONCLUSION

The aim of the present research study was to examine the differences in the personality traits and attitude towards persons with disabilities of subjected groups such as mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves sub-categorized on the basis of sexes both males and females.

For this purpose data were collected from 120 adults including 15 male mental/physical health professionals, 15 female mental/physical health professionals, 15 male professionals from any other stream, 15 female professionals from any other stream, 15 male uneducated individuals, 15 female uneducated individuals, 15 male persons with disabilities and 15 female persons with disabilities.

The conclusion drawn from the findings are:-

- **In case of attitude towards persons with disabilities among various subjected groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves)**
 - Mental/physical health professionals shows most positive attitude towards persons with disabilities.
 - Uneducated individual's group shows most negative attitude towards persons with disabilities.
 - Professionals from any other stream and persons with disabilities themselves shows undecided or intermediate attitude towards persons with disabilities.
- **In case of personality traits among various subjected groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves)**
 - Super-ego strength is observed to be highest in case of uneducated individual's group.
 - Mental stability is observed to be highest in case of mental/physical health professional's group, whereas, highest levels of neuroticism are observed in the group of uneducated individuals.
 - Introversion levels are observed to be highest in case of the group of persons with disabilities themselves.
 - Need for social approval i.e. lie scores are observed to be highest in case of persons with disabilities.
- **In case of attitude towards persons with disabilities between sexes (i.e. males and females)**
 - Females shows more positive attitude towards persons with disabilities.
- **In case of personality traits between sexes (i.e. males and females)**
 - Females show higher levels of super-ego strength as compared to their male counterparts.
 - Males show higher levels of neuroticism as compared to their female counterparts.
 - Females have higher levels of introversion as compared to their male counterparts.
 - Males show higher needs for social approval as compared to their female counterparts.
- **Multivariate test in case of attitude towards persons with disabilities** conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and sexes (i.e. males and females) both have significant effect on attitude towards persons with disabilities.
- **Multivariate test in case of personality traits** conveys that the various types of groups (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) and sexes (i.e. males and females) both have significant effect on attitude towards persons with disabilities.
- **Significant effect of subjected groups** (i.e. mental/physical health professionals, professionals from any other stream, uneducated individuals and persons with disabilities themselves) on the levels of Psychoticism/super-ego and lie-scores are observed.
- **Significant effect of sexes** (i.e. males and females) on the levels of neuroticism/stability, extraversion/introversion and lie-scores are observed.

IMPLICATION

THE MOTIVE THAT ATTRACTED ME TO DO THIS STUDY WAS TO CONCLUDE AND FURTHER IMPLIMENT THAT ...

how does personality correlates, educational qualification; social stigma or sex or being a persons with disability may affect the attitude of various groups of sample so that the reasons of such negative attitudes could be checked on and reasons for positive attitudes could be enhanced through various awareness camps or workshops or therapies and counselling so that the attitudes towards persons with disabilities could be changed in a positive way and somehow decrease the levels of disabilities and incorporate happiness; independence; self-efficacy and dignity.....

The basic implication of the study seems to be the awareness regarding the fact that the attitude, personality traits and literacy are the dynamic part of one's psychosocial behaviour. The present study gives an overview of these variables on persons with disabilities, mental/physical health professionals, professionals of any other stream and uneducated people of both the sexes (males and females). The findings may help people to have general self-awareness regarding the issue and appropriate therapeutic plans can be programmed if required in such situation, keeping this information in mind. There would be differences within the personality pattern of person with disabilities. So these factors can be used as guidelines in shaping up personality of such individuals through several therapies, so that better adjustment modes can be adopted in life.

LIMITATIONS

No research is free from its limitations, thus, this study is also not an exception. The important limitations of the study are as follows:-

- A large sample size would have been better to warrant generalization of the present findings.
- A number of questionnaires were used in the present study. However, questionnaires may invite falsification and faking behaviour on the part of the subjects. A tendency towards subjective bias may also be present when questionnaires were used.
- The group of persons with disabilities could have had further more sub-groups on the basis of personality traits, coping strategies, education, socio-economic status etc.
- Duration of disability, family background and financial stability were not considered in the present study each of which had that potentiality of causing changes in personality of persons with disabilities.

- Other variables such as- interpersonal problems, coping, resilience, emotion regulation, relationship satisfactions, life expectation, subjective well-being etc. could have been taken into considerations to obtain a clearer picture regarding the comparative status about psychosocial behaviour of persons with disabilities.

SUGGESTIONS FOR FURTHER RESEARCH

Suggestions for further research may include:-

- (1) Future research study in this area may highlight on other aspects of personality, coping, life satisfaction and adjustment pattern among persons with disabilities.
- (2) Future studies may be attempted with large sample for greater generalizability of the present findings.
- (3) Self-perception, perception of life and surroundings, needs and defences of persons with disabilities could be accessed through projective tests so as to investigate complete innate qualities; avoiding falsifiability and faking behaviour on the part of the subject.
- (4) Some experiments could be assessed so as to investigate how any therapy influences or affects the personality or coping strategies of persons with disabilities.
- (5) Research also needs to investigate whether age is an important component in one's psychosocial loadings.

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