

Diversity and Psychology: Promoting Inclusive Perceptions of Disability

by
Hannah Williams

A THESIS

submitted to
Oregon State University
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in partial fulfillment of
the requirements for the
degree of

Honors Baccalaureate of Science in Psychology
(Honors Scholar)

Presented May 25, 2021
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Sam Logan

The way that an individual defines and understands the term “disability” has the potential to affect how they view and interact with people with disabilities. Previous research suggests that classroom interventions and frequent interactions with people who have disabilities can be effective in promoting the social model of disability and decreasing prevalence of terminology reflecting norm-comparative beliefs common in the medical model of disabilities. These interventions have been shown to lead to individuals holding more positive and inclusive perceptions towards people with disabilities. This study uses a pre/post short answer survey design to analyze the effects of psychology courses either with or without contact with a professor with a disability. The pre/post outcomes of the two courses observed did not vary greatly depending on their amount of contact. Norm-comparative language increased between pre- and post-course surveys. However, medical model-based language decreased and social model-based language increased. These findings imply that student perspectives are beginning to move away from the medical model, but that more direct interventions may be necessary in order to promote the social model and reduce norm-comparative beliefs.

Key Words: Disabilities, social model, medical model, norm comparative

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Honors Baccalaureate of Science in Psychology project of Hannah Williams presented on May 25, 2021.

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I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

Hannah Williams, Author

Diversity and Psychology: Promoting Inclusive Perceptions of Disability

Introduction

Prevalence of Disability

A significant number of people in the United States of all ages, cultural identities, and ethnic backgrounds are diagnosed with a variety of disabilities. Just over one in four U.S. adults over the age of 18, and approximately 16.6% of adults under the age of 44, have some form of physical or mental disability (Okoro et al, 2016). Mobility disabilities are the most common for the entire adult population at 13.7% of U.S. adults, followed by cognitive disorders at 10.8% (Okoro et al, 2016). Interestingly, these rankings switch in the younger demographic, with 10.6% of adults under 44 being diagnosed with a cognitive disability and 4.8% being diagnosed with a mobility disability (Okoro et al, 2016). It is important to note that disabilities of any kind are more prevalent in Black, Indigenous, and People of Color (BIPOC) individuals of this age group (with the exception of Asian participants), and that the proportion of younger people with disabilities tripled between those above 200% of the federal poverty line (9.7%) and those living below the poverty line (27.8%), reflecting what is shown in worldwide statistics (Okoro et al., 2016).

When considering college students specifically, the prevalence of disability diagnoses varies widely based on how the parameters for disability are defined. The United States Department of Education (DoE) reports that 11.1% of undergraduate students and 5.3% of graduate or post-baccalaureate students are diagnosed with some form of disability (Snyder et al., 2016). However, the constraints used for the DoE data collection exclude some conditions that may be considered disabilities- including chronic illness, psychiatric disorders, attention deficit hyperactivity disorder (ADHD), and learning disabilities (Casseus et al., 2020). When the

parameters are expanded to include these other conditions under the term “disability”, the number of college students in treatment for, or diagnosed with, a disability increased to 56% (Casseus et al., 2020). While the statistics from the DoE may be more comparable to national statistics, it is still important to consider the impact that all forms of disability can have on students during their college education and note that, by these standards, disabled students make up the majority of the U.S. student body.

Defining Disability

The way that the term “disability” is defined has implications on many different levels depending on who is creating and using a particular definition. Legislation and governmental definitions have the potential to impact people’s access to legal protection in the workplace against discrimination and unhealthy working conditions, and a poorly written, not inclusive, or vague definition has the potential to prevent certain groups of people from receiving these benefits (Shinall, 2016). For example, the original version of the Americans with Disabilities Act (ADA) introduced in 1990 utilized terms like “impairment” without clearly operationalizing these terms, leaving many people with disabilities in a situation in which they were not guaranteed protection, such as people with chronic illnesses (Shinall, 2016). Additionally, definitions that individuals hold and apply to their daily lives can directly impact their interactions with others. Healthcare professionals like medical students, physicians, and counselors can have implicit biases that directly contribute to healthcare disparities (Blair et al., 2011). The need for well thought-out and accurate definitions of disability is clear, but the definitions used to this day are still lacking in many ways and contribute to the continual lack of equity in support for people with disabilities (Areheart, 2008).

A major legislative step towards defining disability was the implementation of the ADA, and specifically the secondary Americans with Disabilities Act Amendment Act (ADAAA) in 2008 (U.S. Dept. of Labor, 2008). The ADAAA redefined 'disability' as protected by this legislation, provided clarification on the vague terms previously noted, and explicitly stated that the Act should be extended to define "disability...in favor of broad coverage of individuals...to the maximum extent permitted" (42 U.S.C. § 12102(4)(A); Shinall, 2016). However, despite this step in the right direction, the ADA was still founded upon the medical model of disability and continues to promote this ideology through its definition and discussion of disability (Burke and Barnes, 2018).

The medical model of disability states that a person's disability is the core reason for their limitations, and thus, the way to remove these limitations is by removing the symptoms or 'curing' the individual (Shinall, 2016). Unfortunately, the medical perspectives on disabilities drawn from legislation such as the U.S.'s ADA laws can have unintentional negative effects on people with disabilities (King, 2012). The idea that people with disabilities are at an inherent disadvantage in society can lead to a bias against the acceptance and inclusion of people with disabilities as they are and instead lead people- from medical professionals to the general public- to see the value of a cure over the inherent value of a person (Disability: beyond the medical model, 2009). Additionally, the medical model tends to view what medical professionals deem "normal" functioning as the measure against what all people with disabilities should be evaluated, which further perpetuates the idea that people with disabilities are 'less-than' and require treatment (Goering, 2015). In their book "The Meaning of Normal", Davis and Bradley (1996) write, "when the ideal is taken as the norm, variation becomes defined as disease". Norm-comparative perspectives like those often linked to the medical model neglect to distinguish

divergence in ability from lack of ability, and in doing so create a stigma against diversity in favor of medical monotony.

In contrast to the more norm-comparative medical model of disability, the field of disability studies is moving towards a more progressive definition. This type of definition, called the social model of disability, is becoming increasingly common and has been the focus of social justice efforts and legislation proposals modeled after the Civil Rights movement of the 1960's (Burke, 2018). The social model of disability focuses on the societal barriers that people with disabilities face, rather than perceived medical or norm-comparative barriers (Disability..., 2009). Essentially, the medical model focuses on what is mentally or physically "wrong" as the main struggle of disability with the individual and classifies disabilities acutely, whereas the social model focuses on the social stigma and prejudice which may be more of a barrier than a person's medical state (Goering, 2015). The adoption of the social model of disability discourages the perception that people with disabilities are a homogenous group and encourages an individualized approach to accommodating students' needs, promoting a positive and beneficial learning environment for students of any disability diagnosis (Disability..., 2009).

The social model of disability accounts for the fact that any experiences or symptoms associated with one's diagnosed medical condition may be considered negative or harmful by others either to a higher degree or for a different reason than by the person with the condition (Goering, 2015). For example, a person with some disability may find much more distress in the way that they are treated by others or in the ways that they are excluded from daily activities due to lack of accessibility measures being taken by the systems in power than they feel from their symptoms. Because of the individuality and inclusivity that is encouraged by adopting a social model-based definition of disability rather than a medical, norm-comparative definition, these

types of definitions can be a solid first step towards creating more inclusive, positive spaces wherever they are used (Gould et al., 2019).

Colleges and Disability

Collegiate perspectives and interventions. Colleges and universities around the world have adopted policies and made statements regarding their commitments towards furthering inclusivity and diversity within their communities. The core values of Oregon State University as written in the “Vision, Mission & Values” statement include accountability, diversity, integrity, respect, and social responsibility (2018). These values are expanded on in four goal statements, the last of which specifically cites inclusivity and accessibility:

4. A CULTURE OF BELONGING, COLLABORATION, AND INNOVATION-

Building an organizational culture founded on the values of inclusion, mutual respect, good physical and mental health, collaboration, and humility, so that people from every background are welcomed and thrive, our community is diverse, and our leadership advances both excellence and innovation.

Oregon State University Mission Statement, 2018

A major application of these values and goals is through efforts to include students of various backgrounds in all aspects of campus life, and to promote an inclusive environment for any and every person within the Oregon State University community. There are many different factors that can either foster or detract from this ideal environment. In a study on Oregon State University students with and without disabilities observing a scene involving a disabled student, non-disabled participants with many interactions with disabled peers had the highest opinion of the person with a disability, followed by students with a disability (Bonnett, 2015). Non-disabled

students with little to no interactions had the lowest opinion of the student, suggesting that a lack of exposure and inclusion can negatively impact personal biases (Bonnett, 2015).

Negative perception and biases often extend even further in regards to disabled BIPOC students on a variety of levels. People who are members of marginalized groups in the U.S. not only experience higher levels of discrimination and adversity compared to more privileged peers, they also face higher prevalence of disability diagnoses (Okoro et al., 2016). Minority students (especially Black students) who come from communities where diagnosis with different disabilities is disproportionately higher than in others face more academic and social challenges while attending college (Banks, 2017).

Disabled students of any background face a negative stigma that influences many students to neglect to disclose their disabilities to their peers and administration (de Cesarei, 2015). In order to combat stigma and promote inclusivity, universities can provide psychological support, protective policies, and better education of the student and faculty body (de Cesarei, 2015). Overall, there are many opportunities and challenges to inclusivity on college campuses, and it is imperative that steps are taken to minimize these obstacles while promoting the most equitable environment possible.

Collegiate Psychology and Disability

Psychology students and curriculums are of particular interest when considering perceptions, definitions, and models of disabilities. By providing more in-classroom education about the social model of disabilities and increasing contact with people with disabilities, universities can influence students to make their perceptions more positive (Bogart et al., 2020). In a study on college-level psychology students, it was found that students who went through a 10-week curriculum involving socially-modeled information regarding disabilities that was

taught by a professor with a visible disability experienced increased beliefs in the social model of disability and more positive attitudes towards people with disabilities in comparison with students who simply had contact with a professor with disabilities or went through a course with no contact or education at all (Bogart et al., 2020). Additionally, previous research on psychology students has supported that higher levels of social model beliefs and lower medical model beliefs are more predictive of positive attitudes towards people with disabilities than any other demographic information, including whether or not the person holding the beliefs had a disability (Bogart et al., 2019).

The impact that inclusive and intentionally socially modeled programs in college curriculums may have is significant for a number of reasons. Students who have not had many experiences with people with disabilities are more likely to have negative attitudes towards disabilities in general, leading to opportunities for the development of maladaptive stigmas and biases (Evans, 1976). In order to combat these negative attitudes, however, contact via service-learning opportunities or in-classroom instruction involving people with disabilities has been shown to be significantly effective in reducing discomfort and biases in psychology students (Bogart et al., 2020; Carlson & Witschey, 2018). These factors combined with the fact that education about the social model has been proven to have a positive impact on personal perceptions and reduced the reliance on the medical model suggests meaningful opportunities to make a significant impact on psychology students in straightforward ways inside the classroom (Bogart et al., 2020).

The importance of positive and progressive perspectives regarding disability extends well beyond curriculums and college campuses. The goals of college psychology programs involve not only content-specific learning objectives but also the concept of developing psychologically

literate citizens, meaning people who can think critically and apply psychological concepts in beneficial ways outside of the classroom (McGovern et al., 2010). As previously discussed, a large portion of U.S. citizens are diagnosed with some form of disability, so interaction with a person with disability is incredibly likely throughout day-to-day life (Okoro et al, 2016). This likelihood is further increased in psychology students and professionals with careers focusing on specific populations like people with disabilities or researching within the field of disability studies (Carlson & Witschey, 2018). Therefore, it is imperative that competency and knowledge regarding disabilities is necessary for all individuals and specifically psychology students, and the promotion of positive perspectives should be prioritized in educational settings.

Thesis and Purpose Statement

Many collegiate psychology curriculums may not reflect the modern field of disability studies. If the courses observed here effectively promote inclusivity in regards to disabilities in class curriculums, students' perceptions of disability should become less norm-comparative and medically-modelled and more reflective of the social model after taking a course that discusses disabilities in some capacity. The purpose of this study is to examine how psychology students define disability before and after courses with and without contact with a person with a disability.

Methods

Participants

This study is derived from a larger study investigating student definitions of disability involving a survey administered to 612 students enrolled in Honors colloquia, Kinesiology, and Psychology courses at Oregon State University. Of those 612 students, 90 were enrolled in an Honors course (14.70%), 382 were enrolled in a Kinesiology course (62.42%), and 140 were

enrolled in a Psychology course (22.88%). For the purposes of this study, only the 140 psychology-enrolled students were included. The included students were enrolled in PSY 340 (Cognitive Psychology) or PSY 360 (Social Psychology). This survey was administered pre/post the respective psychology course. 20 participants in the PSY 499 course did not complete the post-course survey, so their pre- and post-responses were omitted from all data analysis, bringing the total participant pool to 120 people. Of the remaining pre-course participants, 17 did not answer the prompt and were excluded from data analysis, with an 87.8% average pre-course response rate between the two remaining courses. The post-course participant group had 40 non-responses, with an average post-course response rate of 64.0%. The participant breakdown per course can be seen in Table 1.

Table 1.

Survey counts and response rates for all data analyzed.

	Pre-Course Participants			Post-Course Participants		
	Answered	Did Not Answer	Response Rate	Answered	Did Not Answer	Response Rate
PSY 360	43	2	95.56%	27	18	60.00%
PSY 340	60	15	80.00%	51	24	68.00%
Totals	103	17	85.83%	78	42	65.00%

Assessments and Measures

All materials and methods used in this study were approved by Oregon State's Institutional Review Board. Informed consent was obtained from every participant before the survey was administered at the beginning and at the end of the term for each course. The two courses assessed were as follows: PSY 360 (course with disability contact) and PSY 340 (no

disability contact). Response rates for each class are available in Table 1. Surveys included data about demographics, disability identity, general perceptions, and 2 short answer questions. The short answer data used in this study was in response to the question “According to your own personal opinion, how would you define disability?”.

The responses to this question were qualitatively coded multiple criteria related to disability perspectives and definitions (see appendix A for complete list of codes). Coding was completed as a part of the larger survey study with a total of 621 participants. Codes were created by two primary coders and agreed upon for each code used. Survey responses were then coded for by undergraduate students. Undergraduate students were given small sections of the survey responses to practice coding until their responses were reliably similar to the primary coder for each theme with a Cohen’s Kappa agreement of greater than .8 (Lombard, 2002). Definitions that undergraduate coders were unsure about were flagged and discussed between the undergraduate and the primary coder until a final decision was made. Each definition from the survey was evaluated for every code listed in the Appendix.

Data analysis

Data was visually compiled and analyzed using an Excel spreadsheet with counts and proportions of each course surveyed (see Appendix B for full table used to compile data). The number of surveys coded for each category of interest (Norm-Comparative, Non-Norm Comparative, Social Model, and Medical Model) were counted with Excel and compiled into the table in Appendix B. Percent change was then calculated for pre/post data from each individual variable and course and categorized based on the amount of change observed. A marginal change was defined as any pre/post variation of less than 0.99%. A slight change was any variation

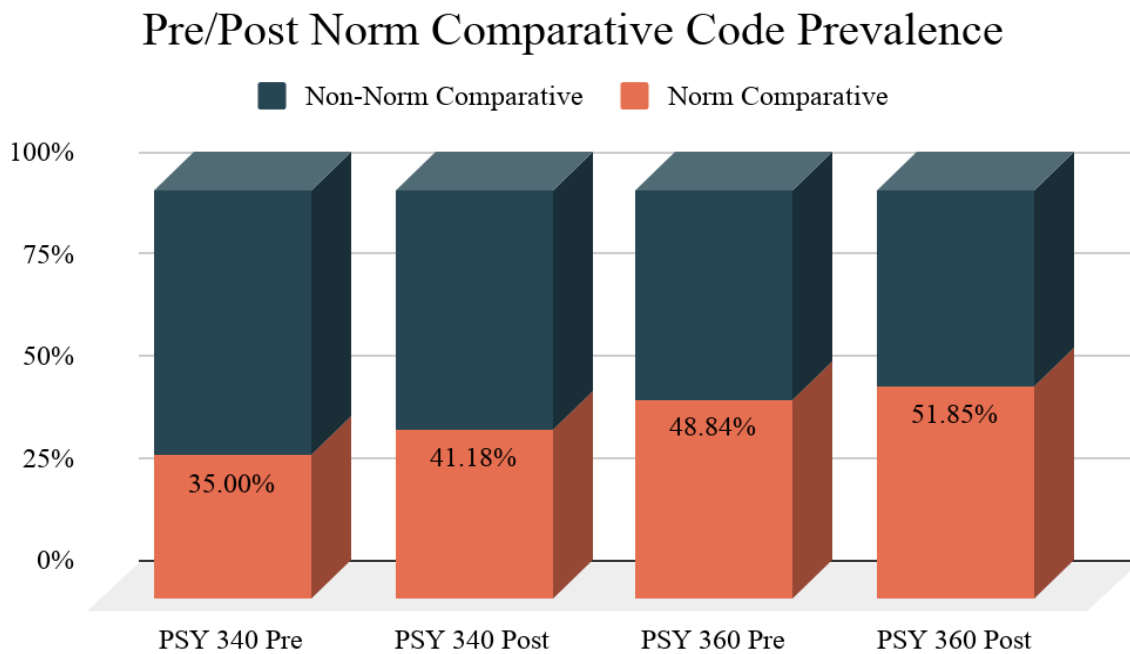
between 1.00% and 4.99%. A moderate change was defined as any variation between 5.01% and 9.99%, and a large change was any variation greater than 10.00% between pre/post surveys.

Results

Data from PSY 360 and 340 were visually analyzed based on pre/post responses in order to draw conclusions about the effectiveness of courses both with and without contact with someone with a disability and course content regarding disabilities. PSY 360 was the course with contact, and PSY 340 had no contact.

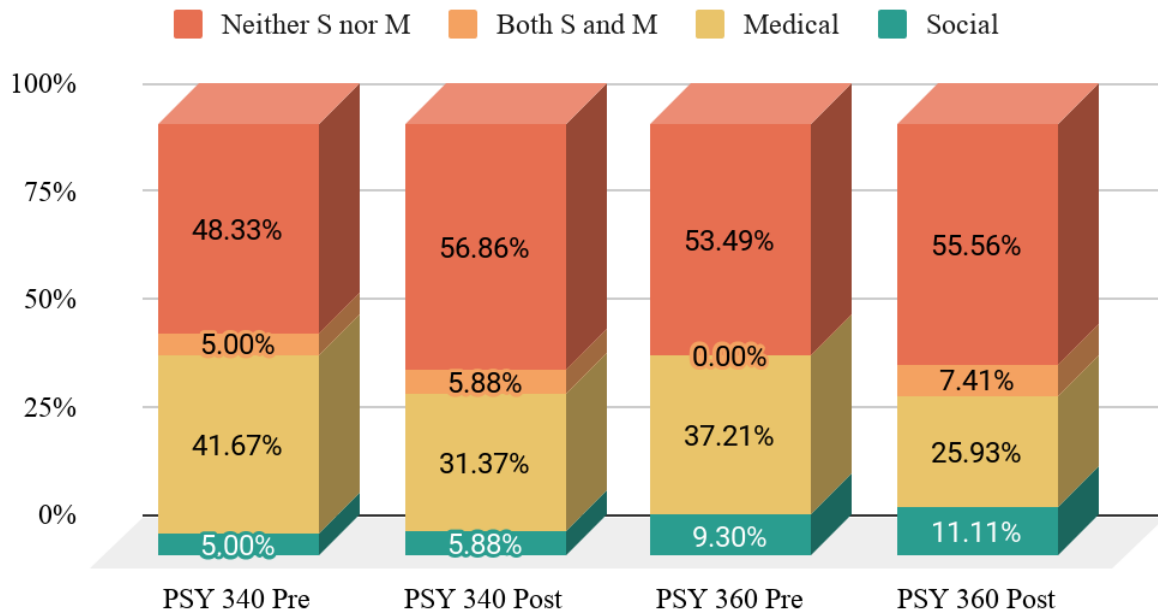
Figures 1 (left) and 2 (right)

Pre/Post Changes in Codes for Norm-Comparative (Figure 1) and Social/Medical Codes (Figure 2)



Note. Figure 1 contains data from both PSY 340 and PSY 360 regarding the presence of norm-comparative themes in definitions.

Pre/Post Social and Medical Model Codes



Note. Figure 2 contains data from both PSY 340 and PSY 360 regarding the presence of norm-comparative themes in definitions.

Pre-course data for PSY 340 (no disability contact) showed that 35.0% of definitions contained norm-comparative themes, which increased by 6.18% to 41.18% in post-course definitions (see Figure 1 for all norm-comparative data). Social model themes increased slightly from 5.0% to 5.9% in pre- to post- course data (see Figure 2 for all social and medical data). There was a large decrease in definitions with medical model themes, dropping from 41.7% to 31.7%. The percentage of participants with definitions that included both social and medical model themes slightly increased from 5.0% to 5.9%. Finally, definitions with neither social nor medical model codes increased moderately from 48.3% pre-course to 56.9% post-course.

For PSY 360 (the contact course), pre-course data showed that 48.8% of respondents had norm-comparative themes in their written definition. This slightly increased to 51.9% in the post-course survey. Participants with social model themes in their definitions increased slightly from

9.3% in pre-course data to 11.1% in post-course data. A decrease in frequency of medical model codes appeared between pre- and post- course definitions, changing from 37.2% to 25.9% of responses, a large 11.3% decrease. No pre-course definitions contained both social and medical model themes, but 7.41% of post-course definitions did. Lastly, the percentage of definitions with neither social nor medical themes slightly increased from 53.5% to 55.6% between surveys.

Discussion

The purpose of this study was to examine how psychology students define disability before and after courses with and without disability content and contact. If Oregon State University is effectively promoting inclusivity in regards to disabilities in class curriculums, students' perceptions of disability should become less norm-comparative and medically-modelled and more reflective of the social model after taking a course that discusses disabilities in some capacity. The results of this study showed that norm-comparative themes increased marginally between pre- and post-course surveys for both classes. However, student definitions of disabilities became less reliant on the medical model, while prevalence of the social model increased. Medical model themes remained more common than social model themes, but significant decreases in medical model prevalence were observed in both courses. The PSY 360 course that had contact with disabilities as a part of the class saw slightly more extreme pre/post differences in all of these areas compared to PSY 340 (no contact), though overall the differences were very comparable regardless of the course.

Norm-comparative themes increased between pre- and post-course surveys for both the contact course (PSY 360) and the course without contact (PSY 340). However, the increase was smaller in PSY 360 at only 3.0%, which was less than half of the 6.18% increase observed in PSY 340. The lack of an observed decrease in rates of norm comparison suggests that there

could be more emphasis placed on norm-comparison as a harmful standard to impose in regards to disabilities within the classroom in order to continue to promote the more inclusive idea that variation from what is medically ‘normal’ is not inherently bad (Davis & Bradley, 1996).

Previous literature has shown that exposure to disabilities both via coursework and interpersonal interactions can improve positive perceptions of people with disabilities (Bonnett, 2015; Bogart et al., 2020). The contact in PSY 360 appears to potentially affect the norm-comparative perceptions of students, but it may be that more frequent or peer-to-peer interactions have a larger effect on students than simply in-classroom interactions.

Comparable trends in prevalence of medical model-coded definitions between the two courses were observed, though medical model codes remained much more common than social model codes. PSY 340 post-surveys produced a final medical model prevalence of 31.37%, and social model prevalence of 5.9%. PSY 360 produced a final medical model prevalence of 25.9% and social model prevalence of 11.1%. This suggests the explanation that one 10-week in-class intervention method may not be sufficient for producing major ideological changes in students. The medical model of disabilities remains the most common perspective in medicine and legislation, and therefore the average person is much more likely to encounter this perspective as their main way of understanding disability (Blair et al., 2011; Shinall, 2016). While previous research by Bogart et al. (2020) has shown that classes intentionally focused on promoting the social model of disabilities can significantly affect student ideologies, it may be that less intensive interventions (such as the one in PSY 360 for this study) take more time to have as extreme of an effect.

The overall trend of lower prevalence of the medical model and more inclusion of social model perspectives was present in both PSY 340 and 360, with medical model prevalence

decreasing by an average of 10.8% and social model prevalence increasing by an average of 1.35%. Because such similar trends were seen in both courses, it is difficult to conclude what factors exactly caused students to move away from the medical model of disability so significantly. One explanation may be that social justice movements have impacted how young adults perceive disabilities in general, so contact with the social model or issues with the medical model may have been encountered outside of the classroom environment. The trend observed here supports previous findings that with increase in beliefs aligning with the social model, medical model views tend to decrease (Bogart et al., 2020). Further promotion of more progressive models of disability from sources both inside and outside the classroom will hopefully continue this shift.

Limitations and Future Directions

This study was limited by the relatively low response rates observed in the pre/post surveys. The omission of PSY 499, which was originally included as an example of a course with disability contact and content, potentially limits the ability to draw conclusions about pre/post differences due to course content. The sample was also drawn from a relatively homogenous sample when considering demographic information and academic interests. PSY 360 and 340 students were required to take at least one introductory psychology course, giving them potential prior exposure to discussions of disabilities from a psychological perspective which may have skewed their definitions. Additionally, students of different demographic backgrounds than the sample used here may also have different perspectives and definitions that could have changed the coding proportions.

The implications of this project inform future actions both within academia and professional practices. In future research, it would be beneficial to source perspectives from

students earlier in their education and from more diverse backgrounds, as this would give a more representative sample with less potential bias from previous encounters with information about disabilities. The inclusion of a wider variety of courses should also be considered, including courses more heavily focused on the social model of disability, courses featuring disability content but no guaranteed contact with a person with disabilities, or courses taught by a person with disabilities and containing content regarding any disability models. This type of study may also be valuable to administer before and after professional education sessions focusing on inclusivity and accessibility. Lastly, encouraging university curriculums to specifically emphasize coursework regarding disabilities taught from the social perspective may reduce medically modelled and norm-comparative student perspectives, furthering inclusivity and multicultural competency on campus.

Conclusion

The purpose of this study was to investigate the impact that psychology curriculums have on student definitions of disability. Based on the pre- and post-course survey data collected, it was concluded that student perspectives are becoming more reflective of the social model of disability and less reflective of the medical model, but norm-comparative language is still increasing. Further research on what kind of interventions can be taken inside of the classroom to further reduce the reliance on norm-comparative and medically modelled definitions may be useful in determining how best to teach disability studies in the scope of collegiate psychology. The promotion of this kind of ideology is valuable for furthering inclusivity and accessibility on college campuses and within the field of psychology as a whole.

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Appendix A

Table A.

Complete list of codes used when coding responses. Only “Medical”, “Social”, and “Norm-Comparative” were included in this study.

Theme	Definition	Example words and phrases to look for in responses	Example response
Medical	Defining disability in medical contexts.	Diagnosis; Impairment; Condition; Limitation; Disorder; Medical; Biological, Health concerns; Defect	“A physical or mental <u>condition</u> where someone is impaired.”
Social	Defining disability in a social and/or environmental context.	Social; Society; Social norms; Environment	“A personal impairment to do what is normal for today’s <u>society</u> , either physically, mentally, or emotionally”
Norm-Comparative	Comparing disability to a normative standard.	Normal; Typical; Atypical; Abnormal; Different; Standard	“Any sort of genetic disorder or acquired disorder that causes the brain or body to not function <u>as healthy people do.</u> ”
Participation	Defining disability in the context of engaging in any activity.	Activities of daily living (ADLs); Function; Live life; To do something; Tasks; Activities	“A condition that hinders an individual’s ability <u>to live day to day life.</u> ”
Type of Disability - Physical	Defining disability in the context of physical ability.	Physical; Motor	“A mental or <u>physical</u> difference from societal norms.”

Type of Disability - Mental/ Cognitive	Defining disability in the context of mental and/or cognitive ability.	Mental; Cognitive; Intellectual; Emotional; Learning; Thoughts	“A physical or mental incapability of performing normal human tasks due to genetics, accidents, or health problems.”
Need for assistance	Defining disability in the context of needing some form of assistance or support.	Assistance; Help; Not independent; Lack of independence; Support; Assistive device; Accommodations	“Unable to perform daily activities without outside assistance. ”
Difficulty	Defining disability as a difficult experience or hardship.	Hinderance; Less than; Struggle; Can’t reach full potential; Can’t lead happy life; Difficult; Unable; Impaired; Restrict; Challenge; Barrier; Setback; Lacking	“A physical or mental incapability of performing normal human tasks due to genetics, accidents, or health problems.”
Vague	Lack of detail in defining disability.	Something; Anything; A factor	“ Something that inhibits or make it harder for someone to have a normal life.”
Time of occurrence - Congenital	Defining disability in relation to being born with a disability.	Congenital; Born into; At birth; Inherited.	“A disability can be either a cognitive and or physical. It can be acquired (injury) or it can come about as a child is born (genetics). ”
Time of occurrence - Acquired	Defining disability in relation to becoming disabled some tome after birth.	Acquired; After birth.	“An inherited or acquired condition that negatively affects a person's physical or mental cognitive ability, or health and wellness.”

Perspective - Self	Defining disability as a personal opinion, or personal perspective.	To me; I think; In my opinion; I would.	“I would define a disability as a daily obstacle an individual has to overcome regarding their own body.”
Quotations	Use of quotations for specific words in definition		“A medical issue by birth or onset during life that hinders a person's ability to live life “normally” without assistance of any kind.”

Appendix B

Table B.

Complete table of counts and proportions used in data analysis.

PSY Pre	Norm-Comp	Non-NC	Social	Medical	Both S+M	Neither S+M	M+NC	S+NC	Total
PSY340	21	39	3	25	3	29	6	1	60
Percent	35.00%	65.00%	5.00%	41.67%	5.00%	48.33%	10.00%	1.67%	100.00%
PSY360	21	22	4	16	0	23	7	4	43
Percent	48.84%	51.16%	9.30%	37.21%	0.00%	53.49%	16.28%	9.30%	100.00%

PSY Post	Norm-Comp	Non-NC	Social	Medical	Both S+M	Neither S+M	M+NC	S+NC	Total
PSY340	21	30	3	16	3	29	3	3	51
Percent	41.18%	58.82%	5.88%	31.37%	5.88%	56.86%	5.88%	5.88%	100.00%
PSY360	14	13	3	7	2	15	3	4	27
Percent	51.85%	48.15%	11.11%	25.93%	7.41%	55.56%	11.11%	14.81%	100.00%

Note. Norm-Comp = Norm comparative codes. Non NC= Non-norm comparative codes. Social= Exclusively social model. Medical= Exclusively medical model. Both S+M= both social and medical model codes. Neither S+M= neither social nor medical. M+NC= Medical and norm comparative. S+NC= Social and norm comparative. Total= counts of all definitions coded.

