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COMPARING EFFECTS OF PUBLIC SERVICE ANNOUNCEMENTS
ON YOUNG ADULTS' PERCEPTION OF THE R-WORD

by

VANN MORRIS

Under the Direction of MaryAnn Romski, PhD

ABSTRACT

The purpose of this study was to examine whether or not Public Service Announcements (PSAs) were an effective tool at modifying young adults' perception of the r-word (the word "retard" or "retarded"). The PSAs included in this study were part of the Special Olympics' "Spread the Word to End the Word" campaign. This study examined the efficacy of these PSAs by comparing three groups' perception of the r-word: experimental group 1 who watched a PSA titled "It's Not Acceptable" (PSA 1 group), experimental group 2 who watched a PSA titled "We Need a New R-word" (PSA 2 group), and a third control group who watched no PSA. The purpose of the control group was to gain a baseline of how today's young adults perceived the r-

word with no influence from PSAs. Six hundred and seventy-five participants were randomly assigned to one of the three groups. The two experimental groups watched their respective PSAs and completed the survey materials comprised of a consent form, their *affective* and *cognitive* responses to the PSA, their ratings of the r-word and their demographic information. The control group watched no PSA but completed the survey materials comprised of a consent form, their ratings of the r-word and their demographic information. This study then examined what the differences were between the three groups' perception of the r-word. It was hypothesized that PSA 1 group would have a more negative perception of the r-word than PSA 2 group and the control group, due to PSA 1's *framing* the r-word as similar to other minority slurs, and using *affect* to facilitate message acceptance. The PSA 1 group participants thought more about the argument within their PSA, and rated higher affective responses to their PSA, when compared to the PSA 2 group; however, PSA 1 group did not have a more negative perception of the r-word than the other two groups. Results found that the PSA 2 group perceived the r-word as significantly less *respectful* than the participants in the control group. These findings are discussed in terms of message design for future PSAs regarding the r-word

INDEX WORDS: R-word, Retard, Retarded, Disability, Intellectual Disability, Public Service Announcements, PSA, Message Design, Communication Campaigns

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ON YOUNG ADULTS' PERCEPTION OF THE R-WORD

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VANN MORRIS

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

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Georgia State University

2015

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Vangelia Andrea Morris
2015

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DEDICATION

I would like to recognize my friends and family for all their encouragement and support throughout my doctoral program.

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1 INTRODUCTION

Though the word “retard” or “retarded” (henceforth called the “r-word”) is considered hate speech in American society, it still exists in everyday discourse (Perry, 2001; Siperstein, Pociask, & Collins, 2010; Waltman & Haas, 2011). The r-word evolved from past medical labels used to describe intellectual disability: retardate or mentally retarded or mental retardation. By using the r-word as a socially pejorative term to convey disapproval about a person or thing (Siperstein et al., 2010), it transfers the stigma of intellectual disability to the object of insult, and this perpetuates the stigma of intellectual disability.

Public Service Announcements (PSAs) are often used to raise the public’s awareness about social issues such as the continued use of the r-word, and are also used as tools to influence the public’s attitude and behavior toward such issues (G. O’Keefe & Reid, 1990). The Special Olympics developed two PSAs as part of their “Spread the Word to End the Word” communication campaign, which is a youth-driven grass roots campaign developed to end the public’s use of the r-word. This study examined the efficacy of these PSAs by comparing three groups’ perception of the r-word, in order to determine if PSAs are effective at modifying people’s perception of the r-word.

For this study, six hundred and seventy-five participants were randomly assigned to one of three groups: experimental group 1 who watched a PSA titled “It’s Not Acceptable” (PSA 1 group), experimental group 2 who watched a PSA titled “We Need a New R-word” (PSA 2 group), and a control group who watched no PSA. The purpose of the control group was to gain a baseline of how today’s young adults perceived the r-word with no influence from PSAs. The two experimental groups watched their respective PSA and completed the survey materials comprised of a consent form, their affective and cognitive responses to the PSA, their ratings of

the r-word and their demographic information. The control group watched no PSA and completed their survey materials comprised of a consent form, their ratings of the r-word and their demographic information. This study then examined what differences existed between the three groups' perception of the r-word.

It was hypothesized that PSAs would be effective at modifying young adults' perception of the r-word, and that PSA 1 group would have a more negative perception of the r-word than PSA 2 group and the control group. This hypothesis was theoretically grounded in the Elaboration Likelihood Model (Petty & Cacioppo, 1986a). The Elaboration Likelihood Model suggests that the ability to persuade, and create perception change, lies within an individual's ability to elaborate (or think about) an issue. Based upon the degree of elaboration, a person will either utilize the central route to persuasion (high elaboration) or the peripheral route to persuasion (low elaboration). These routes exist on an elaboration continuum, and can work concurrently. Though they can work concurrently to facilitate elaboration, the key to creating enduring perception change is still contingent upon a person elaborating on the issue through the central route.

It was hypothesized that PSA 1's technique facilitated elaboration along both the central route (through *framing* the r-word as similar to other minority slurs) and the peripheral route (through the use of *affect*). It was posited that it was this combination that would ultimately lead to greater elaboration along the central route, and thus a more negative perception of the r-word for PSA 1 group. In order to examine this hypothesis, this study asked both experimental groups to rate their cognitive processing (central route) and affective responses (peripheral route) to their PSAs. This study also asked all three groups questions related to the framing technique that PSA 1 group utilized, to determine the efficacy of its argument; this study included the control

group in this examination, in order to develop a baseline for how young adults' perceive the r-word in relation to other minority slurs, with no influence from PSAs.

PSA 2 did not utilize framing or affect; instead, it informed the viewer that though the r-word used to be acceptable, it should no longer be used. Though its informational technique could potentially motivate elaboration along the central and peripheral routes, research shows that American youth already know the r-word is negative, and yet it is still used (Siperstein et al., 2010). It was thus hypothesized that PSA 2 group would not have a more negative perception of the r-word than the control group.

This study asked the following research questions:

RQ1: What are the differences in r-word perception between the three groups?

RQ2: What are the differences in the affective responses between the two experimental groups?

RQ3: What are the differences in cognitive responses between the two experimental groups?

This dissertation begins with a discussion regarding the stigma of disability and its existence in American society today. The literature review then examines the stigma before and after the Disability Rights Movement (which functioned to greatly reduce this stigma). The literature review then discusses the r-word specifically, and the research related to its use in our society. It then describes the Elaboration Likelihood Model, and examines PSA 1 through the Elaboration Likelihood Model's theoretical lens. This dissertation then details the present study's design, method and results; it concludes with a discussion of findings, limitations and recommendations for future research.

2 LITERATURE REVIEW

2.1 Why the R-word Matters: Intellectual Disability and Stigma

A person with an intellectual disability is defined as one who exhibits significant limitations in *intellectual functioning* and *adaptive behavior*. Intellectual disability is a lifelong condition (Degeneffe & Terciano, 2011; Falvo, 2013), and a person is diagnosed with an intellectual disability if she or he has an IQ below 70-75 and if the disability originated before the age of eighteen (AAIDD, 2013; Degeneffe & Terciano, 2011; Schalock et al., 2010). The three domains of adaptive behavior are (1) conceptual skills (using receptive and expressive language, being able to read and write, understanding the concept of using money, and possessing a sense of self-direction); (2) social/interpersonal skills (following rules and laws, and possessing a sense of responsibility); and (3) practical skills (performing the duties needed to live independently, having the skills to perform a job, and being able to manage money) (AAIDD, 2013; Degeneffe & Terciano, 2011; Falvo, 2013).

The label intellectual disability was federally established in 2010, but the concept of intellectual disability has had multiple labels over the past one-hundred years. In 1910, the label was *feeble-mindedness*, which was classified into three categories: *moron* (mild), *imbecile* (moderate/severe) and *idiot* (profound) (Degeneffe & Terciano, 2011; Doll, 1936; Gallagher, 2002; Simmons, 1978). In 1921, the label was changed from feeble-mindedness to *mental retardation* (Degeneffe & Terciano, 2011; Siperstein et al., 2010), and this label was used until 2010.

The stigma of intellectual disability is evident through the evolution of these labels. *Mental retardation*, *idiot*, *imbecile*, *feeble-minded*, and *moron* have all evolved into pejorative and stigmatizing terms. Our society understands that the way we label people with intellectual

disability matters (Siperstein et al., 2010; Wolfensberger, 2002), which is why these labels have changed over time. However, as our medical terminology has changed to include more contemporary and appropriate labels, the stigma of disability has caused these antiquated labels to evolve into negative terms within our society (Parmenter, 2011; Siperstein et al., 2010).

A *stigma* is an “attribute that is deeply discrediting” but is not in itself discreditable (Goffman, 1986, p. 3). For example, if a person with a disability has a job at McDonald’s, it may not carry the same stigma in our society as if a person with a law degree has a job at McDonald’s. Thus, a stigma is “a special kind of relationship between attribute and stereotype” (Goffman, 1986, p. 4) and varies from person to person and society to society.

People are often not aware that they expect the world (and the people within it) to look a certain way, until they are confronted with someone who negates their expectations. It is then that they become aware that they had expectations about what normal was, and what they had expected to see (Goffman, 1986). The stigma causes the person, who might otherwise have been treated equally or positively in society, to be treated negatively. A stigma can be so discrediting that many people judge those with stigmas as being less than human (Goffman, 1986).

2.2 American Rhetoric of Disability

The stigma of disability is evident through the rhetoric of disability in American society. For example, a predominant rhetoric related to disability is one of overcoming adversity (i.e. the disability) in order to live a meaningful life (Couser, 2001). This view insinuates that disability and a meaningful life do not “naturally” coexist. In addition, it makes assimilation “a matter of individual will and determination rather than of social and cultural accommodation” (Couser, 2001, p. 80). This further distances society from the issue and places the responsibility on the person with the disability, rather than on society to accommodate everyone.

A second common rhetoric of disability is the gothic rhetoric. This describes disability as something of horror that should be avoided or pitied. For example, movies will often employ this rhetoric and portray characters pitying a person who has acquired a disability because she or he is no longer “normal.”

A third rhetoric of disability utilizes nostalgia (Couser, 2001). This rhetoric shows a person reflecting back on her or his life (before acquiring the disability) with nostalgia or longing. The time of reflection can also be portrayed as a form of escape for the person with the disability. This rhetoric suggests that living “in one’s head” through a memory or imagination is more positive than actually living with a disability in reality.

A final rhetoric in American society is the rhetoric surrounding how we discuss and conceptualize pregnancy when disability is involved. Our medical community encourages prenatal screening in order to make parents aware of the genetic characteristics of their unborn child; and if the child is found to have a disability, it may influence their choice to abort the fetus. Further, some insurance companies require prenatal testing in order to determine whether or not to provide a person with insurance (Russell, 1998).

The stigma of disability is evident in American rhetoric, and it has implications for how people with intellectual disabilities are viewed within society. By communicating disability negatively at the social level, it influences how people conceptualize disability at the personal level. This rhetoric of stigma not only transmits this information *to* people, but also influences *how they understand* the subject matter being transmitted. Thus, it is a *lens* that affects how they see and conceptualize disability (Sutton, 2010). So by transmitting a rhetoric of stigma, it perpetuates a stigmatized view of disability among those individuals living within the society.

2.3 Interability Communication

This rhetoric of stigma at the social level is thus visible in interability communication (the communication between people with and without disabilities; Fox & Giles, 1996) at the interpersonal level. The Communication Predicament of Disability examines the impact that stigma and stereotype can have on interability communication (Ryan, Bajorek, Beaman, & Anas, 2005). According to the model, *stigmatization* is the first stage of the communication predicament. As discussed, a person without a disability may have stereotypes regarding disability due to the stigma of disability. These stereotypes may create the second stage of the model: *modified communication*. Due to their stereotypes regarding disability, they may make accommodations for that person based on their stereotypes rather than the person with a disability's actual abilities. Such modifications may include simplified vocabulary and sentences, overly familiar talk, and baby talk (Fox & Giles, 1996; Ryan et al., 2005). It can also include overhelping behavior which is considered the most common modification that people with disabilities report experiencing (Braithwaite & Labrecque, 1994; Fox, Giles, Orbe, & Bourhis, 2000; Ryan et al., 2005). The third stage of the model is *passive or aggressive reactions of the person with a disability*. At this time, the person can either respond to the unnecessary accommodation either passively or aggressively, both of which can have negative implications. For example, if they respond passively then it can reinforce the existing stereotype that the accommodations were necessary, but if they respond aggressively it can activate the "bitter" or "sensitive" stereotype. The fourth and final stage of the model is *negative consequences for social identity*. Consistent exposure to stereotype-driven behaviors can have a negative effect on people with disabilities. They may even begin to internalize those stereotypes and act in ways reflective of the stereotype; it can become a self-fulfilling prophecy (Ryan et al., 2005).

Multiple theories have been used to examine and explain how the stigma of disability influences interability communication. It has been examined through an interpersonal, intercultural, and intergroup lens. The varying theoretical perspectives of interability communication speak to the complexity of the issue, and the source of this complexity is the stigma of disability. The stigma of disability is still present in our society (as is evident by the continued use of the r-word), despite the advances of the Disability Rights Movement.

2.4 The Disability Rights Movement

During the early part of the 20th century, the stigma of disability was evident through the discrimination and marginalization of people with intellectual disabilities. It was believed that an intellectual disability was genetically inherited, and marriage between men and women with intellectual disabilities was prohibited by law (Degeneffe & Terciano, 2011; Harbour & Maulik, 2010; Simmons, 1978). Laws existed to force sterilization on people with intellectual disabilities; between 1921 and 1964, an estimated 63,000 persons were involuntarily sterilized for reasons related to their genetics (Switzer, 2003).

Institutionalizing people with intellectual disabilities was encouraged during this time (Degeneffe & Terciano, 2011; Harbour & Maulik, 2010; Simmons, 1978). Institutionalization was prevalent despite class or background, and the number of people institutionalized peaked in 1967 with 194,657 people with intellectual disabilities living in institutions (Stroman, 2003). Some of these institutions began with people with disabilities attending them during the academic year (to be educated both vocationally and academically), and then returning home for vacations and summers; however, as time passed, the rehabilitation goals became secondary and were often underfunded. Institutions became places where people with intellectual disabilities simply lived (Stroman, 2003).

In the 1960s, books were published detailing the horrific living conditions within these institutions (Stroman, 2003). Some institutions were documented as having children in solitary confinement with no beds, toilets or water; others were reported having hundreds of infants crowded into cribs without any stimulation from the staff (Stroman, 2003). Many institutions overused drugs with residents, neglected and abused them, and bound and restrained them (Shapiro, 1993). They also forced people with intellectual disabilities to be idle, taking away the stimulation that accompanies typical development (Stroman, 2003). Being in these settings caused some people with disabilities to have “delayed development, slowed or depressed affectivity, and lowered social connectedness beyond what was present in more stimulating social environments” (Stroman, 2003, p. 127).

Journalists and the media also functioned to bring attention to the shocking living conditions that existed within these institutions. A prime example is “The Willowbrook Wars” of 1972 (Switzer, 2003). The Willowbrook State School was a state-supported institution for children with intellectual disabilities. It opened in New York in 1951 and was designed for 2,950 residents. By 1955 it had 3,600 residents, and by 1963 it had 6,000 residents – more than double the amount for which it was designed (Stroman, 2003). With the help of television reporter Geraldo Rivera, national footage reported on the horrible conditions within the school. Footage included naked residents lying in their own excrement with feces on their faces and urine on the floors. The national coverage spurred further reports regarding the horrible conditions within the school; numerous testimonies documented overcrowding, unhealthy living conditions, resident brutality (e.g. one woman’s teeth were extracted after biting someone), and staff brutality (Stroman, 2003).

As the literary and media coverage of the living conditions within these institutions spread, many parents of institutionalized children began to advocate for better treatment of their children. These parents were another key component of deinstitutionalization (Stroman, 2003). It was during this time that the *normalization* principle became a key philosophy in the treatment of people with intellectual disabilities (Wolfensberger & Tullman, 1982). The normalization principle declared that individuals with intellectual disabilities deserved the same “normal” experiences as people without disabilities. It sought to *enhance* or *defend* social roles for those who were stereotyped as “deviant” or “devalued” (Wolfensberger & Tullman, 1982). Normalization sought to reduce the stigma of disability and change the public’s perception of it so disability was no longer devalued.

Two important avenues to achieving this goal were integration and socialization. Normalization promoted the integration of individuals with disabilities into the public rather than secluding them in institutions. It declared that people with intellectual disabilities should experience a diverse and shifting environment rather than be secluded in the non-stimulating environment that institutions provided. Normalization also promoted individuals with disabilities’ socialization through social and interpersonal interactions within the environment. It sought to integrate them into all aspects of “normal” life, such as community, schools, stores, churches and places of business (Stroman, 2003).

A key framework within the normalization principle was the distinction between the conscious and unconscious. The normalization principle recognized that many of society’s unconscious actions could further devalue people with intellectual disabilities. Thus, normalization was concerned with identifying potential unconscious actions that could devalue people with intellectual disabilities, in order to understand how to modify them. For example,

human services that existed to provide people with intellectual disabilities could unconsciously make decisions that would negatively affect people with intellectual disabilities, based upon their society's stereotype of disability. This led to "normalization-based service evaluation instruments" such as the Program Analysis of Service Systems (PASS) and the Program Analysis of Service Systems' Implementation of Normalization Goals (PASSING), which were used to "reward consciousness of human service issues on the part of human service personnel (Wolfensberger & Tullman, 1982, p. 138).

It was during this time of the Disability Rights Movement that the discourse surrounding disability slowly changed from the medical model to the social model. The medical model defined disability as a disease that must be cured, or a problem that must be fixed. When disability was defined through the medical model, people with disabilities were taught to minimize the impact of their disability on how they lived their lives in society. The social model, instead, viewed disability as a social construct and not a medical disease. According to the social model, people with disabilities did not need to change to fit within the existing world; the existing world needed to change to accommodate and support everyone (Stroman, 2003).

In addition to changing the social discourse surrounding disability, and generating a large wave of deinstitutionalization, the Disability Rights Movement also produced significant policy changes for people with intellectual disabilities (Stroman, 2003). The Vocational Rehabilitation Act (P.L. 88-210) was passed by Congress in 1963 in order to improve the vocational education system for people with intellectual disabilities. It created new programs for people with disabilities, including those who were from lower socioeconomic backgrounds (Wehmeyer & Patton, 2000). Three additional pieces of legislation were passed to improve employment opportunities for people with disabilities: the Vocational Rehabilitation Act Amendments of

1965 (P.L. 88-333), 1967 (P.L. 90-99) and 1968 (P.L. 90-391), which sanctioned extended evaluations for potential vocational rehabilitation participants and removed the previous requirement of economic need as a prerequisite for vocational training (Cimera & Rusch, 2000).

The Rehabilitation Act of 1973 (P.L. 93-112) replaced the Vocational Rehabilitation Act. It stated that it was illegal for any public university, federal agency, defense or other federal contractor, or any entity receiving federal funding, to discriminate against a person based on her or his disability. It also required businesses receiving federal funding to initiate programs to include people with disabilities. Section 504 of the act prevented discrimination based upon disability; it was the exact same wording as the Civil Rights Act of 1964, with the substitution of the word 'disability' for 'race, color and national origin' (Shapiro, 1993).

In 1975, entitlement to education was extended to children with disabilities through the Education for All Handicapped Children Act of 1975 (P.L. 94-142), later renamed the Individuals with Disabilities Education Act, or IDEA (P.L. 101-476) . Before IDEA, schools were able to deny access to education to students on the basis of their disability; IDEA stated that every child with disability was entitled to a free and appropriate public education (FAPE). The goal of IDEA was to include people with disabilities in all mainstream classes, based upon each individual child's needs. IDEA also mandated that every child with a disability would have an individualized education program (IEP) (Cimera & Rusch, 2000).

The Technology-Related Assistance for Individuals with Disabilities Act of 1988 further improved people with disabilities' employment opportunities. It provided federal funding for low- and high-technology devices and services to help people with disabilities assimilate into the workplace (Wehman, Bricout, & Kregel, 2000). This technology-related assistance helped people with disabilities accomplish tasks that may otherwise have been difficult or impossible.

The Americans with Disabilities Act of 1990 (ADA) prohibited discrimination based on disability, whether an entity was federally funded or not. It was a civil rights law that required employers, public entities, public accommodations/facilities and telecommunications to make reasonable modifications in order to integrate people with disabilities. For example, it required new buildings to be made accessible to individuals with disabilities through ramps or elevators; for existing businesses, the modifications were to be made if it was of a reasonable expense (Shapiro, 1993).

In 2010, Rosa's Law removed the r-word from federal disability programs by replacing "mental retardation" with "intellectual disability" for all federal health, education and labor policy. The law was the result of Rosa Marcellino, a nine year old girl with Down syndrome, whose family learned that her school had categorized her with the MR (mental retardation) label in her Individualized Education Plan. The r-word was not an acceptable term in their family, and the family appealed to the Maryland state legislature to change the language in Maryland's health and education code (Degeneffe & Terciano, 2011). Not only was it changed at the state level, but also at the national level. Removing the r-word from federal policy was a noteworthy gain for those with intellectual disabilities, as well as their advocates, friends, and family; but unfortunately the term MR is still used by many professionals to describe people with intellectual disabilities (Degeneffe & Terciano, 2011) and the r-word still exists today as a socially pejorative term.

As this literature review demonstrates, the Disability Rights Movement made substantial advances for people with intellectual disabilities in terms of rights, entitlement, integration and assimilation. However, as this literature review also demonstrates, the stigma of disability still exists. One way to continue the advances of the Disability Rights Movement is through

eradicating society's use of the r-word. As the next section will show, the continued use of the r-word perpetuates the stigmatization of people with intellectual disabilities.

2.5 The R-word

The r-word is *hate speech* because in using the r-word as an insult, it transfers the stigma associated with intellectual disability to the object of insult, which, in turn, perpetuates the stigma of intellectual disability. Hate speech is commonly understood and defined as speech motivated by negative beliefs toward a certain social group due to their ethnicity, race, gender, religion or sexual orientation (Perry, 2001; Waltman & Haas, 2011). Hate speech can occur verbally and nonverbally, as well as overtly and covertly. It is most easily recognized when the recipient of the hate speech is a member of a social group with a history of oppression due to his or her ethnicity, race, gender, religion, sexual orientation or disability.

Hate speech relies on our propensity to categorize individuals into ingroups and outgroups; in doing so, we perceive each group's participants as being more analogous than they are. We do this by classifying items into categories, which allows us to understand the world while also working against our ability to fully understand the differences within those categories. This strategy constructs a polarization between groups, which in turn produces an environment which facilitates hate speech. This environment becomes more fertile when the groups must compete for resources, or when one group has more power than the other group. Rather than achieving a sense of equality, the result is often that the groups judge and distrust each other (Whillock, 1995).

Hate speech politicizes social differences and may be used as a rhetorical strategy to intimidate and polarize social outgroups; it attempts to make the ingroup appear positive and normal and the outgroup appear negative and abnormal (Waltman & Haas, 2011). Hate speech

may also create favorable outcomes for its user. By perceiving the ingroup as good and the outgroup as bad, hate speech may make a person feel positive about him/herself by the very act of comparison. It has also been suggested that hate and anger are emotions we were forced to quell as we became parts of civilized societies, and hate speech permits us to explore that ‘uncivil’ part of our natural humanity (Hazlitt, 2005; Waltman & Haas, 2011).

Even though the r-word is considered hate speech, it is still used today to communicate judgment or disapproval with a person or thing (Siperstein et al., 2010). For example, a person may tell another individual “You are such a retard” or say “That movie was so retarded” to convey disapproval. When the word is used in this manner it may not be specifically relating to a person with an intellectual disability, but it perpetuates the stigma of disability.

Siperstein et al. (2010) examined the prevalence of the r-word usage among American youth, ages 8-18 years. In their study, they asked 1,169 participants to answer questions related to their r-word usage in an online survey. Specifically, they wanted to know the prevalence of the word, the source of the word, and the participants’ reactions to the word. They found that 92% of youth had heard someone use the r-word, but only 20% admitted to using the word themselves.

Thirty-six percent of participants had heard the r-word directed toward a person with an intellectual disability, and the participants’ reactions were different depending on to whom the word was directed. If the word was used toward a person with an intellectual disability, 63% of participants stated they would feel sorry for the person who was the recipient of the word, and 50% reported they would be motivated to tell the person that it was wrong to say that word. If it was directed toward a person without an intellectual disability, 39% reported that they would do nothing, 23% reported they would not care, and 22% reported they would be apt to laugh. Regarding the source of the word, 86% of participants reported they heard it from their peers,

while only 20% of the participants admitted using the word themselves. The participants also reacted differently to the word, based on the source that used it. If the source was a peer, then 21% of participants would be more likely to laugh or join in. If the source of the word was not a friend, 2% of the participants reported that they almost never laughed or joined in, and 39% stated they felt sorry for the person who was the recipient of the word.

Gender was a variable which significantly influenced the participants' responses. Forty-one percent of females versus 26% of males were actively opposed to the r-word, and 36% of females versus 29% of males stated they would feel sorry for the person who was the recipient of the word. Two percent of females versus 11% of males rated they were likely to laugh or join in on the use of the r-word, and 21% of females versus 34% of males were more apathetic to the use of the r-word.

Age also significantly influenced the participants' responses. Forty percent of younger participants (grades 3-6) versus 26% of high school participants (grades 9-12) were actively opposed to the r-word, and 39% of younger participants versus 27% of high school participants were more likely to feel sorry for the recipient of the word. One percent of younger participants versus 12% of high school participants rated they were likely to laugh or join in on the use of the r-word, and 21% of younger participants versus 36% of high school participants were more apathetic toward the use of the r-word (Siperstein et al., 2010).

The Siperstein et. al (2010) findings demonstrated that though the r-word is hate speech, it is still used in our society. Further, the participants' responses suggested that if the r-word was not being used toward a person with an intellectual disability, or if a person with an intellectual disability did not hear them use the word, then it was acceptable to use the term. This suggests that the participants understood the r-word had some connotation of intellectual disability. This

insight into how American youth viewed the r-word is advantageous for broadening our understanding of the word's use within society, but we still know very little about how other age groups perceive and use the r-word.

2.6 Elaboration Likelihood Model

The Elaboration Likelihood Model is a useful theoretical framework for examining messages that may prove efficacious at modifying people's perception of the r-word. The Elaboration Likelihood Model (ELM) is a dual process approach which examines persuasion and attitude change (Petty & Cacioppo, 1986a; Petty & Wegener, 1999). According to ELM, attitude change is contingent upon a person elaborating on (i.e. thinking about) the persuasive message being advocated.

In order for a person to elaborate on an issue, he or she must first be *motivated* and *able* (D. O'Keefe, 2013). Two factors may affect a person's *motivation* to elaborate on an issue: level of involvement and the need for cognition. Level of involvement refers to the degree at which the issue is personally relevant; as personal relevance increases, elaboration motivation increases (Petty, Cacioppo, & Schumann, 1983). Need for cognition refers to the person's natural enjoyment of thinking; as need for cognition increases, elaboration motivation increases (Cacioppo, Petty, Feinstein, & Jarvis, 1996).

Elaboration *ability* is also influenced by certain factors; two such factors are the receiver's prior knowledge regarding the topic, and the presence of distraction. If an individual's knowledge regarding a topic increases, elaboration ability increases; conversely, if an individual does not know anything about the issue, it can interfere with his or her ability to elaborate on it (Laczniak, Muehling, & Carlson, 1991; D. O'Keefe, 2013). Distraction may also influence a

person's ability to elaborate on an issue; for example, if a distracting stimulus interferes, it may negatively affect a person's ability to elaborate (D. O'Keefe, 2013; Petty & Cacioppo, 1986a).

Motivation and *ability* mutually influence a person's elaboration, and elaboration exists on a continuum from high elaboration (actively thinking about the issue) to low elaboration (not thinking about the issue at all). Researchers measure elaboration (also known as *cognitive processing*) by asking individuals questions related to the persuasive argument within the message. For example, studies regarding the efficacy of PSAs have asked participants "Overall, how much did the PSA make you:" (1) think about the arguments for..., (2) "think" rather than "feel," (3) think about the consequences of..., (4) think about how...might affect my life (Stephenson & Palmgreen, 2001; Weber, Dillow, & Rocca, 2011).

Based upon an individual's level of elaboration, two different persuasion processes are activated: The *central route* (high elaboration) or the *peripheral route* (low elaboration) (D. O'Keefe, 2013; Petty & Cacioppo, 1986a). The *central route* involves examination of the message's argument in order to comprehend and evaluate it (Petty & Cacioppo, 1986a, p. 256). Under the central route, persuasion is most often a result of a thoughtful and rational examination of the issue. The second route, the *peripheral route*, is not a route of thoughtful consideration; rather, when an individual elaborates along the peripheral route, he or she relies on peripheral cues to evaluate the issue (e.g. the source of the message) instead of extensive, issue-relevant thinking. The peripheral cues activate heuristics, which the individual then uses to evaluate the advocated position (often subconsciously) exclusive of any thoughtful examination of the issue (D. O'Keefe, 2013).

This is not to say that the central route is rational and the peripheral route is irrational; when a person makes a judgment based upon a message it is not always rational or logical,

despite the route taken. The difference between the two routes is due to the level of *active, issue-relevant thinking* that leads to the attitude change. When persuasion occurs through the central route, the attitude change is likely to be more long-term; when persuasion occurs through the peripheral route, the attitude change is likely to last only as long as the peripheral cues are salient to the individual (Petty & Cacioppo, 1986a). Enduring attitude change is thus contingent upon the likelihood of a person elaborating on the issue through the central route.

Though the central route and peripheral route are described as two distinctly different categories, they are actually two extremes on an elaboration continuum. For example, at an intermediate point on the continuum, a combination of central and peripheral routes may persuade an individual to favor the advocated position. Further, even if attention to the issue occurs peripherally, it can still lead to a more enduring attitude change if it motivates the individual to elaborate on the issue through the central route (Petty & Cacioppo, 1986a).

The ELM acknowledges the complexity of the persuasion process, and the ability of both routes to function together in order to create enduring attitude change (D. O’Keefe, 2013). If the presentation of a message utilizes peripheral cues that gain the attention of the viewer, then it may motivate the person to listen; however, unless he or she elaborates on the issue through the central route then there is a low chance of lasting attitude change. Alternatively, if an argument is compelling but delivered in a way that does not appeal to the viewer, then the viewer may not elaborate on the issue despite the strength of the argument. A key to persuading an individual, thus, lies in the ability to create an effective argument that is delivered in a way that can also be accepted peripherally (Wahl, 2012). This increases the ability to reach the individual along the entire elaboration continuum, with the subsequent goal of having him or her elaborate via the central route in order to create enduring attitude change.

In *central route* persuasion, a persuasive message has a greater chance of acceptance if it motivates an individual to have positive thoughts toward its advocated position (D. O’Keefe, 2013). Two factors may positively affect elaboration in that direction. The first is whether the message is congruent with an individual’s existing attitudes. If a message is pro-attitudinal, then the recipient will be more likely to favor the advocated position; if it is counter-attitudinal, the recipient will be more likely not to favor the advocated position (D. O’Keefe, 2013; Petty & Cacioppo, 1986a). A second factor is the strength of the argument. If the message is perceived to contain a powerful argument and sound evidence, then favorable elaboration is likely to occur; if weak arguments are found, then the message will not be viewed favorably.

In creating a pro-attitudinal and powerful argument, *framing* a message in a way that fits within the existing frames of the targeted audience may prove efficacious. To explain, humans make sense of the world according to *frames*; they talk and think in terms of frames (Lakoff, 2004, 2010). These frames are socially contextual and “include semantic roles, relations between roles, and relations to other frames” (Lakoff, 2010, p. 71). Frames work in relation to each other, and each frame is situated within a system of other frames.

If a viewer is watching an advocated message, the viewer may utilize the dominant frame to understand the message, as well as the other peripheral frames that exist within that frame system. In order to understand a new concept, a person must have enough of a ‘frame system’ present in order to pull from those frames and conceptualize the idea. Further, people will often not believe an argument if it goes against frames they already believe to be true; they will simply view the argument as untrue (Lakoff, 2010). So in order to create an effective argument that has a greater chance of being accepted by an audience, it should fit within the existing frames that audience holds.

In *peripheral route* persuasion, certain heuristics may increase message acceptance and motivate a person to favor the advocated position. One heuristic is source credibility; a high-credible source can be more persuasive than a low-credible source (R. E. Petty, Cacioppo, & Goldman, 1981). A second heuristic found to influence favorability is other individuals' reactions to the message (Axsom, Yates, & Chaiken, 1987). If an individual thinks other people view the advocated position favorably, he or she may favor the position; if other people do not favor the position, then he or she may also view the position unfavorably (Petty & Cacioppo, 1986a).

A third heuristic which may facilitate message acceptance is *affect*; persuaders utilize affect in order to activate heuristic processing and relay an idea quickly and without too much cognitive capacity on behalf of the viewer (Dillard & Peck, 2000). *Affect* is defined as a positive or negative feeling that is central to one's emotional experience (Clore, Schwarz, & Conway, 1994; Guerrero, Andersen, & Trost, 1998). It is an overarching term used to describe all types of feelings, such as happiness, guilt, sadness and anger (Dillard & Seo, 2013). It is conceptualized through valence, and is understood through a bipolar model. Affect and feelings exist on a continuum between two mutually opposing forces of positive or negative; as a unit of positive feeling changes, a unit of negative feeling changes (Dillard & Seo, 2013).

Research has found that affect may function as a peripheral cue, which activates heuristics that influence message acceptance in PSAs (Dillard, Plotnick, Godbold, Freimuth, & Edgar, 1996; Eagly & Chaiken, 1993). Three particular affects may encourage a PSAs message acceptance: fear, surprise and sadness. Two additional affects may discourage message acceptance: puzzlement and anger (Dillard et al., 1996).

The Elaboration Likelihood Model is a useful theoretical framework for examining the efficacy of PSAs. According to ELM, the key to message acceptance is elaboration, and there are two routes to elaboration: the central route and the peripheral route. Both routes exist as extremes on the elaboration continuum, and in order to increase chances of elaboration across the entire continuum, a Public Service Announcement should include features that facilitate elaboration along both the central and peripheral routes.

In regards to the central route, a PSAs message should include a strong argument, which is pro-attitudinal and contains powerful evidence. Framing the argument in a way that fits within the public's existing frames can further facilitate elaboration. In regards to the peripheral route, source credibility and other people's favorable reactions to the PSA may encourage an individual to view the advocated position favorably. In addition, research has found that affect may function as a peripheral cue, and the specific affects of fear, surprise and sadness may encourage message acceptance.

2.7 Using Public Service Announcements to End the R-word

The two Public Service Announcements which were the focus of this study are part of the Special Olympics "Spread the Word to End the Word" communication campaign. The Special Olympics started this campaign in 2008 to persuade the public to stop using the r-word (Special Olympics, 2008). The campaign began with the launch of the www.r-word.org website, and was in specific response to the use of the r-word in the film "Tropic Thunder" (as well as society's continued use of the word in general). In 2009, the campaign became a grass roots, youth-led movement with students nationally launching the campaign at their schools and universities in order to gain pledges from their peers to not use the word. As the website states: "Our campaign asks people to pledge to stop saying the R-word as a starting point toward creating more

accepting attitudes and communities for all people. Language affects attitudes and attitudes affect actions. Pledge today to use respectful, people-first language.”

The campaign continues today, led by young individuals, their parents and advocates, with the first Wednesday of every March designated as the annual day of awareness to “Spread the Word to End the Word.” The Special Olympics provides resources for individuals to use to support their efforts, and among these resources are Public Service Announcements. Two PSAs they offer on their website, and which were the focus of this study, are titled “It’s Not Acceptable” and “We Need a New R-word.” The Special Olympics developed the PSA “It’s Not Acceptable” in 2011, and a youth named Noah Gray filmed “We Need a New R-word” for the Special Olympics during their Special Olympics World Games 2009 event.

“It’s Not Acceptable” shows five individuals who are members of five different social and minority groups stating that it is not acceptable to call them the forms of hate speech that exist in our society regarding their own social/minority status. It states “It’s not acceptable to call me a nigger”... “It’s not acceptable to call me a spic”... “To call me a chink”... “To call me a fag”... “It’s not acceptable to call me a kike.” The PSA concludes with a young woman with Down syndrome (actress Lauren Potter from a popular television show “Glee”) stating “It’s not acceptable to call me a retard, or call yourself or your friends retarded when they do something foolish” and ends with a woman who is Caucasian without an intellectual disability (actress Jane Lynch from the television show “Glee”) stating “The r-word is the same as any minority slur – treat it that way, and don’t use it.”

“We Need a New R-word” shows various young adults from different social and minority groups informing the viewer that it is not acceptable to use the r-word. It states: “Have you heard?” “The r-word is out.” “It used to be that you could call a person retarded, if they were

slow”...“or acted dumb”...“or stupid”...“or if they were born with Down syndrome”...“or anything else that made them appear to be different.” “But the r-word shows lack of sensitivity”...“or compassion”...“or understanding”. “It hurts.” “It’s insulting.” “It’s offensive.” “And people with intellectual disabilities”...“can accomplish great things.” The PSA concludes by stating that “We need a new r-word...respect.”

Though these two PSAs were developed with the same goal of eradicating the r-word, they differ vastly in their execution. The Elaboration Likelihood Model suggests that in order to increase elaboration across the entire continuum, a PSA should include features that can facilitate elaboration via the central and peripheral routes. This study argues that “It’s Not Acceptable” achieves this through its use of *framing* and *affect*, whereas “We Need a New R-word” does not.

To explain, for a PSAs message to have a greater chance of elaboration along the central route, it should include a strong argument which is pro-attitudinal and contains powerful evidence. “It’s Not Acceptable” *frames* the r-word along with other minority slurs, such as the n-word, which society views as negative (Fogle, 2013). This may motivate participants to view the r-word as negative as well, since it fits within their existing pro-attitudinal view. Further, the PSA shows the recipients of those slurs saying it is not acceptable to call them by the personal minority slurs that exist within our society; this could be interpreted as powerful evidence for the argument, since the individuals are saying themselves that it is unacceptable.

For a PSAs message to have a greater chance of elaboration along the peripheral route, source credibility and other people’s reactions to an issue may encourage an individual to elaborate on the issue along the peripheral route. As stated earlier, “It’s Not Acceptable” shows the personal recipients of minority slurs saying it is unacceptable to call them those words; this may demonstrates source credibility since they are saying themselves that it is unacceptable.

Further, our society knows that saying these racial and minority slurs is unacceptable, so the viewer may think that other's reactions will be similar to his or her own. Research has also found that *affect* may function as a peripheral cue, and the specific affect of surprise may encourage message acceptance. "It's Not Acceptable" says minority slurs aloud which may surprise the viewer, and thus facilitate message acceptance along the peripheral route.

In sum, "It's Not Acceptable" *frames* the r-word along with other forms of hate speech which may facilitate central route persuasion, and utilizes *affect* which may facilitate peripheral route persuasion; it is this combination that may ultimately motivate the viewer to elaborate on the issue via the central route, and lead to a more negative perception of the r-word. [It must also be noted that though "It's Not Acceptable" displays other features which also may facilitate message acceptance according to the ELM (such as source credibility discussed earlier), the focus of this study is to examine whether it is the PSAs use of *framing* and *affect* that influences the viewers' perception of the r-word.]

"We Need a New R-word" differs in its approach, and instead utilizes an *informational* technique. It informs the viewer that though it used to be acceptable to use the r-word, it no longer is; it informs the viewer that the r-word is negative and should not be used. Informational approaches are often used to provide information about an issue and raise awareness regarding it (Slater, 1999), and they communicate what they want the audience to understand in a very clear manner (Heath & Feldwick, 2008; Meyers-Levy & Malaviya, 1999). Though an informational technique could potentially motivate elaboration along the central and peripheral routes, research shows that American youth already know this word is negative, and yet it is still used (Siperstein et al., 2010). Thus, a more negative perception of the r-word is not hypothesized from this informational strategy.

2.8 Present Study

This study examined the effects of PSAs on young adults' perception of the r-word by comparing three groups: experimental group 1 who watched a PSA titled "It's Not Acceptable" (PSA 1 group), experimental group 2 who watched a PSA titled "We Need a New R-word" (PSA 2 group), and a third control group who watched no PSA. The purpose of the control group was to gain a baseline of how today's young adults perceive the r-word with no influence from PSAs. The two experimental groups watched their respective PSA and completed the survey materials comprised of a consent form, their ratings of the PSA, their ratings of the r-word and their demographic information. The control group watched no PSA and completed the survey materials comprised of a consent form, their ratings of the r-word and their demographic information. The study then examined differences between the groups with respect to their r-word perception, affective responses and cognitive responses.

It was hypothesized that the "It's Not Acceptable" group (PSA 1) would have a more negative perception of the r-word than the other two groups. As discussed earlier, this hypothesis was due to its combined use of *framing* and *affect*, which may facilitate elaboration along the central and peripheral routes of persuasion. It was hypothesized that this combination would ultimately lead to higher elaboration via the central route, which would lead to a more negative perception of the r-word.

H1: PSA 1 group will have a more negative perception of the r-word than the control group.

H2: PSA 1 group will have a more negative perception of the r-word than PSA 2 group.

In order to examine whether PSA 1 group utilized affect as a heuristic that facilitated message acceptance, this study also examined whether there was a difference between the two

experimental groups regarding their affective responses. It was hypothesized that the participants in PSA 1 group would express more surprise, guilt and empathy than PSA 2 group, due to the racial and minority slurs being said aloud by the recipients of those slurs.

H3: The participants in PSA 1 group will rate higher affective responses of guilt, surprise and empathy, than the participants in PSA 2 group.

In order to examine whether PSA 1 motivated participants to think more about the issue than PSA 2 (and thus engage in higher elaboration via the central route), this study also examined whether there was a difference in cognitive responses between the two experimental groups. It was hypothesized that the participants in PSA 1 group would “think more” about the arguments than the participants in PSA 2 group. Though it was hypothesized that affect would act as a peripheral cue that facilitated message acceptance, it was also hypothesized that it would work concurrently with the central route. Thus, the combination of both routes of persuasion would lead to greater elaboration on the issue along the central route, which would result in a more negative perception of the r-word.

H4: PSA 1 group will rate that they thought more about the argument for not using the r-word than PSA 2 group.

H5: PSA 1 group will rate that they “think” rather than “feel” more than PSA 2 group.

H6: PSA 1 group will rate that they thought more about the consequences of using the r-word than PSA 2 group.

H7: PSA 1 group will rate that they thought more about how using the r-word might affect their life than PSA 2 group.

3 Method

3.1 Design

This study utilized a between-groups design with random assignment to one of the three groups: the “We Need a New R-word” group (PSA 1 group), the “It’s Not Acceptable” group (PSA 2 group) and the control group. Participants were randomly assigned to one of the three groups using the online survey software Qualtrics (www.qualtrics.com). The two experimental groups watched a PSA and completed the survey materials comprised of a consent form, their affective and cognitive responses to the PSA, their ratings of the r-word and their demographic information. The control group only completed the survey materials comprised of a consent form, their ratings of the r-word and their demographic information; the control group watched no PSA.

3.2 Participants

The participants were drawn from an introductory course in the Department of Communication at a leading research institution in Atlanta, Georgia. An a priori power analysis was conducted using G*Power 3.1.7 (Faul, Erdfelder, Buchner, & Lang, 2009) to determine that 225 participants would be needed for this study. With an alpha of 0.05 and subgroup sample size of 75 (225 total sample), the power to detect a medium effect ($f=0.30$) was 95%. Six hundred and seventy-five participants responded to the request to participate in the study, and because this was a substantially larger sample than was needed for power, the analyses were also run with 225 participants; there were no differences with one minor exception.

The mean age of the sample was 42, with ages ranging from 17 to 67. Eighty-six percent of participants were between the ages of 18 and 20. The majority of the participants were African-American (42%), Caucasian (22%) and Asian-American (16%). Sixty-nine percent of

the participants were female and 31% were male. [Additional demographic information regarding the participants can be seen in Table 1.] Research related to the r-word has examined its use in children from grade school to high school (Siperstein et al., 2010), and though the sample for this study was a sample of convenience, it was also useful in broadening our understanding of the r-word by examining another age group (i.e. young adults attending college).

3.3 Procedure

An online survey was developed utilizing Qualtrics, an internet survey software tool. Each question was coded numerically to facilitate the analysis of the data from Qualtrics into an SPSS.sav file (Statistical Package for the Social Sciences, Version 20.0) for analysis. Qualtrics created one link that randomly distributed the participants to one of the three groups. Once distributed to their randomized group, the participants read and had to approve the consent form before commencing; upon agreement to participate in the study, the participant watched the embedded PSA (unless she or he was randomly assigned to the control group), the survey questions, and the demographic information questions.

The survey link was sent to the lead professor of an introductory speech course in the Department of Communication, and was emailed to the 1,873 students enrolled in the course. The professor informed the students they could participate in exchange for extra credit, and they were informed that the purpose of the study was to learn more about the value and effectiveness of Public Service Announcements. The participants read the informed consent form (see Appendix F and G) and had to consent in order to access the online materials. The entire process took approximately 10 minutes to complete. Upon submitting the survey, their participation in the study ended. The survey remained open for one week and then closed. For students who

wished to receive extra credit but not take part in the study, there was an alternative and comparable extra credit option available for them.

Before beginning the study, a pilot study including seven participants was conducted to assess the online survey for comprehension and functionality. The participants read the informed consent form (see Appendix H and I) and had to consent in order to access the online materials. If they chose to participate, they completed the online study and then answered questions regarding its functionality and comprehension (see Appendix J). The pilot study confirmed the comprehension and functionality of the survey.

3.4 Measures

The survey measure was chosen for its ability to determine differences between the three groups. In order to determine what the differences in r-word perception were between the groups, all three groups rated their perception of the r-word (see Appendix C and D) and the experimental groups were compared to each other and to the control group. In order to determine how the PSAs affected the participants, the experimental groups also rated their affective responses to the PSA (see Appendix A) and cognitive responses regarding the PSA (see Appendix B).

The experimental groups' perception of the r-word survey questions (see Appendix C) contained 38 questions, and the control groups' perception of the r-word survey questions (see Appendix D) contained 36 questions. The r-word survey questions for the three groups were the same, with the exception of how they were asked about additional possible PSA influence at the end of each survey; the aforementioned accounted for the difference in the number of questions between the experimental groups (38 questions) and the control group (36 questions). The PSA questions were added to gauge any possible PSA influence from outside the scope of the study.

At the end of the experimental groups' r-word questions, they were asked three additional questions: "Before today, had you ever seen the Public Service Announcement (PSA) you just viewed?", "Before today, had you ever seen a PSA similar to the PSA you just viewed," and "Before today, had you ever seen any PSA asking you to not use the r-word." At the end of the control group's r-word questions, they were asked one question: "Have you ever seen a Public Service Announcement (PSA) asking you not to use the r-word?"

The r-word survey questions were adapted from the Siperstein et. al study (2010) regarding students' use of the r-word, with one question added: When asked if the participant knew anyone that has an intellectual disability, the answers "Friend who goes to my school," "Friend of mine in grade school or high school," and "Student in my school in grade school or high school but not in my class," were added for this study. Questions included were also drawn from a recent study regarding Americans' perception of the n-word (Fogle, 2013), by replacing the n-word with the r-word, and revising wording slightly to be more applicable for young adults' and for intellectual disability.

Though the participants were asked a set of 38 and 36 questions depending on their group, only 12 of those questions were directly related to their perception of the r-word; the remaining questions were used to glean descriptive information about young adults and the r-word (e.g., whom do they know who uses the word, what do they do when they hear the word used, etc.) to compare with the Siperstein et. al study (2010) regarding the r-word and American youth. In addition, the question "To what extent does the r-word make you think of a person with an intellectual disability" was added and rated on a 5-point Likert scale. This question was added to examine whether young adults understood the relationship between the r-word and individuals

with intellectual disabilities, since the r-word was a medical label used during a time which young adults may not remember.

Five additional questions were added to determine if the framing technique utilized by PSA 1 was effective, as well as to develop a baseline for how young adults' perceive the r-word in relation to other minority slurs, with no influence from PSAs. These questions asked the participants: "To what extent do you think that the term "retard" is like the word "nigger"?", "To what extent do you think that the term "retard" is like the word "spic"?", "To what extent do you think that the term "retard" is like the word "chink"?", "To what extent do you think that the term "retard" is like the word "fag"?", and "To what extent do you think that the term "retard" is like the word "kike"?"

The affective measure was drawn from a previous study examining the influence of affect on PSA message acceptance (Dillard, Shen, & Vail, 2007) . Affect was measured through multiple items representing each of the following six affects: *surprise* (surprised, startled, astonished), *anger* (irritated, angry, annoyed, aggravated), *fear* (fearful, afraid, scared), *sadness* (sad, dreary, dismal), *guilt* (guilty, ashamed) and *happiness* (happy, elated, cheerful, joyful). The additional affect of *empathy* (empathetic, warm, concerned, compassionate) was added, using multiple items selected from a previous study regarding empathic behavior (Coke, Batson, & McDavis, 1978). All affective items were measured on a 5-point Likert-type scale.

The cognitive processing measure was drawn from previous studies examining the influence of cognitive processing on PSA message acceptance (Stephenson & Palmgreen, 2001; Weber, Dillow, & Rocca, 2011). Cognitive processing was measured by asking participants "Overall, how much did the PSA make you: (1) think about the argument for not using the word retarded, (2) "think" rather than "feel," (3) think about the consequences of using the word

retarded, (4) think about how using the word retarded may affect your life. These items were measured on a 7-point Likert-type scale.

Finally, the participants were asked information related to their demographic information at the outset of the session (see Appendix E).

3.5 Analysis

The quantitative findings were analyzed via ANOVA and t-tests. The data were not normally distributed and did not have equal variances; thus, the data were also analyzed via Kruskal-Wallis and Mann-Whitney tests. Only those results found significant using both parametric and non-parametric tests were reported.

The qualitative findings were analyzed using assumptions from grounded theory (Strauss & Corbin, 1990). The data were initially examined to create a coding scheme that would be used to develop categories. Open-coding was utilized to create a coding scheme, and similar language was coded (i.e. the *actual* written text) as well as topics (i.e. what the text was *about*). After the open-coding process, categories were constructed which represented concepts and themes that occurred at least five times. If the data had attributes of more than one category, the predominant idea was used to categorize it into one category; thus, each incident was only categorized once. A codebook was created (see Appendix K) that listed the categories, examples of each category, and the number of incidents which were coded (Lindlof & Taylor, 2010).

4 RESULTS

Before analysis, histograms and boxplots were used to graphically examine the assumptions of parametric tests regarding normal distribution and homogeneity of variances. Graphs, the Shapiro-Wilk test, the Kolmogorov-Smirnov test and Levene's test of homogeneity confirmed that the data were not normally distributed and did not have equal variances. Due to the nature of the questions being asked, non-normal distribution was not surprising. (For example, unlike with test scores which cluster around the mean in a normal distribution, these questions lent themselves to answers which would either skew negatively or positively.) Due to these violations, the data was transformed using the log transformation in order to determine if transformed data would produce equal variances and normal distribution; this did not occur.

Graphs displayed outliers which may have also impacted the distribution of the data. Ten outliers were removed from each group, for each set of hypotheses, to determine if removing the outliers would create normal distribution; this did not occur. However, in several cases the inclusion of outliers did not find group differences, whereas the exclusion did find group differences. The outliers were examined and found to answer extreme answers throughout the survey; their responses did not suggest careful consideration of the questions before answering. Thus, ten outliers were removed from each group (less than 5% from each group) before analyzing each set of hypotheses.

Using the new data set with outliers removed, both parametric tests (ANOVA and t-test) and non-parametric tests (Kruskal-Wallis and Mann-Whitney) were used to analyze the data. Non-parametric tests are statistical tests which make fewer assumptions about the data, and are used when data are not normally distributed (Field, 2013). Only those results found significant

using both parametric and non-parametric tests are reported. ANOVA and t-test results were highlighted in the analysis, with non-parametric tests results given as substantiation.

The participants included in this study were African-American (42%), Caucasian (22%), Asian-American (16%), Hispanic (9%), Pacific Islander (1%), Native American (0.3%) and Other (10%). The age range of participants was 17-67, and the majority of participants were 18 years-old (55%), 19 years-old (24%), and 20 years-old (7%). Sixty-nine percent of participants were female and 31% were male. Before analysis, the three groups were analyzed via a chi-square test to examine possible demographic differences between the groups. Results found there were no significant differences between the three groups in relation to their demographic characteristics found in Table 1 below.

Table 1

Participant Demographics

Demographic Characteristic	PSA 1	PSA 2	Control
Age			
18	56%	55%	53%
19	26%	23%	24%
20	6%	8%	7%
21	4%	5%	3%
22	2%	3%	3%
23	1%	0%	0.4%
24	1%	1%	0.4%
25-30	1%	1%	2%
31-35	0%	0.4%	3%
Other	3%	3%	4%
Race			
African-American	46%	39%	42%
Caucasian	22%	20%	24%
Asian-American	14%	17%	16%
Hispanic	7%	13%	6%
Pacific Islander	1%	1%	1%
Native American	0.4%	0%	0.4%
Other	9%	9%	11%

Table 1 *Continued**Participant Demographics*

Demographic Characteristic	PSA 1	PSA 2	Control
Gender			
Female	66%	70%	70%
Male	33%	29%	30%
Transgender	1%	1%	1%
Transsexual	0%	1%	1%
Other	0.4%	1%	0.4%
Years of college			
0	56%	62%	56%
1	24%	20%	24%
2	12%	11%	7%
3	4%	5%	6%
4	1%	1%	4%
Other	3%	1%	3%
Sexual preference			
Heterosexual	87%	88%	89%
Bisexual	2%	3%	4%
Lesbian	2%	1%	1%
Gay	1%	1%	0%
Other	7%	6%	5%

Table 1 *Continued**Participant Demographics*

Demographic Characteristic	PSA 1	PSA 2	Control
Religion			
Christian	68%	64%	67%
Muslim	5%	5%	8%
Agnostic	7%	7%	7%
Atheist	3%	5%	4%
Buddhist	3%	3%	2%
Hindu	2%	2%	2%
Jewish	2%	1%	1%
Other	11%	12%	10%
Had a physical disability			
Yes	3%	3%	1%
No	97%	97%	99%
Had an intellectual disability			
Yes	2%	2%	4%
No	98%	98%	96%
Person close to them with a physical disability			
Yes	11%	10%	14%
No	89%	90%	86%

Table 1 *Continued**Participant Demographics*

Demographic Characteristic	PSA 1	PSA 2	Control
Person close to them with an intellectual disability			
Yes	18%	21%	21%
No	83%	79%	79%
Experience with people with physical disabilities			
Yes	33%	29%	33%
No	67%	71%	67%
Experience with people with intellectual disabilities			
Yes	38%	33%	38%
No	62%	67%	62%

4.1 Perception of the R-word – Hypotheses 1 and 2

Hypothesis 1 stated that the participants in the “It’s Not Acceptable” group (PSA1 group) would have a more negative perception of the r-word than the participants in the control group; this hypothesis was based on PSA 1’s use of *framing* and *affect*. Hypothesis 2 stated that the participants in the PSA 1 group would have a more negative perception of the r-word than the participants in the “We Need a New R-word” group (PSA 2 group); it was hypothesized that PSA 2 would not lead to a more negative perception of the r-word, since previous research found

that American youth knew the r-word was negative and yet it was still used (Siperstein et al., 2010).

ANOVA descriptive and statistical findings are displayed in Table 2 below; participants' answers were rated on a 5-point Likert Scale, with 1 = strongly disagree/never and 5 = strongly agree/often. Results of significance between groups found that more participants in PSA 2 group perceived the r-word as less *respectful* [$F(2,414.53) = 3.93, p=.020, r = .11$] than participants in the control group, and this finding maintained significance after a Bonferroni correction. Levine's test of homogeneity of variances found unequal variances between the groups; thus the F-value and degrees of freedom were adjusted and reported using Welch's *F*. This finding did not support the study's hypothesis.

A Kruskal-Wallis test was also conducted using the same data set. The Kruskal-Wallis findings paralleled the ANOVA findings regarding PSA 2 group perceiving the r-word as significantly less *respectful* than the control group [$H(2)=8.35, p=.015, r = -0.14$] and this finding also maintained significance after a Bonferroni correction.

Table 2

ANOVA Summary Table for R-word Perception

R-word	n	Mean	SD	F	df	Sig
Respectful						
PSA 1	212	1.23	.56			
PSA 2	209	1.16	.47	3.93	2, 414.53	.020
Control	215	1.32	.69			

4.2 Affective Responses to PSAs – Hypothesis 3

Hypothesis 3 stated that the participants in PSA 1 group would rate higher affective responses of guilt, surprise and empathy, than the participants in the PSA 2 group, due to PSA 1 saying minority slurs aloud. Both the affective dimensions (i.e. guilt, surprise and empathy) as well as the individual items that comprised those dimensions (i.e. guilty/ashamed, surprised/startled/astonished, and empathetic/warm/concerned/compassionate) were analyzed via t-tests.

T-tests descriptive and statistical findings are found below in Table 3. T-tests found that the participants in PSA 1 rated that they felt significantly more *surprised* [$t(400)=3.15, p=.002, r=0.16$], *guilty* [$t(404.22)=5.28, p=.000, r=0.25$] and *empathetic* [$t(355.40)=2.49, p=.013, r=0.13$], along the affective dimensions (see Table 3 below). Regarding the individual affective items, the participants in PSA 1 group rated themselves as feeling significantly more *startled* [$t(391.23)=5.07, r=0.25, p=.000$], *guilty* [$t(417.59)=5.67, p=.000, r=.27$],

ashamed [$t(420.51)=3.78, p=.000, r=0.18$], *empathetic* [$t(428)=4.34, p=.000, r=0.21$], *concerned* [$t(415.36)=6.21, p=.000, r=0.29$] and significantly less *warm* [$t(367.44)=-5.00, p=.000, r=0.25$], than PSA 2 participants. All findings maintained significance after a Bonferroni correction. This finding supported the hypothesis.

A Mann-Whitney test was conducted on the same data set. All Mann-Whitney findings paralleled the ANOVA findings. Mann-Whitney results of significance between groups found that the participants in PSA 1 group rated higher affective responses along *surprise dimension* [$U=16504.50, p=.001, r=-0.16$], *guilt dimension* [$U=15555.50, p=.000, r=-0.25$], and *empathetic dimension* [$U=15272.00, p=.014, r=-0.13$]. Regarding the individual items, the participants in PSA 1 group rated that they felt significantly more *startled* [$U=17797.50, p=.000, r=-0.22$], *guilty* [$U=16433.50, p=.000, r=-0.26$], *ashamed* [$U=18712.50, p=.000, r=-0.17$], *empathetic* [$U=17961.00, p=.000, r=-0.20$], *concerned* [$U=15940.00, p=.000, r=-0.28$] and less *warm* [$U=18365.00, p=.000, r=-0.22$], than the participants in PSA 2 group. All findings maintained significance after a Bonferroni correction.

Table 3

T-test Summary Table for Affective Responses to PSAs

Affective Dimension	n	Mean	SD	t	df	Sig
Surprise						
PSA 1	200	1.85	0.81	3.15	400	.002
PSA 2	202	1.61	0.73			

Table 3

T-test Summary Table for Affective Responses to PSAs

Affective Dimension	n	Mean	SD	t	df	Sig
Guilt						
PSA 1	208	2.44	1.06	5.28	404.22	.000
PSA 2	208	1.92	0.91			
Empathetic						
PSA 1	189	2.97	0.69	2.49	355.40	.013
PSA 2	189	2.77	0.89			

4.3 Cognitive Processing Responses to PSAs – Hypotheses 4, 5, 6, and 7

Hypothesis 4 stated that the participants in PSA 1 group would rate themselves as thinking more about the argument for not using the r-word than the participants in PSA 2 group. T-test descriptive and statistical results are shown below in Table 4; participants' responses were rated on a 7-point Likert scale with 1 = not at all and 7 = very much. Results supported the hypothesis [$t(428)=4.09, p=.000, r=0.19$], and maintained significance after a Bonferroni correction test was run. A Mann-Whitney test was conducted on the same data set, and results paralleled the t-test findings [$U=18427.50, p=.000, r=-0.18$] and maintained significance after a Bonferroni correction.

Table 4

T-test Summary Table for Cognitive Processing

Cognitive Process	n	Mean	SD	t	df	Sig
Thinking about argument						
PSA 1	215	5.66	1.35	4.09	428	.000
PSA 2	215	5.07	1.63			

Hypothesis 5 stated that the participants in PSA 1 group would rate themselves as “thinking” more than “feeling” while watching the PSAs argument for not using the r-word. T-test descriptive and statistical results are shown in Table 5 below; participants’ responses were rated on a 7-point Likert scale with 1 = not at all and 7 = very much. Results did not support the hypothesis, [$t(428)=0.83, p=.407, r=0.04$]. A Mann-Whitney test was conducted on the same data set, and results paralleled the t-test findings [$U=22391.50, p=.568, r= -0.028$] of no significance.

Table 5

T-test Summary Table for Cognitive Processing

Cognitive Process	n	Mean	SD	t	df	Sig
Thinking rather than feeling						
PSA 1	215	4.65	1.50	0.83	428	.407
PSA 2	215	4.53	1.52			

Hypothesis 6 stated that the participants in the PSA 1 group would rate themselves as thinking more about the consequences of using the r-word than the PSA 2 group. T-test descriptive and statistical results are in Table 6 below; participants' responses were rated on a 7-point Likert scale with 1 = not at all and 7 = very much. Results supported the hypothesis [$t(428)=2.7, p=.007, r=0.13$], and maintained significance after a Bonferroni correction. A Mann-Whitney test was conducted using the same data set, and results paralleled the t-test findings [$U=20036.00, p=.015, r=-0.12$], and maintained significance after a Bonferroni correction.

Table 6

T-test Summary Table for Cognitive Processing

Cognitive Process	n	Mean	SD	t	df	Sig
Thought about consequences						
PSA 1	215	5.25	1.59	2.71	428	.007
PSA 2	215	4.80	1.79			

Hypothesis 7 stated that the participants in the PSA 1 group would rate themselves as thinking more about how using the r-word might affect their lives than the participants in PSA 2 group. T-test descriptive and statistical results are shown in Table 7 below; participants' responses were rated on a 7-point Likert scale with 1 = not at all and 7 = very much. Results supported the hypothesis, [$t(428)=2.66, p=.008, r=0.13$], and maintained significance after a Bonferroni correction. A Mann-Whitney test was conducted on the same data set, and results

paralleled the t-test findings, [U=19996.00, $p=.014$, $r= -0.12$], and maintained significance after a Bonferroni correction.

Table 7

T-test Summary Table for Cognitive Processing

Cognitive Process	n	Mean	SD	t	df	Sig
How r-word use affects life						
PSA 1	215	4.77	1.72	2.66	428	.008
PSA 2	215	4.31	1.90			

4.4 Qualitative Findings

Open-ended responses were included in several of the survey questions, and these qualitative responses were examined across groups and between groups for commonalities and differences. The first open-ended question asked participants to explain their answer of *whether or not they used the r-word*. Five hundred and fifty-one participants (82% of the sample) answered this question: 179 participants in PSA 1 group, 184 participants in PSA 2 group, and 188 participants in the control group. Inspection of the data indicated that participants' answers did not differ across groups.

If the participants answered *never*, the most common explanation (77 participants) was because they perceived it as a negative term; for example, "I know that this word is negative and offensive so I do not use it.", and "The term is inappropriate." The second most common response (65 participants) was a reiteration that they never used the word; for example, they stated "I do not use the word.", or "I never use the word." Another frequent explanation (13

participants) was that the participants used to use the word and stopped, and seven of those participants also included that the reason they stopped was because they learned the history of the word and/or learned that it was an offensive term; for example, “I remember using the word when I was extremely young. However, once I learned what the word meant, I’ve stopped saying it.”, and “I used to use the word before I was informed of how rude it was. I stopped when I was very young because sadly, I learned while I was still in elementary school, but I stopped using it around then as well.” Finally, eight participants reported never using the r-word because they knew people with intellectual disabilities; for example, “I know special education people and it’s hurtful to call people that.”, and “I never use the word retarded. My friend’s step-brother, who is a great guy, has a mental disability and I consider him a friend so I don’t feel it is appropriate to use that word knowing I have a friend with a mental disability.”

If participants answered *sometimes*, the most common explanation (32 participants) was that they only used it toward themselves, friends and family. The second most common answer (28 participants) extended beyond the aforementioned to include that it was used toward their family and friends in a joking manner; for example, “I sometimes use it within my circle of friends when joking around.”, and “When joking around with a close friend or sibling.” The third most frequent answer (18 participants) was that they used it only in a joking manner. Another common theme (10 participants) was that the r-word was used as a substitution for the word “stupid;” for example, “Depends on whether or not someone does something stupid.”, and “I would only call myself or a family member that word sometimes. I interchange that with stupid.” A final commonality (6 participants) was they would not use it toward a person with an intellectual disability; for example, “If my friend does something idiotic, I’ll call them ‘retarded’

or ‘stupid.’ I will never call someone with intellectual disabilities a retard/retarded.”, and “I’ll use it when I’m joking with a friend or a family member who doesn’t have any disabilities.”

If participants reported *often* using the r-word, the frequent explanation (8 participants) given was that they used the word with their friends; for example, “I call my friends retarded when they act stupid.”, and “I call my best friend it.”

The second open-ended question asked the participants to explain *whether or not they agreed with using the r-word*. Five hundred and ninety-four participants (88% of the sample) answered this question: 195 participants in PSA 1 group, 198 participants in PSA 2 group, and 201 participants in the control group. Examination of the data found similarities and differences between the three groups.

Across groups, if participants *disagreed* with using the r-word the most common reason (109 participants) was mirrored previous answers that the r-word was a negative term. Not included in the aforementioned were participants who specifically used the adjectives “disrespectful” and “offensive.” Seventeen participants described the word as “disrespectful;” for example, “The word is rude and disrespectful and completely inconsiderate.”, and “I strongly disagree with the using the word retard or retarded because it is a very disrespectful term and it is very wrong to say.” Twenty-seven participants described the word as “offensive;” for example, “The word is highly offensive and can hurt somebody.”, and “It is never ok to use the word because it is offensive.” Another frequent theme (55 participants) demonstrated that young adults understood the connection between the r-word and intellectual disability; for example, “I feel like it is an insult to someone with an intellectual disability,” and “These words, whether intended at people with intellectual disability or just other people, it’s hurtful, and I don’t think people should use them.”

Between groups, the participants in PSA 1 group (5 participants) reported that the word was similar to other minority slurs; for example, “Just like racial slurs are hurtful, we don’t realize being called retarded is just as bad.”, and “Just like the video states, it’s the same as any other racial derogatory term.” The participants in PSA 2 group (9 participants) described the r-word as “hurtful;” for example, “I hate to hear that hurtful term being used. I used it before when I was younger and starting in middle school. I’ve been really offended by it.”, and “It is a hurtful word that has no use in a person’s daily lexicon.” The participants in the control group (6 participants) believed there were other words to use instead of the r-word; for example, “I don’t think it should ever be used, and there are plenty of alternatives.”, and “There are plenty of other words to use instead and it is derogatory.”

If the participants *agreed* with using the r-word, their answers were similar across groups and the frequent answer (8 participants) was that participants agreed with using the r-word, but only depending on the context. For example, “In the context I and several others I know use it in, it isn’t meant to be harmful; more of a joking manner,” and “As long as you’re not referring to a person that is mentally retarded, I don’t care.”

The next question participants were asked to explain was whether or not they *agreed with a close friend calling them the r-word*. Five hundred and sixty participants (83% of the sample) answered this question: 179 participants in PSA 1 group, 189 participants in PSA 2 group, and 192 participants in the control group. An examination of the data found similarities across groups and no differences between groups.

If the participants *disagreed* with a close friend calling them the r-word, the most frequent explanation (78 participants) mirrored previous responses that it was because the r-word was a negative term. The second most frequent explanation (25 participants) demonstrated an

understanding between the r-word and intellectual disability; specifically, they either did not like being called the r-word because they did not have an intellectual disability, or because they thought the r-word was offensive toward people with intellectual disabilities. For example, “It shouldn’t be used because I’m not clinically retarded,” or “I don’t appreciate the word being used as an insult to people, because it insinuates that those with disabilities are less than people with disabilities.” The third most frequent answer (22 participants) was that young adults perceived the r-word as “offensive.” The final commonality (13 participants) was that they disagreed with their close friends calling them the r-word because it would be insulting or hurt their feelings; for example, “Being called that is an insult,” or “I would hate for someone to call me a retard, even if they are playing around or joking. It still hurts.”

If the participants *agreed* with a close friend calling them the r-word, answers were similar across groups and the most frequent explanation (19 participants) was because they knew that their friend was joking; for example, “Me and my friends kid around. We know that no harm is intended.”, and “It is very negative still, however they are your friends and so they mean it in a good way or in a joking perspective. They are not out to harm you.” The second frequent answer (16 participants) was because the person calling them the r-word was a friend; for example, “When my friends call me a retard they are doing it out of love in a way. They are just messing with me and letting me know my comment or action was stupid.” or “It is very negative still, however they are your friends and so they mean it in a good way or in a joking perspective. They are not out to harm you.” The third common answer (9 participants) was that having a friend call them the r-word would not bother them; for example, “If I did something stupid and my friend called me a retard then I feel like he let me know it was stupid and I shouldn’t have done it. I don’t view it as it’s something demeaning to me.” or “I am not bothered by it.” The fourth

commonality among responses (7 participants) was the frequent refutation of not taking offense to the word; for example, “It’s not offensive, it’s just joking between friends”, and “I do not find them using this term against me offensive because I know that I am only considered that because of my actions.” A final commonality (6 participants) suggested they understood the connection between the r-word and intellectual disability; for example, “The key word is *close*. They are aware that I have no handicap and I am aware that they mean no connection to a person of such disabilities.”, and “I don’t think there’s anything wrong with friends calling friends retards as long as they don’t have a friend that is mentally handicapped.”

The fourth question participants were asked to explain was whether or not they thought the r-word was *acceptable now*. Five hundred and seventy-two participants (85% of the sample) answered this question: 185 participants in PSA 1 group, 190 participants in PSA 2 group, and 197 participants in the control group. Examination of the data found no differences between groups.

If the participants *disagreed* with the r-word as acceptable now, their most frequent answer (115 participants) was a reiteration that they did not view the term as acceptable in any manner; for example, “I feel like the word “retard” should never be used in any circumstance no matter what.” and “It should not be acceptable to use the word, period.” The second frequent reason (62 participants) paralleled previous responses that the r-word wasn’t acceptable today because it was a negative term. The third frequent response (39 participants) demonstrated an understanding between the r-word and intellectual disability; for example, “It is still not socially acceptable to use the word, especially in a derogatory manner towards people with mental disabilities.”, and “You have to consider how the people who really do have an intellectual

disability would feel if they heard you saying that.” Finally, the fourth common theme (21 participants) was because the r-word was “offensive.”

If the participants *agreed* with the r-word as acceptable now, their answers were similar across groups and the most frequent explanation (6 participants) was that if the r-word was not directed toward a person with an intellectual disability then it was acceptable; for example, “When people make fun with friends and talk to people who are not with intellectual disabilities.”, and “As long as you are not referring to a person that is mentally retarded, I don’t care.” The second frequent answer (5 participants) was that it was an acceptable term within society today; for example, “It is acceptable, maybe not positive but it’s acceptable. Because it’s in songs and everything else.”, and “I do not believe it is acceptable, but it is acceptable in society now.”

The final open-ended question participants were asked was to describe their *use and interactions regarding the use of the r-word*. Five hundred and sixty-eight participants (84% of the sample) answered this question: 186 participants in PSA 1 group, 192 participants in PSA 2 group, and 190 participants in the control group. Inspection of the data found no differences between groups.

Many of the responses mirrored findings already discussed. The most frequent explanation given (63 participants) was that they did not use the r-word or did not believe the r-word should be used, and thirty participants perceived the r-word as negative. Participants’ responses demonstrated an understanding of the connection between the r-word and intellectual disability (37 participants), and many believed context was important when using the r-word (32 participants). Six participants thought that the r-word was an acceptable term in society today. Participants stated they only used the r-word with friends and family (59 participants), they used

it as an insult for when someone did something stupid or dumb (48 participants), and they used it in a joking manner (32 participants). Twenty-one participants combined the aforementioned and reported only using the r-word when joking with their friends and family.

Unlike with previous findings, a new commonality (20 participants) was that when someone used the r-word they told them it was wrong; for example, “I do not use the word and if someone I know does I explain to them why I feel it is wrong.” or “I don’t frequently hear the word ‘retard.’ I had friends who would say it, but I told them to correct their ways and they did.” Another new frequent answer (17 participants) was that they used the r-word when someone was funny; for example, “Like I said, the way I use retard, is never in a disrespectful manner. It’s usually to let someone know that what they did or said was funny.” or “I use the term to describe someone who is very funny and tells hilarious jokes. In return, the individuals who respond back to me only laugh and continue joking.” A final commonality (10 participants) was that young adults reported judging a person who used the r-word; for example, “Most of the time, if the person I am in a conversation with uses it, I do not start lecturing them about the word, but I do make a mental note that they said it. It usually counts against them.” or “I cannot be close friends with someone who abuses the word because I think it’s offensive.”

In summary, the participants’ qualitative responses demonstrated young adults’ understanding of the r-word as an offensive and derogatory term; however, it was also viewed as acceptable in society today, despite the fact that it may be offensive. The term was most frequently used among friends and family, and was used in a joking manner as a substitution for the word “stupid.” Young adults understood the connection between the r-word and intellectual disability, and this often was the reason for context being salient; for example, as long as someone with an intellectual disability did not hear the word, or it was not directed to a person

with an intellectual disability, it was perceived as less negative. Participants did not appear to think before using the r-word, and many stopped using the r-word once they understood the history behind it. Finally, participants did not use today's current terminology for people with intellectual disabilities, and the most frequently used labels were "mentally retarded," "mentally handicapped," and "mentally disabled."

4.5 Additional Findings of Interest

4.5.1 Relationship between R-word and Disability

In order to examine the level of awareness young adults had regarding the correlation between the r-word and intellectual disability, participants were asked to what extent the r-word made them think of a person with an intellectual disability. Descriptive and statistical results are shown below in Table 8; participants answers were rated on a 5-point Likert scale. ANOVA results found no significant differences between the three groups, $F(2, 640)=1.49, p=.226, r=.07$. A Kruskal-Wallis test was also conducted using the same data set, and paralleled the non-significant ANOVA findings $H(2)=2.98, p=.226$.

Table 8

Relationship between R-word and Intellectual Disability: Summary of Responses

Relationship	n	Mean	SD	F	df	Sig
R-word = Intellectual Disability						
PSA 1	215	2.61	1.19			
PSA 2	215	2.80	1.25	1.49	2, 640	.226
Control	213	2.78	1.17			

4.5.2 Framing the R-word with Other Minority Slurs

In order to examine the efficacy of the *framing* technique utilized by PSA 1, this study asked participants to what extent they thought the r-word was similar to the minority slurs used in PSA 1. Ten outliers were removed from the original data set and an ANOVA test was performed on the new data set. Descriptive results are shown below in Table 9; participants' responses were rated on a 5-point Likert scale. ANOVA results found no significant differences between the groups regarding the comparison of the r-word with the word *nigger* $F(2, 640)=0.28, p=.754, r=0.03$, *spic* $F(2, 641)=0.30, p=.741, r=0.03$, *chink* $F(2, 641)=0.36, p=.701, r=0.03$, *fag* $F(2, 639)=0.21, p=.814, r=0.03$, and *kike* $F(2, 638)=0.49, p=.610, r=0.04$. A Kruskal-Wallis test was also conducted using the same data set, and paralleled the ANOVA findings of no significance between groups regarding the comparison of the r-word with the word *nigger* $H(2)=0.60, p=.741$, *spic* $H(2)=0.63, p=.730$, *chink* $H(2)=0.79, p=.675$, *fag* $H(2)=0.68, p=.714$ and *kike* $H(2)=1.25, p=.535$.

Table 9

Framing R-word with Minority Slurs: Summary of Responses

Minority Slur	n	Mean	SD	F	df	Sig
Retard = Nigger						
PSA 1	213	2.98	1.39			
PSA 2	215	2.91	1.47	0.28	2, 640	.754
Control	215	2.88	1.44			

Table 9 *Continued**Framing R-word with Minority Slurs: Summary of Responses*

Minority Slur	n	Mean	SD	F	df	Sig
Retard = Kike						
PSA 1	214	3.00	1.31			
PSA 2	215	2.96	1.30	0.49	2, 638	.610
Control	212	2.88	1.27			
Retard = Fag						
PSA 1	213	3.34	1.30			
PSA 2	214	3.43	1.36	0.21	2, 639	.814
Control	215	3.38	1.33			
Retard = Chink						
PSA 1	214	3.01	1.31			
PSA 2	215	2.95	1.35	0.36	2, 641	.701
Control	215	2.91	1.31			
Retard = Spic						
PSA 1	214	2.99	1.31			
PSA 2	215	2.92	1.28	0.30	2, 641	.741
Control	215	2.89	1.28			

4.5.3 Exposure to the Sitcom “Glee”

Since PSA 1 also included two actresses from the television sitcom Glee (actresses Lauren Potter and Jane Lynch), this study asked participants how often they watched the show Glee (see Table 10). A chi-square test found no significant difference between the groups regarding how frequently they watched Glee [$X^2(4) = 5.45, p = .244$].

Table 10

Exposure to the Sitcom “Glee”

Exposure to “Glee”	PSA 1	PSA 2	Control
I never watch it	70%	73%	68%
I sometimes watch it	27%	20%	25%
I watch it regularly	4%	7%	7%

4.5.4 Previous Exposure to PSAs about the R-word

This study asked participants questions related to their previous PSA exposure to determine how many had seen PSAs about not using the r-word before the study (see Table 10). Participants in all three groups were asked if they had ever seen a PSA regarding not using the r-word, and a chi-square test found no significant difference between the three groups [$X^2(2) = .921, p = .631$]. The two experimental groups were also asked two additional questions: If they had ever seen a similar PSA than the one they viewed in the study, and if they had ever seen the same PSA as the one they viewed in the study. There was no significant difference between the two experimental groups regarding whether they had seen a similar PSA than the one viewed in the study [$X^2(1) = .323, p = .570$], and there was a significant difference between the two experimental groups regarding whether they had seen the same PSA they viewed in the study

[$X^2(1) = 8.42, p=.004, r=2.11$]. PSA 1 group had seen their PSA significantly more than PSA 2 group.

Table 11

Exposure to Previous R-word Public Service Announcements

Previous PSA Exposure	PSA 1	PSA 2	Control
Had ever seen a PSA regarding			
not using the r-word			
Yes	23%	21%	20%
No	77%	79%	80%
Had ever seen the same PSA			
Yes	22%	12%	–
No	78%	88%	–
Had ever seen a similar PSA			
Yes	47%	50%	–
No	53%	50%	–

Since PSA 1 group had seen their PSA significantly more than PSA 2 group, additional analyses were run to determine any possible effect this variable may have had on the participants' answers. A t-test and Mann-Whitney test were used to determine if previous exposure to PSAs influenced the participants' ratings of the twelve items used to measure their r-word perception. The independent variable was the participants' previous PSA exposure, and the

dependent variable was their r-word perception. Results found no significant effect of previous PSA exposure on the participants' perception of the r-word.

4.6 Youth and Young Adults' R-word Comparison

Questions used in this study were taken from a previous study (Siperstein et al., 2010) to examine if the use of the r-word differs between American young adults and youth (ages 8-18). Unlike with American youth, age did not have a statistical significance on how young adults responded to the r-word; however, like with youth, gender did have an influence. Females were significantly more likely to feel bad or sorry for the person being called the r-word ($X^2 = 7.05$, $df=2$, $p=.030$, $r=0.63$), whereas males were significantly more likely to not care ($X^2 = 20.06$, $df=2$, $p = .000$, $r=1.98$). These findings paralleled existing findings regarding gender and American youth.

Descriptive results found additional similarities regarding American young adults and youth. Ninety-six percent of young adults have heard the r-word used before (compared to 92% of youth), and 36% have heard the r-word used toward someone with an intellectual disability (compared to 36% of youth). Peers were the main source of the r-word for both young adults (67%) and youth (86%). However, a larger percentage of young adults (61%) reported using the word themselves, compared to 20% of youth.

As with youth, young adults reacted differently to the r-word based upon whether it was directed toward a person with or without an intellectual disability. If the word was directed toward a person *without* an intellectual disability, 41% did nothing (compared to 39% of youth) and 13% laughed (compared to 22% of youth). If the word was directed toward a person *with* an intellectual disability, 11% did nothing (compared to 24% of youth) and 1% laughed (compared to 4% of youth).

Unlike with youth, whether or not the word was directed to a person with an intellectual disability did not considerably change when young adults actively opposed the r-word. If the r-word was used toward a person *without* an intellectual disability, 35% were apt to tell the person it was wrong to say (compared to 33% of youth), and when the word was used toward a person *with* an intellectual disability, 30% of young adults were apt to tell the person it was wrong to say (compared to 50% of youth). In addition, young adults felt more sorry for the recipient of the r-word if it was a person *without* an intellectual disability (38% compared to 51% of youth) than if it was used toward a person *with* an intellectual disability (26% compared to 63% of youth).

In addition to r-word comparison with youth, additional descriptive findings were gathered regarding young adults' experience with the r-word. Forty-four percent of young adults heard the r-word from television, 36% from family members, 29% from adults, 28% from someone in music, and 11% from teachers. Regarding whom they called the r-word, 51% of young adults called their friends the r-word, 30% called themselves the r-word, 29% used it towards family members, 19% used it towards their significant others, 10% used it towards strangers, and 5 % used it towards neighbors. Unfortunately, descriptive results regarding the aforementioned were not published in the Siperstein et al. (2010) article, so no comparison to youth is available.

5 DISCUSSION

This study found that PSAs can be effective at modifying young adults' perception of the r-word. This study compared three groups' perception of the r-word: experimental group 1 who watched a PSA titled "It's Not Acceptable" (PSA 1 group), experimental group 2 who watched a PSA titled "We Need a New R-word" (PSA 2 group), and a control group who watched no PSA; the purpose of the control group was to determine a baseline for how young adults perceived the r-word without any influence from PSAs. PSA 2 group participants perceived the r-word as significantly less respectful than the participants in the control group. PSA 1 group participants rated themselves thinking more about their PSA than PSA 2 group, and also rated themselves feeling more surprise, guilt and empathy after watching their PSA than PSA 2 group; however, PSA 1 group did not have a more negative perception of the r-word when compared to the other two groups.

According to the Elaboration Likelihood Model (ELM), the key to persuasion lies within an individual elaborating on (i.e. thinking about) a PSAs message (Petty & Cacioppo, 1986b). An individual can elaborate through the central route (actively thinking about the message) or the peripheral route (relying on peripheral cues rather than actively thinking); both of these routes exist as extremes on the elaboration continuum, and in order increase elaboration across the entire continuum a PSA should facilitate elaboration along both routes. Research has found that affect may act as a peripheral cue to facilitate persuasion along the peripheral route. PSA 1 group and PSA 2 group rated their cognitive processing (i.e. central route) and affective responses (i.e. peripheral route) to their PSAs, and PSA 1 group rated higher in cognitive processing and affective responses than PSA 2 group; this finding suggests that the PSAs *framing* technique and

use of *affect* was effective. However, PSA 1 group did not have a more negative perception of the r-word.

Though PSA 1 group did not have a more negative perception of the r-word, this study supports the Elaboration Likelihood Model's framework regarding elaboration and persuasion. According to ELM, when an individual engages in high elaboration as PSA 1 group did, perception change is often contingent on him/her having favorable thoughts regarding the message. If the individual has favorable thoughts about the advocated position, the message may be successful; if the individual has unfavorable thoughts, the message may be unsuccessful. Two factors which influence a person's thoughts are whether the message fits within the existing attitude of the individual, and the strength of the argument within the message.

Regarding the former, *pro-attitudinal messages* may lead to favorable thoughts regarding the message, whereas *counter-attitudinal messages* may lead to unfavorable thoughts. Examining PSA 1's message using the qualitative findings from this study, one can see how the message was counter-attitudinal to young adults' understanding and usage of the r-word. PSA 1 showed individuals from five racial/minority groups saying "It's not acceptable to call me a <minority slur>," followed by a girl with Down syndrome saying "It's not acceptable to call me a retard." As this study found, do not use the r-word toward a person with an intellectual disability or around people with intellectual disabilities; they know it is an offensive word and that is why they use it with friends and family who will know they do not mean it offensively. Though PSA 1 does also say "...or call yourself or your friends retarded when they do something stupid," it does so after hearing six people say it is not acceptable to call *them* those words. Thus, the overarching message is not to use racial slurs toward minority groups, and that is not how young adults use the r-word.

However, ELM does suggest that even when a message is counter-attitudinal, it can still be persuasive if it has a strong argument; *argument strength* is also an important factor of persuasion under high elaboration. If the message contains a strong argument that can endure examination under high elaboration, then it may be effective at perception change; however, if the argument exhibits poor evidence and does not withstand under examination then it may not be as efficacious.

PSA 1's argument was that the r-word is the same as other minority slurs, and to treat it as such and not use it. This study measured how similar the participants thought the r-word was to the minority slurs used in PSA 1, and PSA 1 group did not produce significantly different responses than the other two groups (see Table 9). This suggests that though they reported engaging in high elaboration regarding the message, they were not persuaded by the message. Young adults may not have been persuaded because the message contained a weak argument; the argument may have been weak because the way young adults use the r-word is incongruous with how people use minority slurs. Minority slurs are often used in an offensive way to describe racial and minority groups, and young adults do not use the r-word in an offensive way about people with intellectual disabilities; young adults use the r-word in a joking manner with their friends or family. Their connotative definition of the r-word is one of playfulness and joking; this is inconsistent with the connotative definition of minority slurs.

PSA 1 also states "It's not acceptable to call me a..." six times in a row, and ELM suggests repetition may also be an influential factor in persuasion. According to ELM, the influence of repetition on persuasion is conceptualized as a two-step process (Petty & Cacioppo, 1986b). In the first stage, repetition may be helpful in facilitating the individual's ability to process the information within the argument. During the second stage, however, this "relative

objectivity” diminishes, and the individual may become bored with the message or adopt an attitude contrary to what the message was advocating (Petty & Cacioppo, 1986b, p. 143). ELM suggests that repetition and weak arguments may reduce persuasion (Atkin, 2001; Petty & Cacioppo, 1986b), and thus it may have been the combination of the repetition and weak argument which inhibited message acceptance.

It must also be noted that there are two unique aspects related to the r-word which may have made it difficult for young adults to perceive it as a minority slur. First, the r-word used to be a medical term used to label a person with an intellectual disability; it is rooted within a historical context which is different than other minority slurs such as “nigger” and “faggot.” Second, the word “retard” is still a word within our current lexicon meaning to slow down development or progress; unlike with other minority slurs, one can look “retard” up in the dictionary for a definition exclusive of the offensive connotative definition.

In addition to higher elaboration along the central route, PSA 1 group also rated higher affective responses of surprise and sadness than PSA 2 group. According to ELM, affect may act as a peripheral cue to facilitate elaboration along the peripheral route, and the specific affects of surprise and sadness have been found to facilitate message acceptance (Dillard et al., 1996). This study’s findings did not support this. However, PSA 1 also evoked significantly more anger than PSA 2, and anger has been found to inhibit message acceptance (Dillard et al., 1996); these feelings of anger may have overpowered the other feelings which have been found to facilitate message acceptance. However, elaboration exists on a continuum from high elaboration (central route) to low elaboration (peripheral route); and as an individual engages in higher elaboration regarding a message, the peripheral cues becomes less salient. Thus, it is more plausible that the

repetition, poor argument strength and counter-attitudinal aspects of PSA 1's message were the reasons for its inefficacy.

In addition to utilizing affect, PSA 1 also included two television actresses named Lauren Potter and Jane Lynch from the sitcom "Glee." According to ELM, Potter and Lynch may have acted as a *liking heuristic* which may have facilitated elaboration along the peripheral route to persuasion. The liking heuristic assumes that if a person likes the source, then she or he may be more persuaded to accept the advocated message; conversely, if the person does not like the source, then she or he may not be persuaded. This study measured how many participants watched Glee, and the majority of participants did not. Thus, utilizing these actresses may not have been effective at facilitating elaboration along the peripheral route – either positively or negatively – since the majority of the participants may have been unaware of their characters.

Though PSA 1 was not efficacious at modifying young adults' perception of the r-word, this study found that PSA 2 was. Counter to this study's hypothesis, the participants in PSA 2 group perceived the r-word as significantly *less respectful* than the participants in the control group. One reason for their acceptance of the PSAs message may be what ELM suggests is an effective peripheral cue: *source credibility* (Chaiken, 1987; Petty & Cacioppo, 1986b).

Elaboration Likelihood Model suggests that source credibility may increase message acceptance along the peripheral route. PSA 2 showed various young adults of various races and ethnicities saying not to use the r-word; since the target audience was of a similar demographic, they may have considered the source as credible.

The ELM also suggests that a *consensus heuristic* may facilitate persuasion along the peripheral route. It suggests that if a person thinks that other people believe the advocated message is valid, then it may positive influence his or her own acceptance of the advocated

message (Chaiken, 1987; Petty & Cacioppo, 1986b). (In other words, the person believes that if others think it is true, then it is probably true.) PSA 2 shows nine young adults of various races and ethnicities saying not to use the r-word; seeing these young adults showing support for this advocated message may have persuaded the viewer to also perceive the r-word as disrespectful. Further, the final scene of the PSA shows all nine individuals together saying simultaneously: “We need a new r-word...respect.” Seeing all nine individuals together at the same time saying this phrase may have further facilitated the idea that the consensus was that the r-word was disrespectful.

Another reason for the efficacy of PSA 2 may have been its use of *two-sided content*. One prominent difference between PSA 1 and PSA 2 was their use of either *one-sided content* or *two-sided content*. PSA 1 utilized one-sided content; it only said not to use the r-word because it was a minority slur. PSA 2 utilized two-sided content; it said that though it used to be acceptable to use the r-word, either as a socially pejorative term or as a label for someone with an intellectual disability, it no longer is and should not be used. Research suggests that a two-sided message is more persuasive if the audience is knowledgeable about the topic (Atkin, 2001), and the qualitative findings from this study suggest that young adults know the r-word is offensive. This is the reason that context is so salient; they use the r-word only among friends and family because they presume their friends and family know they mean no offense by it.

A final reason for the efficacy of PSA 2 may be that PSA 2 is an example of effective advertising. To explain, PSA 2 concluded by informing audience: “We need a new r-word...respect.” Subsequently, the PSA 2 group participants perceived the r-word as significantly less respectful than the control group. So it must be noted that what may be seen as perception change, may in fact be effective advertising.

According to research related to advertising and subsequent retrieval/recall, however, memory depends on three interrelated abilities: a person's ability to encode the information, retain the information and retrieve the information. In terms of retrieval, *retrieval cues* may serve useful in positively influencing recall (Forehand & Keller, 1996). Memory is not simply a representation of the past, but also a reconstruction based on experiences that have happened since the encoding of the information (Braun, 1999). Thus, we cannot know whether the participants encoded the information in such a way that they would retain it and retrieve it on their own, or if by seeing "respectful" written within the questionnaire, it acted as a retrieval cue to remember PSA 2's message. Either way, the act of replacing the word "retarded" with the word "respect" appears to have been an effective strategy, as the participants' responses suggest they connected the two words together and then subsequently perceived the r-word as less respectful because of this strategy.

In sum, ELM is a useful theoretical model for understanding why PSA 1 was not efficacious and why PSA 2 was. Utilizing the ELM framework, along with the findings of this study regarding how young adults' use the r-word, one can see how PSA 1 contained a weak argument that was counter-attitudinal to its participants' perception of the r-word, and it repeated this weak argument six times. The act of repetition, the weak argument, and the counter-attitudinal message may have been the reason for its inefficacy. PSA 2 was effective, and ELM suggests it may have been its use of source credibility and the consensus heuristic which facilitated message acceptance. In addition, it contained two-sided content which has proven effective in message acceptance, and also may have been an example of effective advertising since the one item which was found significantly different was a word used in the PSAs tagline.

This study supported existing research regarding single-exposure effects of PSAs. Research has found that persuasive effects are low when a PSA has only been shown one time (Strasser et al., 2009; Wakefield et al., 2006). This is because PSAs perform best when they are part of an extensive campaign that includes items such as collateral and media coverage (G. O’Keefe & Reid, 1990). This reinforces the message over multiple platforms which increase efficacy. Including interpersonal interactions can also increase the efficacy of PSAs (G. O’Keefe & Reid, 1990), another component that this study did not include. Again, this is because it is the repeated exposure to the PSAs message through multiple avenues which increases efficacy, and this benefit is not attained through a single-exposure to a PSAs message.

That being said, it is problematic to attribute this study’s low persuasive effects to single-exposure alone. Research also shows that PSAs have a greater impact if their message builds off people’s existing knowledge, so they can intensify that attitude (G. O’Keefe & Reid, 1990). And as discussed earlier, if a PSAs message is *counter-attitudinal* then participants will be less likely to favor its message. Understanding now how young adults use the r-word, one can see how both PSAs were counter-attitudinal to young adults’ perception of the word.

Though both PSAs touched on the idea of using the r-word as a substitution for stupid or foolish, and PSA 1 even included the aspect of using it toward friends, this was not either PSAs prominent message. Both PSAs’ prominent message was that the r-word was offensive, and young adults know this; this is why context is so important to them, and why they use the r-word only among friends and family. In addition, they use it in a joking manner; they do not use the word offensively. Directly speaking to the aforementioned, and including it as the prominent message within the PSAs argument, may have proven more efficacious. It thus may have been a combination of watching the PSA once, along with both PSAs’ message being counter-

attitudinal to the participants' existing knowledge and usage of the r-word, which led to low persuasive effects.

It must also be noted that PSA 2 group perceived the r-word as significantly less respectful ($M=1.16$) than the control group ($M=1.32$), but did not perceive the r-word as significantly less respectful than PSA 1 group ($M=1.23$). Thus, PSA 1 had some effect on its participants, even though this difference did not achieve significance. Previous research suggests that repeated exposure to a PSA is more effective than one exposure, and the participants in PSA 1 group had seen their PSA significantly more than PSA 2 group. Young adults know the r-word is disrespectful (which is why context is so important to them when they use it), so perhaps PSA 1 groups' repeated exposure had some influence by reminding them an idea they already knew: The r-word is disrespectful.

5.1 Using PSAs to Modify Young Adults' Perception of the R-word

In terms of message design for future PSAs developed to modify young adults' perception of the r-word, there are several key findings from this study that may prove useful. First, including content related to *how* young adults use the r-word may prove efficacious. Young adults know the r-word is offensive, which is why context is important; they do not use it toward a person with an intellectual disability or around people with intellectual disabilities. They use it among friends and family in a joking manner to imply they acted stupid. Including this in the message design may prove effective since it is *pro-attitudinal* and speaks to young adults' current understanding and perception of the r-word.

In addition to including how they use the r-word, PSAs should also include *why* the r-word is hate speech. Young adults who stopped using the r-word reported doing so because they learned the history of the word. Young adults understood the connection between the r-word and

intellectual disability, but it was focused around the context of when they could and could not use the word. Though this does not represent a full understanding, it is an easier starting point than if young adults understood no connection at all.

Affect may still be an effective feature to include, as this study's findings do suggest that it facilitated elaboration along the central route. However, evoking affect may be more useful if it relates to people with intellectual disabilities, rather than social identities as PSA 1 did. For example, detailing the time when the r-word was used as a medical label may evoke affect in a more useful way. Describing the marginalization and discrimination of people with intellectual disabilities during the time they were known as "retarded" may help in both (1) generating the connection between the r-word and intellectual disability, as well as (2) evoking affective responses. It is not the goal of this writer to suggest exploiting the experiences of people with intellectual disabilities in order to eradicate the r-word, but it is to say that explaining their past may help young adults understand why this term is viewed as hateful.

Utilizing advertising strategies may also prove beneficial. Though PSA 2's use of source credibility, consensus heuristic and two-sided content may have been efficacious, one cannot overlook the fact that the one item related to perception difference was a keyword within the PSAs tagline. PSA 2's use of replacing the r-word with another word appears to have been an effective advertising strategy. Thus, in creating effective PSAs, a key may be in creating taglines or slogans which the audience can retain and retrieve.

Finally, PSAs may also need to educate young adults on the correct terminology for a person with an intellectual disability. Young adults used the term "mentally retarded" in the qualitative findings, and the quantitative findings found they felt less sorry for the recipient of the r-word if it was a person *without* an intellectual disability rather than a person *with* an

intellectual disability. This may be because they believed the r-word was still an acceptable medical term for a person with an intellectual disability. Education in this area may help them understand that the r-word is no longer an acceptable term under *any* circumstance.

5.2 Limitations

This study only examined the effects of one PSA at one time, and research shows that PSAs are more effective when they are shown (1) multiple times, and as (2) part of a larger campaign (G. O’Keefe & Reid, 1990). Thus, the findings from this study are useful in terms of effective message design for PSAs, but may not prove useful in determining the effects of PSAs when used multiple times and as part of a larger campaign. In addition, this study measured short-term perception change, as the PSAs were shown directly before the participants answered questions regarding their r-word perception. Thus, any results found in this study cannot be used to determine long-term perception change.

This study cannot fully account for why the PSA 2 group participants perceived the r-word as significantly less respectful than the control group. It can be suggested that it was its use of source credibility, a consensus heuristic, two-sided content and effective advertising, but the study design did not allow for a definitive answer. Further, we cannot confirm whether these findings are reflective of perception change, or if the word “respectful” written within the questionnaire acted as a retrieval cue for PSA 2 group regarding PSA 2’s tagline.

5.3 Future Research

PSAs may prove efficacious at modifying young adults’ perception of the r-word, and educating them on the history of the r-word would be an advantageous place to start. Young adults do understand the connection between intellectual disability and the r-word, but this

connection is limited to when they can and cannot use the r-word. Research should focus around how to build off their existing knowledge to incorporate a broader understanding of the r-word.

This broader understanding should include how these labels perpetuate the stigma of intellectual disability. In addition to the r-word, other previous labels used to define intellectual disability have evolved into socially pejorative terms; this suggests that if we are successful in eradicating society's use of the r-word, another label for intellectual disability may take its place. It is integral for young adults to understand how these labels perpetuate the stigma of disability in general, in order to stop this trend from continuing.

In addition to young adults' perception of the r-word, future research surrounding other generations' perception of the r-word may prove useful in understanding how experience with people with intellectual disabilities of different birth cohorts may influence their perception of the r-word. For example, people without disabilities who lived during the time of severe marginalization and segregation of people with intellectual disabilities (i.e. before the Disability Rights Movement) may have a different perspective on the r-word than those who grew up after The Rehabilitation Act and saw more people with intellectual disabilities assimilated into society.

The Circuit of Culture model (Curtin & Gaither, 2005; Hall, 1980) may be a beneficial model to guide future research regarding modifying young adults' perception of the r-word. For example, rather than developing messages in a corporate environment that is constrained by its own culture and ideology, marketers must go beyond these boundaries and act as "cultural intermediaries" so they can understand how the r-word exists within different cultures – not just their own ideological culture that is saying it should no longer be used (Curtin & Gaither, 2005, p. 107). This study is a prime example of how incongruous a message can be from the actual

culture it is targeting, and the Circuit of Culture model may help to bridge this gap in order to create more targeted messaging that takes into account the uses and regulations from *both sides* (i.e. those who believe the r-word should never be used, versus those who still believe there is an appropriate time to use the r-word). This also helps to reduce the power inherent in the marketer's mindset which may bias her or his view; a power which may feel justified (since the r-word is hate speech), yet may also be a hindrance to finding a more collaborative and effective way for dealing with the issue. Though breaking away from the ideological constraints that the r-word should be eradicated may prove difficult for a marketer, it may open up doors to new information and ways of conceptualizing the issue (and integrating into message design moving forward) which she or he was unaware of previously.

A phonological examination of the r-word may also prove useful in further understanding why young adults continue to use it. One participant stated "It's much 'faster' to say than other words." However, the r-word is most commonly used as a substitution for the word "stupid," and the word retarded has three syllables whereas the word stupid has two syllables. It may not be that the word is "faster" for young adults, but rather more "pleasant sounding" for them. Though this may seem speculative based upon the existing research regarding the r-word, it is still worth noting due to the importance of phonology as a key aspect of language (Roach, 2009).

With the ubiquity of the internet, we are situated within a unique time that can prove valuable in circulating information (including PSAs, emails, etc.) through multiple channels in order to effectively educate this audience about eradicating the r-word (G. O'Keefe & Reid, 1990). In addition, society has already begun campaigns to eradicate the r-word, which may increase the efficacy of this endeavor; research has found that PSAs have a larger impact when they "ride on a wave of ongoing public opinion or concern" (G. O'Keefe & Reid, 1990, p. 84).

5.4 Conclusion

In conclusion, PSAs may be a useful tool in modifying young adults' perception of the r-word. Participants who viewed PSA 2 perceived the r-word as less respectful than participants who viewed no PSA. PSA 2 utilized source credibility, a consensus heuristic, two-sided content and effective advertising. PSA 1 compared the r-word to existing minority slurs, and this PSA did not prove effective at modifying young adults' perception of the r-word. The Elaboration Likelihood Model provides a useful theoretical framework for understanding the efficacy of PSAs in modifying young adults' perception of the r-word.

The PSAs used in this study did not utilize content which was *pro-attitudinal*, and this may have accounted for the low persuasive findings. Utilizing content which fits within the existing attitudes young adults have regarding the r-word – and how they use the r-word – may prove more efficacious. The findings from this study are useful in understanding how young adults use the r-word so that it may be included in messaging in the future. Young adults use the r-word as a substitution for the word “stupid,” and use it in a joking manner among family and friends. They know the word is offensive, which is why context is so important to them. They understand the connection between the r-word and intellectual disability, and because of this they do not use the word around people with intellectual disabilities or toward people with intellectual disabilities.

In addition to focusing on *how* young adults use the r-word, future PSAs should also educate them on *why* the r-word perpetuates the stigma of disability. Past medical terms used to label intellectual disability have also evolved into socially pejorative terms; thus, even if the r-word is eradicated, history predicts that the term “intellectual disability” may take its place. The reason the r-word still exists is due to the stigma of disability; speaking to this an important part

of eradicating the r-word today, as well as stopping this cycle so we are not in the same situation with the term “intellectual disability” tomorrow.

Finally, this issue of past intellectual disability labels evolving into socially pejorative terms begs the question: Why do we care about the r-word specifically? Idiot and moron are both past medical labels commonly used terms in society today; why are we only focusing on the r-word? The answer to this lies within the historical context of *mental retardation*. Mental retardation was used as a medical label for intellectual disability from 1921 to 2010; thus, this is the term which most of society understands is connected to intellectual disability. Moving forward we can re-frame the conversation to include other past labels such as idiot, moron and imbecile – but we have to start somewhere. Further, eradicating the r-word (or any of the other past labels) is not the true issue; the true issue is the stigma of disability which has enabled all of these past labels to evolve into socially pejorative terms. The r-word allows us to open the door to the conversation about the stigma of disability, by using a label which is most readily understood by the public.

REFERENCES

- AAIDD. (2013). Definition of intellectual disability.
- Atkin, C. (2001). Theory and principles of media health campaigns. In R. Rice & C. Atkin (Eds.), *Public communication campaigns* (pp. 49–68). Thousand Oaks, CA: Sage.
- Axsom, D., Yates, S., & Chaiken, S. (1987). Audience response as a heuristic cue in persuasion. *Journal of Personality and Social Psychology*, *53*(1), 30–40.
- Braithwaite, D. O., & Labrecque, D. (1994). Responding to the Americans with Disabilities Act: Contributions of interpersonal communication research and training. *Journal of Applied Communication Research*, *22*(3), 287–294.
- Braun, K. A. (1999). Postexperience advertising effects on consumer memory. *Journal of Consumer Research*, *25*(4), 319–334.
- Cacioppo, J. T., Petty, R. E., Feinstein, J. A., & Jarvis, W. B. G. (1996). Dispositional differences in cognitive motivation: The life and times of individuals varying in need for cognition. *Psychological Bulletin*, *119*(2), 197–253.
- Chaiken, S. (1987). The heuristic model of persuasion. In M. P. Zanna, J. M. Olson, & C. P. Herman, *Social influence: The Ontario symposium* (Vol. 5, pp. 3–39). Hillsdale, NJ: Lawrence Erlbaum.
- Cimera, R., & Rusch, F. (2000). Transition and youth with mental retardation: Past, present, and future. In M. Wehmeyer & J. R. Patton, *Mental retardation in the 21st century* (pp. 59–70). Austin, TX: Pro-Ed.
- Clore, G. L., Schwarz, N., & Conway, M. (1994). Affective causes and consequences of social information processing. *Handbook of Social Cognition*, *1*, 323–417.

- Couser, G. T. (2001). Conflicting paradigms: The rhetorics of disability memoir. In J. C. Wilson & C. Lewiecki-Wilson (Eds.), *Embodied rhetorics: Disability in language and culture* (pp. 78–91). Carbondale and Edwardsville: Southern Illinois University.
- Curtin, P. A., & Gaither, T. K. (2005). Privileging identity, difference, and power: The circuit of culture as a basis for public relations theory. *Journal of Public Relations Research, 17*(2), 91–115.
- Degeneffe, C. E., & Terciano, J. (2011). Rosa's Law and the Language of Disability: Implications for Rehabilitation Counseling. *Rehabilitation Research, Policy, and Education, 25*(3-4), 163–172.
- Dillard, J. P., & Peck, E. (2000). Affect and Persuasion Emotional Responses to Public Service Announcements. *Communication Research, 27*(4), 461–495.
- Dillard, J. P., Plotnick, C. A., Godbold, L. C., Freimuth, V. S., & Edgar, T. (1996). The Multiple Affective Outcomes of AIDS PSAs Fear Appeals Do More Than Scare People. *Communication Research, 23*(1), 44–72.
- Dillard, J. P., & Seo, K. (2013). Affect and persuasion. In J. P. Dillard & L. Shen (Eds.), *The SAGE handbook of persuasion: Developments in theory and practice*. SAGE Publications.
- Doll, E. A. (1936). Idiot, imbecile, and moron. *Journal of Applied Psychology, 20*(4), 427–437.
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
- Falvo, D. (2013). *Medical and psychosocial aspects of chronic illness and disability*. Burlington, MA: Jones & Bartlett Publishers.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. Beverly Hills: Sage.

- Fogle, C. D. (2013). The Etymology, Evolution and Social Acceptability of 'Nigger', 'Negro', and 'Nigga'. *Insights into a Changing World Journal*, 2013(3), 82–125.
- Forehand, M. R., & Keller, K. L. (1996). Initial retrieval difficulty and subsequent recall in an advertising setting. *Journal of Consumer Psychology*, 5(4), 299–323.
- Fox, S., & Giles, H. (1996). Interability Communication Evaluating Patronizing Encounters. *Journal of Language and Social Psychology*, 15(3), 265–290.
- Fox, S., Giles, H., Orbe, M., & Bourhis, R. (2000). Interability communication: Theoretical perspectives. In D. Braithwaite & T. Thompson (Eds.), *Handbook of communication and people with disabilities: Research and application* (pp. 193–222). Mahwah, NJ: Lawrence Erlbaum.
- Gallagher, E. (2002). Adult clients with mild 'intellectual disability': rethinking our assumptions. *Australian and New Zealand Journal of Family Therapy*, 23(4), 202–210.
- Goffman, E. (1986). *Stigma: Notes on the management of spoiled identity* (1st ed.). New York: Simon & Schuster.
- Guerrero, L. K., Andersen, P. A., & Trost, M. (1998). Communication and emotion: Basic concepts and approaches. In P. Andersen & L. Guerrero (Eds.), *Handbook of communication and emotion: Research, theory, applications, and contexts* (pp. 3–27).
- Hall, S. (1980). Encoding/decoding. In S. Hall, D. Hobson, A. Lowe, & P. Willis (Eds.), *Culture, media, language: Working papers in cultural studies, 1972-79* (pp. 128–138). London: Unwin.
- Harbour, C. K., & Maulik, P. K. (2010). History of intellectual disability. Retrieved from [http://cirrie.bu\\$alo.edu/encyclopedia/en/article/143](http://cirrie.bu$alo.edu/encyclopedia/en/article/143)
- Hazlitt, W. (2005). *On the pleasure of hating*. New York: The Penguin Group.

- Heath, R., & Feldwick, P. (2008). Fifty years using the wrong model of advertising. *International Journal of Market Research*, 50(1), 29.
- Laczniak, R., Muehling, D., & Carlson, L. (1991). Effects of motivation and ability on ad-induced cognitive processing (pp. 81–87). Presented at the Proceedings of the 1991 conference of the American Academy of Advertising.
- Lakoff, G. (2004). *Don't think of an elephant: Know your values and frame the debate*. Chelsea Green Publishing.
- Lakoff, G. (2010). Why it matters how we frame the environment. *Environmental Communication*, 4(1), 70–81.
- Lindlof, T. R., & Taylor, B. C. (2010). *Qualitative communication research methods*. Thousand Oaks, CA: Sage.
- Meyers-Levy, J., & Malaviya, P. (1999). Consumers' Processing of Persuasive Advertisements: An Integrative Framework of Persuasion Theories. *Journal of Marketing*, 63, 45–60.
- O'Keefe, D. (2013). The Elaboration Likelihood Model. In J. P. Dillard & L. Shen (Eds.), *The SAGE handbook of persuasion: Developments in theory and practice* (pp. 137–149). Thousand Oaks, CA: SAGE Publications.
- O'Keefe, G., & Reid, K. (1990). The Uses and Effects of Public Service Advertising. *Journal of Public Relations Research*, 2(1-4), 67–91.
- Parmenter, T. R. (2011). What is Intellectual Disability? How is it Assessed and Classified? *International Journal of Disability, Development and Education*, 58(3), 303–319.
- Perry, B. (2001). *In the name of hate: Understanding hate crimes*. New York: Routledge.
- Petty, R. E., & Cacioppo, J. (1986a). *Attitudes & persuasion*. New York: Springer. Retrieved from http://dx.doi.org/10.1007/978-1-4612-4964-1_1

- Petty, R. E., & Cacioppo, J. T. (1986b). The elaboration likelihood model of persuasion. *Advances in Experimental Social Psychology*, *19*, 123–205.
- Petty, R. E., Cacioppo, J. T., & Goldman, R. (1981). Personal involvement as a determinant of argument-based persuasion. *Journal of Personality and Social Psychology*, *41*(5), 847.
- Petty, R. E., Cacioppo, J. T., & Schumann, D. (1983). Central and peripheral routes to advertising effectiveness: The moderating role of involvement. *Journal of Consumer Research*, 135–146.
- Petty, R. E., & Wegener, D. T. (1999). The Elaboration Likelihood Model; Current Status and Controversies. In S. Chaiken & Trope, Yaacov (Eds.), *Dual-process Theories in Social Psychology* (pp. 41–72).
- Roach, P. (2009). *English Phonetics and Phonology*. Cambridge: Cambridge University Press.
- Russell, M. (1998). *Beyond ramps: Disability at the end of the social contract: A warning from an uppity crip*. Monroe: Common Courage Press.
- Ryan, E. B., Bajorek, S., Beaman, A., & Anas, A. P. (2005). I just want you to know that “them” is me”: Intergroup perspectives on communication and disability. In J. Harwood & H. Giles (Eds.), *Intergroup communication: Multiple perspectives* (pp. 117–137). New York: Peter Lang.
- Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. J., Buntinx, W. H., Coulter, D. L., Craig, E. M., ... Reeve, A. (2010). *Intellectual disability: Definition, classification, and systems of supports* (11th ed.). Washington D.C.: American Association on Intellectual and Developmental Disabilities.
- Shapiro, J. P. (1993). *No Pity: Disabled People Forging a New Civil Rights Movement*. New York: Times Books.

- Simmons, H. G. (1978). Explaining social policy: The English mental deficiency act of 1913. *Journal of Social History, 11*(3), 387–403.
- Siperstein, G. N., Pociask, S. E., & Collins, M. A. (2010). Sticks, stones, and stigma: A study of students' use of the derogatory term "retard." *Intellectual and Developmental Disabilities, 48*(2), 126–134.
- Slater, M. D. (1999). Drinking, and driving PSAs: A content analysis of behavioral influence strategies. *Journal of Alcohol and Drug Education, 44*(3), 68–81.
- Special Olympics. (2008). Spread the Word to End the Word. *Www.r-Word.org*.
- Stephenson, M., & Palmgreen, P. (2001). Sensation seeking, perceived message sensation value, personal involvement, and processing of anti-marijuana PSAs. *Communication Monographs, 68*(1), 49–71.
- Strasser, A. A., Cappella, J. N., Jepson, C., Fishbein, M., Tang, K. Z., Han, E., & Lerman, C. (2009). Experimental evaluation of antitobacco PSAs: Effects of message content and format on physiological and behavioral outcomes. *Nicotine & Tobacco Research, ntn026*.
- Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Sage Publications, Inc.
- Stroman, D. F. (2003). *The disability rights movement: From deinstitutionalization to self-determination*. Lanham: University Press of America.
- Sutton, R. M. (2010). The creative power of language in social cognition and intergroup relations. In H. Giles & J. Harwood (Eds.), *Dynamics of intergroup communication*. New York: Peter Lang.
- Switzer, J. V. (2003). *Disabled rights: American disability policy and the fight for equality*. Washington D.C.: Georgetown University Press.

- Wahl, S. T. (2012). *Persuasion in Your Life*. Pearson Higher Ed.
- Wakefield, M., Terry-McElrath, Y., Emery, S., Saffer, H., Chaloupka, F. J., Szczypka, G., ...
Johnston, L. D. (2006). Effect of televised, tobacco company–funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. *American Journal of Public Health, 96*(12), 2154.
- Waltman, M., & Haas, J. (2011). *The communication of hate* (Vol. 9). New York: Peter Lang Publishing.
- Weber, K., Dillow, M. R., & Rocca, K. A. (2011). Developing and Testing the Anti-Drinking and Driving PSA. *Communication Quarterly, 59*(4), 415–427.
- Wehman, P., Bricout, J., & Kregel, J. (2000). Supported employment in 2000: Changing the locus of control from agency to consumer. In M. Wehmeyer & J. R. Patton (Eds.), *Mental retardation in the 21st century* (pp. 115–150). Austin, TX: Pro-Ed.
- Wehmeyer, M. L., & Patton, J. R. (2000). *Mental retardation in the 21st century*. Austin, TX: Pro-Ed.
- Whillock, R. K. (1995). The use of hate as a stratagem for achieving political and social goals. In D. Slayden & R. K. Whillock (Eds.), *Hate Speech* (pp. 28–54). Thousand Oaks, CA: Sage Publications.
- Wolfensberger, W. (2002). Needed or at least wanted: Sanity in the language wars. *Mental Retardation, 40*(1), 75–80.
- Wolfensberger, W., & Tullman, S. (1982). A brief outline of the principle of normalization. *Rehabilitation Psychology, 27*(3), 131.

APPENDICES

APPENDIX A

Experimental Groups' Survey Questions: Affective Response to PSA

Please rate your feeling toward the PSA on a scale of 0-4, with 0 = “none of this feeling” and 4 = “a lot of this feeling.”

Joyful	0	1	2	3	4
Irritated	0	1	2	3	4
Fearful	0	1	2	3	4
Sad	0	1	2	3	4
Concerned	0	1	2	3	4
Guilty	0	1	2	3	4
Startled	0	1	2	3	4
Angry	0	1	2	3	4
Afraid	0	1	2	3	4
Dreary	0	1	2	3	4
Empathetic	0	1	2	3	4
Ashamed	0	1	2	3	4
Happy	0	1	2	3	4
Astonished	0	1	2	3	4
Annoyed	0	1	2	3	4
Scared	0	1	2	3	4
Warm	0	1	2	3	4
Dismal	0	1	2	3	4

Elated	0	1	2	3	4
Aggravated	0	1	2	3	4
Cheerful	0	1	2	3	4
Surprised	0	1	2	3	4
Compassionate	0	1	2	3	4

APPENDIX B

Experimental Groups' Survey Questions: Cognitive Response to PSA

Overall, how much did the PSA make you think about the argument for not using the word “retarded”?

Not at All						Very Much
1	2	3	4	5	6	7

Overall, how much did the PSA make you “think” rather than “feel”?

Not at All						Very Much
1	2	3	4	5	6	7

Overall, how much did the PSA make you think about the consequences of using the word “retarded”?

Not at All						Very Much
1	2	3	4	5	6	7

Overall, how much did the PSA make you think about how using the word “retarded” may affect your life?

Not at All						Very Much
1	2	3	4	5	6	7

APPENDIX C

Experimental Groups' Survey Questions: Attitude toward the r-word

Have you ever heard a person call someone a “retard” or “retarded”?

Yes/No

To what extent does the word “retard” or “retarded” make you think of someone with an intellectual disability (an intellectual disability used to be called mental retardation)?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

When you hear someone call another person a “retard” or “retarded,” what do you do?

Please check all that apply.

- Tell the person it is wrong to say
- Join in and call the person a “retard” too
- Feel bad or sorry for the person being called a “retard” or “retarded”
- Laugh
- Do nothing
- Don't feel the word is appropriate but do nothing
- Don't care
- Other (open field)
- I've never heard someone call another person a “retard” or “retarded”

Who do you know who uses the word “retard” or “retarded”? Please check all that apply.

- Family member
- Teacher
- Someone on TV
- Someone in music

- Friend
- A kid who is not my friend
- Myself
- Another adult
- Other (open field)

Do you use the word “retard” or “retarded”?

Yes/No

Who do you call a “retard” or “retarded”? Please check all that apply.

- Friend
- Family member
- Significant other
- Stranger
- Neighbor
- Myself
- Other
- I don't use the word

Have you ever heard a person call someone with an intellectual disability (an intellectual disability used to be called mental retardation) a “retard”?

Yes/No

When you heard this person call someone with an intellectual disability (an intellectual disability used to be called mental retardation) a “retard” what did you do? Please check all that apply.

- Told the person it was wrong to say

- Joined in and called the person a “retard” too
- Felt bad or sorry for the person being called a “retard” or “retarded”
- Laughed
- Did nothing
- Didn’t feel the word was appropriate but did nothing
- Didn’t care
- Other (open field)
- I’ve never heard someone call another person a “retard” or “retarded”

Who do you know that has an intellectual disability (an intellectual disability used to be called mental retardation)? Please check all that apply.

- Student in my class
- Student at my school but not in my class
- Friend who goes to my school
- Friend who doesn't go to my school
- Student in my class in grade school or high school
- Student at my school in grade school or high school but not in my class
- Friend of mine in grade school or high school
- Family member
- Neighbor
- Someone else
- I don't personally know anyone with an intellectual disability
- Someone else
- I don’t personally know anyone with an intellectual disability

I consider the word “retard” or “retarded”:

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

- A respectful term.
- A derogatory term.
- A term only people with intellectual disabilities can use in public.
- Necessary in some cases.
- Unnecessary in all cases.
- A divisive term.

To what extent do you agree with using the word “retard” or “retarded”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

What do you know about the word “retard?”

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

- This word is used by people with intellectual disabilities.
- A divisive term.
- This word is used by people without intellectual disabilities.
- This word is objectionable.
- Popular term used by the media.
- Word referring to people with intellectual disabilities.
- Term of affection that people call one another.
- Positive word referring to people with intellectual disabilities.
- Negative word referring to people with intellectual disabilities.

To what extent do you agree with the use of the word “retard” or “retarded” as acceptable now?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

To what extent do you agree with individuals who believe that the use of the word “retard” between people is a way to turn a long-used negative slur into a positive, acceptable term?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you agree with a close friend calling you “retard” or “retarded”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

To what extent do you use the term “retard” or “retarded”?

(Answer on a Likert 1-5 scale | never → sometimes → often)

Explain your answer.

Open-ended

To what extent would you be friends with someone who frequently uses the word “retard” or “retarded?”

(Answer on a Likert 1-5 scale | never → maybe → definitely)

In your perception, describe your use and interactions regarding the use of the term “retard.”

Open-ended

To what extent do you think that the term “retard” is like the term “nigger”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “spic”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “chink”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “fag”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “kike”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Before today, had you ever seen the Public Service Announcement (PSA) you just viewed?

- Yes/No
- If Yes, how recently did you view it?
 - Within the past week
 - Within the past month
 - Within the past year
 - Within the past 3 years
 - More than 3 years ago

Before today, had you ever seen a PSA similar to the PSA you viewed?

- Yes/No
- If Yes, how recently did you view it?
 - Within the past week
 - Within the past month

- Within the past year
- Within the past 3 years
- More than 3 years ago

Before today, had you ever seen any PSA asking you not to use the word “retard” or “retarded?”

- Yes/No
- If Yes, how recently did you view it?
 - Within the past week
 - Within the past month
 - Within the past year
 - Within the past 3 years
 - More than 3 years ago
- If Yes, please explain the details of the PSA, to the best of your ability.
 - *Open ended*

APPENDIX D

Control Group's Survey Questions: Attitude toward the r-word

Have you ever heard a person call someone a “retard” or “retarded”?

Yes/No

To what extent does the word “retard” or “retarded” make you think of someone with an intellectual disability (an intellectual disability used to be called mental retardation)?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

When you hear someone call another person a “retard” or “retarded,” what do you do?

Please check all that apply.

- Tell the person it is wrong to say
- Join in and call the person a “retard” too
- Feel bad or sorry for the person being called a “retard” or “retarded”
- Laugh
- Do nothing
- Don't feel the word is appropriate but do nothing
- Don't care
- Other (open field)
- I've never heard someone call another person a “retard” or “retarded”

Who do you know who uses the word “retard” or “retarded”? Please check all that apply.

- Family member
- Teacher
- Someone on TV
- Someone in music

- Friend
- A kid who is not my friend
- Myself
- Another adult
- Other (open field)

Do you use the word “retard” or “retarded”?

Yes/No

Who do you call a “retard” or “retarded”? Please check all that apply.

- Friend
- Family member
- Significant other
- Stranger
- Neighbor
- Myself
- Other
- I don't use the word

Have you ever heard a person call someone with an intellectual disability (an intellectual disability used to be called mental retardation) a “retard”?

Yes/No

When you heard this person call someone with an intellectual disability (an intellectual disability used to be called mental retardation) a “retard” what did you do? Please check all that apply.

- Told the person it was wrong to say

- Joined in and called the person a “retard” too
- Felt bad or sorry for the person being called a “retard” or “retarded”
- Laughed
- Did nothing
- Didn’t feel the word was appropriate but did nothing
- Didn’t care
- Other (open field)
- I’ve never heard someone call another person a “retard” or “retarded”

Who do you know that has an intellectual disability (an intellectual disability used to be called mental retardation)? Please check all that apply.

- Student in my class
- Student at my school but not in my class
- Friend who goes to my school
- Friend who doesn't go to my school
- Student in my class in grade school or high school
- Student at my school in grade school or high school but not in my class
- Friend of mine in grade school or high school
- Family member
- Neighbor
- Someone else
- I don't personally know anyone with an intellectual disability

I consider the word “retard” or “retarded”:

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

- A respectful term.
- A derogatory term.
- A term only people with intellectual disabilities can use in public.
- Necessary in some cases.
- Unnecessary in all cases.
- A divisive term.

To what extent do you agree with using the word “retard” or “retarded”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

What do you know about the word “retard?”

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

- This word is used by people with intellectual disabilities.
- A divisive term.
- This word is used by people without intellectual disabilities.
- This word is objectionable.
- Popular term used by the media.
- Word referring to people with intellectual disabilities.
- Term of affection that people call one another.
- Positive word referring to people with intellectual disabilities.
- Negative word referring to people with intellectual disabilities.

To what extent do you agree with the use of the word “retard” or “retarded” as acceptable now?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

To what extent do you agree with individuals who believe that the use of the word “retard” between people is a way to turn a long-used negative slur into a positive, acceptable term?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you agree with a close friend calling you “retard” or “retarded”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Explain your answer.

Open-ended

To what extent do you use the term “retard” or “retarded”?

(Answer on a Likert 1-5 scale | never → sometimes → often)

Explain your answer.

Open-ended

To what extent would you be friends with someone who frequently uses the word “retard” or “retarded?”

(Answer on a Likert 1-5 scale | never → maybe → definitely)

In your perception, describe your use and interactions regarding the use of the term “retard.”

Open-ended

To what extent do you think that the term “retard” is like the term “nigger”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “spic”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “chink”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “fag”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

To what extent do you think that the term “retard” is like the term “kike”?

(Answer on a Likert 1-5 scale | strongly disagree → neutral → strongly agree)

Have you ever seen a Public Service Announcement (PSA) asking you not to use the word “retard” or “retarded?”

- Yes/No
- If Yes, how recently did you view it?
 - Within the past week
 - Within the past month
 - Within the past year
 - Within the past 3 years
 - More than 3 years ago
- If Yes, please explain the details of the PSA, to the best of your ability.
 - *Open-ended*

APPENDIX E

Survey Questions: Participant Demographic Information

Age: _____

What state did you grow up in (or spend the majority of your childhood)? _____

Number of years of college completed:

1 2 3 4 Other: _____

What is your major? _____

Do you consider yourself to be:

Male Female Other: _____

Do you consider yourself to be:

Gay Lesbian Bisexual Heterosexual Transsexual Transgender Other: _____

Do you consider yourself to be:

Jewish Christian Buddhist Muslim Hindu Agnostic Atheist Other: _____

Do you consider yourself to be:

African-American Asian-American Caucasian/White Hispanic Native American
Pacific Islander Other: _____

Do you have any form of a physical disability(s)? Yes/No

If yes, please explain.

Do you have any form of an intellectual disability(s)? Yes/No

If yes, please explain.

Does a person close to you have a physical disability(s)? Yes/No

If yes, please explain.

Does a person close to you have an intellectual disability(s)? Yes/No

If yes, please explain.

Do you have any experience with people with physical disabilities? Yes/No

If yes, how much?

Do you have any experience with people with intellectual disabilities? Yes/No

If yes, how much?

Do you watch the television show “Glee?”

Yes, I watch it regularly No, I never watch it Sometimes I watch it

APPENDIX F

Informed Consent Form

Georgia State University

Department of Communication

Informed Consent Form

Title: Public Service Announcement Study (Experimental Group)

Principal Investigator: Vann Morris and Dr. MaryAnn Romski

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to learn how to create effective Public Service Announcements. You are invited to participate because of your age. A total of 1,873 students will be recruited for this study.

Participation will require 10 minutes of your time, at this one time.

II. Participation:

If you decide to participate, you will not interact with anyone. You will do this study wherever you choose. We recommend you complete this study in private.

We recommend you wear headphones.

You will receive 5 points of extra credit for your participation.

Your participation in this study will require a total of ten minutes of your time. You have one week to start the study. Once you start the study you will watch a 30-second Public Service Announcement. You will then answer questions about it on an online questionnaire. When you finish, you will not do anything else. You will only participate in this study one time.

If you wish to receive five extra credit points but not take part in the study, contact Vann Morris (vmorris1@gsu.edu) for another assignment. You will have no penalty if you choose not to participate. You will not make your teacher upset if you choose not to participate.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. Some of you may be stunned by the Public Service Announcement. If you experience emotional discomfort, you may contact the Georgia State University Counseling Center. It is free of charge. You can call them at 404.413.1640. Or, you can visit them at 75 Piedmont Avenue, NE, Suite 200A.

IV. Benefits:

Participation in this study may not benefit you personally. Participation in this study has potential benefits for society. Overall, we hope to gain information about how to create effective Public Service Announcements.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in this study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose the extra credit to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private to the extent allowed by law. Vann Morris and Dr. MaryAnn Ronski will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly [such as the GSU Institutional Review Board and the Office for Human Research Protection (OHRP)].

We will use a study number rather than your name on study records. The data sent over the Internet may not be secure, but we will not be collecting IP addresses for your privacy. The information you provide will be stored on password- and firewall-protected computers. The computers are kept in a locked laboratory.

Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

You will enter your name and Professor's name for extra credit. This information will be kept separate from your answers. Your answers will have no identifying information. Once your name has been given to your professor, the sheet with your name will be destroyed.

VII. Contact Persons: Contact Vann Morris if you have any questions, concerns, or complaints about this study. You can reach Vann at 404-788-3095 or vmorris1@gsu.edu.

If you want to talk to someone who is not part of the study team, contact Susan Vogtner. She is with the Georgia State University Office of Research Integrity. You can call her at 404-413-3513. You can email her at svogtner1@gsu.edu. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII: Copy of Consent Form to Subject: You may print a copy of this consent form to keep.

**IF YOU ARE WILLING TO VOLUNTEER FOR THIS RESEARCH, PLEASE
CONTINUE BY PRESSING THE BLUE ARROW AT THE BOTTOM RIGHT.**

APPENDIX G

Informed Consent Form

Georgia State University

Department of Communication

Informed Consent Form

Title: Public Service Announcement Study (Control Group)

Principal Investigator: Vann Morris and Dr. MaryAnn Romski

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to learn how to create effective Public Service Announcements. You are invited to participate because of your age. A total of 1,873 students will be recruited for this study.

Participation will require 10 minutes of your time, at this one time.

II. Participation:

If you decide to participate, you will not interact with anyone. You will do this study wherever you choose. We recommend you complete this study in private.

You will receive 5 points of extra credit for your participation.

Your participation in this study will require a total of ten minutes of your time. You have one week to start the study. Once you start the study, you will answer questions on an online questionnaire. When you finish, you will not do anything else. You will only participate in this study one time.

If you wish to receive five extra credit points but not take part in the study, contact Vann Morris (vmorris1@gsu.edu) for another assignment. You will have no penalty if you choose not to participate. You will not make your teacher upset if you choose not to participate.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. Some of you may be stunned by the words in the online survey. If you experience emotional discomfort, you may contact the Georgia State University Counseling Center. It is free of charge. You can call them at 404.413.1640. Or, you can visit them at 75 Piedmont Avenue, NE, Suite 200A.

IV. Benefits:

Participation in this study may not benefit you personally. Participation in this study has potential benefits for society. Overall, we hope to gain information about how to create effective Public Service Announcements.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in this study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose the extra credit to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private to the extent allowed by law. Vann Morris and Dr. MaryAnn Romski will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly [such as the GSU Institutional Review Board and the Office for Human Research Protection (OHRP)].

We will use a study number rather than your name on study records. The data sent over the Internet may not be secure, but we will not be collecting IP addresses for your privacy. The information you provide will be stored on password- and firewall-protected computers. The computers are kept in a locked laboratory.

Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

You will enter your name and Professor's name for extra credit. This information will be kept separate from your answers. Your answers will have no identifying information. Once your name has been given to your professor, the sheet with your name will be destroyed.

VII. Contact Persons: Contact Vann Morris if you have any questions, concerns, or complaints about this study. You can reach Vann at 404-788-3095 or vmorris1@gsu.edu.

If you want to talk to someone who is not part of the study team, contact Susan Vogtner. She is with the Georgia State University Office of Research Integrity. You can call her at 404-413-3513. You can email her at svogtner1@gsu.edu. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII: Copy of Consent Form to Subject: You may print a copy of this consent form to keep.

**IF YOU ARE WILLING TO VOLUNTEER FOR THIS RESEARCH, PLEASE
CONTINUE BY PRESSING THE BLUE ARROW AT THE BOTTOM RIGHT.**

APPENDIX H

Informed Consent Form

Georgia State University

Department of Communication

Informed Consent Form

Title: Pilot Study: Public Service Announcement Study (Experimental Group)

Principal Investigator: Vann Morris and Dr. MaryAnn Romski

I. Purpose:

You are invited to participate in a pilot study. The purpose of this pilot study is to test if an online survey works and is user-friendly. You are invited to participate because of your age. A total of 35 students will be recruited for this pilot study. Participation will require 10 minutes of your time, at this one time.

II. Participation:

If you decide to participate, you will not interact with anyone. You will do this study wherever you choose. We recommend you complete this study in private.

We recommend you wear headphones.

You have one week to start the study. Once you start the study, you will watch a 30-second Public Service Announcement. You will then answer questions about it using an online survey. When you finish, you will not do anything else. You will only participate in this study one time. Your participation in this study will require a total of 10 minutes of your time.

You will receive 10 extra credit points for your participation. If you wish to receive 10 extra credit points but not take part in the study, your professor will give you another assignment to get 10 extra credit points.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. Some of you may be stunned by the Public Service Announcement. If you experience emotional discomfort, you may contact the Georgia State University Counseling Center. It is free of charge. You can call them at 404.413.1640. Or, you can visit them at 75 Piedmont Avenue, NE, Suite 200A.

IV. Benefits:

Participation in this study may not benefit you personally. Participation in this pilot study has potential benefits for society. Overall, we hope to gain information about how to create effective Public Service Announcements.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this pilot study. If you decide to be in this study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose the extra credit to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private, to the extent allowed by law. Vann Morris and Dr. MaryAnn Ronski will have access to the information you provide. Information may be shared with those who make sure the study is done correctly [such as the GSU Institutional Review Board and the Office for Human Research Protection (OHRP)].

We will not use your name on study records. We will use a study number for study records. The data sent over the Internet may not be secure, but we will not be collecting IP addresses for your

privacy. The information you provide will be stored on password- and firewall-protected computers. The computers are kept in a locked laboratory.

Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

You will enter your name and Professor's name for extra credit. This information will be kept separate from your answers. Your answers will have no identifying information. Once your name has been given to your professor, the sheet with your name will be destroyed.

VII. Contact Persons: Contact Vann Morris if you have any questions, concerns, or complaints about this study. You can reach Vann at 404-788-3095 or vmorris1@gsu.edu.

If you want to talk to someone who is not part of the study team, contact Susan Vogtner. She is with the Georgia State University Office of Research Integrity. You can call her at 404-413-3513. You can email her at svogtner1@gsu.edu. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII: Copy of Consent Form to Subject: You may print a copy of this consent form to keep. If you agree to participate in this research, please continue with the survey.

APPENDIX I

Informed Consent Form

Georgia State University

Department of Communication

Informed Consent Form

Title: Pilot Study: Public Service Announcement Study (Control Group)

Principal Investigator: Vann Morris and Dr. MaryAnn Romski

I. Purpose:

You are invited to participate in a pilot study. The purpose of this pilot study is to test if an online survey works and is user-friendly. You are invited to participate because of your age. A total of 35 students will be recruited for this pilot study. Participation will require 10 minutes of your time, at this one time.

II. Participation:

If you decide to participate, you will not interact with anyone. You will do this study wherever you choose. We recommend you complete this study in private.

You have one week to start the study. Once you start the study, you will answer questions on an online questionnaire. When you finish, you will not do anything else. You will only participate in this study one time. Your participation in this study will require a total of 10 minutes of your time.

You will receive 10 extra credit points for your participation. If you wish to receive 10 extra credit points but not take part in the study, your professor will give you another assignment to get 10 extra credit points.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. Some of you may be stunned by the words in the online survey. If you experience emotional discomfort, you may contact the Georgia State University Counseling Center. It is free of charge. You can call them at 404.413.1640. Or, you can visit them at 75 Piedmont Avenue, NE, Suite 200A.

IV. Benefits:

Participation in this study may not benefit you personally. Participation in this pilot study has potential benefits for society. Overall, we hope to gain information about how to create effective Public Service Announcements.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this pilot study. If you decide to be in this study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose the extra credit to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private, to the extent allowed by law. Vann Morris and Dr. MaryAnn Romski will have access to the information you provide. Information may be shared with those who make sure the study is done correctly [such as the GSU Institutional Review Board and the Office for Human Research Protection (OHRP)].

We will not use your name on study records. We will use a study number for study records. The data sent over the Internet may not be secure, but we will not be collecting IP addresses for your privacy. The information you provide will be stored on password- and firewall-protected computers. The computers are kept in a locked laboratory.

Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

You will enter your name and Professor's name for extra credit. This information will be kept separate from your answers. Your answers will have no identifying information. Once your name has been given to your professor, the sheet with your name will be destroyed.

VII. Contact Persons: Contact Vann Morris if you have any questions, concerns, or complaints about this study. You can reach Vann at 404-788-3095 or vmorris1@gsu.edu.

If you want to talk to someone who is not part of the study team, contact Susan Vogtner. She is with the Georgia State University Office of Research Integrity. You can call her at 404-413-3513. You can email her at svogtner1@gsu.edu. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII: Copy of Consent Form to Subject: You may print a copy of this consent form to keep. If you agree to participate in this research, please continue with the survey.

APPENDIX J**Survey Questions: Pilot Study Participants**

Please answer the following questions based upon your experience completing this online survey.

Were you able to complete the survey?

Yes/No

If you answered "No" above, please explain why.

Overall, did the online survey process make sense to you?

Yes/No

If you answered "No" above, please explain why.

Do you have any recommendations for improving the online survey process?

Yes/No

If you answered "Yes" above, please explain why.

Overall, did you notice any issues, or anything of concern, while completing the survey?

Yes/No

If you answered "Yes" above, please explain why.

How long did it take you to complete this survey?

What device did you use to complete this survey?

- Apple iPad
- Apple Desktop
- Apple Laptop
- Tablet (enter type below)
- PC Desktop
- PC Laptop
- iPhone
- Android Phone
- Phone (enter type below)
- Other (please enter below)

What browser are you currently using?

- Internet Explorer
- Mozilla Firefox
- Google Chrome
- Netscape

APPENDIX K

Used the r-word	Incident	Number of Incidents	Example
Never	Negative term.	77	“The term is inappropriate.”
	Reiteration that they never used the r-word.	65	“I do not use the word.”
	They used to use the r-word and stopped.	13	“I remember using the word when I was extremely young. However, once I learned what the word meant, I’ve stopped saying it.”
	They knew people with intellectual disabilities.	8	“I know special education people and it’s hurtful to call people that.”

Used the r-word	Incident	Number of Incidents	Example
Sometimes	Used it only toward themselves, friends and family.	32	“I use the word among friends and family.”
	Used it jokingly toward friends and family.	28	“I sometimes use it within my circle of friends when joking around.”
	Used it in a joking manner.	18	“I use it to joke around but don’t say it to insult people.”
	As a substitution for “stupid.”	10	“Depends on whether or not someone does something stupid.”
	Did not use it toward a person with an intellectual disability.	6	“I’ll use it when I’m joking with a friend or a family member who doesn’t have any disabilities.”
Often	Used it with their friends.	8	“I call my friends retarded when they act stupid.”

Agreed with using the	Incident	Number of Incidents	Example
r-word			
Across Groups			
Disagreed	Negative term.	109	“Because it’s wrong.”
	Understood connection between the r- word and intellectual disability.	55	“I feel like it is an insult to someone with an intellectual disability.”
	“Offensive” term.	27	“The word is highly offensive and can hurt somebody.”
	“Disrespectful” term.	17	“The word is rude and disrespectful and completely inconsiderate.”

Agreed with using the r-word	Incident	Number of Incidents	Example
Between Groups			
Disagreed			
PSA 1	Minority slur.	5	“Just like racial slurs are hurtful, we don’t realize being called retarded is just as bad.”
PSA2	“Hurtful” term.	9	“It is a hurtful word that has no use in a person’s daily lexicon.”
Control	There was a better alternative.	6	“I don’t think it should ever be used, and there are plenty of alternatives.”

Agreed with using the r-word	Incident	Number of Incidents	Example
Across Groups			
Agreed	Depended on context.	8	“In the context I and several others know and use it in, it isn’t meant to be harmful; more of a joking manner.”

Agreed with a close friend calling them the r-word	Incident	Number of Incidents	Example
Disagreed	Negative term.	78	“Retard’ word is insulting.”
	Understood connection between the r- word and intellectual disability.	25	“It shouldn’t be used because I’m not clinically retarded.”
	“Offensive” term.	22	“To anyone that is just an offensive term.”
	It would be insulting or hurt their feelings.	13	“Being called that is insulting.”

Agreed with a close friend calling them the r-word	Incident	Number of Incidents	Example
Agreed	Knew their friend was joking.	19	“Me and my friends kid around. We know that no harm is intended.”
	Because the person was their friend.	16	“It is very negative still, however they are your friends and so they mean it in a good way or in a joking perspective. They are not out to harm you.”
	Would not bother them.	9	“I am not bothered by it.”
	Would not take offense to the word.	7	“It’s not offensive, it’s just joking between friends.”
	Understood connection between the r-word and intellectual disability.	6	“The key word is <i>close</i> . They are aware that I have no handicap and I am aware that they mean no connection to a person of such disabilities.”

R-word is an acceptable term today	Incident	Number of Incidents	Example
Disagreed	Not an acceptable term.	115	“It should not be acceptable to use the term, period.”
	Negative term.	62	“Because it’s simply wrong.”
	Understood connection between the r-word and intellectual disability.	39	“You have to consider how the people who really do have an intellectual disability would feel if they heard you saying that.”
	“Offensive” term.	21	“It is an offensive word.”

R-word is an acceptable term today	Incident	Number of Incidents	Example
Agreed	If it was not directed toward a person with an intellectual disability it was acceptable.	6	“As long as you are not referring to a person that is mentally retarded, I don’t care.”
	It was acceptable in society today.	5	“It’s acceptable, maybe not positive but it’s acceptable. Because it’s in songs and everything else.”

Uses and interactions with the r-word	Incident	Number of Incidents	Example
Did not use the r-word or believe the r-word should be used.	63	“I don’t use the word.”	
Negative term.	30	“It’s rude.”	
Understood connection between the r- word and intellectual disability.	37	“Having family members with disabilities, I understand the hurtful connotations of the word.”	
Context was important.	32	“My friends and I use the word retarded when we are messing around with each other. We don’t use it negatively towards those with mental retardation.”	

Uses and interactions with the r-word	Incident	Number of Incidents	Example
Only used it with friends and family.	59	“It’s only used among friends.”	
Used it as an insult when someone did something stupid or dumb.	48	“That was retarded or that was stupid has the same meaning behind it. I use it as another way to say that an action was done inappropriately.”	
Used it in a joking manner.	32	“Just jokingly.”	
Used it when joking with friends or family.	21	“I only use the word loosely when joking with friends.”	
Actively opposed the r-word when it was used.	20	“I do not use the word and if someone I know does I explain to them why I feel it is wrong.”	

Uses and interactions with the r-word	Incident	Number of Incidents	Example
	Used it when someone was funny.	17	“Like I said, the way I use retard is never in a disrespectful manner. It’s usually to let someone know that what they did or said was funny.”
	Judged a person who used the r-word.	10	“Most of the time, if the person I am in a conversation with uses it, I do not start lecturing them about the word, but I do make a mental note that they said it. It usually counts against them.”