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**INVESTIGATING THE EFFECTS OF OBJECTIVE SELF-AWARENESS ON THE
MEANING ATTRIBUTIONS AND JOB-HUNTING BEHAVIORS
OF PERSONS WITH VISIBLE DISABILITIES.**

By

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ABSTRACT

INVESTIGATING THE EFFECTS OF OBJECTIVE SELF-AWARENESS ON THE MEANING ATTRIBUTIONS AND JOB-HUNTING BEHAVIORS OF PERSONS WITH VISIBLE DISABILITIES.

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The theory of objective self-awareness (Duval & Wicklund, 1972) has fueled a tremendous amount of social psychological research. The authors developed this theory in an effort to better understand the reasons why people conform their beliefs and behaviors to the larger society. Objective self-awareness refers to that moment in a particular situation when an individual feels him or herself to be the focus of attention. In this state, the person is then theorized to negatively evaluate those characteristics that distinguish him or her from the group. As a result, the person's behavior—even beliefs—will likely be altered in order for the person to appear less distinct from others. Decades of research in social psychology have produced reliable results in individual behavior using mirrors, video equipment, and voice recordings to induce such a state in individuals, and groups.

People with visible disabilities frequently experience stigma during social interaction because of the sometimes-obvious differences that distinguish them from the group. As a result, persons with visible disabilities likely stand a greater risk of experiencing stigma. In response, rehabilitation scholars have long documented the need

to extend research deeply within the social interactions that occur between persons with disabilities and the able-bodied.

This investigation examined how objective self-awareness would affect the meaning attributions and job-seeking behaviors of persons with visible disabilities. It was hypothesized that individual meaning attributions would be less positive for persons with high levels of public self-consciousness after objective self-awareness was induced in an experimental condition. It was likewise hypothesized that self-reported job-hunting behaviors would indicate less assertiveness after objective self-awareness was induced. The predicted statistical significance was not achieved. A fifth hypothesis predicted that gender would significantly interact with the experimental condition, however the hypothesis was not supported. Some adventitious findings did emerge as gender had a significant effect on 3 of the 10 meaning attribution variables. The implications for rehabilitation education, practice, and future research are discussed.

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LIST OF ABBREVIATIONS

ANOVA.....	Analysis of Variance.
JHA.....	Job-Hunting Assertiveness.
MANOVA.....	Multivariate Analysis of Variance.
MCTI.....	Michigan Career and Technical Institute.
MDCD-RS.....	Michigan Department of Career Development-Rehabilitation Services.
PSC.....	Public Self-Consciousness.
LevelPSC.....	Individual Level (high or low) of Public Self-Consciousness.
OSA.....	Objective Self-Awareness.

Chapter 1

INTRODUCTION

Does self-consciousness affect how a person thinks about him or herself in different situations? Social scientists and psychologists have studied this question for decades (e.g., Cooley, 1902; James, 1890; Mead, 1934) and many would say that it certainly does (Scheier, 1980). For instance, interviewing for a job, inviting someone on a date, and giving a presentation are all common situations that will likely cause a person to feel more self-aware and sometimes self-critical (Duval & Wicklund, 1972). After such an event, the person may be very negative about his or her appearance and performance. “I was terrible!” “I looked foolish!” “Now they will surely think I’m stupid!”

In addition to how people may privately judge themselves, the perceptible behavior of others in a given situation can also affect the self-consciousness of an individual by sending messages that indicate the group’s beliefs toward that person. To illustrate, being highly scrutinized at a cocktail party can affect a person’s anxiety and comfort levels. “Why are they staring at me?” Generally speaking, in any given situation too much or too little attention given to one person (e.g., staring at or ignoring the person altogether) can augment the feeling of not “fitting-in” and increase anxiety causing embarrassment and sometimes shame (Buss, A. H., 1980; cf. Goffman, 1963). However, Arnold Buss (1980) also argued that almost half of the people who are highly self-conscious might not be overly anxious in social situations, presumably because they may not have experienced negative social evaluations (Bruch, Hamer, & Heimberg, 1995). These persons do not perceive themselves to be a social object for any particular reason

other than their mere presence. Why then would shame enter the picture? Buss (1980) stated that one possible enduring cause of shame might be stigma. For instance, he suggested that persons with a physical defect (sic) might be more susceptible to shame. Stated differently, a physical disability does not adhere to certain implicit social standards such as long-lasting beauty and health, thus any individual not meeting these standards in a given situation is at risk of experiencing negative social evaluations.

Digressing, many people may relate to the above self-critical statements from past experience (e.g., "I looked foolish!"). However, on closer inspection such statements imply a deeper issue regarding self-consciousness, particularly when considering Buss' (1980) reference to physical disability. Specifically, how might such negative experiences affect the feelings that a person with a disability has about him or herself across similar situations over time? The presumption here is that self-consciousness and personal meanings may be intimately linked. Being turned down for a date and for a job will likely have different implications for a person depending on which meant more to them. That is, the more something is desired (i.e., a date with a certain person) then the more meaningful it is to the individual. Likewise, the more meaningful something is to a person, the more he or she will feel self-conscious about appearing and performing in such a way that the event has a satisfactory outcome. However, if the person is rejected, then corresponding with the greater meaning ascribed to the situation, he or she will likely experience a more heartfelt disappointment. Thus, the individual may find it easier to interview for another job than to invite another person on a date due to the influence of self-consciousness on connotative meaning.

One plausible explanation for this may be that an individual attributes a distinct personal meaning to each situation encountered. As more situations are encountered, the person may attribute similar meanings to similar situations where, over time, a new belief may become engrained about those situations and the person's assets in them (e.g., "I'm not romantically attractive"). This belief can conceivably be seen as reflecting what the person perceived others to believe about him or her. Such a belief will likely be a determining factor for the future choices a person makes regarding particular situations ("I will stop trying to get a date") (cf. Magnusson, 1981; Pervin, 1981; Rommetveit, 1981). As a result, an individual may decide to engage primarily in those situations conveying personal meanings that promote a desired identity and avoid those situations in which personal meanings demote a desired identity. In effect, the person may begin to "settle for less," which is clearly a significant barrier to the successful adaptation to life with a disability. Adaptation to a disability connotes the restoration of a personal sense of wholeness, bodily experience and integrity, and harmony, or balance, in life (see Charmaz, 1995; Trieschmann, 1988, Vash, 1980; Wright, B. A., 1983; Zola, 1991). In other words, a person's life may feel "lop-sided" if there are desired situations (e.g., finding employment or a partner) that are avoided because of the erroneous belief that one's differences disallow achievement and satisfaction from those particular situations.

The theory of objective self-awareness (Duval & Wicklund, 1972) assumes that when a person becomes increasingly self-conscious, he or she will also become more self-critical and will evaluate him or herself with regard to a perceived set of expectations for a given situation. An example of this is the occasion that a single female in a group of males alters the expression of her political views to avoid or reduce the chance of conflict

or feeling uncomfortably distinct (cf. Chang, Tai Hau, & Mei Gou, 2001). In fact, researchers have revealed that women are typically more self-consciousness (Alanazi, 2001, Schonert-Reichle, 1994) and experience more social stigma than men (Bryan, 1999). Furthermore, the theory of objective self-awareness postulates that, resultant to an increased self-evaluative state; the person will attribute more responsibility to him or herself for any incongruity, deviance, or miscommunication in a particular context. Thus, for a female with a visible disability, what then are the situational implications for personal meaning attribution when that person is highly self-aware, and how does this translate into behavior?

The focus of this investigation was threefold. First, it focused on the effect objective self-awareness (OSA) would have on persons (males and females) with a visible disability and the personal meanings they attribute to specific disability-related concepts. Second, it looked at the effect OSA might have on job-hunting assertiveness behaviors (JHA). The third focus was gender and what additional impact it may have on meaning attributions and assertiveness behaviors.

According to Scheier (1980) and Chang et al. (2001), the presence of others can greatly affect a person's publicly expressed beliefs. One possible implication resulting from the above foci may involve an individual's decisions regarding similar situations across time (i.e., engaging or avoiding certain opportunities). Baumeister (1986) has stated that the beliefs and evaluations a person has about him or herself can be traced developmentally to social interactions (p. 17). Furthermore, from an interactional-phenomenological perspective, the meanings that one attributes to oneself and to stimuli around the self, and the subsequent choices that are made, result from how one interprets

the situation (Hewitt, 2000; Magnusson, 1981; Mead, 1934; Rommetveit, 1981; Spinelli, 1989). Thus, there is a tremendous need to better understand the impact of social interaction and social context on all persons with disabilities (Charmaz, 1995; Gordon, Feldman, & Crose, 1998; Grand, Bernier, & Strohmer, 1982; Strohmer, Grand, & Purcell, 1984; Wright, B. A., 1983, 1980; Zola, 1991).

A central assumption of OSA theory (Duval & Wicklund, 1972) is that a person will become more self-critical as he or she becomes objectively self-aware in social situations (i.e., see themselves as others see them). Specifically, an enhanced focus of attention upon the self will illuminate the differences that exist between the person and others around. Consequently, the objectively self-aware individual will likely perceive more “faults” within him or herself. Likewise, the more time that is spent in a state of OSA, the more a person will feel they fall short of certain social standards or expectations (Duval & Wicklund, 1972; cf. Goffman, 1963). This investigation predicted that a person’s visible disability would typically be perceived as the foremost difference between the person and a group.

The rationale for this experiment emerged from two sources: social stigma and the theory of objective self-awareness. Several authors (see Goffman, 1963; Hahn, 1993; Wright, B. A., 1983; Wright, G. N., 1980) have explored the consequences of stigma resulting from negative social attitudes on an individual’s (or a group’s) self-directed thoughts and outward behaviors. A stigma is said to lessen the social (situational) value of an individual because he or she is believed by others to have attributes that are “incongruous with our stereotype of what a given type of individual should be,” (Goffman, 1963, p. 3, emphasis added). Resultant to such attitudes, people with

disabilities experience the effects of stigma much more than the general population. The acute experience of stigma—in situ—for an individual with a disability presupposes the fact that negative attention is focused upon the person. This is nothing new. Yet, what seems pivotal is the extent to which the inducement of OSA may lead the individual to interpret the negative attention as being realistically based. In other words, can one's personal beliefs about oneself stand up against the perception that others believe differently—and for how long?

As mentioned, the theory of objective self-awareness (Duval & Wicklund, 1972) assumes that when a person is the focus of attention then self-consciousness will increase and his or her differences (i.e., a visible disability) will become salient and assigned responsibility for any enhanced affect. Parenthetically, the theory allows for both positive and negative affect and this investigation did report on both. However, it is anticipated that when objective self-awareness is induced in people with visible disabilities during various social interactions, a negative stigma experience may dominate. Thus, the result may be that the meanings they ascribe to themselves will come to more closely resemble the negative attitudes perceived in situ. Generally, those individuals who are high in self-consciousness will be more vulnerable, and will more readily shift their meanings toward the perceived meanings of others, than will persons low in self-consciousness.

There are many rhetorical considerations for rehabilitation that arise from OSA theory. For instance, what are the long-term consequences for an individual with a disability existing under the lens of an enhanced self-focused attention? What effects might there be on his or her self-esteem, self-efficacy, and overall self-concept? How

might this person alter his or her choices in order to preserve a positive self-concept? Does an extended state of objective self-awareness cause a person to be more vulnerable to depression? Will there be permanent changes made in the meanings that this person attributes to his or her disability as well as to his or her life overall? The answers to such questions may hold vital implications for rehabilitation counseling in general and the adjustment process in particular.

Focus of Attention

Generally, our society values good health, a particular physique, and the concept of “body beautiful” (Hahn, 1993; Wright, B. A., 1983). On the other hand, the concept of disability conveys a devalued meaning to individuals and to society as a whole. Whiteman & Lukoff (1965), investigated reactions to the concept of “blindness” as compared to “blind people”, and the concept of “physical handicap” as compared to “physically handicapped people.” Results indicated that the condition itself (e.g., blindness) was evaluated far more negatively than the person who could not see. What this implies is that the interactant’s focus of attention (i.e., on a person or a characteristic) will likely impact the meanings that are taken away from the interaction. Focus of attention has been suggested as being a determinant of social perception, anxiety, and behavior in social contexts (Fichten & Amsel, 1988; Fichten, Amsel, Robillard, Sabourin, & Wright, 1997). Furthermore, the cultural conditioning of an interactant will produce certain beliefs and opinions for the person prior to engaging in an interaction (Hershenson, 1992).

OSA theory contends that whatever is the focus of attention in any given situation will draw causal attributions. It has been demonstrated that objectively self-aware

persons are more likely to attribute the source of an event to themselves (Duval, 1971). According to Duval and Wicklund's (1972) theory, attributing cause to oneself will occur because the objectively self-aware individual is now aware of him or herself as being somehow "different" from the majority of others. This difference can be analogous to any type of social contradiction, deviance, or disagreement that may arise in a given situation. What this implied for the present investigation was that when a person with a visible disability (e.g., using a wheelchair or having a facial deformity) enters into a social situation where he or she is the only one with a visible disability then he or she will **likely** become objectively self-aware. As a result, that person's attention will be directed **toward** those differences, as they are now the salient characteristics of the situation as a **whole** (i.e., "what is different about this picture?"). That is, the individual becomes **focused** upon him or herself for the same reasons that he or she perceives others' **attention** to be focused.

Expanding on the above scenario, it follows that, depending upon the length of time **in the** objective state, the result may be that the individual begins to question the accuracy **of his** or her own beliefs and may consequently shift these to more closely align with **what** they perceive the majority to believe. For instance, in her dissertation research, Cogswell (1965) reported that, "paraplegics (sic) occasionally discussed how they **defined** themselves but found it much easier to say how they saw others defining them," (p.212).

The use of Video Equipment to induce Self-Consciousness

To test for the effects of objective self-awareness on the personal meanings **attributed** to one's visible disability this investigation employed a video camera and a

television monitor to induce a state of OSA on an experimental group composed of persons with a visible disability. The use of video equipment and mirrors to induce such a self-attentive state has proven extremely reliable over many years in a wide array of experimental manipulations (see Buss, A. H., 1980; Buss, D. M., & Scheier, 1976; Carver & Scheier, 1978; Chang et al, 2001; Duval, 1971; Duval & Wicklund, 1972; Wicklund & Duval, 197; Geller & Shaver, 1975; Samuel & Dollinger 1989). In particular, Wicklund and Duval (1971) found that they could generate individual opinion change in a sample of college undergraduates by inducing OSA using a television camera.

The basic concept put forth is that when a person is confronted with an unavoidable **image** of him or herself (i.e., videotaped image) then the individual will be reminded of **his** or her social status and a state of OSA will be measurably induced. This, in turn, **brings** about the tendency to find fault with or “nit-pick” at oneself because of perceived **differences**. Consequently, the result is theorized to be that the individual’s beliefs now **become** unstable and insecure. The individual begins to question the validity and worth **of his** or her beliefs (i.e., “how can my belief about this be right if everyone else believes **that?**”). Thus, how an individual thinks others perceive him or her in a given situation **can** impact his or her personal beliefs causing the person to alter those beliefs to coincide **with** the beliefs of the majority (cf. Scheier, 1980).

Impact on Adjustment to Disability

What are the possible consequences for such tenuous personal meanings regarding a **person’s** disability? For one, it is conceivable that the individual might feel a threat to **self**-concept and therefore choose to avoid certain situations, such as applying for a job, **enrolling** in a certain course at school, asking for assistance, or inviting someone on a

date. Harvey and Greenway (1984) compared two groups of 9- to 11-year old children with physical disabilities. One group attended a regular public school and the other group was enrolled in a special school. Results from both groups indicated lower self-concepts than a matched sample of children without a physical disability. Contrary to these findings, Sethi and Sen (1981) compared the self-esteem of 8- to 12-year old orthopedically impaired children with a control group matched for age and IQ. Results from the scores of children with a disability indicated higher, but not significantly higher, self-concept scores than the sample of children without a disability. Self-concept has been hypothesized as being a topic of great importance for persons with [especially] visible disabilities (Bracken, 1996). These contrary results may suggest situation-bound influences on the phenomenological experience one has of oneself (cf. Strohmer, Grand, & Purcell, 1984).

Another possible implication for one's tenuous personal meanings might be a direct impact on the person's overall adjustment to disability. For adults who have already established and maintained a lasting identity (e.g., vocational, familial, educational, and financial stability) this may not pose such a problem. However, for younger individuals who are likely to still be forming their identities, it is reasonable to assume that a prolonged objective state of self-awareness may negatively affect the beliefs they have regarding their competencies, abilities, and self-esteem. Consequently, the altering of such personal meanings may affect long-term adjustment to a visible disability vis-à-vis perceived employment opportunities and perceived social and familial interactions. Confirmation of these speculations may hold implications for social interactions, choice

of situations (e.g., places for employment or leisure activities), and situational analysis for persons with disabilities.

Statement and Significance of the Problem

For four decades (the 1950s through the 1980s) a reasonably steady supply of empirical and theoretical research was being conducted on a variety of topics analogous to social interaction like, coping and succumbing (Dembo, Leviton, & Wright, 1956), role acquisition (Cogswell, 1965), socialization and social deviance (Britton & Thomas 1976; Smith-Hanson, 1976), readjustment and socialization (Cogswell, 1968), the effects of state anxiety and initial reactions to disability (Marinelli, 1974), social discomfort (Dunn, 1977), social stereotyping (Weinberg, 1976), self-perception and self-concept (Linkowski & Dunn, 1974; Weinberg-Asher, 1976), psychophysiological responses of the able-bodied (Wesolowski & Deichmann, 1980), and social context (Grand, Bernier, & Strohmer, 1982; Strohmer, Grand, & Purcell, 1984).

Currently, social scientists continue to investigate the interactions between society and persons with disabilities, while in the rehabilitation literature inconsistent attention is now given to these relationships. Recognizing the ubiquitous force that social opinion has on the lives of all individuals (e.g., stigma, status), it is imperative that rehabilitation scholars maintain a concentration upon the interactions between their "clientele" and society at large. A person with a disability can not be rehabilitated in isolation (Britton & Thomas, 1976, emphasis added). Nor can social attitudes be accurately understood and addressed without investigating everyone involved in an integrated social context. Analogously, as humanistic psychology refers to a single individual as comprising a gestalt, or a "whole being" who is greater than the sum of his

or her parts (Ellis, 1973; Shaffer, 1978), an interaction situated in a social context should also be considered greater than the sum of its parts. Thus, in order to understand one part of a social interaction, the whole event and all who are involved must be observed in situ.

Catherine Fichten (1997, 1991, 1988a, 1988b) and her colleagues have maintained a strong drive in the rehabilitation literature toward understanding what effects social interaction may have on the able-bodied and the person with a disability. However, most of her work has been conducted through self-reports provided via hypothetical (scripted) situations. In her 1997 study that looked at disability as attracting attention due to “novelty-effects,” Fichten herself acknowledged that even though certain data indicate that hypothetical and actual interactions often have similar results (see Zweig & Brown, 1985) the analog nature of her investigation “presents a threat to ecological validity,” (p. 221). Though her work has undoubtedly addressed many highly relevant situation-bound issues, ecological validity appears to be at risk throughout.

Thus, a central purpose of this investigation is to address the phenomenological experiences of a person with a disability when feeling objectively self-aware. Specifically, this study focused on the meanings that individuals attributed to disability-related concepts when OSA was induced. This study followed the methods and assumptions of the quantitative research paradigm.

Purpose of the Study

The purpose of this experiment was to test the theory that OSA may adversely influence the meanings that a male or female with a visible disability attributed to specific concepts and situations. In order to induce an objectively self-aware state, the Presence or absence of video camera and a television monitor were employed as the

independent variable. The monitor gave each participant in a treatment group an unavoidable view of his or her image while seated in a small group of people. Two dependent variables were defined as 1) the connotative meanings that a participant attributed to specific disability-related concepts, and 2) that participant's job-hunting assertiveness. Inferences were made regarding the moderating effects of high public self-consciousness on these connotative meanings and self-reported assertive behaviors.

The research questions put forth by this investigation were as follows:

1. Are the meaning attributions for persons with visible disabilities who score high in public self-consciousness different than for persons with visible disabilities who score low in public self-consciousness?
2. What is the effect on the meaning attributions of persons with visible disabilities when objective self-awareness is induced?
3. Is the job-hunting assertiveness for persons with visible disabilities who score high in public self-consciousness different than for persons with visible disabilities who score low in public self-consciousness?
4. What is the effect on job-hunting assertiveness for people with visible disabilities when objective self-awareness is induced?
5. Does gender interact with induced objective self-awareness on meaning attributions and job-hunting assertiveness?

The hypotheses for this investigation have been constructed around the attitudinal (connotative meanings) and behavioral (social avoidance) consistency of the participants (Scheier, 1980) and are listed below:

Hypothesis 1: The meaning attributions for persons with visible disabilities who score high on public self-consciousness will be less positive than for those who score low on public self-consciousness.

Hypothesis 2: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will have significantly less positive meaning attributions than persons who score low on public self-consciousness.

Hypothesis 3: Persons with visible disabilities who score high on public self-consciousness will report less assertive job-hunting behavior than those who score low on public self-consciousness.

Hypothesis 4: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will report significantly less assertive job hunting behaviors than persons who score low on public self-consciousness.

Hypothesis 5: Females will have significantly less positive meaning attributions and less assertive job-hunting behaviors than males after the inducement of objective self-awareness.

As will be described below, rehabilitation clients from five separate locations across **lower** central Michigan were randomly placed into either a treatment or control group **based** on the presence of a visible disability, and their voluntary consent. Participants in

both groups responded to a series of four questionnaires. Briefly, these were a demographic questionnaire that provided the investigator with the characteristics of the sample, the public subscale of the Self-Consciousness Scale-Revised (Carver & Scheier, 1985), the Semantic Differential (Osgood, Suci, & Tannenbaum, 1957), and the Assertive Job-Hunting Survey (Becker, 1980).

The experimental group answered their questionnaires in a room with a television monitor and video camera mounted on a tripod that provided each person a clear view of him- or herself seated with the others. The control group completed the same tasks in a room with no video equipment. Of the four questionnaires, a key factor was the participant's responses to the public subscale of the Self-Consciousness Scale-Revised (Carver & Scheier, 1985). It was expected that the results obtained from the treatment group would reveal a tendency for those scoring high in public self-consciousness (PSC) to report less positive meaning attributions to specified disability-related concepts as indicated by the Semantic Differential. Additionally, the effects of induced objective self-awareness (OSA) were expected to be statistically significant for the same individual meaning attributions for participants scoring high in PSC. Likewise, Semantic Differential results obtained from persons in the control group were expected to reveal more positive meaning attributions.

The Semantic Differential technique, (Osgood, Suci, & Tannenbaum, 1957) elicited each participant's meaning attributions for specific disability-related concepts and situations such as, Having a Visible Disability and Applying for a Job. Finally, the Assertive Job-Hunting Survey (Becker, 1980) provided an indication of the impact that induced OSA had on individual assertiveness toward securing employment.

Definition of Terms

Self-Consciousness

To be self-conscious is “simply the disposition to be aware of the self,” (Carver & Scheier, 1985, p. 149). However, as argued by Hewitt (2000) and Mead (1934), the subsequent meanings that one may attribute to oneself while aware of the self will result from this self-awareness as it relates to a particular social context. Therefore, theoretically, the present investigation will add to this brief definition the concepts of time and space, such that, a person is now aware of him or herself in a particular moment in time. It should be acknowledged that Fenigstein (1979) and Fenigstein, Scheier, and Buss (1975) also articulated the dimension of “private” self-consciousness, and referred to it as an individual’s awareness of personal thoughts and feelings. Included in this awareness is the knowledge of one’s own unique personal history and the events that helped to shape his or her strengths and limitations, likes and dislikes, ambitions, and desires. Yet, as the present study addresses only the effects of public self-consciousness on a person, the concept of private self-consciousness will not be elaborated further.

Public Self-Consciousness

The use of the term public imparts the idea that something is observable and open to the scrutiny of others, thus “the essence of the public state of self-consciousness is the self as a social object,” (Fenigstein, Scheier, and Buss, 1975, p. 525). More specifically, “[p]ublic self-consciousness] refers to the tendency to think about those self-aspects that are matters of public display, qualities of the self from which impressions are formed in other people’s eyes,” (Scheier & Carver, 1985, p. 687). Public self-consciousness, as defined by Fenigstein et al. (1975), may result from either transient contextual variables

or chronic dispositions. Yet regardless of these two possibilities, individual public self-consciousness may certainly be enhanced when in the presence of others. However, for the purposes of this study, public self-consciousness was treated as dispositional.

Objective Self-Awareness

Objective self-awareness (Duval & Wicklund, 1972) is the guiding theory for this investigation and will be thoroughly discussed in Chapter 2. It was selected because of its ease of application and its relevance for rehabilitation theory and practice. Duval and Wicklund described the concept as a context dependent state of attention that is focused exclusively upon oneself. Hence, the basic element of public self-consciousness is the realization that one is the object of another's interpretation. This notion alone bears tremendous phenomenological implications such as evaluation anxiety (cf. Inoue, 1980; Laing, 1967,1965; Laing, Phillipson, & Lee, 1966). As employed in this study, objective self-awareness represented a context dependent state of increased awareness of oneself as the object of others' attention.

Visible Disability

Very simply, for the purpose of this study, a visible disability may be any congenital or acquired nontrivial distinguishing physical characteristic that is the result of disease or injury and has been, or can be, medically confirmed as such. For instance, the use of a wheelchair or cane and any observable impairment, disfigurement or deformity as a result of fire, injury or violence all provide the conceptual parameters for this category.

Personal Meanings

Philosophers have pointed out that meaning corresponds to language and can refer to relationships that a person may have with another person, object or event (Gadamer, 1976; Russell, 1940). Social scientists have similarly linked meaning with social interaction and intentional conduct (Hewitt, 2000; Mead, 1934; cf. Creelman, 1966). Phenomenologists extend the definition of meaning and emphasize meaning to be a descriptive process. How a person interprets what is stimulating his or her senses will determine what those stimuli mean (de Mural, 1974; Spinelli, 1989). The interpretation of a particular situation will thus determine personal meanings and subsequent behavior.

Social Roles

The concept of role is one of the most widely used in the social sciences. The conventional view regards a role as a unique cluster of duties and/or behaviors that are associated with a particular social position, or status (Hewitt, 2000, 1984; Newcomb, 1950; Shibutani, 1961). A person's role can be said to "explain" or to define, for the individual and others, who he or she is, and what he or she is expected to do in a given situation.

Assumptions and Limitations

The foremost assumption underlying this investigation was that a video camera and television monitor would induce a state of objective self-awareness in people with visible disabilities. Decades of empirical investigations have provided ample validity and reliability for this method using a variety of population samples. However, a manipulation check of the independent variable was conducted because it has yet to be empirically determined whether video equipment will reliably produce similar effects on

a sample of persons with disabilities. Still, the work of several rehabilitation and social science scholars (see Baumeister, 1986; Buss, A. H., 1980; Buss, D. M., & Scheier, 1976; Carver & Scheier, 1978; Cogswell, 1965; Duval & Wicklund, 1972; Geller & Shaver, 1975; Goffman, 1963; Safilios-Rothschild, 1970; Samuel & Dollinger 1989; Trieschmann, 1988; Wicklund & Duval, 1971; Wright, B. A., 1983), indicate that when an individual is reminded of his or her prescribed social status and role, vis-à-vis a visual or audio recording, or a mirrored reflection, then some self-evaluations will ensue. To approximate such an event, the study's recruits were asked to complete questionnaires in groups of at least two with a treatment condition that additionally exposed those participants to their images projected onto a television monitor.

A second assumption concerned the generalizability of the results. Group equivalence is a necessary element of between-groups designs such as employed here. However, since this investigation was concerned with the effects of PSC on a person with a visible disability, different disability types will be included. While this could threaten the generalizability of the results to a specific disability, it could more effectively reflect the public at large. Age was controlled for such that only people eighteen years old or older were asked to participate. Included also were racially diverse females and males with either an acquired or congenital visible disability other than a visual impairment. Having representatives from both genders and diverse backgrounds reflected a typical community. Visually impaired persons were not be recruited for this particular study because it is unknown how a lack of sight may influence feelings of self-consciousness. Moreover, since the intervention is visually based it could not possibly work with persons who are visually impaired.

Finally, this experiment was limited to the use of a convenience sample that ***precluded*** the adequate use of a non-disabled cohort by which to measure population ***differences***. While this posed a problem when generalizing to the larger society, the ***results*** of this experiment still produced some valuable information regarding the specific ***effects*** of OSA on the connotative meanings and assertiveness of persons with different ***visible*** disabilities.

Chapter 2

LITERATURE REVIEW

From an existential-phenomenological perspective, when a person approaches a **situation** he or she can be aware of only part of it (typically those aspects that are most **salient**) and, thus, lacking a sense of the entire context, the person is likely to **misunderstand** the situation and all that it may imply (de Mural, 1974; Merleau-Ponty, **1989**; Valle & Halling, 1989). Moreover, an individual's interpretation of a current situation is theorized to be determined in large part by past experiences. A person's past **experiences** are always present when interpreting a current situation and the "unconscious" is the mechanism that directs this process (Fischer, 1989). One's "consciousness" then, is considered the window through which a present experience is **revealed** and made available for interpretation by the unconscious. Thus, people interpret **only** what they think they see, and these interpretations become engrained in memory. **Situations** that hold positive or negative connotations for a person are anticipated and the **individual** may likely continue to make decisions about whether to avoid or engage with **new** situations based on this memory. This process creates a pattern for the person that **may** have a tremendous impact on future opportunities and, in particular, adjustment to a **disability**.

Most of the research cited in this review was selected for its emphasis on these **phenomenological** aspects of individuals with disabilities. Other work was selected for **its** analogous content on situation selection and interpretation and the subsequent creation **of** personal meaning.

Approaching the Problem

Typically, the “success” of one’s adjustment to a disability is largely assessed by **the** individual’s rehabilitation counselor, or whoever may be overseeing the person’s **rehabilitation** process. In keeping with rehabilitation philosophy, client self-report plays **a large** role in this determination. However, this assumes that the client with a disability **and** the counselor (who may or may not have a disability) will connotatively structure **their** worlds the same. Metaphorically, what “success” means to a client will likely be **qualitatively** different from how a counselor defines the term. A closer look at the value-systems of clients is thus warranted. Such an inspection seems imperative for many **reasons**, especially because the personal or subjective meaning that the individual **ascribes** to his or her disability is paramount to the rehabilitation (i.e., adjustment) **process** (Trieschmann, 1988; Wright, G. N., 1980). One’s connotative meanings can be **significantly** influenced by the attitudes of society at large (i.e., zeitgeist), others nearby, **and** the person’s ability to effectively negotiate his or her immediate environment. To a **person** with a disability, discriminatory attitudes or environmental restrictions can **substantially** limit the range of activities available to occupy his or her time in meaningful **and** enjoyable ways and promote a sense of quality to one’s life. Thus, Shontz (1991) **asse**rted that a person’s disability is but one of many factors (e.g., physical, social, **voc**ational, etc.) to cope with, and is often a comparatively minor one in terms of a **per**son’s total adjustment.

It has been argued that one’s behavior does not exist except in relation to certain **situational** conditions, that is to say, neither one’s behavior nor the environment can be **understood** in isolation, that each influence the other in meaningful ways (Lewin, 1935;

Magnusson, 1981; Shontz, 1975; Trieschmann, 1988; Valle & Halling, 1989; Watts, 1961). Moreover, of primary concern to an individual is the degree to which his or her behavior remains consistent and self-regulated across environments or contexts and over time (Snyder, 1983). Krahe (1992, 1990) referred to this as coherence, and hypothesized that persons who perceive various situations as being similar in context will tend to demonstrate similar behavior. Situations are considered similar to the extent that they provide positive reinforcement (Krahe, 1992). It is difficult to utilize this concept in terms of reinforcement for persons with a visible disability, because coherence of situations seemingly presupposes three conditions; 1) that an individual desires to engage with a situation, 2) that the individual is physically able to negotiate certain situational interactions such as steps that impede a wheelchair or weather conditions that might exacerbate muscle cramping and pain and, 3) that the individual is allowed to engage with a situation (i.e., is not discriminated against). This third condition is of the greatest importance to this investigation as it imports strong implications for self-consciousness, meaning attribution, and roles assigned in-situ. Specifically, the effects of perceived negative social attitudes and evaluations may obstruct the individual's ability to remain flexible and "personalize" situational roles to fit his or her needs and desires, while at the same time adhering to social norms (cf. Duval & Wicklund, 1972).

Historical Antecedents

To clarify an a priori assumption of rehabilitation philosophy; a handicap is said to emerge from the interactions that occur between a person with an impairment and the situational elements of the physical and social environments (Batavia, 1993; Livneh & Antonak, 1997; Maki & Riggard, 1997; Trieschmann, 1988; Wright, B. A., 1983).

Beatrice Wright has long been an advocate for investigating the situational precursors of behavior (1983; 1980; cf. Barker, Wright, Meyerson, & Gonick, 1953) and, taking her lead from Fritz Heider, affirmed, “the environment is the medium that allows the person to act, just as sound waves are the medium that allow the person to hear,” (p. 42).

For centuries, Oriental philosophies (e.g., Taoism, Buddhism) have asserted the notion that an individual is not born into the world, but emerges out of the world, and is therefore an inseparable part of the world (Watts, 1951,1961). This view bears significant implications for rehabilitation especially when placed under the light of Kurt Lewin’s Person, Environment Fit Theory (1935). Lewin held the conviction that a person and his or her environment are interdependent, that each exists as a separate yet integral aspect of the other. Of particular importance here is the presence of the comma rather than a mathematical operator in the expression $B=f(P,E)$. “It is not the person and the environment which determine behavior, but a person-environment unit—the life space” (Ozer, 1986, p. 8). Although this is not a novel idea for rehabilitation research, what this insight means is that both the individual and the environment can and do impact each other—in chorus. Thus, a consideration of the overall context of an individual involves an examination of the relationships between all elements of the person’s life, especially as they interact during a given point in social time and space.

Similarly, existential philosophy depicts the concept of the “three modes of world”. Briefly, these are the umwelt (world around), mitwelt (with world), and the eigenwelt (own world). Creating a much needed bridge between an otherwise antiquated and complex philosophy and modern-day psychiatry, Rollo May (1983; 1958) has deciphered the physical and personal interconnectedness that each human being has with his or her

biological, social, and “spiritual” worlds, respectively. That is, three simultaneously interacting aspects of a person’s life [-space] that characterizes his or her existence during a particular moment in time. This information is useful for an investigation of public self-consciousness because it provides a framework from which to more clearly contextualize a person’s situation. The relationship between a person and the environment may now be conceived of in the form of a Venn diagram, in which the three worlds overlap and influence each other while, at the same time, remaining separate and unique. The actual “fit” between the person and the environment may be understood in terms of the balance, or “best fit”, between the three worlds (cf. Trieschmann, 1988). **This** concept is more commonly recognized as “congruence” and is often utilized in the social psychology literature (see Diener, Larson, & Emmons, 1984; Krahe, 1992; Moos, 1987).

Shontz (1975) argued a similar theory of congruence, and offered six basic principles by which health professionals can more clearly and systematically comprehend the meaning (s) of another person’s behavior. First, understanding the likely presence of multiple causes for any given issue or behavior will prevent the common misconception of a single cause. The assumption that a particular behavior is provoked by only one cause may mislead health professionals toward hasty conclusions. Second, professionals will need to recognize that all persons seek integration into their environments, that is, every cause of behavior “is related to every other, and the whole constitutes an integrated ‘field’” of relationships (p. 192, original emphasis). A third principle builds directly from the previous one in terms of how a person interprets and subsequently responds to a situation. The principle of interpretation is exemplified in the investigation proposed

here, as is the fourth principle of contemporaneity. This principle identifies how a **person's** overall "context" of the current moment factors into the determination of his or **her** behavior. The implication is that one's past and future are affected only by how one **interprets** the present moment. Thus, a fifth principle addresses the construal of the past and the anticipation of the future. Borrowing from G. A. Kelly's (1955) theory of **personal constructs**, this principle regards the organization of past experiences into **personal constructs** or schemas by which the individual views (i.e., interprets) the present **moment**, thus making it meaningful. Moreover, constructs provide an individual with the **means** to predict future events. Finally, a sixth principle addresses the unity of an organism and the environment. This principle hypothesizes that an individual's **personality** results from the relationships experienced between the person and the **physical** and social environments.

Thus reflecting the existential 3-modes of world, Shontz argued that to make **distinctions** between a person and the surrounding environment—subject-object **divisions**—is to promote an "artificial" view of the organism-environment relationship (p. 197). A person's behavior is said to be a function of these relationships (p. 196).

It is worthwhile to note that almost two decades prior to Beatrice Wright's sounding **of the** "situation-specific" alarm, Betty Cogswell, in her dissertation research (1965), **acknowledged** this very same call. Cogswell referred to the problem as being one of **socialization** and asserted that the overall process of socialization could be broken down **into** "sequences of socialization" (i.e., situations). Situations were understood to provide **opportunities** for interaction that, in turn, would affect the subsequent interpretations of **the** situation for each participant and the social roles therein. Reflecting upon Cogswell's

thesis, one can visualize social situations being made up of different and separate but interconnected interactions—steps—that come to form the “path taken” through a person’s life.

During the same time period—1965—Mary Switzer, then the Commissioner of the United States Vocational Rehabilitation Administration, helped to coordinate a conference on the relevance of rehabilitation problems to sociological theory (see Sussman, 1966). The conference, entitled “Sociological Theory, Research and Rehabilitation,” invited distinguished sociologists from around the country to address the mounting problem of social dependency. One objective for the conference was to concentrate on such conceptualizations as, inter-group relations, deviance, sociology of occupations, and socialization. In his discussion on deviance, Eliot Freidson (1966) stated that an essential problem for social interaction exists in the maintenance of “smooth relations” between “mixed contacts” (p. 93). That is, when someone who deviates from a norm (someone who is “not average”) comes together in a social situation with someone who is “average”. Freidson explained that the problem was not one of domestic or private relations where, over time, familiar routines may develop but, rather one of social interaction “on the streets, in the shops, and on the job,” where the individual is most likely to meet others not as familiar (p. 93). When strangers meet like this, each tends to focus his or her attention and makes a mental note of the most salient characteristics about the other and, given time, proceeds to make certain appraisals of the other. In the case of a person with a disability, an appraisal by another may serve as a reminder that he or she has a difference (e.g., uses a wheelchair) and, is not average. Charles Horton Cooley (1922) compared this phenomenon to a “looking glass” and stated

that, "... we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it," (p.184).

The self-identification literature stresses that groups of people cue relevant information in a person's memory about him or herself, the group, and the relationship between the person and the group (Schlenker, 1986, p. 30). The appraisals of others activate social roles, memories, present images, and conceivable goals for an individual in the present moment. Others in the environment cannot "see" how one individual experiences a situation, only the physical attributes and outward behaviors are detectable. Conversely, one's own experience of an interaction mediates his or her behavior in the moment, thus two persons sharing a common situation may conceivably represent an ever-increasing series of refractions (Laing, Phillipson, & Lee, 1966; cf. Shontz, 1975). In the end, it remains virtually impossible to avoid trying to understand the other's experience. Therefore, through the observation of symbols, gestures, expressions, words, etc., as well as the schemas created from past experience, an audience will try to make others' "invisible experience visible" (Inoue, 1980, p. 2).

Theory of Objective Self-Awareness

Duval and Wicklund's (1972) theory is an attempt to understand the reasons why individuals may conform to others. The authors have formulated this theory on the basis of a distinction between two forms of conscious attention. Their theory postulates that individuals have one innate consciousness with directional properties; attention can be dually focused either inward toward oneself or outward toward the environment. However, it is emphasized that attention cannot be focused inward and outward

simultaneously. For example, a person is unable to focus conscious attention on personal aspects while driving a nail into wood.

“Subjective self-awareness” is the term given to attention that is focused outward upon the external environment. That is, the person is the primary “subject” who is observing and interpreting aspects of the environment. “Objective self-awareness” is the term used to explain attention that is focused exclusively upon oneself. In this instance, the person is now the “object” of his or her own attention. Consequently, the objectively self-aware person has become conscious of him or herself in a given situation. The individual has focused his or her observations on such personal characteristics as his or her own body and physical attributes, specific personal aspects, and even his or her unique history as it does or does not regard the situation at hand.

The theory assumes that as the objective state of self-awareness occurs, the individual will not simply react impartially but instead will evaluate him or herself with regard to an implied set of standards for a given situation. To elaborate, these standards are defined as “a mental representation of correct behavior, attitudes, and traits,” such as appropriate dinner conversation or protocol at a funeral, (p. 3). In other words, what the person is evaluating him or herself against are the social norms and expectations for conduct. In the case of personality traits, Duval and Wicklund stated that each person would have a mental representation of ideal personality traits for a given situation. The extent to which a person does not match his or her mental representations will result in negative self-evaluations.

An individual will experience the greatest negative affect when a significant discrepancy is salient and, as the theory implies, any situation that causes an individual to

become aware of him or herself will bring about the objective state. Moreover, any situation where the person is clearly distinct from his or her environment will generate a state of objective self-awareness. Consequently, for the person who is thus aware, Duval (1971) has shown that the individual will also be more likely to attribute the source of the distinction to him or herself. Explicitly, the person will view him or herself as responsible for the differences that distinguish him or her from others, rather than observing differences that distinguish others from him or herself.

Attribution of responsibility is further elaborated as being the result of the focus of attention of an individual or a dominant group. That is, if attention is directed at the self, so will be the attribution of responsibility, likewise, if attention is directed at another, responsibility will be attributed to the other. Thus, if a discrepancy is perceived in a given situation between two or more persons, responsibility for the discrepancy will follow the direction of attention. As a result, the beliefs that an individual holds for his or her ability to meet the perceived standards (i.e., social norms) of a given situation will become unstable. In a situation where a person is distinct from others, he or she may begin to question his or her presence there.

Duval and Wicklund posited two possible outcomes from this scenario. In order to reduce the discrepancy and negative affect experienced, the individual may either 1) attempt to avoid similar situations or 2) adjust his or her behavior and/or beliefs to coincide with those of the dominant other [s]. As the person comes to feel with more certainty that he or she is indeed the source of a discrepancy but a discrepancy that cannot be adjusted then, theoretically, his or her tendency will be to avoid the situation altogether. Doing so will reduce negative affect and increase the stability of beliefs about

the self (i.e., self-concept). On the other hand, if behavior and/or beliefs are adjustable then the individual may begin to align these with what are the perceived dominant standards and expectations. This latter concept is highly analogous to Beatrice Wright's (1983) theory of "as if" behavior. Wright maintained that in the initial stages of adjustment to disability, a person might wish to hide, forget, or otherwise deny what has socially been considered a deficiency—a handicap, and because there are demonstrable threats to being included in this category, the person may attempt to conceal the disability anyway he or she can. In other words, to conform to a perceived social standard.

Employing Duval and Wicklund's theory in the present investigation held many implications for the choices that persons with disabilities make regarding specific situations. Further, it is conceivable that implications for situational locus of control may also emerge. To what extent might persons with a specific disability avoid specific situations and why? (cf. Strohmer, Grand, & Purcell, 1984). Finally, addressing the OSA of persons with disabilities may illuminate patterns across persons and situations helping to more precisely identify problematic areas for persons with disabilities.

Self-Consciousness and The Principle of Dual Location

Almost forty years ago, R. D. Laing (1965) revealed that in ordinary use, the term self-consciousness implied two things: "an awareness of oneself by oneself, and an *awareness of oneself as an object of someone else's observation*," (p. 106, original emphasis). Laing went on to discuss the effects of a person who is highly attune to the above latter form of self-consciousness and, in response, effectively confounds the identity of the object being observed into what is today considered a type of disability—schizophrenia.

The idea that an individual can be both an object to his or her own observation and an object to the observations of others is central to many theories of social psychology (cf. Cooley, 1902; Heider, 1958; James, 1890; Mead, 1934). As discussed above, the theory of objective self-awareness closely examines the concept of self-consciousness and is the guiding theory for this investigation. However, as self-consciousness is not an isolated concept, there are other theories that provide analogous insight that the present investigation must take into consideration to accurately clarify its purpose. Of specific relevance is the principle of dual location, which is a theoretical component of symbolic interaction. The basic character of dual location is that when social interaction occurs people take on the anticipated roles of others (in accordance with the norms or standards of a given situation) and, in doing so, become objects of their own observations (Hewitt, 1984). In a social situation, an individual becomes constituted as a person through socially recognized roles. In order to explain this concept, Hewitt offered a simple example: the situation of a professor governing his or her conduct within a class to best accommodate a variety of perceived student needs such as, challenging the attentive student or clarifying for the student with a confused expression. What the person is doing, in effect, is striving to balance all of the aspects of the situation at hand. Investigators of person-environment fit might refer to this phenomenon as seeking congruence.

It is helpful to note that the word person comes from the Latin persona referring to the different masks worn by actors in a play (Hewitt, 1984; Watts, 1961). The connotations for personality are thus made apparent, as a person is considered capable of taking multiple roles in any given situation. One's "personality" is constructed in a

situation through the dual awareness of one's own experience as it is more or less aligned with the experience of others. This notion is highly analogous to Duval and Wicklund's (1972) theory that an individual who is considered different from a majority of others will likely temper his or her beliefs in order to coincide with those of the dominant group. This is assuming however, that the person is able to make certain realignments—that he or she is not being forever “typecast” into one role (i.e., “disabled person”). As follows, a consistency of personality across situations does not imply that a person retains one role (i.e., persona), but rather that a person takes on different roles to fit with the expectations of different situations. A woman may be a physician during the day prescribing medication to her patients and a wife in the evening discussing plans for a holiday trip. Yet, whether shopping, at work or school, a person with a disability may always be seen first, as just that—a disabled person—in which case, the inevitability of being typecast is imminent (cf. Liesener & Mills, 1999). Incidentally, this perspective is not a perfect one. A person's sense of him or herself in relation to others is doubtfully ever an exact match, that is, totally congruent. Miscommunications, misinterpretations, and misinformation (also, intentional distancing) all impede and confound the expectations that one may hold for a situation. Thus, any interaction involving multiple individuals also involves multiple heuristics that affect the potential meanings for the situation at hand.

For the individual with a disability, the principle of dual location (i.e., self-consciousness) may conceivably be rendered ineffectual. The physical characteristics that typically coincide with many physical disabilities (e.g., using a wheelchair, having muscle spasticity, or atrophy) tend to precede the person in a given situation and prefix his or her role in the minds of others. Thus, the person is effectively rendered unable to

seek congruence in the situation—the person is dis-abled. Hence, the philosophy that disability is a social phenomenon. Goffman (1963) referred to this phenomenon as social stigmatizing and stated that it represented a special discrepancy between one's virtual and actual social identity. One possible complication of stigma, or prefixed roles, is what Beatrice Wright (1983) referred to as the “spread effect”. The notion of spread is theorized to illustrate what happens in the minds of some able-bodied individuals, when confronted with persons initially considered disabled and unpleasant. For the outside observer, this feeling of unpleasantness generalizes to the whole person, and defines him or her under this distorted perspective. The individual becomes devalued as a person and is subsequently limited in his or her potential to interact with the immediate situation.

Building on this view, Hahn (1993) hypothesized that discrimination and the prejudiced attitudes of [some] able-bodied persons result from an intense anxiety that is aroused upon encountering an individual with a disability. Existential and aesthetic anxiety are posited to cloud the view of able-bodied persons by essentially reminding them of their own vulnerabilities, and arousing in them unpleasant feelings of repulsion and fear engendered by one whose appearance deviates from “normal” expectation. A highly discriminating, and certainly subjective, incongruence manifests between persons with disabilities and others in the surrounding environment. Two potentially profound impacts that this incongruence can have is to inhibit how a person may respond and adjust to a particular situation (e.g., employment opportunities) as well as to the disability itself and its subsequent impacts throughout the person's life (Vash, 1981; Wright, B. A., 1983; Wright, G. N., 1980). In other words, the very nature of discrimination and prejudice presupposes the fact that negotiations with the environment and society at large

are being held to a minimum. The fact that discrimination occurs means that an individual or a group is having a priori social limits imposed upon them—that they are being dis-abled.

There are many negative connotations that emerge as a result of such social limitations. First, that negative or otherwise biased social attitudes impose restrictions on a person's ability to interact with a given situation. Second, that these restrictions influence the person's self-consciousness, and subsequently his or her self-concept, by emphasizing the experience of others over the experience of self. Third, this imposition tends to reify one role (stigma) for the individual: disabled or handicapped, which, in turn, may further impact the individual's self-concept by acknowledging only the physical differences rather than the similarities. Fourth, that the individual may therefore make conscious decisions to avoid certain, even desired, situations and interactions (e.g., applying for a job, going to a movie, or inviting someone on a date) in order to maintain a consistent, and more importantly, an esteemed sense of self.

Such negative impacts to one's self-consciousness may greatly inhibit the overall adjustment to disability by precluding the person from taking on different roles to meet the challenges and expectations of various situations. If an individual is unable to adjust his or her role in order to fit into a given situation then, how can he or she be expected to adjust to a life comprised of many situations? Without (or being denied) the ability to adjust oneself accordingly with the expectations of a particular situation, one may come to feel alienated from desired environments and people. The extent to which one feels to "belong" to a particular group will be threatened as various social roles that the person had previously taken on habitually are dissolved or forfeited to another. The personal

meanings derived from esteem-building situational experiences may lose some of their positive effect on the person's self-concept. One conceivable result of this could be a powerful impedance to the individual's ability (albeit desire) to restore or maintain balance and a feeling of integrity in a life with a disability.

The Semantic Differential Technique

As previously asserted, the meaning that a person attributes to a particular situation will likely determine how he or she will behave in that situation. Osgood, Suci, and Tannenbaum (1957) stated that the consistency among situations and human behavior ultimately determined psychological meaning and, therefore, they constructed the semantic differential as a method of analyzing and measuring such meanings. The authors first pointed out that the semantic differential is not a test. Instead, it is a technique of measurement that must be adapted to the specific requirements of each unique experiment to which it is applied. The content of the semantic differential is selected by the investigator for its relevance to a particular problem under study and for how well it represents the area of research interest.

To develop their technique the authors provided 100 subjects with a list of 20 concepts (e.g., "lady," "statue," "boulder") and a list of 50 bipolar, 7-point scales with the anchors being such familiar terms as "good—bad" and "rough—smooth." At a single point along the scale, subjects indicated how close to either pole they felt the concept to be best represented. Some of the responses were quite natural; e.g., that a "boulder" is "heavy" or "light," while most were metaphorical (e.g., is a "boulder" "good" or "bad?"). The goal was to locate a point in the semantic space of an individual. Essentially, this space may be considered the proximity between concepts within a person's subjective,

connotative way of structuring his or her world. Using Thurstone's Centroid Method on the resultant matrix of intercorrelations, three identifiable factors emerged: evaluation (e.g., "good—bad," "beautiful—ugly"), potency (e.g., "strong—weak," "large—small") and, activity (e.g., "active—passive," "fast—slow"). Following, an elaborate factor analysis using terms from Roget's Thesaurus helped to further establish reliable semantic dimensions for the three factors.

As indicated, the end product is a technique rather than one particular test or measure. The authors' methods have been used in a variety of ways. Research participants have been asked to place concepts, pictures from the Thematic Apperception Test, the names of political candidates, and even sonar signals on the bipolar scales to indicate their meaning. The technique can illuminate differences between concepts, groups of people and, differences over time. Osgood et al. have provided the guidelines, basic factors (i.e., evaluation, potency, etc.), and bipolar scales for investigators to follow in constructing an appropriate semantic differential for their particular purposes (cf. Buros, 1965).

Scoring of the differential can be accomplished in two ways. Both methods start by arbitrarily assigning values to each space on the 7-point polar scales—for instance, values of -3, -2, -1, 0, +1, +2 and +3 have the heuristic advantage of fixing an origin in the center (i.e., the neutral position). The mathematical operator easily contrasts the less positive, attractive and, active concepts against the more positive, attractive and, active concepts. Another scoring method is to assign values of 1 to 7 to each space on the scales and sum the dimensions. Typically the higher scores reflect the more positive, attractive and, active concepts and lower scores indicate a less positive, attractive and,

active ones. This method sets a score of 4 in the neutral position of the scale. Using either method of scoring requires strict attention to the reverse order of some of the scales.

The Self-Consciousness Scale-Revised

This is a 22-item scale that was revised by Scheier and Carver (1985) from the earlier version by Fenigstein, Scheier, and Buss (1975). The original built on the theory of objective self-awareness (Duval & Wicklund, 1972) and the revision made the scale appropriate for a wider range of populations. The scale focuses on individual feelings of private and public self-consciousness and, social anxiety. Private self-consciousness is defined as the tendency to think more about those personal aspects that are not easily accessible to the scrutiny of others—for example, one's beliefs, values and, desires. Public self-consciousness refers to a tendency to think more about the aspects of oneself that are matters of public display such as overt behavior or appearance. The social anxiety subscale measures one's apprehension about being evaluated by others.

The norms for the revised scale are based on a sample of 298 undergraduate men and women, 42 middle-aged men who had recently undergone coronary artery bypass surgery, and 396 middle-aged women who were involved in a longitudinal study for menopause. Means for the undergraduate men were 15.5 on private self-consciousness, 13.5 on public self-consciousness, and 8.8 for social anxiety. For the undergraduate women, means were 17.3 for private, 14.2 for public, and 8.6 for social anxiety. For middle-aged men the mean for private self-consciousness was 13.5 (the only subscale administered). For middle-aged women, only means on the public self-consciousness and social anxiety scales are available. Respectively, they are 11.8 and 7.3.

Scheier and Carver reported that, overall, the psychometric properties of the revised scale compared extremely well to the psychometric properties of the original. For example, the correlations between the original subscales and the revised subscales were all in the low to mid .80s. Some examples of the changes in the revised scale are, from the original public subscale “One of the last things I do before I leave my house is to look in the mirror”, to the revised “Before I leave my house, I check how I look”.

To determine internal consistency, three separate Cronbach alphas (one for each subscale) were computed. The Cronbach alphas obtained were; for the private subscale, .75, for public .84, and for the social anxiety subscale .79. These scores are higher than those obtained for the original scale (.69, .79, and .71, respectively). Test-retest correlations determined that the revised scale possesses reasonable stability across time. Correlations were; for the private subscale .76, for public .74, and for social anxiety .77.

The self-consciousness scale is scored by summing scores that range from 0 to 3. The possible responses for each item are the same and pre-assigned a value that will be added together at the conclusion. The responses are “Not at all like me” = 0; “Just a little like me” = 1; “Somewhat like me” = 2; and “A lot like me” = 3. This produces a total possible range of 0 to 66 with the higher the score representing more aspects of the three subscales.

The Assertive Job-Hunting Survey

A 25-item questionnaire, the Assertive Job-Hunting Survey (Becker, 1980) was developed to assess self-reported job-hunting behaviors and assertiveness. According to Becker, there were no other such job-seeking assertiveness measures prior to this one. The survey has been revised three times and administered to more than 400 college

students ranging from freshman to graduate level students. Becker reported that the survey was designed to serve three purposes: (1) to provide concrete situations that will stimulate discussion, (2) to assess the efficacy of counseling interventions on self-reported job-hunting attitudes and, (3) to explore the concept of job-hunting behavior (p. 46).

Specifically, the Assertive Job-Hunting Survey addresses the extent to which persons act on their environment in order to gain information about jobs and to contact employers regarding possible openings. The questionnaire was designed to reflect such activities as resume' writing, interviewing, contacting employers, soliciting recommendations and, researching potential employers.

The survey was normed on 190 male and female college students (ranging from freshman to graduate level students), and has good internal consistency with a coefficient alpha of .82 and a test-retest reliability of .77. Concurrent validity was established with a significant correlation between previous job-hunting experience and individual scores on the questionnaire. Significant relationships between survey scores, gender, and previous job-hunting experiences were discovered. The instrument was also found to be sensitive to change with significant pre- to post-test changes for persons in job-hunting classes. No other validity information was reported.

Scoring of the Assertive Job-Hunting Survey is rather straightforward. On a 6-point scale ranging from 25 – 150 total points, individual responses are summed and higher scores indicate more assertive behavior. From a range of choices (e.g., 1 = very unlikely, 6 = very likely) respondents select the one that they believe best reflects how

they would behave. Scoring is reversed for items 1, 2, 4, 5, 7, 8, 10 –12, 14, 15, 17, 19, 20, and 22 – 25.

Research in Rehabilitation

To date, no empirical research can be located in the rehabilitation journals that specifically addressed the effects of self-consciousness on a person with a visible disability. However, rehabilitation scholars have long emphasized a need to investigate the influence of situational variables on attitudes of persons with disabilities (Grand, Bernier, & Strohmer, 1982; Wright, B. A., 1983, 1980; Golin, 1970), reactions and attitudes of the general public toward disability (Hahn, 1993; Antonak & Livneh, 1991; Livneh & Antonak, 1990), and connotative meanings (Thomas & Britton, 1971; cf. Safilios-Rothschild, 1970).

Over the past decade, Fichten and her colleagues have investigated of the effects of attentional focus and casual interaction of non-disabled persons (1997, 1996, 1994, 1991, 1988a, 1988b). It should be noted however, that since many of her studies were conducted using hypothetical situations, threats to ecological validity are likely. Fichten's work will be discussed below.

Situational Analyses and Focus of Attention

Beatrice Wright (1980) was concerned with why the environment was so often neglected by helping professionals as a source of difficulty for their clients. Wright examined four factors of causal attribution (e.g., proximity between a person and behavior and the saliency of a person as figure against an environmental background) that deflect attention away from the environment when considering a person's behavior.

Utilizing Heider's (1958) work on causal attribution and Lewin's (1935) person, environment fit theory, Wright elaborated on the attribution process. In situations where a person's behavior was atypical (such as with a minority population, see Duval, & Wicklund, 1972), Wright stated that causal attributions to that person would be very compelling. Further, since all persons vary in their characteristics and all situations vary in their demands then, the nature of each unique situation must be examined when accounting for behavior. In particular, Wright suggested that "the role played by the situation in the behavior of a person with a disability will be revealed more readily if different situations are specifically examined," (original emphasis, p. 61). As a general question for scholars and practitioners alike, Wright asked, "does the person behave this way or have this problem in all situations?" (p. 61).

A recent study predicted that the self-focused attention (dispositional self-consciousness) of a non-disabled person would lead to negative self-evaluation and affect as well as stereotyped evaluations of people with a disability (Fichten, Lennox, Robillard, Wright, Sabourin, & Amsel, 1996). Results indicated that public self-consciousness was significantly related to negative attitudes toward people with a visual impairment and negative thinking about interacting with someone with a disability.

Similarly, Fichten, Amsel, Robillard, Sabourin, and Wright (1997) tested the hypothesis that common reactions of the non-disabled students are partly due to an attentional focus on "novelty effects" rather than to the mere presence of a disability. Novel individuals were presented as either a visually impaired student or an "outstanding" graduating student. Following a methodology that employed six different measures in an analogue context, Fichten et al. found that novelty provided only partial

explanation of interaction problems between non-disabled and disabled peers. However, public self-consciousness scores for non-disabled students were significantly related to negative evaluative thoughts of novel peers.

Two other studies spearheaded by Fichten looked at casual interactions between college students with disabilities and their non-disabled peers. Results revealed that, when thinking about interaction with their disabled peers, non-disabled students generally had more negative thoughts. Results also indicated that non-disabled students felt less at ease when anticipating interaction in a variety of situations and, interestingly, did not distinguish between students with different disabilities. Instead, non-disabled students only distinguished generally between able-bodied students or disabled students.

Marinelli (1974) explored the state anxiety of undergraduate students when encountering someone with a visible disability. Facial disfigurement was selected as the visual stimulus and increased heart rate was the dependent variable. Although results were from a small sample ($n = 28$), Marinelli found that the heart rates of participants did increase and approach significance during interactions with a person who had a facial disfigurement. The mean heart rate for participants before the interaction was 92.71 and 93.52 during the interaction, while mean heart rates in the non-disabled condition indicated a slight reduction (before = 89.85; after = 89.04). Marinelli concluded that while interacting with persons with a visible disability, non-disabled persons might tend to be more emotionally uncomfortable. Their discomfort would likely be an interpretable characteristic that could impact the ease of the interaction.

Grand, Bernier, and Strohmer (1982) investigated attitudes toward persons with disabilities as a function of situational context and specific disability. Participants completed the Disability Social Relationship Scale, developed by the authors, which distinguished varying attitudes across situations and disability types. Results indicated a range of interaction effects with the major interaction occurring between cerebral palsy and social situations. The disabilities of blindness, epilepsy, and amputation evoked much weaker reactions from participants across all situations. The authors speculated that the cerebral palsy condition might have conveyed a more profound meaning in order to elicit the discriminative social situation reactions.

Extending this line of research, Strohmer, Grand, and Purcell (1984) examined their “multidimensionality” hypothesis, which suggested that attitudes would vary as a function of type of disability and social context. The authors replicated their 1982 study to test whether a more heterogeneous sample would provide similar results. Their findings clearly indicated that attitudes toward persons with disabilities could not be considered in a simplistic and unidimensional manner. The authors further argued that though social context does appear to affect attitude, its influence may not be consistent. Results also indicated that a hierarchy of disabilities might be situationally determined (cf. Richardson, 1983; Tringo, 1970; Yuker, 1983).

Connotative Meanings and Disability

Prior to Strohmer, Grand, and Purcell (1984), Britton and Thomas (1972) also asserted the usefulness of a multidirectional model when considering social interactions between persons with disabilities and their able-bodied peers. Research in the 1960s brought about some concern regarding the underlying reasons that rehabilitation clients

with later-life disabilities tended to be less likely to succeed in their rehabilitation programs than clients with early-life disabilities (see, Perlman & Hylbert, 1969; DeMann, 1963). In response, Thomas and Britton (1971) examined the connotative meanings that clients assigned to specific rehabilitation concepts in order to identify similarities and differences in the personal value-systems of adventitiously and congenitally disabled clients. Forty-two vocational rehabilitation clients completed the semantic differential (Osgood, Suci, & Tannenbaum, 1957) that is a technique that measured the individual connotative meanings of select concepts (e.g., having a job, helplessness, not needing to depend on others). Results indicated significant variability between individual perceptions of the concepts used. Thomas and Britton suggested that results from frequent use of the semantic differential could provide rehabilitation counselors with important insights into the value-systems of individual clients. Such insight might aid counselors and clients in identifying problem areas, assessing attitude changes, and directing treatment programs.

Later, Thomas, Butler, and Davis (1979) performed factor analyses of 12 rehabilitation concepts (e.g., depending on the government to take care of you, having a disability) across 76 semantic differential scales (e.g., strong—weak, positive—negative, stable—changeable). A primary purpose of the study was to identify the dimensions through which persons with disabilities connotatively structure their worlds. Results from a sample of 102 vocational evaluation clients identified three major dimensions: (a) attractiveness, (b) dynamism, and (c) morality. Attractiveness, which seemed to reflect Osgood's (1957) evaluation factor, was the most dominant factor accounting for 27.7% of the variance. Dynamism was the second most dominant factor accounting for 7.3% of

the total factor variance and was comparable to Osgood's original activity factor.

Morality accounted for 5.8% of the total variance and added a new dimension to the original work by Osgood.

One conclusion that Thomas et al, expanded on was an apparent "shift" from earlier studies in which the dominant factor (i.e., evaluation) reflected qualities of moral goodness or badness whereas, in their study, the dominant factor (attractiveness) "seemed to have a more hedonistic quality," and reflected qualities of pleasure, interest, and success (p. 53-54). They speculated that such a shift has implications not only for people with disabilities but also for society in general. Specifically, the waning influence of the work ethic and other Judeo-Christian values against an increasing materialistic society that may form the basic structure of a person's perceptual system.

Gender, Disability, and Self-Consciousness.

Charmaz (1995) noted that, "experiencing an altered body means more than having or acquiring one" (p. 662). Employing the qualitative strategies and methods of grounded theory, which allows for the analysis to evolve as data are collected; Charmaz conducted an extensive series of interviews with white women about their personal experiences with a chronic illness. What emerged was a three-stage process of adaptation: (1) experiencing and defining impairment for oneself, (2) continually assessing the altering body and identity in relation to losses and gains and, (3) not struggling against the illness but flowing with the experience of it.

The author concluded that this process provides a person with the opportunity to unify the body with the self—the objective with the subjective. One emphasis was

placed on surrendering to the illness and, as opposed to being ravaged by sickness, adapting to what one has and who one may now become. Such adaptation was posited to lead to self-responsibility permitting illness—and ultimately, death—to be a part of life for the person with the illness as well as the survivors.

As similarly articulated by Zola (1991), Charmaz (1995) placed a necessity on women (and all individuals) with chronic illness or disability striving toward a sense of wholeness or “balance” between the personal experience of their conditions and the social and environmental contexts they enter (cf. Trieschmann, 1999, 1988).

However, achieving such balance in social contexts historically has not been an easy task for able-bodied women, and even tougher for women with disabilities (Bryan, 1999). According to Bryan (1999), 51 percent of the population in the United States is female; yet, due to continued discrimination by males, women are still considered a minority. Added to this statistic, women experience disabilities at a greater rate than do men (Bryan, 1999). Furthermore, Bryan explained, 50 percent the people with work-related disabilities in the 16-64 age group are also women. Thus, Bryan considered the tremendous implications for the symbolic [social] interactions that involve women with disabilities in social contexts. For instance, women with disabilities are subject to the same social images and stereotypes portrayed everyday in the media as are women without disabilities; and the stereotype of women being the “weaker, more dependent sex” may become more steadfast when it is linked with the stereotype of dependence that is generally associated with people with disabilities (see Bryan, 1999). The minority/majority assumptions of the theory of objective self-awareness (Duval &

Wicklund, 1972) are deeply embedded within the discriminating interactions that occur between men and women.

Chang, Tai Hau, and Mei Gou (2001) hypothesized that a high level of public self-consciousness during social interactions would alter an individual's public expression of beliefs about work- and domestic-related gender roles. The authors sampled 156 students (60% female) from two American Midwestern universities. Using a quasi-experimental pre-and post-test method, the authors obtained scores from the Revised Self-Consciousness Scale (Scheier & Carver, 1985) and the Gender Role Egalitarian Test (Chang, 1999). A prepared statement was presented to both groups concerning pre-rest responses and was intended to intuit social expectations from an authority group. Public self-consciousness was induced in the treatment group by the presence of the professor in the room and by videotaping the procedure.

Chang et al.'s hypotheses were supported as high public self-consciousness did alter expressed gender attitudes toward work-roles. That is, post-test results indicated a significant increase in expressed egalitarian views about gender work-roles from pre-test results. What this implied for the present investigation was the apparent "ease" with which an induced state of high self-focused attention can alter the salience of stereotypic beliefs about one's own gender.

Likewise, Schonert-Reichle (1994) investigated gender differences in the relationship between depressive symptomatology, social class, and egocentrism during adolescence. The author sampled sixty-one 12-17 yr olds (29 males, 32 females) and found that females regarded themselves significantly higher in uniqueness and self-

consciousness than males. Gender differences emerged with respect to the relationship between dimensions of adolescent egocentrism and depressive symptomatology.

Similarly, Cash, Cash, and Butters (1983) investigated contrast effects on the self-evaluations of physical attractiveness. Fifty-one non-disabled female college students rated their own attractiveness and a body satisfaction questionnaire after exposure to photographs of same-sexed attractive, unattractive, and professionally attractive (i.e., models) stimulus persons. In small groups, participants completed the Self-Consciousness Scale (Fenigstein et al., 1975) and then went to cubicles to individually view one of the three booklets of stimulus photographs and provide 10-point ratings to the photos on a questionnaire.

As was expected by the authors, after exposure to attractive stimulus persons, participants rated their own physical attractiveness lower than participants exposed to unattractive stimulus persons. Results from the professionally attractive condition did not reveal significant high or low ratings. Cash et al. explained that this finding was consistent with Festinger's (1954) proposition that people are more likely to compare themselves with like others, such as those one might typically meet on a daily basis.

Cash et al. reported no significant relationship between self-perceived attractiveness and public self-consciousness; however, they did similarly find that high social anxiety correlated with less positive self-appraisals of physical attractiveness. To address this point the authors suggested future researchers use a larger sample and in specific contexts. They asserted that the effects of social context on self-perceptions of physical attractiveness would depend on the association between an individual and a given context. One implication from this is the nature of the social context and what persons

comprise it (i.e., friends, strangers, etc.). Thus, Cash et al. concluded that, within given situational and behavioral contexts, various responses like, avoidance and intimidation could result.

Another recent study stands out that addressed individual meaning attributed to a disabling condition. Gordon, Feldman, and Crose (1998) examined individual meanings and the experience of chronic illness for 40 women. The authors suggested that one's beliefs about body integrity, identity, and personal values become tentative issues upon learning of a chronic health condition. Qualitative analyses revealed that the construction of personal meaning regarding chronic illness was emotional and value-laden. The threat of social stigmatization (i.e., being given the label of disabled) elicited strong reactions from the participants. Results from this study implied that rehabilitation counselors need to understand how persons with a chronic illness may view their difficulties. The authors cautioned against generalizing and making assumptions about persons with the same illness.

A second implication was the threat of labeling and possible subsequent stigmatizing effects. Gordon et al. reported that some of the women remained reasonably strong and self-sufficient and questioned the extent to which they were disabled. Consequently, their acceptance of certain assistive aids was hindered. Likewise, many of the women were severely limited in their lives but still believed that these limitations alone did not constitute a view of the self as disabled.

Research in Social Psychology

An ample social psychology literature exists that addresses the social interactions between persons with and without disabilities. Various foci have been the personal experience of disability, social images of disability, disability spread and stigma, and general physical attractiveness and self-evaluations. This literature is complemented by other social psychological research that, while not disability oriented per se, remains highly analogous because it specifically addresses situational variables and decision-making. Included are such research topics as the relationships between self-consciousness and shyness, objective self-awareness and individuation, choice of social situations, and the meanings of role identities. One study in particular (Scheier, 1980) addressed the effects of self-consciousness on the expression of personal beliefs and, therefore, stands as a conceptual model for the present investigation.

Self-Consciousness and the Expression of Personal Beliefs

Scheier (1980) examined the effects of self-consciousness on attitudinal consistency. Participants completed the Self-Consciousness Scale (Fenigstein, et al, 1975) and a brief scale that measured attitudes toward the effectiveness of physical punishment as a child-rearing technique. Several weeks later, participants were asked to write an essay restating their opinions on punishment, as well as discuss these beliefs with a partner. A treatment group was comprised of participants who anticipated discussing their beliefs with another who disagreed, while a control group consisted of participants told nothing about their discussion partner.

Scheier's hypotheses were constructed around the attitudinal consistency of the participants. He expected participants high in public self-consciousness to express less

extreme beliefs when anticipating discussing the topic with a disagreeing partner. He also expected that the consistency between personal belief and the expression of that belief would be more stable for participants low in public self-consciousness. Support for these hypotheses was obtained. Moreover, even those participants high in public self-consciousness, but given no information about their partner's opinion, also tended to temper their beliefs. Thus, Scheier concluded that anticipated social interaction might be all that is necessary to cause high publicly self-conscious persons to temper their beliefs (cf. Duval & Wicklund, 1972).

Scheier's results imply that public (and private) self-consciousness needs to be taken into account when considering the beliefs of persons across situations, as well as the validity of a person's self-reports (p. 520). These results also raise many questions about social differences that manipulate situational contexts, roles, and behavioral expectations lending support the present investigation (e.g., status, appearance, and physical functioning).

Personal and Bodily Experience of Disability

Zola (1991) stressed that how a person with a chronic illness or disability experiences his or her body is imperative to understanding how she or he, in turn, experiences the world. His goal was to emphasize that one's own body is the reference point by which one can know the world and realize personal ability and potential. Employing feminist philosophy to articulate his point, he described a personal experience regarding his childhood after contracting polio. At the age of sixteen, and "in his best interest," doctors recommended that he be institutionalized rather than return to a home that required navigating stairs (p. 3). Zola declined the recommendation and reported the

beginning of a lifelong process of understanding the need to validate oneself and one's needs in the face of others, however well intentioned they are.

The comparison Zola made between feminist philosophy and the experience of impairment was that too often authority figures (e.g., doctors) or a majority population are given so much power that an individual may abide by their recommendations regardless of his or her personal appraisals. Very often an individual will take-for-granted that some authority figure or social norm always provides the best advice. Zola emphasized that recognizing this tendency in ourselves involves "something deeper, a change in consciousness" (p. 5). What this means is that persons with chronic illness or disability (and the professionals working with these individuals) need to be very cognizant of the ease with which they might "believe" something (e.g., a social label or opinion) and not realize the power and control that such a belief relinquishes.

The implication for the present investigation lies in the implicit phenomenology of objective self-awareness. The person who is objectively self-aware is theorized to experience an instability of his or her personal beliefs and, thus to temper those beliefs to more closely align with those of a majority. In effect, to turn power over to another.

Cahill and Eggleston (1995) examined the stigma associated with using a wheelchair. Their data were drawn from interviews, participant observations, and previously published autobiographical accounts. The focus of this qualitative investigation was not how wheelchair users defined their public experiences but rather the social definitions of wheelchair users—the "interactional traffic" that occurs between people, (pp. 683-4).

What they found was that wheelchair users' experiences unpredictably ranged through various degrees of civil inattention (e.g., the salesclerk of a store acting as though he didn't see the wheelchair user) to unfounded kinship claims (i.e., uninvited conversational overtures). Within these social experiences, Cahill and Eggleston identified three distinct types of people who may interact in some way with wheelchair users: (1) the categorically known, (2) the knowing and, (3) the unknown. Briefly, categorically known individuals are those persons whose social role is immediately apparent such as a waitperson or salesclerk. A knowing person is one who, through familial ties, friendship, education, or some special circumstance, is intimately aware of the life of a wheelchair user. The unknown are those persons who a wheelchair user does not categorically or personally know yet may be occasionally asked for assistance or offer unsolicited assistance.

To articulate their results further, Cahill and Eggleston employed the concept of "liminality" that Turner (1979) and Gennup (1960) and Murphy, Scheer, Murphy, and Mack, (1988) defined as a definitional "gray area" that is characteristic of social situations rather than individuals. Cahill and Eggleston (1995) asserted that wheelchair users were "betwixt and between" any clear social definitions of sickness and health (p. 695). Conflict was said to arise from the clash between socially expected, actual, and desired identities of both, wheelchair users and others in given social contexts. Though extremely condensed, the central point the authors made was that different situations (and personal needs) require different behaviors, abilities, and functioning from all people. Therefore, resultant situational definitions and identities are vicariously determined by context.

Images of Disability and Disability Spread

Olkin and Howson (1994) conducted two studies to examine the attitudes of non-disabled people toward people with visible disabilities. In the first study, participants completed a modification of the Social Distance Scale (SDS) and Form B of the Attitudes Toward Disabled Persons (ATDP) scale (Yuker, Block, & Campbell, 1960). The participants were also asked to complete the phrase, “when I think of the term ‘disabled person,’ I usually think of someone who has the following disability: _____”.

Results from the SDS in the first study supported previous research on the presence of “stigma hierarchies” (see, Asch, 1984; Tringo, 1970). As hypothesized by the authors, ATDP scores were negatively correlated to SDS scores suggesting the two instruments were measuring different aspects of attitudes toward specific disabilities. The responses for the images of disability question revealed four basic categorical images that were evoked: (a) wheelchair, 58%; (b) extremity, 17%; (c) blind or visually impaired, 10%; and (d) other, 15%. The “other” category was comprised of vague responses such as “mental, emotional, or general physical disability.”

In a follow-up investigation using an older sample, Olkin and Howson (1994) replicated their previous study providing more strength to their findings regarding a hierarchy. Citing previous authors (Hahn, 1993; Livneh, 1982; and Tringo, 1970); Olkin and Howson purported that the notion of aesthetics offered the clearest explanation for their results. According to a model of aesthetics, any deviation in appearance, function, and communicability “from a total gestalt of the whole and beautiful body” would result in a lower social ranking (p. 93).

The concept of disability spread (Dembo, Leviton, & Wright, 1956; Wright, B. A., 1983) asserts the power for one characteristic of a person to evoke assumptions about the person in general. To investigate the salience of the spread effect, Liesener and Mills (1999) tested two hypotheses. The first hypothesis posited a tendency for persons with a disability to be spoken to like a child—a phenomenon that Gouvier, Coon, Todd, and Fuller (1994) referred to as “motherese,” (p.263). The second hypothesis was that the provision of individuating information about the person with a disability would reduce spread.

To test their hypotheses, 72 participants provided verbal directions over an intercom to a live, but non-present individual, whose picture the student was shown. Participants were asked to direct each person, representing four conditions, from one room in the building to another room in the building. The independent variables were the number of words used to explain the directions and voice amplitude. The four conditions were non-disabled adult, wheelchair-adult, non-disabled child, and wheelchair-manager which was distinctive because, in the photo, the individual was wearing a T-shirt which read “Manager Youth Orchestra,” in order to convey the idea that the person “was not dependent or cognitively impaired” (p. 2085).

Liesener and Mills’ first hypothesis was supported. Specifically, those results from the wheelchair-adult condition would be similar to the non-disabled child condition in voice amplitude and amount of words used. Regarding the second hypothesis, it was expected that results from the wheelchair-manager condition would be similar to the results of the non-disabled adult condition and that both would differ from the wheelchair-adult condition. Significant support for this hypothesis was not obtained, as

the means for both wheelchair conditions were similar and both differed from the non-disabled adult condition. Thus, the authors concluded that the provision of individuating information (i.e., the manager's T-shirt) was not a successful method of deflecting disability spread. Liesener and Mills speculated however, that the T-shirt markings might not have been a strong enough draw away from the wheelchair. Moreover, it is conceivable that what the wheelchair symbolizes in our society has a greater effect on attitude than a job title.

It is important to note that while Liesener and Mills study does provide implications for rehabilitation theory and research (e.g., social symbols and attitudes) it might not accurately reflect the lives of persons with disabilities. The majority of persons with disabilities who are of working age do not work, let alone, hold a managerial position, and this number is likely to increase as our population ages (Rehabilitation Services Administration, 1999). Therefore, if the expectation that a job title would reduce spread effect had been supported, for whom would this generalize to? In effect, such a result could be seen to support a myth that a person with a disability must be "above-average" in order to be socially accepted.

Physical Attractiveness and Self-Evaluation

Because physical attractiveness is considered an important dimension on which social comparisons are made, Thornton and Moore (1993) hypothesized that exposure to highly desirable and physically attractive persons would momentarily affect individual self-concept. They further hypothesized that public self-consciousness would increase with such exposure. With non-disabled samples, three sequential studies were conducted using head-and-shoulder photographs of attractive and unattractive stimulus persons to

address these hypotheses, detect specific components of self-esteem, and to account for emerging confounds. The participants were asked to complete, among others, the Self-Consciousness Scale (Fenigstein et al. 1975).

In each study public self-consciousness did increase as expected when comparisons with attractive stimulus persons were made. In keeping with self-consciousness theory, Thornton and Moore explained that the increased awareness of oneself as a social object might have contributed to the heightened social anxiety that was also discovered in some of the results. The authors speculated that this increase in public self-consciousness and social anxiety may have been the result of upward comparisons “where one apparently falls short of some standard...” (p. 480, cf. Duval & Wicklund, 1972). As a result of an increased self-focused attention, the authors suggested that publicly self-conscious persons might tend to be more aware of situational standards and expectations and that further research on the effect self-consciousness has on self-evaluations was warranted. Clearly, Thornton and Moore’s findings and suggestions are analogous to the theory of objective self-awareness and the intent of the present investigation.

Shyness and Public Self-Consciousness

Bruch, Hamer, and Heimberg (1995) examined how shyness and public self-consciousness contributed to dysfunctional social interactions. Eighty-six undergraduate male college students participated in the study that focused on individual initial reactions when meeting one of three female interaction partners. From photographs, another group of young males, not involved in the study, had previously rated all three females as being above average in physical attractiveness.

Although the authors found no data to support the hypothesis that shyness and public self-consciousness would interact contributing to social dysfunction, they did report a personal concern with the protection of certain social identities. Since these results were obtained from male participants interacting with an attractive female, one possible implication regarding a male's social identity might be the frequency with which a particular male would approach an attractive female, and under what social conditions. Specifically, the different reasons that a male might approach an attractive female (e.g., to invite to a movie, ask directions, or interview for a job) will likely hold different personal meanings for the male. This suggests that specific social identities (i.e., physically attractive or competent) may feel threatened and, for a male high in public self-consciousness, certain situations may be avoided altogether. Thus, a particular individual may be considered shy because he or she avoids certain situations when, in actuality, he or she feels compelled to again "settle for less" as previously described.

Social Interaction and Visible Disability

Davis (1961) articulated four basic threats to the sociability of persons with a visible disability. These are a disability's (1) tendency to become the exclusive focal point of the interaction, (2) its potential for inundating expressive boundaries, (3) its discordance with other attributes of the person and, (4) its ambiguity as a predictor of joint activity.

Briefly, these threats are essentially concerned with a person's impairment being the focus of attention; with able-bodied persons feeling so uncomfortable that they "overplay" certain outward expressions such as laughter, define another by his or her

disability, and feeling uncertain how to include, or not include, someone with a disability in certain activities.

Davis' four threats to sociability hold implications for what he called "normalizing the situation," (p. 127). When the sociability of a person with a visible disability is threatened in one or more ways, the person is rendered incapable of transcending the impairment and disavowing the deviance (p. 127). Thus, persons in a given situation feel constrained by a non-normal context and causal attributions are placed upon the one with the visible impairment.

Objective Self-Awareness and Individuation

Ickes, Layden, and Barnes (1978) hypothesized that increasing a person's objective self-awareness (OSA) would lead to an increase in individuation. Individuation was referred to as a high degree of self-focused attention resulting in a person's feeling phenomenologically unique and distinct from the social and physical environment (p. 147). The authors hoped that patterns would also emerge in their results that might offer insight into the phenomenology of the state of objective self-awareness.

The data obtained from twenty female and twenty male undergraduates provided substantial evidence to suggest that high objective self-awareness does increase an individuated conception of the self. Seven of the twenty-one main effects tested were statistically significant. For example, high OSA participants used more words to describe themselves, and their summed responses indicated more individuation (i.e., responses were less general). This conclusion supports the basic elements of Duval and Wicklund's (1972) theory of objective self-awareness, which posited that an individual high in OSA

will focus upon him or herself as being unique to a situation and, therefore, responsible for any disturbance or deviance during social interaction.

Choice of Situations and Social Interaction

Diener, Larson, and Emmons (1984) articulated three reasons that may explain why choice of situations is not solely a person factor, but rather a person, environment interaction. First, that choice of situations results from person variables interacting with environmental and situational pressures. Second, that the overall context of a situation also affects choice. Finally, some situations may be more available to some persons, regardless of personality.

With particular relevance to the third point listed above, people rarely are absolutely free to choose situations thus; the authors suggested, “in such an area where individuals are partly coerced by their environment and partly free to choose, interactions may be especially important” (p. 582). To investigate the possible relation between personality and how people spend their time, Diener et al. examined two models of person x situation interaction. In the first model, the authors predicted a relationship between personality and choice of situations; secondly, it was predicted that when this relationship was congruent a person would experience positive affect. Thus, their investigation focused on behavioral choice of and affective response to situations.

Over a six-week period, forty-two participants completed mood and activity reports twice daily at randomly scheduled times. Activity reports were also completed on type of situations which were defined as either: (a) social, actual interaction, (b) semi-social, one-way interaction, (c) presence, being near others but not interacting, and, (d) alone. Also,

activity categories such as work, recreation, and maintenance were reported. (Maintenance consisted of daily living activities such as eating or showering). All reports were analyzed along with results previously obtained from Form E of the Personality Research Form (Jackson, 1974) and the extraversion subscale of the Eysenck Personality Inventory (Eysenck & Eysenck, 1968).

Many results were unexpected and even contradictory. In their first model for example, the authors found that personality predisposition did seem to influence the choice of situations (e.g., person with high extraversion scores recreated more often socially than alone). On the other hand, extraversion correlated nonsignificantly with choosing to be in social situations and the need-for-affiliation correlation was opposite of expectation. Diener et al. concluded that in addition to personality factors many other factors could overshadow its influence.

Results from their second model offered some support to the hypothesis that setting might influence affect and interact with personality factors. However, the authors reported that “either a person’s long-term predispositions or the events happening to the person that have long-lasting effects seem to be the strongest determinants of affect,” (p. 589). Clearly, a disability or chronic illness will have such long-term effects.

Investigating Situations and Situation Perception

Magnusson and Ekehammar (1975) stressed an urgent need for a systematic study of situations and how people perceive them. Following an interactionist perspective (i.e., a person x situation model), the authors explained that to better understand behavioral

patterns, research should focus on individual adaptation to various situations paying particular attention to the meanings a person gives to the situation (pp. 1147-8).

The authors examined the relationship between individual perception of stressful situations and individual reaction. They expected individual mean reaction scores to be more similar for multiple situations perceived as similar than multiple situations perceived as different. For the first three groups of situations (labeled threat of punishment, threat of pain, and inanimate threat), results were as anticipated. That is, situational factors were of great importance for determining behavior and similar situations were grouped together.

However, for the fourth group of stressful situations, labeled ego threat, perception data did not correspond with reaction data. The authors speculated that one explanation for this could be that the situations comprising the fourth group (e.g., speaking before one's peers and athletic competition) all demanded individual achievement. Such demands can be perceived as challenging and desirable or anxiety provoking and less desirable. Thus, the authors concluded that what is characteristic of an individual is the pattern of reactions across situations that hold different meanings for him or her.

Meanings of Role Identities

Simon (1997) examined four theoretical approaches to conceptualizing and assessing meaning and then addressed the qualitative descriptions that individuals attached to certain role identities (e.g., spouse, parent, and worker). Four themes emerged from the qualitative and quantitative analyses of data from forty participants.

First, people vary considerably in the personal meanings that they attach to different role identities. Second, Simon discovered that these meanings are based on the perceived advantages and disadvantages of involvement with a particular role (e.g., rewards derived from fulfilling social expectations). The third theme to emerge was that although most meanings tended to be shared by women and men, some meanings did reflect gender differences based on perceived advantages and disadvantages a particular role (e.g., “mother”). Finally, Simon found that meanings attached to certain role identities were associated with psychological symptoms and gender differences. As an example Simon explained that while most meanings regarding employment were positive, one meaning was consistently negative for women—that of being less available to their families.

Simon’s findings indicate that people may have an implicit need to move freely between situations and the anticipated and expected roles within them. As discussed previously, the notion of persona suggests that a person may highly desire opportunities to be recognized as competent in multiple roles rather than being relegated to one social role, especially an unwanted role.

Summary

As is evident from the reviewed research, rehabilitation scholars have long stressed the necessity to investigate the phenomenology of persons with disabilities. As is also evident, people are theorized to attribute personal meanings based on how they interpret information in the environment. Present experience becomes past experience engrained into memory and people are apt to make judgements about a current situation by how it relates to those memories. Thus, if a current situation conjures up a negative memory

then an individual may choose to avoid the situation altogether and risk forfeiting new opportunities.

The literature suggests that what people think they see in a particular situation will determine what meanings they attribute to it. Whatever is the general focus of attention (which is typically some characteristic or object that deviates from social expectation) seems to draw causal attributions and subsequently, in the case of a disability, reinforces misinterpretation by virtue of its “unidimensional” nature—its narrow focus. Because of some distinguishing characteristic (e.g., disability or gender differences), when a person senses that he or she is the focus of others’ attention, it can become more difficult to express what he or she believes. As a result, the individual feels responsible for the “social discrepancy” and may then choose to engage in situations that promote specific roles or identities which are less disadvantaging. For the male or female with a disability (or chronic illness) this may mean a drastic limiting of possible opportunities to become involved with. As a result, adjustment to life with an impairment may be rocky at best.

Public self-consciousness was found to be higher in persons with disabilities in general and women with disabilities in particular. It was reported that women are still discriminated against by men, and more women have disabilities than men. It follows then that women are subject to experiencing greater levels of negative social attention. In some situations it was found that several women would even alter their expressed opinions in order to reduce or avoid such negative social situations and the resulting emotions. Similarly, some women were found to report less positive feelings about their own attractiveness when they compared themselves with other women. Moreover, public self-consciousness may increase in situations as a result of “sensing” to be the focus of

attention as well as “upward comparisons” when the person feels that he or she falls short of some social expectation. Resultant to an increased public self-consciousness, an individual (presumably primarily a female) is likely to become more self-evaluative and consequently more individuating, which can be seen as possibly creating a destructive cycle of self-consciousness-leading-to-distinction-leading-to-greater-self-consciousness-leading-to-further-distinction. Feeling that one belongs to a group is clearly important and some persons will (however unconsciously) temper their beliefs across situations in order to feel less distinct.

The following methodology will explain the process by which this investigation addressed the phenomenology of persons with a visible disability. The study focused on the effect of induced objective self-awareness and gender on 1) the meanings that people attribute to different disability-related concepts and, (2) the self-reported job-hunting assertiveness.

Chapter 3

METHODOLOGY

Do meaning attributions and assertiveness behaviors differ for persons with visible disabilities when self-consciousness is induced, and if so, how? These were the basic questions put forth by this investigation. A 2 x 2 x 2 multivariate analysis (MANOVA) and follow-up 2 x 2 x 2 analyses of variance (ANOVA) were the primary analyses conducted, as these were the appropriate methods for assessing statistical significance among group differences on multiple, continuous variables when there are at least two independent variables with two categories each (Newton & Rudestam, 1999; Pedhazur & Schmelkin, 1991). The independent variables and their categories were 1) the inducement of OSA (induced in a experimental group vs. not induced in a control group), 2) the participant's level of PSC (high vs. low) and, 3) Gender (male vs. female).

Design

This investigation employed the methods and assumptions of the quantitative research design paradigm. A between-groups, within-subjects experimental design was used to detect differences between individual meaning attributions and assertive job-hunting behaviors after the inducement of OSA on a treatment group. The independent variable was operationalized via the presence of a video camera and television monitor. As previously discussed, this technique has been reliably demonstrated to enhance the effects of self-consciousness in previous experiments and to generate individual opinion change (see Chang et al, 2001; Duval & Wicklund, 1972). The dependent measures were the mean differences between the control and treatment groups for individual and group

connotative meanings attributed to a visible disability and self-reported job-hunting assertiveness. The specific research questions were as follows:

1. Are the meaning attributions for persons with visible disabilities who score high in public self-consciousness different than for persons with visible disabilities who score low in public self-consciousness?
2. What is the effect on the meaning attributions of persons with visible disabilities when objective self-awareness is induced?
3. Is the job-hunting assertiveness for persons with visible disabilities who score high in public self-consciousness different than for persons with visible disabilities who score low in public self-consciousness?
4. What is the effect on job-hunting assertiveness for people with visible disabilities when objective self-awareness is induced?
5. Does gender interact with induced objective self-awareness on meaning attributions and job-hunting assertiveness?

The following hypotheses were examined:

Hypothesis 1: The meaning attributions for persons with visible disabilities who score high on public self-consciousness will be less positive than for those who score low on public self-consciousness.

Hypothesis 2: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will have significantly less positive meaning attributions than persons who score low on public self-consciousness.

Hypothesis 3: Persons with visible disabilities who score high on public self-consciousness will report less assertive job-hunting behavior than those who score low on public self-consciousness.

Hypothesis 4: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will report significantly less assertive job hunting behaviors than persons who score low on public self-consciousness.

Hypothesis 5: Females will have significantly less positive meaning attributions and less assertive job-hunting behaviors than males after the inducement of objective self-awareness.

Participants

The results of a power analysis (Kraemer & Thiemann, 1987) for independent mean differences indicated that a minimum of 28 persons per group were recommended to investigate the psychological phenomenon under study when $p < .05$, power is set at .70 and, the effect size is at .45.

Thirty-three persons per group (5 extra per group) with a visible disability were recruited from five separate sites in the lower central portion of Michigan. These sites included four field offices of the Michigan Department of Career Development-Rehabilitation Services (MDCD-RS) as well as the Michigan Career and Technical Institute (MCTI) that is a career training and support service operated by MDCD-RS. There were two reasons for sampling from these sites: 1) to ensure proper variability and enhance generalizability of the results across lower Michigan and, 2) the practical issue of locating persons with visible disabilities. Recruited were females and males with either

an acquired or congenital visible disability. Persons who are blind were not recruited for this particular study because the video intervention would not be usable with people with this disability. Also, for two reasons, steps were not taken to control for race. First, the majority of persons with disabilities in Michigan are either African American or Caucasian, and as our society is multicultural, to have included only one race would not appropriately reflect the society at large, hindering generalizability. Second, the practical issues of participant availability and forced exclusion would make controlling for race extremely problematic.

Although it could be argued that experiential/phenomenological differences exist between persons with congenital or acquired disabilities that might conceivably affect results, a practical issue existed here as well regarding participant availability. Moreover, as this investigation was concerned with the effects of self-consciousness on meaning attribution and subsequent behavior, then “variant phenomenology” had to be the necessary ingredient for this experiment to adequately detect self-consciousness effects during a social event.

Also, for similar reasons as stated above, age was minimally restricted. Participant availability and an appropriate sample to generalize to the local society were unavoidable issues. Therefore, only persons eighteen years old or older and without a legal guardian were recruited.

Instrumentation:

The instruments used in this study are included in Appendix A.

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The Self-Consciousness Scale-Revised

Scheier and Carver (1985) revised the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975) to make it more suitable for the general population. The original version was constructed using college students, and as a result other populations did not easily understand some of the terms used. The authors reported that overall, the psychometric properties of the revised scale compared extremely well to the psychometric properties of the original. Internal consistency for the revised scale was higher than for the original. The Cronbach alphas obtained were; for the private subscale, .75, for public .84, and for the social anxiety subscale .79 (the original scores were .69, .79, and .71, respectively). Test-retest correlations with a 4-week interval determined that the revised scale possesses reasonable stability across time. Correlations were for the private subscale .76, for public .74, and for social anxiety .77. Some examples of the revisions to the scale are, from the original public subscale “One of the last things I do before I leave my house is to look in the mirror”, to the revised “Before I leave my house, I check how I look”.

The revised scale was employed because it offers a more common usage of terms therefore reducing the risk of participants misconstruing the basic intent behind each of the scale’s items. Due to the more common terminology, the revised scale expedited the process for the participants, taking less of their time.

Scoring was rather straightforward. The possible responses for each item are the same and had been pre-assigned a value that was added together at the conclusion. The responses and their scores are “Not at all like me” = 0; “Just a little like me” = 1; “Somewhat like me” = 2; and “A lot like me” = 3. There are 7 items on the public

subscale so the total range of scores is 0 – 21 with higher scores indicating higher levels public self-consciousness.

The Semantic Differential Technique

Over the past four decades, the semantic differential technique (Osgood, 1952; Osgood, Suci, & Tannenbaum, 1957) has proven to be the most reliable and valid method for measuring individual connotative meanings (Thomas, Butler, & Davis, 1979). The technique is also extremely flexible and highly generalizable. To use the technique, investigators select general but discriminating concepts that are relevant to their area of study. To illustrate, “having a visible disability” is an example of a concept used in this study as it is a relevant topic for rehabilitation in general and for persons with a disability in specific (see below). Bipolar adjective scales are then selected for their applicability to the target population (e.g., “good—bad”, and see below). Participants are given a concept (i.e., “having a visible disability”) and asked to place an X in the one space along the bipolar scale that they feel best represents their belief about the concept (see Appendix B). One concept is listed at the top of each page followed by the series of bipolar scales being used in the study.

Ten concepts (Table 3.1) representing four content areas (social interaction, employment, education, and disability) were employed in this study. The concepts were rated across a series of fifteen bipolar adjective scales which represented three of the dimensions of connotative meaning put forth by Thomas et al. (1979) for their applicability to persons with disabilities (attractiveness, dynamism and, morality). The concepts were chosen because of their relevance to rehabilitation, social situations and

interaction, personal meanings, and for their potential to discriminate between social factors affecting public self-consciousness.

Table 3.1
Disability-Related Concepts

Concepts	
1. Having a visible disability	6. Going out with friends
2. Meeting new people	7. Person without a disability
3. Seeking more education	8. Applying for a job
4. Myself as I am	9. Meeting an attractive person
5. Having a job	10. My ideal self

The fifteen adjective scales were selected on the basis of their relevance to the concepts and were adapted from select studies indicating sizeable factor loadings on the attractiveness, dynamism and, morality dimensions of connotative meaning (Thomas et al., 1979; Snider & Osgood, 1969; Osgood et al., 1957). The scales and their representative dimensions and factor loadings as reported by the above authors are listed in Table 3.2 below.

Table 3.2
Three Semantic Dimensions, their Polar Scales, and Factor Loadings

Polar Scales		
<u>Attractiveness:</u>	<u>Dynamism:</u>	<u>Morality:</u>
Valuable – Worthless (.79)	Complex – Simple (.73)	Good – Bad (.41)
Successful – Unsuccessful (.83)	Active – Passive (.98)	Serious – Humorous (.66)
Pleasurable – Painful (.86)	Excitable – Calm (.73)	Clean – Dirty (.37)
Interesting – Boring (.83)	Stable – Changeable (-.60)	Reputable – Disreputable (.40)
Meaningful – Meaningless (.41)	Fancy – Plain (.69)	Grateful – Ungrateful (.38)

To score the differential, the spaces along the bipolar scales were assigned values from 1 to 7 with a score of 7 given to the end of the scale that indicated the most “positive,” the most “attractive,” and the most “active” for the individual respondents. The middle space was assigned the value of 4 to represent “neutral.” The scores were then summed for each concept taking into account the reverse ordering of some scales. The total scores for each concept ranged from the low 15 (a score of 1 x 15 scales) to the high of 105 (15 scale scores of 7). A score of 60 represented the middle—that is, total neutral—score.

Assertive Job-Hunting Survey

Becker (1980) constructed this 25-item questionnaire to assess individual assertiveness in job-hunting behaviors (Corcoran & Fischer, 1987). Specifically, it addresses the extent to which respondents act on their environment to obtain information about jobs and to contact persons in organizations regarding possible openings. The

questionnaire was designed to reflect such activities as interviewing, soliciting recommendations and, resume' writing.

Normed on 190 male and female college students (ranging from freshman to graduate level students), the questionnaire has good internal consistency with a coefficient alpha of .82 and a test-retest reliability of .77 after a 4-week interval. Concurrent validity was established with a significant correlation between previous job-hunting experience and individual scores on the questionnaire. The instrument was also found to be sensitive to change with significant pre- to post-test changes for persons in job-hunting classes. No other validity information was reported.

The sentence structure of some of the items in the Assertive Job-Hunting Survey was considered potentially problematic for a participant who may have low reading ability (e.g., "Would mention only paid work experience."). Therefore, the author (Becker) of the survey was contacted for permission to enhance the structure of the items in order to increase reading comprehension (e.g., "During an interview, I would mention only paid work experience and not other experience even if I thought it was related."). Additionally, Item # 23 "Figure there's nothing else to do" was omitted from the final version used in this study because it was felt to connote a feeling of apathy rather than assertiveness (or the lack thereof). The author approved these changes.

Scoring of the Assertive Job-Hunting Survey was done on a 6-point scale ranging from 25 – 150 total points. From a range of choices (e.g., 1 = very unlikely; 6 = very likely), respondents selected the one that they believe best reflected how they would behave. Scoring was reversed for items 1, 2, 4, 5, 7, 8, 10, 11, 12, 14, 15, 17, 19, 20, and

22, 23, 24, and 25. Responses are then summed to produce a total score, and the higher scores indicate more assertive behavior.

Manipulation Check

A manipulation check of the independent variable was conducted to ensure that treatment conditions varied along the intended dimensions and were implemented in the intended fashion. This was done to verify that the experimental manipulation (i.e., the video camera to induce self-consciousness) had been adequately designed (Heppner, Kivlighan, & Wampold, 1992). Ten participants from the Ann Arbor, Jackson, and Lansing MDCD-RS field offices volunteered for this portion of the investigation. A comparison of the mean scores for public self-consciousness and job-hunting assertiveness indicated that the experimental manipulation did appear to achieve the anticipated effect. Mean scores indicated that PSC in the treatment group ($x = 18.0$) was higher than the control ($x = 16.8$) and reported job assertiveness in the treatment was lower than control ($x = 91.2$ and $x = 94.4$, respectively). This supported the hypothesis that as PSC increased a participant's job assertiveness would decrease.

Procedure

Design

The purpose of this investigation was to examine what affect an induced state of self-consciousness would have on the meaning attributions and job-hunting assertiveness of persons with visible disabilities. Subsequent to the experimental inducement of OSA, there were three goals for this study. First, to identify which situations (e.g., going out with friends, applying for a job, etc.) would consistently receive lower meaning attribution scores from participants resulting from the inducement of OSA. Second, to

examine the extent to which a person's job-hunting assertiveness would decrease as a result of induced OSA and, third to investigate to what degree gender might interact with induced OSA.

This study utilized participant self-reports to acquire data because of the phenomenological nature of the research questions. All participants were voluntary and, in order to achieve the necessary sample size ($N = 28$ per group), each person was paid \$10.00 for his or her participation upon completing all of the questionnaires.

Data Collection

Over a four-month period during spring 2001, the investigator made weekly and bi-weekly visits to four separate field offices of the Michigan Department of Career Development-Rehabilitation Services (MDCD-RS) and one visit to the Michigan Career and Technical Institute (MCTI), which is a vocational training and support service operated by MDCD-RS. The five sites are located in cities across the lower central portion of Michigan and included Ann Arbor, Grand Rapids, Jackson, Lansing, and Plainwell.

The four MDCD-RS sites all held weekly or biweekly new-client orientation meetings, during which the investigator would inform clients of the \$10.00 incentive and introduce the study as an examination of the beliefs, meanings, and behaviors that people with visible disabilities give to different situations (e.g., meeting new people, applying for a job, etc.).

Following orientation and a short break, each volunteer for the study received two copies of a consent form that had been approved by the University Committee on Research Involving Human Subjects (UCRIHS) located on the campus of Michigan State

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University (see Appendix B). The consent form provided a second and more detailed explanation of the study without risking response bias and was read out loud as the participants followed along. The consent form also highlighted the possibility that some of the sessions would be videotaped. Those persons who still wanted to participate in the study signed one consent form, which was immediately filed away by the investigator, and kept the second for their own records.

Assignment between the treatment and control conditions was alternated for each site visit in order that each site provided treatment and control data. The conditions of each session were reasonably consistent across all sites. Participant groups at all MDCCD-RS sites ranged in sizes from 4 – 8, while the two groups from MCTI were larger (8 & 11 participants). At all sites, participants were seated beside each other at long tables facing the video camera and television monitor (treatment condition only) or the front of the room (control condition). The rooms were private, well lighted, and accommodating.

It should be noted that none of the sessions were actually videotaped (this was explained to each participant during their final debriefing). The reason for this was technological—only one site had equipment that allowed the investigator to effectively video-record a session, and since this would not provide adequate sample data, any qualitative analysis of videotape was omitted all together from the final analysis.

Next, numerically coded folders containing the four questionnaires were passed around and verbal instructions were given for each of the forms. The participants were informed that the entire process would last approximately 30 minutes and that after they completed the questionnaires the investigator would meet with them briefly in private.

At this time (in the treatment condition only) the investigator would turn on the video camera that projected the group's image onto a television screen allowing each person to view him or herself while taking the questionnaires. The investigator was present at each administration for two reasons, 1) to answer any questions that arose and, 2) to ensure experimental conditions remained consistent lessening the threat of random error.

Across all administrations, the participants asked few questions. However, the most consistently asked question was to define the word "reputable" in the bipolar scale reputable – disreputable from the semantic differential. The persons asking this question were advised to consider it in terms of "respectable". Two other participants needed assistance writing their responses due to an impairment that impacted their fine motor coordination.

As each participant finished, the questionnaires were scanned for completeness and if blank items were discovered the person was asked to return to that item. Then, each person was escorted out of the room where they were debriefed regarding the purpose of the television and video camera and paid \$10.00. As mentioned, it was explained at this time that the session was not videotaped as had been indicated at the outset. Instead, it was simply important that the person could see him or herself on the television while seated in a group of others. Then, each person was given the opportunity to ask any question or state any concern. There were no concerns presented but the participants frequently wanted to discuss how they have been affected by self-consciousness in the past.

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Data Analyses

A 2 x 2 x 2 multivariate analysis (MANOVA) and a series of 2 x 2 x 2 analyses of variance (ANOVAs) were run to test the hypotheses of group differences after the inducement of OSA.

Chapter 4

RESULTS

Participants

Eighty-five individuals from five locations across the lower central portion of Michigan volunteered to complete the questionnaires. This yielded a total of 66 usable individual questionnaires for the final analyses from persons who met the criterion for possessing a visible disability. A total of 19 individual questionnaires were judged unusable for three distinct reasons; 1) questionnaires were incomplete, 2) participants recorded a non-visible disability (e.g., substance abuse) other than that initially described to the investigator and, 3) based on clinical judgment, a participant was considered to possess cognitive difficulties sufficient enough to impact his or her responses.

Forty-seven of the participants included in the final analyses were from four field offices (Ann Arbor, Grand Rapids, Jackson, & Lansing) of the Michigan Department of Career Development-Rehabilitation Services (MDCD-RS). The remaining 19 were from the Michigan Career and Technical Institute (MCTI). Persons at the MDCD-RS field offices were contacted during regularly scheduled new client orientation meetings over a period of four months. MCTI has no such orientation so the staff organized three separate sessions during a one-day visit for the investigator to meet and recruit participants. Treatment integrity (i.e., instruments, instructions, and administration) was maintained at all five sites (see Pedhazur & Schmelkin, 1991).

The Ann Arbor, Grand Rapids, and Jackson field offices held morning orientation sessions for an hour and a half that enabled the investigator to easily recruit participants immediately following their meeting. However, orientation at the Lansing office lasted

one full day and, even with the monetary incentive, participants were reluctant to return on a later date to complete the questionnaires. As a result, with only one successful site visit (4 volunteers but only two usable questionnaires), Lansing is underrepresented in this study. However, approximately equal numbers of participants were recruited from the other four sites that surround the Lansing area: 15 from Ann Arbor, 13 from Jackson, 17 from Grand Rapids and, 19 from Plainwell (MCTI).

Descriptive statistics (e.g., age, gender, race, etc) were compiled for the sample and are provided in Table 4.1, below. Table 4.2 displays sample statistics for disability type. As indicated in Tables 4.1 and 4.2, all of the demographic variables were partitioned into multi-level categorical variables during data input.

Characteristics of the Sample

Participants were between the ages of 19 and 62. Individual ages were categorized into five blocks of ten beginning with the youngest age meeting the criteria for the study (e.g., 18 – 27, 28 – 37, etc., see Table 4.1). The largest age group in the sample (34.8%) was composed of 23 persons 38 – 47 years old while 17 individuals between the ages of 28 – 37 (25.8%) comprised the second largest age group. The third largest group (19.7%) was made up of 13 participants 38 – 47 years old. The fourth and fifth largest groups, respectively, were made up of the youngest (8 persons 18 – 27 year olds) and oldest

Variable

Age Level

- 1 =
- 2 =
- 3 =
- 4 =
- 5 =

Gender

- 0 =
- 1 =

Race/Nat

- 1 =
- 2 =
- 3 =
- 4 =
- 5 =
- 6 =

Disability

- 0 =
- 1 =

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Table 4.1
Demographic Characteristics of the Sample

Variable	N	Percent
Age Levels		
1 = 18 – 27	8	12.1
2 = 28 – 37	17	25.8
3 = 38 – 47	23	34.8
4 = 48 – 57	13	19.7
5 = 58 – 67	5	7.6
Gender Levels		
0 = Male	39	59.1
1 = Female	27	40.9
Race/Nationality Levels		
1 = African American	37	56.1
2 = Asian	1	1.5
3 = Caucasian	24	36.4
4 = Latina/Latino	2	3.0
5 = Native American	2	3.0
6 = Other		0.0
Disability Levels		
0 = Congenital	18	27.3
1 = Acquired	48	72.7
Highest Level of Education Completed		
1 = Grade School	2	3.0
2 = High School	37	56.1
3 = 2-Years College	15	22.7
4 = 4-Years College	9	13.6
5 = Graduate School	3	4.5

(5 at 58 - 67) participants to complete the questionnaires and accounted for 12.1% and 7.6% of the sample.

For the variables of gender and race/nationality, males (59.1%) comprised the majority of the sample and females accounted for 40.9%. Just over fifty-six percent (56.1%) were African-American and 36.4% were Caucasian. Thus combined, African Americans and Caucasians accounted for 92.5% of the sample. The categories of

Latino/Latina and Native American each represented 3.0% of the sample and the remaining 1.5% of the sample was Asian.

Forty-eight participants (72.7%) possessed acquired disabilities and the remaining 18 individuals (27.3%) reported congenital disabilities. Just over half of the sample (56.1%) reported that their highest level of education completed was high school. Fifteen participants (22.7%) had completed two years of college while nine persons (13.6%) reported that they had completed four years of college. Three participants (4.5%) have completed graduate school and the remaining 3.0% (2 people) reported that they had not attended high school.

Table 4.2
Disability Types of the Sample

Variable	N	Percent
Musculoskeletal and Connective Tissue Disorders	29	43.9
Mental Disorders	3	4.5
Nervous System Disorders	27	40.9
Visual Disorders (e.g., retinal detachment)	1	1.5
Dermatological Disorders	2	3.0
Respiratory Disorders	1	1.5
Orthopedic Disorders	1	1.5
Birth Defects	2	3.0
Totals	66	100

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Disability type was classified into eight separate categories (Table 4.2, above) as described by Falvo (1991). Twenty-nine persons with musculoskeletal and connective tissue disorders comprised the largest group (43.9%). Included in this category were such conditions as scoliosis, ankylosing spondylitis, systemic lupus erythematosus, rheumatic disease, and limb amputation. Twenty-seven participants with nervous system disorders such as spinal injuries, traumatic brain injuries, epilepsy, and cerebral palsy made up the next largest group (40.9%). These two groups accounted for 84.8% of the entire sample. The remaining 15.2% break down as follows: Three individuals reported a diagnosis of major clinical depression (categorized as mental disorders; Falvo, 1991) and represented 4.5 % of the sample. Major depression was considered to meet the criterion of a visible disability for this study based on the visually evident depressed affect of the individuals, their sluggish behaviors, poor hygiene, and the considerable weight of two participants (the third participant was extremely thin) (cf. Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, 1994). Massive scarring (i.e., dermatological disorders) was reported by and evident on two participants accounting for 3.0%, and two persons (3.0%) reported birth defects. One individual (1.5% of the sample) possessed a respiratory disorder that was visible because of the use of an artificial larynx against a tracheotomy that produced an electronic sound as the person spoke. One person (1.5%) categorized with a visual disorder was included because the condition itself was retinal detachment due to degenerative changes in the retina of one eye. Finally, one participant reported the condition talipes, which includes various forms of “club-feet” (orthopedic disorders 1.5%).

These sample data are comparable to population statistics for Michigan in a number of ways. First, as can be seen from Table 4.1, the majority of the sample was composed of persons between the ages of 28 – 47. This range is comparable to statistics from the Michigan Census Bureau (2001), which indicated that the largest percentage (37.2%) of the adult population in the state falls within the 25 – 49 age range. Second, although Michigan's female population is slightly larger than the male population (51% and 49%, respectively), according to the 1990 United States Census, males make up the majority of persons with disabilities in Michigan (United States Census Bureau, 2001). This census statistic is reflected in the present sample.

A third comparison between the sample data and population statistics is the highest level of education completed. As indicated in Table 4.1, the majority of the participants (56.1%) reported that high school was the highest level achieved, and an additional 3% stopped after grade school for a total 59.1%. This statistic also reflects Michigan Census Bureau data indicating that 63.8% of persons with a work disability, a mobility limitation, or a self-care limitation ended their formal education at either the grade school or high school levels. A combined 36.3% of the sample (24 people) either completed or are currently seeking a two- or four-year college degree and 4.5% (3 participants) reported that they had earned a graduate degree. The percentages for college-educated individuals are less reflective of Michigan Census data that revealed only 7.7% of the disabled population had completed college. As a result, the sample in this investigation has reported achieving a higher level of education than the general population in Michigan.

According to Census data, Caucasians over the age of 18 account for 82.1% of the population in Michigan while African Americans make up 13.1% (United States Census

Bureau, 2001). As Table 4.1 indicates, the sample percentages do not reflect these statewide statistics. Instead, African American participants outnumbered Caucasians by 19.7%. However, according to demographic data reported by the MDCH-RS field offices, African Americans typically comprise the majority of people seeking their services. Thus, while the sample may not reflect Michigan's general population, it does more closely resemble the state percentages for people with disabilities—per race/nationality. Specifically, 19% of Michigan's African American population has a disability while only 9.8% of the Caucasian population has a disability (Michigan Census Bureau, 2001). From this perspective, the sample data for these two categories of race and nationality do appear to reflect Michigan's disabled population.

There is some variability between the Census and sample data for the Asian, Native American, and Latina/Latino categories as well. Latinas/Latinos and Native Americans accounted for the next highest percentages of the sample (3% each) and, according to Census data, persons of Hispanic origin represent 2.7% of Michigan's total population and Native Americans account for only .5%. The Asian population is larger than the Native American at 1.8% of the total population, and it comprised 1.5% of the sample.

Manipulation Check of the Independent Variable

As pointed out in the literature review, the use of a video camera to induce self-consciousness in persons with visible disabilities has not previously been performed. Therefore, a manipulation check of this independent variable was necessary to ensure that treatment conditions varied along the anticipated dimensions and were appropriately implemented. To detect the efficacy of the experimental manipulation, the hypotheses that public self-consciousness (PSC) scores would be higher in the treatment condition

and, likewise, that job-hunting assertiveness (JHA) scores would be lower in the same group were tested. A visual comparison of the means between a treatment group (5 persons with a visible disability) and a control group (5 matching persons) indicated that a video camera might indeed be an effective method for inducing self-consciousness. As Table 4.3 indicates, the hypotheses that PSC would be higher and JHA lower in the treatment condition was supported. With a mean of 18.0 the treatment condition was 1.2 points higher in self-consciousness than the control (16.8) and 3.2 points lower in assertiveness ($94.4 > 91.2$). As a result of this data the experiment proceeded without adjustment.

Table 4.3
Manipulation Check Group Mean Comparisons

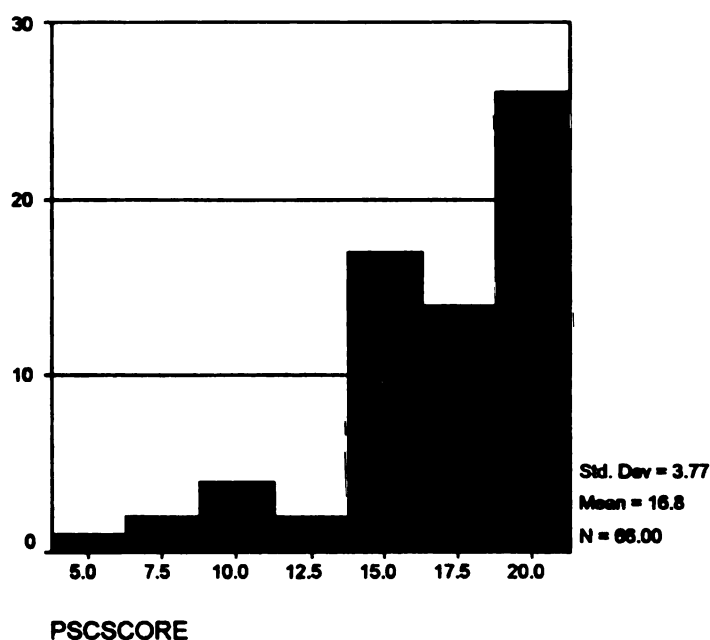
Group	N	x	SD
Treatment	5		
Public Self-Consciousness		18.0	2.34
Job-Hunting Assertivene		91.2	12.4
Control	5		
Public Self-Consciousness		16.8	2.9
Job-Hunting Assertiveness		94.4	15.7

Frequency Distributions of the Independent Variable

A frequency distribution of scores on PSC revealed non-normal distributions, as most participants in both groups scored high in self-consciousness. The total mean score for PSC was 16.76 (note in Figure 4.1 that the SPSS program rounded this up), the median was 18.00, and the mode was 21.00 (the highest possible score for the subscale). The mean for the treatment condition PSC was 17.2, and the mean for the control only PSC was 16.3. Combined or separate, these means are considerably higher than those obtained from the sample in Scheier and Carver's (1985) revision of the Self-

Consciousness Scale (see Chapter 2). For men and women in Scheier and Carver's sample, the mean was 13.85. Median and mode were not provided in the revision. Therefore, to allow for statistical testing, PSC scores were split at the median between the scores 17 and 18, which meant that persons scoring 4 – 17 scored low in self-consciousness (4 was the lowest score indicated), and persons receiving a score of 18 – 21 were considered to have high self-consciousness.

Figure 4.1
Histogram of Total PSC Scores



Results of the Analyses of Variance

To assess the statistical significance of an induced state of objective self-awareness (Group), a participant's level of public self-consciousness (LevelPSC), and Gender on his or her meaning attributions and job-hunting assertiveness behaviors, a 2 x 2 x 2 MANOVA and a series of 2 x 2 x 2 ANOVAs were conducted on all of the variables. The results are provided below beginning with those obtained from the MANOVA. The

ANOVA results for the 10 meaning attribution variables and the job-hunting assertiveness variable are displayed next. As will be seen, the results for the first and second research hypotheses (the 10 meaning attribution variables) and the third and fourth research hypotheses (job-hunting assertiveness) indicated that the predicted significant effects were not achieved. (For a more detailed display of the individual ANOVA results please refer to Appendix G).

Meaning Attributions Hypotheses

The two hypotheses investigating meaning attributions were as follows:

- 1: The meaning attributions for persons with visible disabilities who score high on public self-consciousness will be less positive than for those who score low on public self-consciousness.
- 2: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will have significantly less positive meaning attributions than persons who score low on public self-consciousness.

The initial step in interpreting MANOVA results is to consider the Box's Test of Equality of Covariance Matrices (Mertler & Vannatta, 2002). This test was not significant at $p < .001$ ($p = .016$) and the assumption of equal variances has not been violated, therefore robustness is assumed and Wilk's Λ is the appropriate statistic for interpreting multivariate results.

As can be seen in Table 4.4, no significant main effects were found for Gender, Wilk's $\Lambda = .698$, $F(11, 48) = 1.888$, $p > .05$, LevelPSC, Wilk's $\Lambda = .828$, $F(11, 48) = .904$, $p > .05$, or Group, Wilk's $\Lambda = .833$, $F(11, 48) = .873$, $p > .05$.

Table 4.4

Multivariate Results for Control and Experimental Groups, High and Low Public Self-Consciousness, and Gender.					
Effect		Value	F	Sig.	Eta
Intercept	Wilk's Lambda	.006	686.79a	.000	.994
Gender	Wilk's Lambda	.698	1.888a	.065	.302
LevelPCS	Wilk's Lambda	.828	.904a	.544	.172
Group	Wilk's Lambda	.833	.873a	.572	.167
Gender*LevelPSC	Wilk's Lambda	.860	.707a	.725	.140
Gender*Group	Wilk's Lambda	.865	.684a	.747	.135
LevelPSC*Group	Wilk's Lambda	.902	.473a	.911	.098
Gender*Group* LevelPSC	Wilk's Lambda	.921	.375a	.960	.079

a = exact

Design: Intercept+Gender+LevelPSC+Group+Gender*LevelPSC+Gender*Group+LevelPSC*

Gender*Group

$p < .05$.

Additionally, the effect size for gender indicates that only 30% of the multivariate variance is associated with this factor. Much less multivariate variance is associated with the LevelPSC and Group factors, 17% and 16%, respectively.

No significant interaction effects were found for Gender*LevelPSC, Wilk's $\Lambda = .869$, $F(11, 48) = .707$, $p > .05$, Gender*Group, Wilk's $\Lambda = .865$, $F(11, 48) = .684$, $p > .05$, LevelPSC*Group, Wilk's $\Lambda = .902$, $F(11, 48) = .473$, $p > .05$, or Gender*Group*LevelPSC, Wilk's $\Lambda = .921$, $F(11, 48) = .375$, $p > .05$.

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The obtained multivariate results do not support the predictions of significant group differences between the control and experimental conditions for the 10 meaning attributions, the job-hunting behaviors, or a gender interaction.

As can be seen in the ANOVA Table 4.5 below, mean differences between high and low PSC were discovered in both the control and treatment conditions. However, statistical significance was not achieved for any of the 10 meaning attributions when $p < .05$. Specific results were as follows: Having a Job $F(1, 65) = .189, p = .665$, Having a Visible Disability $F(1, 65) = .037, p = .848$, Meeting New People $F(1, 65) = 3.024, p = .087$, Seeking More Education $F(1, 65) = .052, p = .820$, Myself as I am $F(1, 65) = .033, p = .857$, Going out with Friends $F(1, 65) = .571, p = .453$, Person without a Disability $F(1, 65) = 1.103, p = .291$, Applying for a Job $F(1, 65) = .555, p = .459$, Meeting an Attractive Person $F(1, 65) = .098, p = .755$, and My Ideal Self $F(1, 65) = 2.566, p = .115$ (Main effect results for LevelPSC and interaction effect results for Group*LevelPSC are provided as well, and are likewise not significant). As the ANOVA results indicate, it cannot be concluded that the treatment had any real effect on the participants' meaning attributions as was predicted.

Table 4.5

Connotative Meanings for 10 Disability Concepts: Control and Treatment Groups, Subdivided According to High or Low Level Public Self-Consciousness							
	CONTROL		TREATMENT		F TESTS		
	High PSC	Low PSC	High PSC	Low PSC	LevelPSC	Group	Group*LevelPSC
Have Job	84.47	82.06	85.79	84.14	.769	.189	.022
Vis Dis	56.07	62.11	58.00	61.57	1.950	.037	.701
New People	74.80	75.06	80.16	81.07	.041	3.024	.340
Seek Edu	86.60	86.78	87.05	86.43	.108	.052	.001
Self as I am	72.33	75.33	68.63	77.36	4.038	.033	.149
Go Out	74.93	76.44	73.42	73.29	.788	.571	.438
PWOD	79.27	74.33	74.42	72.21	1.510	1.103	.039
Apply Job	77.93	79.11	80.53	84.50	1.032	.555	.215
Attract	74.53	79.33	79.21	77.00	.888	.098	2.232
Ideal self	85.67	85.72	79.26	85.21	.827	2.566	.521

** = significant $p < .05$

Variable Labels: Have Job = Having a Job; VisDis = Having a Visible Disability; New People = meeting New People; Seekedu = Seeking More Education; Self as I am = Myself as I am; Go Out = Going out with Friends; PWOD = Person without a Disability; Appy Job = Applying for a Job; Attract = Meeting an Attractive Person; Ideal Self = My Ideal Self.

Job-Hunting Assertiveness Hypotheses

The two hypotheses investigating job-hunting assertiveness were as follows:

- 3: Persons with visible disabilities who score high on public self-consciousness will report less assertive job-hunting behavior than those who score low on public self-consciousness.
- 4: When objective self-awareness is induced in persons with visible disabilities, persons who score high on public self-consciousness will report significantly less assertive job hunting behaviors than persons

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who score low on public self-consciousness.

Table 4.6 contains the ANOVA results for the effect that induced OSA had on the participants' reported job-hunting assertiveness behaviors. No significant effect was detected, $F(1, 65) = .026, p = .873$ when $p > .05$. It cannot be concluded that induced objective self-awareness had any effect on the participants' reported job-hunting behaviors.

Table 4.6

Reported Job-Hunting Assertiveness: Control and Treatment Groups, Subdivided According to High or Low Level Public Self-Consciousness							
	CONTROL		TREATMENT		F TESTS		
	High PSC	Low PSC	High PSC	Low PSC	LevelPSC	Group	Group*LevelPSC
Job Assert	88.80	97.61	91.11	95.07	2.580	.026	.700

** = significant $p < .05$

The Gender Hypothesis

A final hypothesis addressing the effect that gender would have is as follows:

- 5). Females will have significantly less positive meaning attributions and less assertive job-hunting behaviors than males after the inducement of objective self-awareness.

The ANOVA results (Table 4.7) for the fifth research hypothesis revealed that, by itself, gender had a significant effect on 3 out of the 10 meaning attribution variables. With alpha set at $p < .05$, gender had a significant effect on the meaning attributions of Going out with Friends $F(1, 65) = 7.039, p = .010$, Applying for a Job $F(1, 65) = 7.999, p = .006$, and Meeting an Attractive Person $F(1, 65) = 6.834, p = .011$.

However, the predicted interaction (gender*group) was not significant for the 10 meaning attribution variables Having a Job $F(1, 65) = .362, p = .550$, Having a Visible Disability $F(1, 65) = .348, p = .558$, Meeting New People $F(1, 65) = .743, p = .392$, Seeking More Education $F(1, 65) = 1.013, p = .318$, Myself as I am $F(1, 65) = 1.175, p = .283$, Going out with Friends $F(1, 65) = .627, p = .432$, Person without a Disability $F(1, 65) = .009, p = .924$, Applying for a Job $F(1, 65) = .261, p = .611$, Meeting an Attractive Person $F(1, 65) = .729, p = .397$, and My Ideal Self $F(1, 65) = 1.171, p = .284$ when $p < .05$. (Interaction effects are also provided for Gender*Group*LevelPSC and Gender*LevelPSC. As can be seen, no significant interactions resulted).

Table 4.7

Gender Differences in Connotative Meanings for 10 Disability Concepts						
	Males	Females	<i>F</i>	Gender*Group	Gender*LevelPSC	Gender*Group*LevelPSC
Have a Job	84.31	83.85	.002	.362	.015	.009
Vis Dis	59.59	59.22	.317	.348	.180	.745
New People	79.49	75.22	1.602	.743	.009	1.780
Seek Edu	86.44	87.19	.076	1.013	.067	.726
Self as I am	75.62	69.59	2.499	1.175	.360	.041
Go Out	78.10	69.44	7.039**	.627	1.231	.042
PWOD	74.62	75.63	.032	.009	.423	.180
Apply Job	83.92	75.30	7.999**	.261	.066	.283
Attract	81.03	72.93	6.834**	.729	1.702	.576
Ideal self	85.82	80.74	3.264	1.171	.054	.091

** = significant $p < .05$

Variable Labels: Have Job = Having a Job; VisDis = Having a Visible Disability; New People = meeting New People; Seekedu = Seeking More Education; Self as I am = Myself as I am; Go Out = Going out with Friends; PWOD = Person without a Disability; Appy Job = Applying for a Job; Attract = Meeting an Attractive Person; Ideal Self = My Ideal Self.

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As illustrated in Table 4.8, gender likewise did not significantly interact with the treatment effect for job-hunting assertiveness as was predicted $F(1, 65) = .028, p = .868$, when $p > .05$.

Table 4.8

Gender Differences in Job-Hunting Assertiveness						
	Males	Females	<i>F</i>	Gender*Group	Gender*LevelPSC	Gender*Group*LevelPSC
Job Assert	92.87	93.67	.056	.028	.262	.012

**** = significant $p < .05$**

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Chapter 5

DISCUSSION

This study was designed to examine the effects of induced objective self-awareness on meaning attributions and job-hunting assertiveness behaviors for persons with a visible disability. The study also explored whether participants' gender would moderate any observed effects. The construction of the study was guided by the theory of objective self-awareness (Duval & Wicklund, 1972). The theory asserts that when an individual feels an induced state of OSA during a social interaction then that person will begin to view him or herself in the same way they think others are viewing them. Sparked by this self-focused attention, the person is now prone to feel singled-out in a group because he or she is more aware of differences that may distinguish them from the rest. Attributions of responsibility follow this self-focused attention, and the person begins to feel that his or her differences are the cause for any dissonance experienced within the context of the group.

A unique feature of this study was the use of video equipment to induce OSA in a sample of persons with visible disabilities. Prior research (see Buss, A. H., 1980; Buss, D. M., & Scheier, 1976; Carver & Scheier, 1978; Chang et al, 2001; Samuel & Dollinger 1989) has determined this a reliable method of inducing OSA. However, this method has not been used on a sample of persons with visible disabilities, therefore a manipulation check was designed. The results of the manipulation check (see Chapter 3) were consistent with previous research and the investigation proceeded unaltered.

Three questionnaires were used to measure 1) level of public self-consciousness, 2) individual meaning attributions for disability-related concepts, and 3) job-hunting assertiveness behaviors. A 2 x 2 x 2 MANOVA and a series of 2 x 2 x 2 ANOVAs were run on each meaning attribution variable and the job-hunting behavior. Gender was also investigated for the presence of an interaction effect when OSA was induced.

Following a strategy described by Cone and Foster (1994), the discussion below will first summarize the research hypotheses and the lack of statistical support they received. Next, these results will be interpreted in context to the theory of objective self-awareness (Duval & Wicklund, 1972) and previous research in self-consciousness. Then, there are a number of limitations to this investigation that will be examined. Finally, the results will be considered in terms of their implications for rehabilitation counseling practice, education, and future research.

Summary of Findings

This investigation centered around five research hypotheses that were constructed based on the theory that an enhanced state of self-focused attention could impact meaning attributions and assertiveness behavior. It was predicted that mean differences would reveal less positive meaning attributions and less assertive job-hunting behaviors among persons with visible disabilities after OSA was induced. Next, it was hypothesized that females would have significantly less positive meaning attributions and less assertive job-hunting behaviors than males after OSA was induced. As will be discussed below, no significant mean differences were discovered for any of the 10 meaning attribution variables or the job-hunting assertiveness variable. Likewise, gender did not significantly

interact with the experimental condition to affect meaning attributions or job-hunting assertiveness. Below is a detailed discussion on the hypotheses.

Hypotheses for Meaning Attributions

It was hypothesized that significant mean differences would be detected between high and low levels of public self-consciousness for the 10 meaning attribution variables. While mean differences were apparent between high and low levels of public self-consciousness for most of these variables, none of them achieved statistical significance. As a result, it cannot be concluded that induced objective self-awareness significantly affected the connotative meanings that participants attributed to either of the 10 disability concepts.

However, before getting into a discussion on this lack of significance, it is necessary to consider certain other elements regarding these data. To begin, there are no firm norms from which to compare data from the semantic differential (i.e., the 10 meaning attributions), as it is a technique that was originally constructed to be highly adaptable to different research needs and professional disciplines. Still, some inference is possible regarding the generally “positive tone” of the individual scores. As was described in Chapter 3, the scores for each concept of the semantic differential could range from a low of 15 to a high of 105, with a score of 60 indicating the middle or “neutral” score. Simply stated, the higher above 60 that one scores on a concept, the more connotatively positive are the meanings he or she gives to that concept. The score of 60 can thus conceivably be viewed as the midpoint that separates positive connotations from less than positive, perhaps even “negative”, connotations.

As was illustrated in chapter 4, all but two of the means for the disability concepts were above 60. For the variable Having a Visible Disability, in both the control and treatment groups, the means fell slightly above or below the neutral mark of 60. This indicates that, regardless of any treatment effect, the persons sampled generally attributed less positive meanings to the presence of visible disabilities than they attributed to any other concept.

In contrast, the largest group means (i.e., most positive) were revealed for the variable Seeking More Education (in both groups as well). This finding suggests that the persons who were sampled placed the most positive meaning on the idea of enhancing their education. Additionally, virtually all of the other meaning attributions revealed means that were substantially higher than the neutral mark of 60. What this indicates is that, except for actually having a visible disability, the participants were generally positive toward the disability-related concepts employed in the semantic differential.

Considering the Lack of Significant Effects on Meaning Attributions.

First, it is necessary to acknowledge the possibility that the experimental manipulation was not strong enough to induce a state of objective self-awareness in this sample and, consequently, individual meaning attributions were not significantly affected. This may be due to the lack of an able-bodied cohort. It is conceivable that the presence of able-bodied participants may have enhanced the OSA treatment effect to the point that significant differences were discovered. As posited in objective self-awareness theory (Duval & Wicklund, 1972), critical self-evaluations will most likely ensue when one person's differences (i.e., visible disability) are sufficiently unique from others that the resulting "uniqueness" increases his or her social discomfort. Thus, since all of the

participants had some type of visible disability, the visible differences among them may not have been “unique” enough to sufficiently stimulate objective self-awareness. (Refer to Appendix F to see how all of the meaning attributions ranked in this investigation).

The lack of significant effects may also in part be due to the possibility that the visibly disabled persons who were sampled are typically high in public self-consciousness, and were therefore less affected by the experimental manipulation. As described in Chapter 4, the self-consciousness means for the participants were substantially higher than those obtained from the norming sample used in Scheier and Carver’s (1985) revision of the Self-Consciousness Scale. (Recall from Chapter 4, Scheier & Carver’s sample $x = 13.85$ vs. the present sample $x = 16.76$). As the frequency distribution in Chapter 3 indicated, the majority of participants in both groups reported high levels of PSC. Indeed, the most frequently occurring score was 21.00, which indicates that the participant reported feeling highest level of public self-consciousness measured by the scale.

This possibility is further supported by the fact that approximately one-quarter of the treatment participants reported to the investigator during their debriefing that, “the TV camera didn’t bother me at all.” Another group of treatment participants also reported that they had been involved in “experiments like this before.” Additionally, it should be noted that, throughout the administrations, the investigator witnessed few participants actually looking at their image on the television screen. Most persons simply looked at the forms as they completed them and a few others sat with a hand across their eyes in what appeared to be a “shielding position”, suggesting that the person may have been “avoiding” seeing their image on the television.

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Hypotheses for Job-Hunting Assertiveness

It was hypothesized that participants with a high level of public self-consciousness would report significantly less assertive job-hunting behaviors than persons with low public self-consciousness when OSA was induced. While mean differences were apparent, they were not statistically significant. As a result, the treatment did not significantly affect the participants' reported job-hunting assertiveness.

The author of the Assertive Job-Hunting Survey (Becker, 1980) did not provide normative data with which to make sample comparisons. However, as described in Chapter 3, the individual scores could range from 25 – 150, with 85 representing the middle score, or “average” assertiveness. As was illustrated in Chapter 4, participants in both groups scored substantially higher than 85, which suggests that the persons in this sample are more assertive when seeking employment than the “average person”. The lowest mean was revealed for persons in the control condition who reported high levels of self-consciousness, suggesting that they were the least assertive group in the sample. Still, this group scored much higher in assertiveness behaviors than what might be considered average. One way to consider this finding is in terms of the difficulty that many persons with disabilities have in finding employment. It is reasonable to think that the realistic (perhaps even urgent) need to obtain employment simply outweighs any impact self-consciousness may have thus, as emerged from this sample, job-hunting assertiveness is higher than average out of necessity. Another way to consider this finding is sociologically, as it is generally expected that the unemployed seek to change that status, therefore it is conceivable that some, if not many, of the participants were merely reporting higher assertiveness regardless of their actual behaviors. A field

experiment where the assertiveness behaviors of a group of persons with disabilities are investigated over a longer duration may effectively respond to these issues.

Considering the Lack of Significant Effects on Job-hunting Assertiveness.

There are a few possible ways to interpret the lack of a significant treatment effect on job-hunting assertiveness. One-way is in terms of participant attention and concentration. This survey was the third and final questionnaire and it directly followed the semantic differential, which was the most cumbersome form to complete. During the final debriefing some participants told the investigator that [the differential] was long and pretty repetitive. Though no administration ever ran longer than 45 minutes, it is possible that by the time the participants reached the assertiveness behavior survey, they were simply tired or even bored with the process and perhaps thinking about leaving.

A second way to interpret the lack of significance on assertiveness behaviors is the self-report nature of the survey. Quite frankly, “saying” and “doing” are two different things. How a person might report he or she would behave in a particular situation may not fully or adequately reflect their behavior during the actual event. Thus, while the video equipment may not have been stimulus enough to manifest a significant effect on paper, it might have been sufficient to affect actual behaviors. .

The Interaction Hypothesis

A fifth hypothesis asserted that gender would significantly interact with the experimental manipulation. This hypothesis did not receive the predicted statistical support and it cannot be concluded that an interaction existed. This lack of a significant interaction challenges research cited in Chapter 2. Two studies in particular reported that high levels of public self-consciousness in females altered their public expressions of

beliefs (Chang et al., 2001), and lowered ratings of their own attractiveness (Cash, Cash, & Butters, 1983). A contrast emerges however because these studies employed non-disabled females within whom self-consciousness was significantly induced, while the present study used only visibly-disabled participants who were typically high in self-consciousness and unaffected by the OSA condition. Moreover, women were reported to be generally higher in PSC than males, and persons with disabilities were typically higher than the able-bodied. Extending these findings, it is conceivable that the females with disabilities sampled here were already high enough in PSC that the experimental manipulation simply had no effect.

It should be noted that adventitious findings were discovered for gender alone. It was revealed that gender had a significant effect on 3 of the 10 meaning attributions. At the .05 level, gender had a significant effect on Going out with Friends, Applying for a Job, and Meeting an Attractive Person. Males scored higher on all three variables than did females indicating that males attributed significantly more positive meanings to each variable than females.

In summary, while the predicted significant results were not achieved, some interesting and potentially useful information can be gleaned from these data. First, it is noteworthy that the visibly disabled participants in this study reported higher levels of public self-consciousness than were revealed for the sample used by the authors of the revised scale (Scheier & Carver, 1985). As was mentioned, Scheier and Carver did not include persons with visible disabilities in their sample. Moreover, as was discussed in Chapters 1 and 2, researchers in rehabilitation and social psychology have not specifically addressed the self-consciousness of people with disabilities. As a result,

there is inadequate information from which to compare how self-consciousness effects may differ between the able-bodied and disabled populations. Thus, a self-consciousness scale that is normed on persons with disabilities seems in order.

A second interesting finding was revealed from the generally positive tone that was conveyed through the meanings that participants attributed to 9 out of the 10 semantic differential concepts. Only the means for the concept Having a Visible Disability were at or below a score of 60, which served as the midpoint between positive connotations and less than positive connotations. All of the other means indicated that the persons sampled in this study attributed meanings that were positive in nature.

The treatment effect was not strong enough to significantly affect individual job-hunting assertiveness as predicted. In fact, the job assertiveness scores for the majority of the participants were substantially higher (i.e., indicating more assertiveness) than the average score. The visibly disabled participants in this study thus reported more assertiveness in their job-hunting behaviors than what might be expected for the average person.

Assumptions and Limitations

This study was limited in a number of ways by assumptions made early on. The foremost assumption was that video equipment would induce a state of objective self-awareness in a sample of people with visible disabilities. The use of video, mirrors, and voice recordings have all proven to be reliable methods for inducing an enhanced state of self-focused attention on a variety of population samples (Buss, A. H., 1980; Carver & Scheier, 1978; Chang et al., 2001; Duval & Wicklund, 1972; Geller & Shaver, 1975; Wicklund & Duval, 1971). Results from a manipulation check of this independent

variable suggested similar effects would be detected a sample of persons with visible disabilities. However, such was not the case for the formal investigation. While the hypothesized mean differences were obtained, the lack of predicted statistical significance greatly limits the efficacy of this study.

A second limitation results from the absence of an able-bodied cohort from which to compare data. This may further explain the lack of a significant treatment effect. More importantly, the absence of able-bodied participants did not allow the theory of objective self-awareness to be fully operationalized. Thus, had there been significant results obtained, it may have been difficult to distinguish these results from an actually induced state of OSA (as the theory is defined) vs. a chronic disposition of high PSC. Additionally, without the presence of able-bodied participants during the questionnaire administrations, the visible disabilities between those present were apparently not “different” enough to induce objective self-awareness as theorized by Duval and Wicklund (1972). That is, without able-bodied participants, recall of negative stigma experiences did not occur.

This leads directly to a third limitation for the study. The overall small sample size ($N = 66$) limited the power of the statistics to detect anything but strong effects. Likewise, after partitioning gender, the small cell N s presented an added threat to obtaining valid results.

The instruments pose a fourth limitation (see Appendix-A). Particularly, the Semantic Differential Technique (Osgood et al, 1957) and the Assertive Job-Hunting Survey (Becker, 1980) proved to be problematic. Prior to administration, the semantic differential was reduced in size from 20 concepts and 18 scales to 10 concepts and 15

scales. Yet, as some participants explained, it remained a cumbersome process. The impact of this seems apparent in a few of the completed differentials, as some of the responses are strikingly similar across all of the concepts. This suggests that participants may have quickly lost interest in the questionnaire or perhaps the investigator inadequately described its value. Consequently, internal reliability is threatened as it is uncertain whether “true” individual meanings were reported.

While internal consistency and concurrent validity are strong, measurement issues still exist for the Job-Hunting Assertiveness Survey (Becker, 1980). The survey was normed on undergraduate and graduate level college students who do not reflect the education level or the life-experiences for the majority of this sample. Furthermore, the survey does not specify whether persons with disabilities were included in this process. Therefore, it cannot be said with confidence that this survey accurately reflects the job-hunting assertiveness of persons with disabilities.

A fifth limitation to this investigation was the lack of pre- and post-test measures. By contrasting the results of a pre-test with those of a post-test helpful evidence could have been obtained about the effects of induced OSA.

Implications for Rehabilitation Counselor Education

The current rehabilitation curriculum includes extensive coursework in the psychosocial aspects of disability with a focus on stigma and general misconceptions about disability. In such a course, an opportunity for each student to study his or her own value-systems (such as with a semantic differential) could provide useful experience in understanding the impact that meaning attributions have on behavior. For example, students may identify for themselves particular situations where they feel highly self-

conscious. Whole-class or groups discussions could help them clarify what meanings they attribute to these situations and, in turn, consider how these meanings determine their behavior. Students may also be able to identify specific situations that they typically avoid and then follow this up with discussions on “why” the situation is avoided and what is gained and lost as a result of this avoidance. Apropos of this educational implication, such a lesson that stresses relating material to a student’s own life is referred to as “meaningful learning” (Ormrod, 2000), and this seems quite fitting.

Thus, in keeping with the assumptions of meaningful learning, there are at least two important benefits from such a classroom experience. First, is the likelihood that the student would gain a greater understanding of individual phenomenology and self-consciousness and their potential impacts on behavior (e.g., adjusting to different situations) and second, that the student-turned-practitioner could provide greater assistance to rehabilitation clients in doing the same. One result of such increased self-awareness is arguably an increased self-determination, which is a primary consideration of rehabilitation counselors.

Implications for Rehabilitation Counseling Practice

The “hierarchy” of the semantic meaning attributions (Appendix-F) provides what may be some useful information about the persons sampled in this study. As can be seen, of all the meaning attribution variables, Seeking More Education had the highest overall positive meanings for both males and females. Having a Job and My Ideal Self had the second and third highest overall means, respectively. Indicated here is that the persons sampled placed the greatest positive connotation on advancing their education. Thus, one implication might be that rehabilitation counselors be very familiar with local and

statewide opportunities that might provide interested clients and their families with assistance toward this option (e.g., financial assistance, on-campus accommodations such as housing, scholarships).

Conversely, the variables *Myself as I am* and *Having a Visible Disability* received the least overall positive meaning attributions from both males and females (9th and 10th, respectively). Considered together, the low means for these two variables imply that obstacles to a positive (perhaps even healthy?) self-image may exist whether phenomenologically or otherwise. It is uncertain exactly what the participants were viewing as least positive—that they have a disability that is visible to others or that they have their own disability. Thus, the confirmation of this for a particular client (using an appropriate reflective counseling intervention such as Person-Centered) may provide a rehabilitation counselor with worthwhile information about personal and/or social factors that could impact adjustment.

Likewise, understanding client value-systems through the use of a semantic differential may help to identify areas of psychosocial distress and perhaps areas of social avoidance (e.g., *Going out with Friends*). Assuming that induced objective self-awareness does impact meaning attribution for persons with disabilities, then identifying situations that a client consistently attributes negative meanings to may suggest areas for possible treatment intervention. For instance, if a client affirms that having a job is important yet attributes negative meanings to applying for a job on a semantic differential the implied contradiction could indicate an area of high anxiety or stress.

The above implies a final consideration. That is, the examination of client value-systems and meaning attributions could provide to rehabilitation counselors and their

clients some clarification of the phenomenological experience of disability in different social situations. Exploring the subjective experience of a client (whether positive or negative) in a given situation could conceivably illuminate the particular person, environment factors across many situations that interact to induce objective self-awareness in persons with visible disabilities.

Suggestions for Future Research

The results from this investigation suggest a number of possibilities for enhancing the treatment effect for this population and further studying the phenomenology of disability. First, for two reasons, where possible it is strongly recommended that an able-bodied cohort be included to 1) fully operationalize the theory of objective self-awareness and, 2) to establish an environment that more closely resembles the multicultural (i.e., the “multi-different”) environment of everyday life. In particular, it is one thing for a person with a disability to remember a stigma experience but something altogether different to be with others where the possibility seems more real.

Next, it may help to limit sample variability even more. This could be accomplished in many ways such as limiting disability type, education level, or race. Certainly limiting these factors would lessen the threats to internal validity; still, on the other hand, it does seem possible that too many limitations here would not provide a sample that is representative enough of the society-at-large. Thus, a lack of diversity could likewise threaten external validity by furthering the distance between a person’s actual life-experience and the experiment. For example, without a diverse sample, the highly influential components of physical attractiveness and “aesthetics” in society, as reported by Thornton and Moore (1993) and Hahn (1993), would be forfeit. Since this is

a phenomenological investigation, one way to address this problem may be to include a qualitative element to the study. Perhaps a longitudinal design employing grounded theory would allow a researcher to actually observe and analyze the effects of OSA on a person in-situ. At the very least, it may be possible for the investigator to provide participants with materials to record their phenomenological experiences moments after they have occurred similar to the investigation of social interaction and choice of situations by Diener, Larson, and Emmons (1984; see Chapter 2).

Similarly, it may be possible to distinguish between “types of stigma-experiences”, their impact on PSC, and subsequent meaning attributions. For instance, first comparing samples of only African-Americans and induced OSA with only Caucasians and induced OSA, and next looking for significant effects using a racially combined sample. These results may suggest interaction effects between race and disability that are specific to certain social or vocational situations.

On the other hand, as recommended by rehabilitation scholars (Grand, Bernier, & Strohmer, 1982; Wright, B. A., 1983, 1980), investigating the elements that comprise different situations and how these elements influence attitudes would provide important information to help clarify what about a particular situation causes a person with a disability to attribute the most positive and negative meanings. That is, examining what situational factors most induce individual objective self-awareness.

Finally, it may be worthwhile to limit the semantic differential content areas and examine one at a time. For instance, construct a differential using only the content area of social interactions and investigate interaction effects between select categorical variables (e.g., disability type) and meanings attributed to particular social events (e.g., buying

groceries, going to a movie, going out to eat, or inviting someone on a date). Particularly **in a longitudinal study**, understanding the impact of objective self-awareness in specific **social situations** may illuminate phenomenological “themes” in an individual’s behaviors **and/or decisions** (i.e., avoidance behaviors). Thus, if these social activities are **meaningful** to persons with disabilities, and objective self-awareness is inhibiting them in **these situations**, then the feelings they experience could conceivably impact situated self-**efficacy** and self-image. The discomfort experienced as a result of objective self-**awareness** may be enough for them to “do without” such activities and settle for less than **is satisfactory**. Thus, detecting the presence of such themes in individual **phenomenology** and subsequent behavior may indicate which situations or activities are **generally avoided** due to objective self-awareness.

Conclusion

This study examined what effect an induced state of objective self-awareness might **have on the** meaning attributions and job-hunting assertiveness behaviors of a sample of **persons with** visible disabilities from lower, central Michigan. Four research hypotheses **asserted that** mean differences would exist for participant meaning attributions, and that **significant** treatment effects would be revealed for their self-reported job-hunting **assertiveness**. A fifth research hypothesis asserted that a significant interaction effect **between gender** and the treatment would occur.

While some mean differences were apparent between the control and treatment groups, **none** were statistically significant. Induced objective self-awareness did not have a **statistically** significant effect on individual meaning attributions or job-hunting **assertiveness** as predicted. Likewise, gender did not have the predicted significant

interaction with the treatment. However, adventitious findings revealed that gender alone had a significant effect on three disability-related concepts.

It is conceivable that the lack of predicted significant effects is due in part to the possibility that the visibly disabled participants in this study (particularly the females) typically have higher levels of public self-consciousness than able-bodied persons. As a result, future research that attempts to induce objective self-awareness in a sample of persons with disabilities will need to design a stronger manipulation than the one employed in this investigation as well as include an able-bodied cohort.

Regardless of this lack of significance, a number of interesting findings emerged from this study. For instance, the need to more fully integrate persons with disabilities with the able-bodied into studies on self-consciousness and social interaction. Furthermore, as realized in this investigation, the lack of public self-consciousness scores normed on a sample of persons with disabilities greatly inhibits opportunities to enhance awareness and understanding of the phenomenological aspects of disability. Additionally, it is noteworthy that the visibly disabled participants in this study were typically higher in self-consciousness than the able-bodied sample employed in the scale's revision. Another interesting finding was the hierarchy of meaning attributions that emerged out of the semantic differential. Except for two concepts, the participants' meaning attributions were connotatively more positive than might be considered average (that is, as the semantic differential is scored). Likewise, the scores from the job-hunting assertiveness scale indicated that the more assertiveness in seeking employment than was predicted.

Finally, though lacking statistical significance, the results of this study support work cited in Chapter 2 that emphasized a focus on the phenomenological aspects of social interactions between persons with disabilities and the able-bodied.

APPENDICES

APPENDIX –A

The Public Self-Consciousness Subscale

INSTRUCTIONS:

The information you provide on this questionnaire is *strictly confidential*. Please do not write your names on it. The purpose of it is to study how people feel about themselves.

On the next page you will find 7 statements. Please indicate the extent to which each of the statements is *most* like you. There are no right or wrong answers so be as *honest* as possible.

Please respond to each statement separately—try not to let your answers to one question influence answers to another question.

Place an “X” in the space that best reflects how you feel.

It will look like this:

1). “Statement 1”.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

1). I'm concerned about my style of doing things.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

2). I care a lot about how I present myself to others.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

3). I'm self-conscious about the way I look.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

4). I usually worry about making a good impression.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

5). Before I leave my house, I check how I look.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

6). I'm concerned about what other people think of me.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

7). I'm usually aware of my appearance.

This statement is:

___ A lot like me; ___ Somewhat like me; ___ Just a little like me; ___ Not at all like me

APPENDIX-B
The Semantic Differential Technique
Disability-Related Concepts

INSTRUCTIONS: The purpose of this questionnaire is to study the *meanings* of certain things by asking people to judge particular concepts against a series of descriptive scales.

On each page of this booklet, you will find a different concept to be judged. Beneath each concept will be a set of scales. Please rate each concept on all of the scales by *how closely you think the concept relates to you at the present time*.

IMPORTANT: Please mark *all* scales only *once*, and in the middle of the space *not* on the edges.

For example, if you think the concept at the top of a page is *very closely* related to you then mark the scale with an X like this:

“Concept”

fair X : : : : : : : unfair

OR

fair : : : : : : X : unfair

If you believe the concept is *quite related* to you then mark the scale like this:

“Concept”

fair : X : : : : : : unfair

OR

fair : : : : : X : : unfair

If you feel the concept is only *slightly related* to you then please indicate it as follows:

“Concept”

fair : : X : : : : : unfair

OR

fair : : : : X : : : unfair

And, if you consider the concept is *neutral*, then please mark the middle space:

“Concept”

fair : : : X : : : : unfair

Concept 1:

HAVING A JOB

Valuable _____ Worthless

Simple _____ Complex

Good _____ Bad

Pleasurable _____ Painful

Passive _____ Active

Serious _____ Humorous

Excitable _____ Calm

Successful _____ Unsuccessful

Insane _____ Sane

Plain _____ Fancy

Meaningful _____ Meaningless

Reputable _____ Disreputable

Avoid _____ Pursue

Interesting _____ Boring

Stable _____ Changeable

Beautiful _____ Ugly

Grateful _____ Ungrateful

Clean _____ Dirty

Concept 2:

HAVING A VISIBLE DISABILITY

Plain _____ Fancy
Clean _____ Dirty
Good _____ Bad
Successful _____ Unsuccessful
Avoid _____ Pursue
Passive _____ Active
Serious _____ Humorous
Excitable _____ Calm
Meaningful _____ Meaningless
Valuable _____ Worthless
Insane _____ Sane
Pleasurable _____ Painful
Stable _____ Changeable
Reputable _____ Disreputable
Simple _____ Complex
Interesting _____ Boring
Ungrateful _____ Grateful
Beautiful _____ Ugly

Concept 3:

MEETING NEW PEOPLE

Beautiful _____ Ugly
Serious _____ Humorous
Meaningful _____ Meaningless
Clean _____ Dirty
Good _____ Bad
Avoid _____ Pursue
Plain _____ Fancy
Excitable _____ Calm
Passive _____ Active
Successful _____ Unsuccessful
Valuable _____ Worthless
Simple _____ Complex
Insane _____ Sane
Interesting _____ Boring
Stable _____ Changeable
Pleasurable _____ Painful
Ungrateful _____ Grateful
Reputable _____ Disreputable

Concept 4:

SEEKING MORE EDUCATION

Valuable _____ Worthless

Simple _____ Complex

Good _____ Bad

Pleasurable _____ Painful

Passive _____ Active

Serious _____ Humorous

Excitable _____ Calm

Successful _____ Unsuccessful

Insane _____ Sane

Plain _____ Fancy

Meaningful _____ Meaningless

Reputable _____ Disreputable

Avoid _____ Pursue

Interesting _____ Boring

Stable _____ Changeable

Beautiful _____ Ugly

Grateful _____ Ungrateful

Clean _____ Dirty

Concept 5:

MYSELF AS I AM

Plain _____ Fancy
Clean _____ Dirty
Good _____ Bad
Successful _____ Unsuccessful
Avoid _____ Pursue
Passive _____ Active
Serious _____ Humorous
Excitable _____ Calm
Meaningful _____ Meaningless
Valuable _____ Worthless
Insane _____ Sane
Pleasurable _____ Painful
Stable _____ Changeable
Reputable _____ Disreputable
Simple _____ Complex
Interesting _____ Boring
Ungrateful _____ Grateful
Beautiful _____ Ugly

Concept 6:

GOING OUT WITH FRIENDS

Beautiful _____ Ugly
Serious _____ Humorous
Meaningful _____ Meaningless
Clean _____ Dirty
Good _____ Bad
Avoid _____ Pursue
Plain _____ Fancy
Excitable _____ Calm
Passive _____ Active
Successful _____ Unsuccessful
Valuable _____ Worthless
Simple _____ Complex
Insane _____ Sane
Interesting _____ Boring
Stable _____ Changeable
Pleasurable _____ Painful
Ungrateful _____ Grateful
Reputable _____ Disreputable

Concept 7:

PERSON WITHOUT A DISABILITY

Valuable _____ Worthless
Simple _____ Complex
Good _____ Bad
Pleasurable _____ Painful
Passive _____ Active
Serious _____ Humorous
Excitable _____ Calm
Successful _____ Unsuccessful
Insane _____ Sane
Plain _____ Fancy
Meaningful _____ Meaningless
Reputable _____ Disreputable
Avoid _____ Pursue
Interesting _____ Boring
Stable _____ Changeable
Beautiful _____ Ugly
Grateful _____ Ungrateful
Clean _____ Dirty

Concept 8:

APPLYING FOR A JOB

Plain _____ Fancy
Clean _____ Dirty
Good _____ Bad
Successful _____ Unsuccessful
Avoid _____ Pursue
Passive _____ Active
Serious _____ Humorous
Excitable _____ Calm
Meaningful _____ Meaningless
Valuable _____ Worthless
Insane _____ Sane
Pleasurable _____ Painful
Stable _____ Changeable
Reputable _____ Disreputable
Simple _____ Complex
Interesting _____ Boring
Ungrateful _____ Grateful
Beautiful _____ Ugly

Concept 9:

MEETING AN ATTRACTIVE PERSON

Beautiful _____ Ugly
Serious _____ Humorous
Meaningful _____ Meaningless
Clean _____ Dirty
Good _____ Bad
Avoid _____ Pursue
Plain _____ Fancy
Excitable _____ Calm
Passive _____ Active
Successful _____ Unsuccessful
Valuable _____ Worthless
Simple _____ Complex
Insane _____ Sane
Interesting _____ Boring
Stable _____ Changeable
Pleasurable _____ Painful
Ungrateful _____ Grateful
Reputable _____ Disreputable

Concept 10:

MY IDEAL SELF

Valuable _____ Worthless
Simple _____ Complex
Good _____ Bad
Pleasurable _____ Painful
Passive _____ Active
Serious _____ Humorous
Excitable _____ Calm
Successful _____ Unsuccessful
Insane _____ Sane
Plain _____ Fancy
Meaningful _____ Meaningless
Reputable _____ Disreputable
Avoid _____ Pursue
Interesting _____ Boring
Stable _____ Changeable
Beautiful _____ Ugly
Grateful _____ Ungrateful
Clean _____ Dirty

APPENDIX-C
The Assertive Job-Hunting Survey

INSTRUCTIONS:

The purpose of this questionnaire is to better understand how people feel about job related situations. The information you provide on this questionnaire is *strictly confidential*. Please do not write your names on it.

On the next two pages you will find 25 statements. Using the scale provided, please indicate whether you think that the item reflects how you would or would not act in a job-hunting situation. There are no right or wrong answers so be as *honest* as possible.

Please respond to each statement separately—try not to let your answers to one item influence answers to another item.

For each of the following items, please indicate in the space provided how likely you would be to respond to a job-hunting situation using the scale below.

1 = Very Unlikely
2 = Rather Unlikely
3 = Unlikely
4 = Likely
5 = Rather Likely
6 = Very Likely

- _____ 1. Would mention only paid work experience.
- _____ 2. Reluctant to ask for more information.
- _____ 3. Would ask employers if they knew of other employers.
- _____ 4. Downplay my qualifications
- _____ 5. Would rather use an employment agency.
- _____ 6. Would contact employee to learn more about organization.
- _____ 7. Hesitate to ask questions when interviewed.
- _____ 8. Avoid contacting employers because they're too busy.
- _____ 9. Would leave or arrange another appointment.
- _____ 10. Experienced employment counselor knows best.
- _____ 11. If employer too busy, would stop trying to contact.
- _____ 12. Getting job largely luck.

1 = Very Unlikely
2 = Rather Unlikely
3 = Unlikely
4 = Likely
5 = Rather Likely
6 = Very Likely

- _____ 13. Would directly contact employer, rather than personnel.
- _____ 14. I am reluctant to ask professors or supervisors to write letters of recommendation for me.
- _____ 15. Would not apply unless had all qualifications.
- _____ 16. Would not ask for a second interview.
- _____ 17. Reluctant to contact employer unless there's an opening.
- _____ 18. Would ask employer how to improve chances for another position.
- _____ 19. Feel uncomfortable asking friends for job leads.
- _____ 20. Better take whatever job I can get.
- _____ 21. If personnel didn't refer me, directly contact the person.
- _____ 22. Would rather interview with recruiters.
- _____ 23. Figure there's nothing else to do.
- _____ 24. Check out openings before deciding what to do.
- _____ 25. Reluctant to contact someone I don't know for information.

APPENDIX-D

Consent Form

To Whom It May Concern:

I am a doctoral candidate in the Rehabilitation Counselor program at Michigan State University. Currently, I am conducting an investigation on how persons with disabilities feel about certain topics that relate to the lives of many of us. Included are topics, like employment, school, going out with friends, and interviewing for a job, to name a few. I request your service in completing this study. Below please find a brief explanation of this study and what I am asking. While immediate benefits cannot be guaranteed, the long-range benefits of such a study may provide a greater understanding of the beliefs that persons with disabilities may have and how this can help or hinder them in achieving their goals.

This investigation looked at the personal meanings that you give to specific topics (or situations) that may affect persons with disabilities at one time or another. It will also ask how you feel about yourself in certain situations. Finally, this experiment will ask you about what you have done or might do in particular job-hunting situations.

I am asking for approximately 30 to 45 minutes of your time to fill out three (3) questionnaires. You will be paid \$10.00 for your time in finishing all three questionnaires. Also, you are free to withdraw from this study at any time with no penalty of any kind. Your decision will be fully supported. However, I am unable to pay you unless all of the forms are completed. Some of you will be video-recorded. The video is used simply to document this type of process and to provide me with visual information from which to draw further conclusions.

After you complete the forms, I will be available to talk with you and to answer any questions you may have about this study. Should you want further discussion I will be prepared to refer you.

No names will be asked for—all of the questionnaires are coded for confidentiality and organization purposes.

I am available through the Office of Rehabilitation and Disability Studies at (517) 355-1838 or at (517) 333-9649. Should you have any questions regarding your rights as

a **research** participant contact David E. Wright, Ph.D. Chair, University Committee on **Research** Involving Human Subjects, Michigan State University (517) 355-2180.

The investigator is a Ph.D. candidate and will keep this information confidential **protecting** your privacy to the maximum extent allowable by law. The investigator will **securely** hold the information, including the videotapes, for an indefinite amount of time and it **will** be used in the investigator's dissertation and possibly reports written for **publication** in rehabilitation journals. Only the investigator, and perhaps occasionally his **supervisor**, will view the videos solely to provide additional support to the written data. No **persons** will be identified in these reports.

The **undersigned** agrees to participate in this research study:

Please **sign** your name _____.

Please **print** your name _____.

Date ____/____/____

Thank **you** very much,

Andrew **P**hemister
Investigator
(517) 355-1838
(517) 333-9649
email: **p**hemiste@msu.edu
Michigan **S**tate University

Nancy Crewe, Ph.D.
University Advisor
(517) 355-1838
Michigan State University

APPENDIX-E
Demographic Questionnaire

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Demographic Information:

For the purposes of understanding the general characteristics of the people involved in this study, please provide the following:

***Do Not Put Your Names on This or Any Form.**

1). Your Current Age: _____

2). Your Sex (circle one): M or F

3). Your race/nationality (please put a check):

African-American____, Asian____, Caucasion____, Latina/Latino____, Native American____.

4). Highest Level Of Education Completed Or Currently Enrolled In (circle one):

Grade School

2 Years College

High School

4 Years College

Graduate School

Please briefly explain your general work experience and present job, if employed:

Please briefly explain your education and/or work goals:

Regarding your primary (or only) disability, were you born with it or did you acquire it later?

_____ I was born with my primary (or only) disability.

_____ I acquired my primary (or only) disability later.

--How old were you when you acquired it? _____

--What type of disability is it and how did you acquire it?

Thank you.

APPENDIX-F

Total Mean Rankings of Meaning Attribution Variables

Below is the ranked order of the total mean scores for the 10 meaning attribution variables as used with the semantic differential from the most positive attributions to the least positive attributions. (Recall that the scores for the differential ranged from 7 low – 105 high).

<u>Variable</u>	<u>Total Mean Score</u>	<u>Most Positive Attribution</u>
1. Seeking More Education	86.74	
2. Having a Job	84.12	
3. My Ideal Self	83.74	
4. Applying for a Job	80.39	
5. Meeting New People	77.74	
6. Meeting an Attractive Person	77.71	
7. Person Without a Disability	75.03	
8. Going out with Friends	74.56	
9. Myself as I am	73.15	
10. Having a Visible Disability	59.44	
		<u>Least Positive Attribution</u>

APPENDIX-G

**Descriptive statistics and ANOVA results for each of the 10 Disability
Concepts, Job-Hunting Assertiveness, and Gender Variables.**

Descriptive Statistics

Dependent Variable: HAVEJOB

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	80.83	9.72	6
		1 = female	82.67	13.63	12
		Total	82.06	12.20	18
	1 = high 18 - 21	0 = male	83.80	10.92	10
		1 = female	85.80	5.89	5
		Total	84.47	9.36	15
	Total	0 = male	82.69	10.26	16
		1 = female	83.59	11.77	17
		Total	83.15	10.90	33
1 = treatment	0 = low 4 - 17	0 = male	84.64	8.67	11
		1 = female	82.33	6.43	3
		Total	84.14	8.08	14
	1 = high 18 - 21	0 = male	86.17	11.96	12
		1 = female	85.14	10.84	7
		Total	85.79	11.26	19
	Total	0 = male	85.43	10.31	23
		1 = female	84.30	9.45	10
		Total	85.09	9.93	33
Total	0 = low 4 - 17	0 = male	83.29	8.95	17
		1 = female	82.60	12.33	15
		Total	82.97	10.49	32
	1 = high 18 - 21	0 = male	85.09	11.29	22
		1 = female	85.42	8.76	12
		Total	85.21	10.33	34
	Total	0 = male	84.31	10.25	39
		1 = female	83.85	10.79	27
		Total	84.12	10.39	66

Tests of Between-Subjects Effects

Dependent Variable: HAVEJOB

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	175.394 ^a	7	25.056	.212	.981
Intercept	375489.590	1	375489.590	3182.284	.000
GROUPS	22.346	1	22.346	.189	.665
LEVELPSC	90.792	1	90.792	.769	.384
GENDER	.214	1	.214	.002	.966
GROUPS * LEVELPSC	2.581	1	2.581	.022	.883
GROUPS * GENDER	42.708	1	42.708	.362	.550
LEVELPSC * GENDER	1.742	1	1.742	.015	.904
GROUPS * LEVELPSC * GENDER	1.031	1	1.031	.009	.926
Error	6843.636	58	117.994		
Total	474060.000	66			
Corrected Total	7019.030	65			

a. R Squared = .025 (Adjusted R Squared = -.093)

Descriptive Statistics

Dependent Variable: VISDIS

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	63.67	14.21	6
		1 = female	61.33	11.76	12
		Total	62.11	12.25	18
	1 = high 18 - 21	0 = male	57.80	10.10	10
		1 = female	52.60	16.82	5
		Total	56.07	12.36	15
	Total	0 = male	60.00	11.71	16
		1 = female	58.76	13.51	17
		Total	59.36	12.49	33
1 = treatment	0 = low 4 - 17	0 = male	62.45	7.99	11
		1 = female	58.33	8.96	3
		Total	61.57	8.04	14
	1 = high 18 - 21	0 = male	56.42	12.04	12
		1 = female	60.71	14.64	7
		Total	58.00	12.83	19
	Total	0 = male	59.30	10.54	23
		1 = female	60.00	12.73	10
		Total	59.52	11.05	33
Total	0 = low 4 - 17	0 = male	62.88	10.17	17
		1 = female	60.73	11.03	15
		Total	61.88	10.46	32
	1 = high 18 - 21	0 = male	57.05	10.96	22
		1 = female	57.33	15.40	12
		Total	57.15	12.47	34
	Total	0 = male	59.59	10.89	39
		1 = female	59.22	12.99	27
		Total	59.44	11.70	66

Tests of Between-Subjects Effects

Dependent Variable: VISDIS

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	635.718 ^a	7	90.817	.638	.723
Intercept	186624.938	1	186624.938	1310.673	.000
GROUPS	5.285	1	5.285	.037	.848
LEVELPSC	277.663	1	277.663	1.950	.168
GENDER	45.087	1	45.087	.317	.576
GROUPS * LEVELPSC	99.756	1	99.756	.701	.406
GROUPS * GENDER	49.516	1	49.516	.348	.558
LEVELPSC * GENDER	25.680	1	25.680	.180	.673
GROUPS * LEVELPSC * GENDER	106.097	1	106.097	.745	.392
Error	8258.539	58	142.389		
Total	242075.000	66			
Corrected Total	8894.258	65			

a. R Squared = .071 (Adjusted R Squared = -.041)

Descriptive Statistics

Dependent Variable: NEWPEOP

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	77.00	8.85	6
		1 = female	74.08	13.73	12
		Total	75.06	12.12	18
	1 = high 18 - 21	0 = male	78.50	11.08	10
		1 = female	67.40	9.02	5
		Total	74.80	11.47	15
	Total	0 = male	77.94	10.02	16
		1 = female	72.12	12.64	17
		Total	74.94	11.65	33
1 = treatment	0 = low 4 - 17	0 = male	82.36	14.25	11
		1 = female	76.33	2.08	3
		Total	81.07	12.78	14
	1 = high 18 - 21	0 = male	78.92	13.94	12
		1 = female	82.29	7.27	7
		Total	80.16	11.80	19
	Total	0 = male	80.57	13.88	23
		1 = female	80.50	6.67	10
		Total	80.55	12.04	33
Total	0 = low 4 - 17	0 = male	80.47	12.59	17
		1 = female	74.53	12.23	15
		Total	77.69	12.58	32
	1 = high 18 - 21	0 = male	78.73	12.43	22
		1 = female	76.08	10.82	12
		Total	77.79	11.79	34
	Total	0 = male	79.49	12.36	39
		1 = female	75.22	11.43	27
		Total	77.74	12.09	66

Tests of Between-Subjects Effects

Dependent Variable: NEWPEOP

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1106.447 ^a	7	158.064	1.093	.380
Intercept	317005.845	1	317005.845	2191.413	.000
GROUPS	437.462	1	437.462	3.024	.087
LEVELPSC	5.974	1	5.974	.041	.840
GENDER	231.711	1	231.711	1.602	.211
GROUPS * LEVELPSC	49.246	1	49.246	.340	.562
GROUPS * GENDER	107.416	1	107.416	.743	.392
LEVELPSC * GENDER	1.232	1	1.232	.009	.927
GROUPS * LEVELPSC * GENDER	257.533	1	257.533	1.780	.187
Error	8390.174	58	144.658		
Total	408393.000	66			
Corrected Total	9496.621	65			

a. R Squared = .117 (Adjusted R Squared = .010)

Descriptive Statistics

Dependent Variable: SEEKEDU

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	85.50	14.32	6
		1 = female	87.42	12.65	12
		Total	86.78	12.84	18
	1 = high 18 - 21	0 = male	84.80	8.56	10
		1 = female	90.20	10.71	5
		Total	86.60	9.32	15
	Total	0 = male	85.06	10.60	16
		1 = female	88.24	11.85	17
		Total	86.70	11.20	33
1 = treatment	0 = low 4 - 17	0 = male	86.82	9.44	11
		1 = female	85.00	6.93	3
		Total	86.43	8.75	14
	1 = high 18 - 21	0 = male	87.92	9.07	12
		1 = female	85.57	9.03	7
		Total	87.05	8.88	19
	Total	0 = male	87.39	9.05	23
		1 = female	85.40	8.07	10
		Total	86.79	8.69	33
Total	0 = low 4 - 17	0 = male	86.35	10.97	17
		1 = female	86.93	11.56	15
		Total	86.63	11.07	32
	1 = high 18 - 21	0 = male	86.50	8.78	22
		1 = female	87.50	9.59	12
		Total	86.85	8.94	34
Total	Total	0 = male	86.44	9.65	39
		1 = female	87.19	10.53	27
		Total	86.74	9.95	66

Tests of Between-Subjects Effects

Dependent Variable: SEEKEDU

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	147.537 ^a	7	21.077	.194	.985
Intercept	400320.626	1	400320.626	3693.063	.000
GROUPS	5.676	1	5.676	.052	.820
LEVELPSC	11.735	1	11.735	.108	.743
GENDER	8.283	1	8.283	.076	.783
GROUPS * LEVELPSC	.142	1	.142	.001	.971
GROUPS * GENDER	109.787	1	109.787	1.013	.318
LEVELPSC * GENDER	7.280	1	7.280	.067	.796
GROUPS * LEVELPSC * GENDER	13.398	1	13.398	.124	.726
Error	6287.084	58	108.398		
Total	503035.000	66			
Corrected Total	6434.621	65			

a. R Squared = .023 (Adjusted R Squared = -.095)

Descriptive Statistics

Dependent Variable: SELFASAM

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	81.50	15.95	6
		1 = female	72.25	18.29	12
		Total	75.33	17.65	18
	1 = high 18 - 21	0 = male	76.50	11.57	10
		1 = female	64.00	20.19	5
		Total	72.33	15.48	15
	Total	0 = male	78.38	13.09	16
		1 = female	69.82	18.63	17
		Total	73.97	16.51	33
1 = treatment	0 = low 4 - 17	0 = male	77.09	12.92	11
		1 = female	78.33	16.07	3
		Total	77.36	12.98	14
	1 = high 18 - 21	0 = male	70.58	12.92	12
		1 = female	65.29	13.34	7
		Total	68.63	12.97	19
	Total	0 = male	73.70	13.05	23
		1 = female	69.20	14.69	10
		Total	72.33	13.50	33
Total	0 = low 4 - 17	0 = male	78.65	13.73	17
		1 = female	73.47	17.50	15
		Total	76.22	15.57	32
	1 = high 18 - 21	0 = male	73.27	12.41	22
		1 = female	64.75	15.67	12
		Total	70.26	14.03	34
	Total	0 = male	75.62	13.10	39
		1 = female	69.59	16.98	27
		Total	73.15	14.99	66

Tests of Between-Subjects Effects

Dependent Variable: SELFASAM

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1722.314 ^a	7	246.045	1.108	.370
Intercept	285614.418	1	285614.418	1286.534	.000
GROUPS	7.282	1	7.282	.033	.857
LEVELPSC	896.494	1	896.494	4.038	.049
GENDER	554.723	1	554.723	2.499	.119
GROUPS * LEVELPSC	33.118	1	33.118	.149	.701
GROUPS * GENDER	260.828	1	260.828	1.175	.283
LEVELPSC * GENDER	79.842	1	79.842	.360	.551
GROUPS * LEVELPSC * GENDER	9.017	1	9.017	.041	.841
Error	12876.171	58	222.003		
Total	367774.000	66			
Corrected Total	14598.485	65			

a. R Squared = .118 (Adjusted R Squared = .012)

Descriptive Statistics

Dependent Variable: GOOUT

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	82.83	9.43	6
		1 = female	73.25	16.16	12
		Total	76.44	14.73	18
	1 = high 18 - 21	0 = male	80.40	13.87	10
		1 = female	64.00	9.67	5
		Total	74.93	14.65	15
	Total	0 = male	81.31	12.11	16
		1 = female	70.53	14.90	17
		Total	75.76	14.48	33
1 = treatment	0 = low 4 - 17	0 = male	73.73	16.13	11
		1 = female	71.67	10.21	3
		Total	73.29	14.73	14
	1 = high 18 - 21	0 = male	77.83	9.74	12
		1 = female	65.86	16.90	7
		Total	73.42	13.72	19
	Total	0 = male	75.87	13.04	23
		1 = female	67.60	14.88	10
		Total	73.36	13.93	33
Total	0 = low 4 - 17	0 = male	76.94	14.51	17
		1 = female	72.93	14.85	15
		Total	75.06	14.58	32
	1 = high 18 - 21	0 = male	79.00	11.57	22
		1 = female	65.08	13.81	12
		Total	74.09	13.94	34
	Total	0 = male	78.10	12.80	39
		1 = female	69.44	14.67	27
		Total	74.56	14.15	66

Tests of Between-Subjects Effects

Dependent Variable: GOOUT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	2021.402 ^a	7	288.772	1.524	.177
Intercept	289553.985	1	289553.985	1527.731	.000
GROUPS	108.240	1	108.240	.571	.453
LEVELPSC	149.285	1	149.285	.788	.378
GENDER	1334.194	1	1334.194	7.039	.010
GROUPS * LEVELPSC	82.968	1	82.968	.438	.511
GROUPS * GENDER	118.890	1	118.890	.627	.432
LEVELPSC * GENDER	233.223	1	233.223	1.231	.272
GROUPS * LEVELPSC * GENDER	8.000	1	8.000	.042	.838
Error	10992.856	58	189.532		
Total	379927.000	66			
Corrected Total	13014.258	65			

a. R Squared = .155 (Adjusted R Squared = .053)

Descriptive Statistics

Dependent Variable: PWOD

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	74.67	13.52	6
		1 = female	74.17	10.21	12
		Total	74.33	11.01	18
	1 = high 18 - 21	0 = male	78.90	14.43	10
		1 = female	80.00	12.45	5
		Total	79.27	13.35	15
	Total	0 = male	77.31	13.79	16
		1 = female	75.88	10.86	17
		Total	76.58	12.19	33
1 = treatment	0 = low 4 - 17	0 = male	72.82	12.32	11
		1 = female	70.00	7.55	3
		Total	72.21	11.27	14
	1 = high 18 - 21	0 = male	72.67	14.10	12
		1 = female	77.43	14.44	7
		Total	74.42	14.02	19
	Total	0 = male	72.74	12.98	23
		1 = female	75.20	12.83	10
		Total	73.48	12.78	33
Total	0 = low 4 - 17	0 = male	73.47	12.36	17
		1 = female	73.33	9.65	15
		Total	73.41	11.00	32
	1 = high 18 - 21	0 = male	75.50	14.26	22
		1 = female	78.50	13.11	12
		Total	76.56	13.74	34
	Total	0 = male	74.62	13.33	39
		1 = female	75.63	11.39	27
		Total	75.03	12.49	66

Tests of Between-Subjects Effects

Dependent Variable: PWOD

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	520.022 ^a	7	74.289	.448	.868
Intercept	300538.682	1	300538.682	1811.242	.000
GROUPS	182.959	1	182.959	1.103	.298
LEVELPSC	250.580	1	250.580	1.510	.224
GENDER	5.390	1	5.390	.032	.858
GROUPS * LEVELPSC	6.483	1	6.483	.039	.844
GROUPS * GENDER	1.504	1	1.504	.009	.924
LEVELPSC * GENDER	70.203	1	70.203	.423	.518
GROUPS * LEVELPSC * GENDER	29.790	1	29.790	.180	.673
Error	9623.917	58	165.930		
Total	381694.000	66			
Corrected Total	10143.939	65			

a. R Squared = .051 (Adjusted R Squared = -.063)

Descriptive Statistics

Dependent Variable: APPLYJO

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	85.67	9.48	6
		1 = female	75.83	13.19	12
		Total	79.11	12.72	18
	1 = high 18 - 21	0 = male	81.80	12.87	10
		1 = female	70.20	16.30	5
		Total	77.93	14.65	15
	Total	0 = male	83.25	11.54	16
		1 = female	74.18	13.89	17
		Total	78.58	13.42	33
1 = treatment	0 = low 4 - 17	0 = male	86.64	7.12	11
		1 = female	76.67	5.69	3
		Total	84.50	7.87	14
	1 = high 18 - 21	0 = male	82.33	11.95	12
		1 = female	77.43	12.27	7
		Total	80.53	11.97	19
	Total	0 = male	84.39	9.96	23
		1 = female	77.20	10.38	10
		Total	82.21	10.48	33
Total	0 = low 4 - 17	0 = male	86.29	7.74	17
		1 = female	76.00	11.89	15
		Total	81.47	11.05	32
	1 = high 18 - 21	0 = male	82.09	12.08	22
		1 = female	74.42	13.88	12
		Total	79.38	13.07	34
	Total	0 = male	83.92	10.50	39
		1 = female	75.30	12.58	27
		Total	80.39	12.09	66

Tests of Between-Subjects Effects

Dependent Variable: APPLYJO

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1532.765 ^a	7	218.966	1.595	.155
Intercept	337557.323	1	337557.323	2458.664	.000
GROUPS	76.212	1	76.212	.555	.459
LEVELPSC	141.675	1	141.675	1.032	.314
GENDER	1098.150	1	1098.150	7.999	.006
GROUPS * LEVELPSC	29.579	1	29.579	.215	.644
GROUPS * GENDER	35.836	1	35.836	.261	.611
LEVELPSC * GENDER	9.062	1	9.062	.066	.798
GROUPS * LEVELPSC * GENDER	38.878	1	38.878	.283	.597
Error	7962.993	58	137.293		
Total	436066.000	66			
Corrected Total	9495.758	65			

a. R Squared = .161 (Adjusted R Squared = .060)

Descriptive Statistics

Dependent Variable: ATTRACT

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	83.33	13.11	6
		1 = female	77.33	13.99	12
		Total	79.33	13.63	18
	1 = high 18 - 21	0 = male	81.20	11.57	10
		1 = female	61.20	21.74	5
		Total	74.53	17.79	15
	Total	0 = male	82.00	11.78	16
		1 = female	72.59	17.61	17
		Total	77.15	15.59	33
1 = treatment	0 = low 4 - 17	0 = male	77.82	11.55	11
		1 = female	74.00	9.17	3
		Total	77.00	10.87	14
	1 = high 18 - 21	0 = male	82.67	12.67	12
		1 = female	73.29	15.74	7
		Total	79.21	14.23	19
	Total	0 = male	80.35	12.13	23
		1 = female	73.50	13.57	10
		Total	78.27	12.77	33
Total	0 = low 4 - 17	0 = male	79.76	12.02	17
		1 = female	76.67	12.95	15
		Total	78.31	12.36	32
	1 = high 18 - 21	0 = male	82.00	11.92	22
		1 = female	68.25	18.60	12
		Total	77.15	15.82	34
	Total	0 = male	81.03	11.86	39
		1 = female	72.93	15.96	27
		Total	77.71	14.15	66

Tests of Between-Subjects Effects

Dependent Variable: ATTRACT

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	2149.399 ^a	7	307.057	1.639	.143
Intercept	310822.971	1	310822.971	1659.381	.000
GROUPS	18.432	1	18.432	.098	.755
LEVELPSC	166.379	1	166.379	.888	.350
GENDER	1280.015	1	1280.015	6.834	.011
GROUPS * LEVELPSC	418.015	1	418.015	2.232	.141
GROUPS * GENDER	136.503	1	136.503	.729	.397
LEVELPSC * GENDER	318.803	1	318.803	1.702	.197
GROUPS * LEVELPSC * GENDER	59.301	1	59.301	.317	.576
Error	10864.132	58	187.313		
Total	411599.000	66			
Corrected Total	13013.530	65			

a. R Squared = .165 (Adjusted R Squared = .064)

Descriptive Statistics

Dependent Variable: IDEALSE

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	87.50	8.48	6
		1 = female	84.83	11.73	12
		Total	85.72	10.58	18
	1 = high 18 - 21	0 = male	86.40	9.94	10
		1 = female	84.20	5.72	5
		Total	85.67	8.60	15
	Total	0 = male	86.81	9.14	16
		1 = female	84.65	10.14	17
		Total	85.70	9.58	33
1 = treatment	0 = low 4 - 17	0 = male	86.91	7.62	11
		1 = female	79.00	19.16	3
		Total	85.21	10.61	14
	1 = high 18 - 21	0 = male	83.50	14.54	12
		1 = female	72.00	19.10	7
		Total	79.26	16.84	19
	Total	0 = male	85.13	11.63	23
		1 = female	74.10	18.34	10
		Total	81.79	14.63	33
Total	0 = low 4 - 17	0 = male	87.12	7.67	17
		1 = female	83.67	12.90	15
		Total	85.50	10.42	32
	1 = high 18 - 21	0 = male	84.82	12.46	22
		1 = female	77.08	15.83	12
		Total	82.09	14.01	34
	Total	0 = male	85.82	10.58	39
		1 = female	80.74	14.38	27
		Total	83.74	12.43	66

Tests of Between-Subjects Effects

Dependent Variable: IDEALSE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1314.345 ^a	7	187.764	1.248	.292
Intercept	367659.747	1	367659.747	2444.245	.000
GROUPS	385.938	1	385.938	2.566	.115
LEVELPSC	122.821	1	122.821	.817	.370
GENDER	490.917	1	490.917	3.264	.076
GROUPS * LEVELPSC	62.701	1	62.701	.417	.521
GROUPS * GENDER	176.172	1	176.172	1.171	.284
LEVELPSC * GENDER	8.131	1	8.131	.054	.817
GROUPS * LEVELPSC * GENDER	13.715	1	13.715	.091	.764
Error	8724.276	58	150.419		
Total	472883.000	66			
Corrected Total	10038.621	65			

a. R Squared = .131 (Adjusted R Squared = .026)

Descriptive Statistics

Dependent Variable: JOBASSE

GROUPS	LEVELPSC	GENDER	Mean	Std. Deviation	N
0 = control	0 = low 4 - 17	0 = male	99.67	8.59	6
		1 = female	96.58	18.68	12
		Total	97.61	15.80	18
	1 = high 18 - 21	0 = male	88.80	14.95	10
		1 = female	88.80	18.20	5
		Total	88.80	15.44	15
	Total	0 = male	92.88	13.72	16
		1 = female	94.29	18.33	17
		Total	93.61	16.03	33
1 = treatment	0 = low 4 - 17	0 = male	95.64	8.09	11
		1 = female	93.00	10.82	3
		Total	95.07	8.34	14
	1 = high 18 - 21	0 = male	90.33	12.65	12
		1 = female	92.43	13.35	7
		Total	91.11	12.58	19
	Total	0 = male	92.87	10.82	23
		1 = female	92.60	12.04	10
		Total	92.79	11.01	33
Total	0 = low 4 - 17	0 = male	97.06	8.24	17
		1 = female	95.87	17.12	15
		Total	96.50	12.95	32
	1 = high 18 - 21	0 = male	89.64	13.43	22
		1 = female	90.92	14.87	12
		Total	90.09	13.74	34
	Total	0 = male	92.87	11.92	39
		1 = female	93.67	16.05	27
		Total	93.20	13.65	66

Tests of Between-Subjects Effects

Dependent Variable: JOBASSE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	846.863 ^a	7	120.980	.623	.735
Intercept	462662.246	1	462662.246	2382.406	.000
GROUPS	5.007	1	5.007	.026	.873
LEVELPSC	501.027	1	501.027	2.580	.114
GENDER	10.943	1	10.943	.056	.813
GROUPS * LEVELPSC	135.963	1	135.963	.700	.406
GROUPS * GENDER	5.384	1	5.384	.028	.868
LEVELPSC * GENDER	50.876	1	50.876	.262	.611
GROUPS * LEVELPSC * GENDER	2.263	1	2.263	.012	.914
Error	11263.576	58	194.200		
Total	585365.000	66			
Corrected Total	12110.439	65			

a. R Squared = .070 (Adjusted R Squared = -.042)

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