



People with Differing Disabilities and Their Perceived Deservingness of Financial Assistance

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In today's modern world it is quite rare to not encounter a person who suffers from some type of disability. According to the U.S. Census Bureau in 2005 21.3% of Americans were disabled. Unfortunately, many of the disabled face a wide range of challenges in different areas of life including: social skills, occupational skills, and everyday tasks. It is because of these difficulties that many of those living with a disability struggle to find employment that will accommodate their disability and provide a decent salary (Bruyere, Schrader, Coduti, & Bjelland, 2010).

In addition, reforms in education, healthcare, and the workplace have not fully eradicated forms of prejudice against the disabled. In fact, the majority of the general public still perceives the disabled in a negative light (Tak-fai & Chau-kiu, 1999). As a result of the negative attitudes and the struggles that the disabled face, many of the disabled need financial assistance for basic life necessities (Priestley et al., 2007). However, determining who is deserving of financial assistance is considered controversial by many. Thus, this review of the literature will seek to examine the relationship between two primary theories that focus on attitudes towards financial deservingness and stigmatized identities. Examining the attitudes towards financial deservingness for several different types of disability has not been analyzed in previous


research (Furnham, 2002). Therefore, this review of the literature seeks to address this gap amongst two relevant theories.

One of the two theories that have addressed deservingness is Belief in a Just World (BJW) which was developed by Lerner (1965). In 1966 Lerner and Simmons carried out a study in which two female confederates were completing a memory problem while female participants observed them. The participants watching the confederates believed that while the women were completing the memory problem that they were also receiving electric shocks. The females participants in this study tended to believe that the female confederates deserved these shocks.

From this study, Lerner proposed that to some degree each of us believes in a just world where our behaviors reap predictable and appropriate consequences for both positive and negative actions. More simply put, Lerner's BJW addresses the belief that you get what you deserve. Individuals who are high in BJW tend to believe that people who are 'good' people tend to lead good lives because they worked for it, whereas 'bad' people tend to have terrible events happen to them because they acted in ways to reap this fate. Thus, there is a tendency for those who strongly believe in a BJW to blame victims for their fate (Lerner & Miller, 1978).

Research on BJW and victimization has





covered a vast number of stigmatized identities including the disabled (Furnham, 2002). The majority of studies have found that a higher BJW is found when we do not personally know the victim, are not suffering in the same manner that the victim suffers, and when we lack information about the etiology of the victim's illness. Thus, for individuals who have a low level of similarity, knowledge, and contact with the disabled a higher BJW is found after considering whether or not the disabled deserve their current life conditions (Montada, 1998).

However, other evidence suggests that when we identify with stigmatized individuals there is a greater tendency to blame the victim for their fate. Novak and Lerner (1968) found that when participants with a high BJW are presented with an individual who is similar to them that they tend to blame these stigmatized individuals more for their fate. Novak and Lerner also believe that when a stigmatized individual is highly similar to us we tend to believe in a just world more because we want to believe that bad events are unlikely to happen to us, and that we can utilize our behaviors to protect us from these negative events. The research from Novak, Lerner, and Montada reveals that how similar or different the participants are to the victim affects how much an individual will believe in a just world. Yet, the relationship between the similarities and differences between the participant and the victim is inconclusive. This may be due to the fact that there are many different types of victims that have been examined in area of research.

Other research has examined our willingness to help victims and BJW. Early research by Riechle, Schneider, and Montada (1998) found that those who believe in a just world do not feel as though it is their responsibility to provide help to

various identities such as the unemployed and the needy (all of which commonly intersect with the disabled identity). Riechle et al. proposed that those who believe in a just world also tend to believe that helping others is not possible or that it disadvantages them in some manner. Other evidence suggests that the relationship between helping behavior and BJW is mediated by the certainty of innocence of the victim (Lerner & Simmons, 1966). The evidence from this study suggests that while those with a high BJW may tend to blame victims at times, they may also be more willing to help others if they come to the conclusion that there is no possible way in which the victim at hand is responsible. Thus, how we determine the responsibility of the victim as well as how we perceive situations to be the result of chance affects whether or not a participant will be willing to provide assistance to the victim if they have a high belief in a just world.

In addition to behavioral measures of helping, other research has specifically examined the deservingness of financial assistance as a helping behavior, and BJW. Studies have shown that the perceived appropriateness and necessity of financial aid for the disadvantaged varies greatly under which type of program is providing monetary assistance (Will, 1993). In the context of charities Furnham (1995) found that when considering the role of charities in assisting the disabled that those who believed in a just world tended to support charities assisting the disabled more than those who did not believe in a just world. Furnham posited that this result was found because those who do not believe in a just world tend to believe that the world is corrupt in many arenas of life. Therefore, for those who do not believe in a just world there is no way to determine who is truly deserving of financial assistance even when

the person is disabled.

Additional studies have analyzed other programs providing financial assistance to the disabled and BJW. Research has found that those who believe in a just world perceive welfare recipients as undeserving due to the negative stereotypes and perceptions that many have of welfare (Scott, 2008). Many of those who believe in a just world also stereotype welfare recipients as having greater responsibility for their fate and having less of their misfortune due to chance (Zucker & Weiner, 1993). However, Appelbaum (2001) found that those who believe in a just world tend to believe that the disadvantaged are more deserving when other programs besides welfare are considered. From this study it was hypothesized that this is because different types of financial assistance elicit different stereotypes and attitudes regarding the effectiveness and the degree of deservingness of those that receive assistance.

To summarize, research on deservingness using BJW as guiding theory has found that each of us to some degree either rejects or believes in a just world in which one gets what they deserve. When contemplating stigmatized identities, those who have a high BJW tend to blame victims more for their fate. However, how much one blames a victim for their fate is mediated by the following variables: similarity of the participant to the victim, knowledge regarding the causation of the situation or condition, suffering in the same manner as the victim, and a lack of personal connection with the victim. Research on helping behavior defined as financial assistance has found that those with a high BJW tend to stereotype different financial programs, which drastically alters the amount of money they believe that various individuals are deserving of.

The second primary theory that significantly affects the perceived deservingness of disabled individuals is Attribution Theory (Heider, 1958). Attribution theory proposes that when we evaluate a behavior, situation, or event we hypothesize the underlying causation behind that behavior, situation, or event. Additional research has found three main domains of attribution: Stable vs. non-stable (consistency of the behavior, event, or situation), controllable vs. non-controllable (the ability of the individual to control the behavior, event, or situation), and internal vs. external (whether the event is caused by factors that are internally or situational based) (Kelley & Michela, 1980).

The different domains of attribution theory have been applied to a wide variety of stigmatized identities including the disabled (Noone, Jones, & Hastings, 2006). Research has shown that while the population of those who are disabled remains heterogeneous, a pattern emerges in terms of how the medical community and general public categorizes varying disabilities. This categorical pattern is ordered as follows: Physical disabilities, cognitive disabilities, and psychiatric disabilities. Among these categories, research found that a preferential hierarchy of the disabled has emerged showing that different types of disabilities tend to have a more positive or negative attitude concerning them. The preferential hierarchy's structure reveals that that the physically disabled are associated with the most positive attitudes, whereas individuals with a psychiatric disability are associated with the most negative attitudes. The cognitively disabled are not associated with the most negative or positive attitudes as psychiatric and physical disabilities are. Thus, individuals with cognitive disabilities fall within the middle of the preferential

hierarchy (Tringo, 1970).

The varying severity of negative attitudes of the disabled is also linked to the different domains of our attributions. To elaborate, physical disabilities tend to be perceived as stable, uncontrollable, and varying upon their internal vs. external causation. Cognitive disabilities tend to vary significantly in all of the domains of attribution. Lastly, mental disabilities tend to be perceived as controllable, unstable, and varying upon their internal vs. external causation (Gouvier, Sytsma-Jordan, & Mayville, 2003).


Research has found a link between the severity of negative attitudes and the different domains of attribution. Positive attitudes have been linked with stable, non-controllable, and internally attributions whereas negative attitudes are linked with unstable, controllable, and externally attributed disabilities. This research hypothesized that different types of disabilities elicit different types of attributions which are further associated with either positive or negative attitudes. It is because of the relationship amongst type of disability, attributions, and attitudes that the preferential hierarchy of disabilities is structured in the order as described above (Harvey & Weary, 1984).

Research has predicted that attitudes towards financial assistance follow the preferential hierarchy of disabilities. (Goreczny, Bender, Caruso, & Feinstein, 2011). However, the specific diagnosis of different types of disabilities mediates our attributions. For example, research has shown that different types of psychiatric illnesses differ greatly in their attributions. Chomerus, Matschinger, & Angermeyer (2006) found that today schizophrenia is viewed as a genetically caused illness which is linked to more positive attitudes. Shchomerus et al. also found that negative

attitudes concerning depression were related to the external attributions participants made regarding depression. The link between diagnosis specific attributions and the negative attitudes they elicit has remained consistent for other diagnoses. Conditions such as autism have been linked to negative attitudes because many people today are not sure what to attribute the cause of autism to (Ling, Mak, & Cheng, 2010). From this research it can be assumed that the specific diagnosis will further affect the different domains of attribution.

To summarize, research on attribution theory shows that people tend to perceive the disabled on a preferential hierarchy with the most positive attitude towards physical disabilities, followed by cognitive disabilities, and with the most negative attitude held towards psychiatric. Second, the preferential hierarchy of disabilities is strongly associated with their explanatory attributions which are further connected with positive or negative attitudes. This further supports the structure of the preferential hierarchy. Third, the attitude towards financial assistance has been predicted to follow follows the structure of the preferential hierarchy of disabilities. Last, each specific diagnosis of disability varies within the domains of attribution because the causation of different disabilities varies in their prevalence and common knowledge.

Attribution theory and BJW theory has demonstrated that there is a complex relationship when considering our attitudes towards financial deservingness for different types of disabilities. However, before providing a coherent summary on both theories it is also necessary to briefly cover factors that have been found to mediate how positive or negative our attitudes towards disabilities in general. Overall, research has found that both sex and level of contact tend



to affect our general attitude towards disabilities. Females have been found to have a more positive attitude towards the disabled in general (Hergenrather & Rhodes, 2007). Also, as seen in BJW theory, our level of contact significantly affects how positive or negative our attitude is towards the disabled. Those with a higher level of average contact tend to have the most positive attitude towards the disabled (Rimmerman, Homzi, & Duvdevany, 2000). With this knowledge, it is worthwhile to include these factors when considering attitudes towards financial assistance towards different disabilities.

The following review of the literature has established that Belief in a Just World (BJW), Attribution Theory, sex, and level of contact greatly affect how deserving we perceive an individual to be of financial assistance.

Research on attribution theory and BJW theory has shown that both of these theories affect how positive or negative our attitude is towards financial assistance for the disabled.

However, examining the different domains of attribution, BJW, and their effect on our attitude towards financial assistance has not been examined in previous research as stated in the introduction of this review of the literature. Therefore, a study which examines each different type of disability, BJW, Attributions, attitudes towards financial assistance, sex, and level of contact would serve to answer the question as to which type of disability is perceived as the most deserving of financial assistance. Measuring these theories and mediating variables would also provide an explanation as to why we perceive different disabled individuals as more deserving of financial assistance than others. This study could also answer whether or not attribution style or BJW has changed when considering the

identity of the disabled since perhaps more people are knowledgeable about disabilities than people may have been in the past. It is from the review of the literature that the following hypotheses are made:

H1: there will be a significant main effect for each of the following factors: BJW, level of contact with disabilities, type of disability in the vignette, and sex of the participant.

H2: as factors interact with each other significance will be evident because overall research has suggested that each of these factors has distinct relationship that affects our general attitude towards the disabled, which will also affect our attitude towards the disabled receiving financial assistance.


Method

Participants

Ninety students participated in this experimental between subjects design. Students who participated in this research study received extra credit for their participation. Due the method of recruitment this study utilized convenience sampling. The mean age of students was 24.3 and the majority of students were Caucasian. Upon arrival, participants were asked to read and sign the informed consent which briefly described that this study is about the underlying processes related to deservingness and financial assistance.

Materials

The materials used in this study will utilize an adapted version of the revised Causal Dimension Scale (CDS) II published by McAuley, Ducan, and Russell (1992), Beliefs in a Just World Questionnaire (BJWQ) published by Dalbert (1999), a vignette of depression, autism, and paraplegia adapted



from Goldney, Fisher, and Wilson (2001), an unpublished adapted Survey of Attitudes about Welfare Recipient Motivation (SAWRM) by Harris and Garcia (1997), and the adapted Contact with Disabled Persons scale (CDPS) by Yuker and Hurely (1987). Below each material is described.

The revised CDS II includes 12 items which assess the areas of attribution described within the literature review. The scale includes two statements, one on either side of a scale that reads from 1 to 9. The participant then selects the number on either the left or right side that is the most reflective of their belief. For example, one item on the revised Causal Dimensions Scale II is “Unchangeable 1...9 Changeable” the participant then selects the number that is closest to how changeable they believe the disabled person’s situation is.

The vignette adapted from Goldney, Fisher, and Wilson (2001) was adapted by selecting classic diagnostic criteria and symptoms of paraplegia or autism. The original major depression vignette was kept as similar as possible to the original vignette. The only information that will vary is the classical symptoms of the disability described in the vignette.

The BJWQ includes 7 items such as “Overall, events in my life are just.” and “I believe that I usually get what I deserve”. On a scale of 1 to 6 participants will rate how much they agree or disagree with the statement with 6 meaning “strongly agree” and with 1 meaning “strongly disagree”. All items will be added together for a final score. A higher score reflects that the participant strongly believes in a just world whereas a low score would reflect that the participant does not believe in just world.


The adapted CDPS is a twenty item scale in which participants answer states by responding with how much they agree with each statement on a scale of 1-5. A response of 1 means never and a response of 5 means

very often. Thus, a score of 100 is the highest level of contact with someone who is disabled, whereas a score of 20 is the lowest level of contact with the disabled. The scale was adapted by replacing some items with the term with “disabled person” instead of “physically disabled” because this study looked at three different categories of disabilities.

The adapted SAWRM addresses whether government assistance or welfare a positive or negative impact on an individual’s likelihood to still seek work, maintain desirable skills, and to not manipulate the system of government assistance. This survey is adapted so that “welfare recipient” is replaced with government assistance to more broadly address ways in which people with disabilities also receive financial assistance. Items are added and lower score indicates a more negative attitude towards the individual in the vignette who is receiving financial assistance.

Procedure

Participants were randomly assigned to one of the three levels of the independent variable (type of disability read in the vignette). Upon arrival, participants were asked to read and sign the informed consent. Participants completed the BJWQ. After completing this questionnaire they were asked to read one of the adapted vignettes. When participants were finished with reading the vignette they then completed the adapted SAWRM, and the adapted revised CDS-II, and the CDPS. Therefore, the main independent variable that is of focus is primarily the type of disability. BJW, Attribution types, level of contact, and sex are considered pseudo independent variables since they are not directly manipulated and participants fall into a designated category which is described in the results. The main dependent variable that is the focus of this study is the participants’ positive or negative



attitude towards financial assistance which is measured by the SARWM. To avoid carry over effects and maturation this study is a between subjects design. After all of these steps are completed, the participant will be thanked for their participation, debriefed, and receive a card that allowed them to receive extra credit for their participation.

Results

In order to place participants in the appropriate category for high and low BJW and high and low level contact with disabled persons the data was sorted according to the score. For the CDPS the minimal possible contact with disabilities was a score of 20 whereas the highest level of contact with disabilities was a score of 100. Therefore, scores below 50 were classified as low level of contact whereas scores 50 and above were classified as high level of CWD. For the BJW Scale participants could score a 7 as the lowest BJW whereas a 42 is the highest possible level of BJW. Thus, participants who scored below a 21 were classified as having low BJW whereas participants who scored 21 and above were classified as having a high belief in a just world.

Also, type of disability was determined by which vignette the participant read. For all of the following independent variables, the only dependent measure in the present study was the attitude of financial assistance as determined by the attitudes towards financial assistance questionnaire of which participants could score a maximum of 45 points indicating a positive attitude or a minimum of 9 indicating a strong negative attitude. Lastly, sex was determined by asking participants to write an M for male or an F for female in the upper right hand corner of the first page.

The CDS II was not calculated as data for this study. Unfortunately, it was not worthwhile to calculate and classify the

distinct attributions that participants made regarding each type of disability. This is due to the fact that too many students circled a number that was neutral (in the middle of the scale) regarding how they perceived the causation of different types of disabilities. Thus, there were not enough participants who classified each different disability as distinct types of attributions. More participants would have been necessary to fill the many different categories of attributions per type of disability (internal vs. external, stable vs. non-stable, and controllable vs. non-controllable).

Considering how the data was reduced above the present study was a 2 (BJW: High vs. Low) X 2 (CWD: High vs. Low) X 2 (Sex: Male vs. Female) X 3 (type of disability: physical vs. cognitive vs. mental) factorial ANOVA between subjects design which measured the how positive or negative their attitude was towards financial assistance for someone who is disabled.

The ANOVA indicated no main effect for level of contact ($F(1,24)=.390, p=.538$) with the high level of contact with disabilities ($M=30.81, SD=1.67$) and the low level of contact with disabilities ($M=31.03, SD=1.6$) not indicating a significantly more positive attitude towards individuals with disabilities. A Main effect was also not found for level of BJW ($F(1,24)=.006, p=.938$). Those that had a high BJW ($M=29.26, SD=1.67$) did not indicate a significantly more negative attitude towards financial assistance than those who had a low BJW ($M=32.11, SD=1.59$). A main effect approaching significance was found for type of disability ($F(2,24)=3.27, p=.055$). The physically disabled individuals which were found to be the most deserving of financial assistance ($M=33.5, SD=2.02$) followed by the psychiatric disability ($M=32.03, SD=2.08$) and followed by the cognitive disability ($M=28.28, SD=1.9$) which had the most negative attitude towards

this disability receiving financial assistance.

The ANOVA also indicated a significant interaction for type of disabilities and belief in a just world ($F(2,24)=4.37, p=.024$). When participants had a high BJW participants had the most positive attitude towards financial assistance for the physically disabled ($M=36.5, SD=3.16$) followed by the psychiatric ($M=32.2, SD=2.58$) and with the most negative attitude towards the cognitive disability receiving financial assistance ($M=24.19, SD=2.37$). When participants had a low BJW participants did have as great of a mean difference when looking at their mean scores of attitudes towards financial assistance across the different types of disabilities. To illustrate, participants had the most positive attitude towards the cognitively disabled receiving financial assistance ($M=32.378, SD=2.96$) followed by physical ($M=32, SD=2.58$) and with the psychiatric disability with only a slightly more negative attitude ($M=31.92, SD=2.58$).

Discussion

The following study sought to examine how BJW theory, attribution theory, type of disability, level of contact, and sex affect our attitude towards financial assistance. It was first hypothesized that each factor listed above would have a significant effect on how positive or negative participants' attitude is towards financial assistance. The second hypothesis stated that as factors interacted with each other additional significance would be found because overall research suggests that each of these factors affects our general attitude towards the disabled.


From the results it is clear that there are a number of factors that failed to reach significance. Sex, level of contact, and BJW failed to reach significance. It could be that male and female attitudes are becoming equal with one another regarding disabilities.

However, this is not supported in the research (Hergenrather & Rhodes, 2007). Or, it could also be that there were not enough participants in this study for this factor to show significance.

It is very difficult to attempt to explain as to why BJW failed to reach significance as well. Perhaps, it could be that fewer college students tend to endorse a significantly high or low belief in a just world compared to the general population because they are more educated on issues regarding justice or fairness in comparison to the general population. However, this explanation has yet to be validated with evidence from research. Unfortunately, the reason as to why sex and BJW failed to reach significance is largely inconclusive and most ideas regarding why are merely conjectures.

It may be that level of contact failed to reach significance for a reason that became obvious after data was collected. It could be that the CDPS did not exclusively ask participants who they were considering when the scale asked them to consider their contact with disabilities. Since this research was concerning several different types of disabilities it is difficult to guess what types of individuals participants were considering when they thought of the disabled. Participants could have been thinking of a friend who they heard had depression. If this was the case, this scale failed to be utilized in the manner that this study sought to examine. To correct this possible error, the scale should have been edited to note that when filling out this scale a person with a disability is considered as someone you know with a diagnosed disability who receives financial assistance for that diagnosed disability. With this correction, level of contact may have reached significance.

The type of disability as predicted approached significance in the (see figure 1). This validated a part of the first hypothesis.



In addition, it was the only true independent variable which was manipulated by the participants reading the different vignettes. It would have been interesting to examine the different attributions that participants made regarding each type of disability. However, this was not possible because not enough participants rated attribution categories as distinct. Although this data is not available, what could be the reasoning behind as to why type of disability reached significance and why did the means not reflect the hierarchy displayed in the research?

A number of interpretations are possible. It could be that a more positive attitude towards physical and psychiatric disabilities is present because both conditions are less stigmatized than autism. Or, attributions that the general public makes regarding depression are changing because people today see it as a common medical condition (Ling, Mak, & Cheng, 2010).


The last significant finding that is worthy of an interpretation is the interaction amongst BJW and type of disability (see figure 2). When participants had a low BJW, there was not much variation in their attitude towards financial assistance towards different types of disabilities. Whereas, when participants had a high BJW had the most positive attitude towards financial assistance for the physical disability followed by the psychiatric disability, and the most negative attitude towards the cognitive disability. This patterned matched the main effect for type of disability. It could be that what was

previously stated in the interpretation of type of disability was also evident for those with a high belief in a just world. That in general, more negative attitudes towards autism are present, and that depression is becoming an accepted medical condition which results in a more positive attitude.

Yet, it could be that the participants who had a high BJW experienced more empathy or sympathy for different types of disabilities because they view this a situation that is due to chance which is highly unfair; whereas participants with a low BJW did not because they accept that the world is unjust for everyone, despite the fact that they may still feel empathy or sympathy. Due the sense of sympathy and empathy that may have been present for the group that had a high BJW, this may have resulted in participants having a more positive attitude towards depression and psychiatric disabilities because depression and injuries that temporarily limit mobility are common amongst college students. Research supports this because when we are similar to one another we find it easier to empathize (Batson, Lishner, Cook, & Sawyer, 2005). This would make sense as to why participants who had a high BJW had more positive attitudes towards financial assistance for physical and psychiatric disabilities because empathizing has been found to result in a more positive attitude (Batson, et al., 1997).

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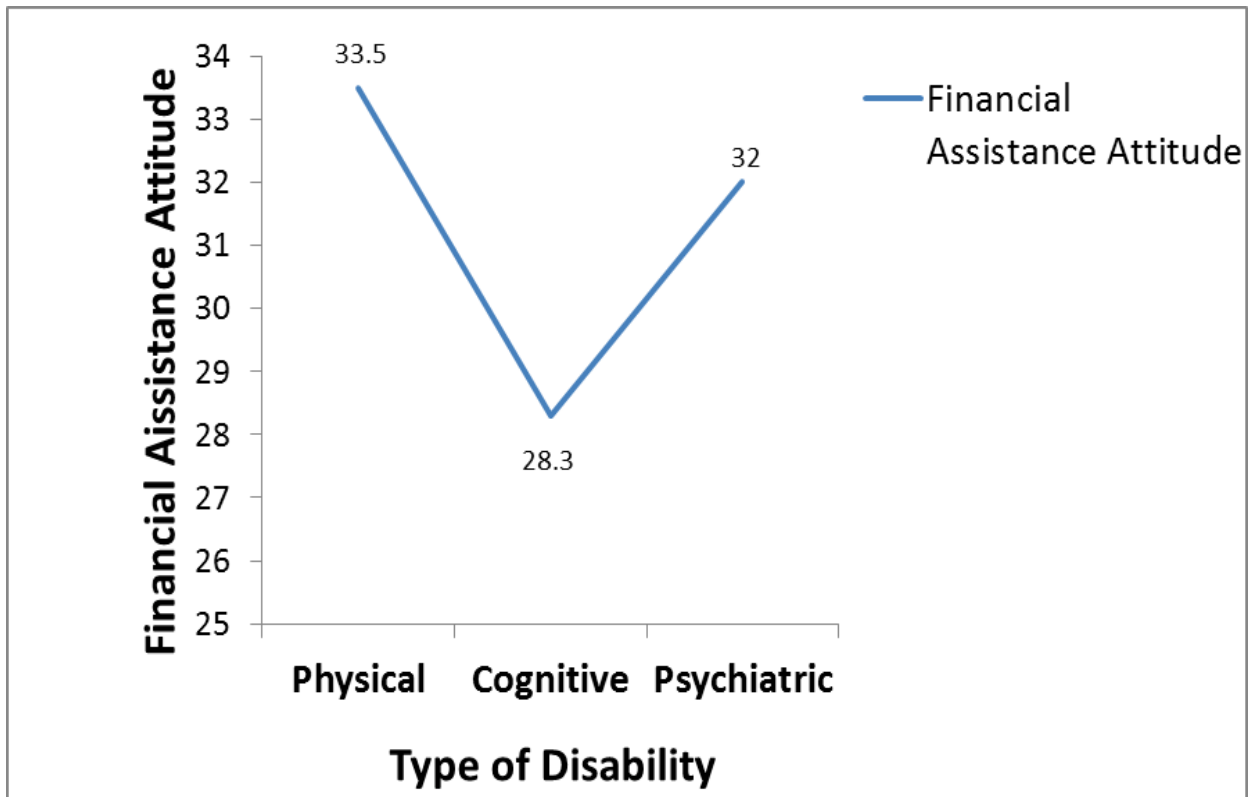


Figure 1.

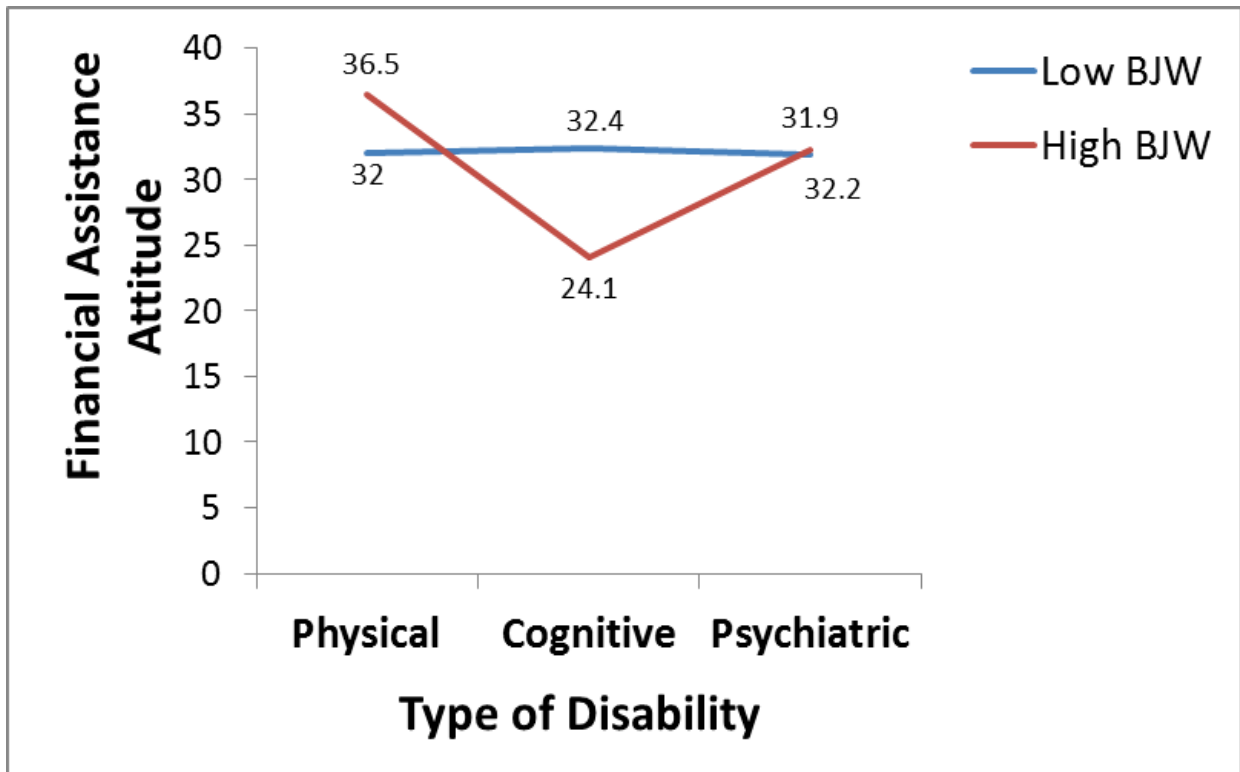


Figure 2.