Teaching and Assessing Respect for Human Dignity

with Case Studies, Lab Demonstrations, and Field Trips

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Abstract: Around the world, respect for human dignity (RFHD) is viewed as a desirable set of values and behaviors; however, there is no single definition or accepted model of its components and their development. This study targets the development of RFHD within the context of undergraduate education in psychology by examining the effectiveness of pedagogical strategies to develop and assess it. Based on Bennett (2001), we initially conceptualized RFHD as the inverse of prejudice, which is often described as having cognitive, affective, and behavioral components. Specifically, we examined the effectiveness of lab demonstrations (N = 34) and face-to-face field trip interactions (N = 76) on student understanding of individuals who are different from them (individuals with sensory losses or brain/spinal cord injuries), and evaluated how the interventions impacted self-reported attitudes and likelihoods of behaviors. Measures included Likert-scale responses regarding general RFHD and more specific, yet common, scenarios (e.g. greeting someone along a grocery store aisle), as well as reflection-based writing assignments. Overall, while the Likert-scale responses did not show many significant changes, we observed systematic and unexpected affective response results in the reflections that differed by group, and that suggest a more complex developmental model for the affective component of RFHD. Previous studies had focused on a generalized decrease of negative affect and increase of positive affect in order to decrease prejudice (e.g. Pettigrew & Tropp, 2008). Meanwhile, this study suggests there are at least two types of RFHD-related positive affect (empathy and hope) that develop independently. Therefore, we propose that different pedagogies can move students from positions of "disconnection" (low empathy and low hope; an affective state related to prejudice), to viewing others through a "lens of loss" (high empathy; low hope and non-approach), a "lens of possibility" (low empathy; high hope and approach), or a more complete "lens of RFHD" (high empathy; high hope and approach).

Background

Because there is no consensus on a model or definition of RFHD, one approach to understand and study RFHD is to consider the extensive research regarding the nature of prejudice (e.g. Allport, 1954). Today, it is common to define prejudice as comprised of unjustified, negative attitudes towards others. It is a combination of cognitions (beliefs and stereotypes), affect (emotions), and behaviors (to discriminate). Further, Bennett (2001) noted that one of the best conceptual opposites, although not necessarily an empirical opposite, of intergroup hate and prejudice, is *respect*.

Based on these conceptualizations, **we approached our efforts with the premise that prejudice and RFHD are inversely related**, and that by focusing on the reduction of prejudice, we would in turn increase RFHD.

Today, the prejudice-reducing effect of contact is well established, with the most convincing evidence documented in Pettigrew and Tropp's (2006) monumental meta-analysis (Hewstone & Swart, 2011). Pettigrew and Tropp (2008) conducted a second meta-analysis to better understand how contact exerts its effects. They found that contact exerts its effect on prejudice reduction by:

(a) enhancing knowledge of the out-group,
(b) reducing negative affect (anxiety) about the intergroup contact, and by
(c) inducing positive affect (empathy and perspective-taking).

They determined that all three factors influence the degree of prejudice reduction, with knowledge of the out-group having less of an impact. These mediating factors (knowledge, i.e., a cognitive component, and various affective components) underlie the focus of the current study's use of two types of interventions: lab demonstrations and face-to-face interactions that occur through field trips in undergraduate classes.

Goals

To evaluate the effectiveness of lab demonstrations and face-to-face interactions in developing understanding of individuals who are different. In support of this overarching goal, we aimed

1. **To create an instrument that would be sensitive enough to capture boundaries of comfort and subtle changes resulting from the interventions, and**
2. **To evaluate how the interventions might impact self-reported attitudes and likelihoods of behaviors towards these others.**

Methods

Treatment participants were undergraduate students in three courses: cognitive psychology (N = 37), biopsychology (N = 39), and sensation and perception (N = 34). Students in research methods (N = 58) served as a control group and received no interventions.

Due to the treatment courses involved, the main focus was on likelihood of RFHD behaviors toward persons with brain/spinal cord injuries and individuals with sensory losses.

Interventions: Approximately three quarters through the semester, students in the treatment courses participated in the field trips that included face-to-face interactions (cognitive psychology to a school for the deaf and the blind, and biopsychology to a brain and spinal cord rehabilitation hospital) or the lab-day sensitization demonstrations (sensation and perception). The field trips were half-day experiences (including approximately 45-90 minute travel time both to and from the locations). The lab day demonstrations occurred within the standard, 53-minute class period, but some additional time was taken to incorporate additional sensitization demonstrations throughout the semester.

Measures: We used two measures to capture different types of shifts in RFHD attitudes and behavioral likelihoods.

1. The questionnaire items were designed so that responses represented a range of options (type of person or group with which to interact or level of interaction), in order to assess *boundaries of comfort*. Using 4-item Likert response scales, participants reported likelihoods of a) engaging in greeting others with different characteristics (similar, deaf, in wheelchair, different language) when at a grocery store, b) volunteering at different types of places (school, rehab hospital, school for deaf/blind, community center), and c) engaging in different behaviors (nod hello, initiate conversation, introduce friend, make plans) with a person who had a disability at a party. Additionally, participants rated their leadership behavior on four dimensions, 1) role modeling RFHD, 2) respect for others' views, 3) confronting jokes, and 4) accommodating religious/cultural expression. All participants completed a questionnaire at the beginning and end of the semester, and the intervention groups additionally completed a questionnaire at mid-semester. For both sets of questions, high numbers indicate greater likelihoods.
2. The reflection papers included two Likert-scale questions that directly addressed students' opinions about the value of the case studies, field trip, and lab demonstrations. They also included open-ended questions that addressed: beliefs about individuals with brain/spinal cord injuries or sensory deficits, their thoughts about the field trip (anxieties and/or enthusiasm), and their responses and behaviors for an imagined scenario of someone close to them acquiring a neurological disorder/sensory deficit. They were assigned just prior to and following the interventions.

"Lens of Loss"
Lab Demos let students experience sensory loss.

"Lens of Possibility"
Individuals with brain and spinal cord injuries shared stories of inspiration.

"Lens of Loss"
Students playing Goal Ball

"Lens of Possibility"
Stories of Inspiration

"Lens of Respect for Human Dignity"

Ultimate Goal for Positive Affect: Hope and Empathy