

Teaching & Assessing Respect for Human Dignity through Case Studies, Lab Demonstrations and Field Trips

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Introduction

Respect for Human Dignity (RFHD) is treating others with a mature and responsible consideration for their basic rights, respecting the basic worth of another human being and treating others with decency and empathy.

Although examined by diverse disciplines, it continues to present challenges in definition, assessment and in the determination of optimal learning experiences with which to promote it (e.g. Bain, 2004; Krahe & Altwasser, 2006).

Specifically, this study evaluated practical strategies for promoting RFHD towards individuals experiencing either sensory deficits or spinal cord/brain injuries.

Hypotheses

Undergraduate students who participate in case study discussions, lab demonstrations, face-to-face interactions and structured reflection will show:

- a positive change in respectful behaviors
- an increase in perceived value of these experiences

compared to students who do not have these experiences.

Methods (Fall 2010; Spring 2011)

40 Biopsychology students: readings + interactive field trip to spinal cord/brain rehabilitation hospital

40 Cognitive Psychology students: readings + interactive field trip to school for the deaf and the blind

35 Sensation/Perception students: readings + lab day with demonstrations on sensory deficits

50 Statistics students: no special RFHD interventions

All courses except statistics took behavioral RFHD survey 3 times and completed reflection papers before & after field trip/lab day demos.

Statistics students took behavioral RFHD survey twice (at the beginning and at the end of the semester)

Materials

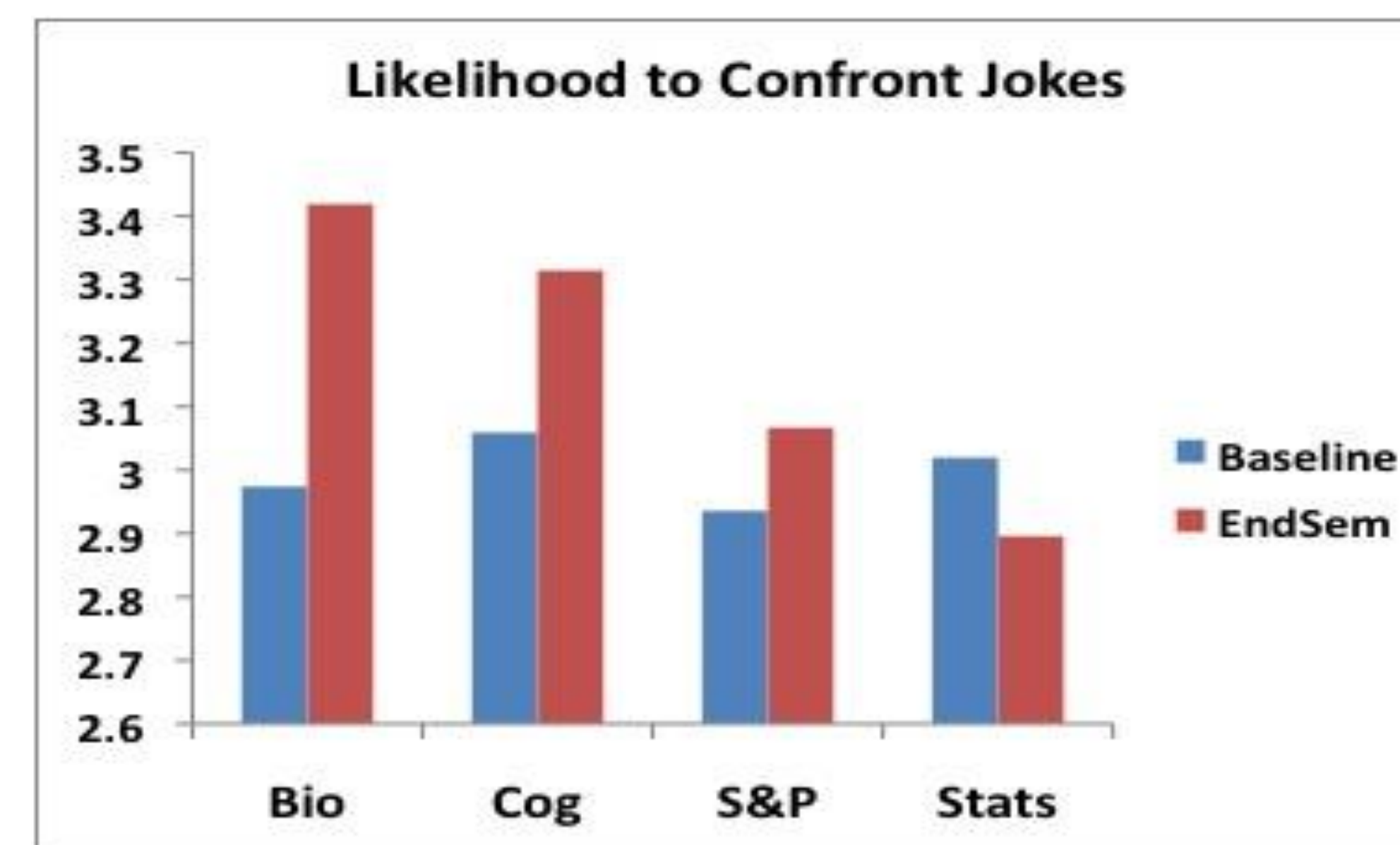
The RFHD questionnaire asked participants to report the likelihood that they would 1) engage in greeting others with different characteristics (similar, deaf, in wheelchair, different language) when at a grocery store, 2) volunteer at different types of places (school, rehab hosp, school for deaf/blind, community center), and 3) engage in different behaviors (nod hello, initiate conversation, introduce friend, make plans) with a person with a disability at a party.

Additionally, participants rated their leadership behavior on four dimensions, 1) role modeling of RFHD, 2) respect for others' views, 3) confronting jokes, and 4) accommodating religious / cultural expression.

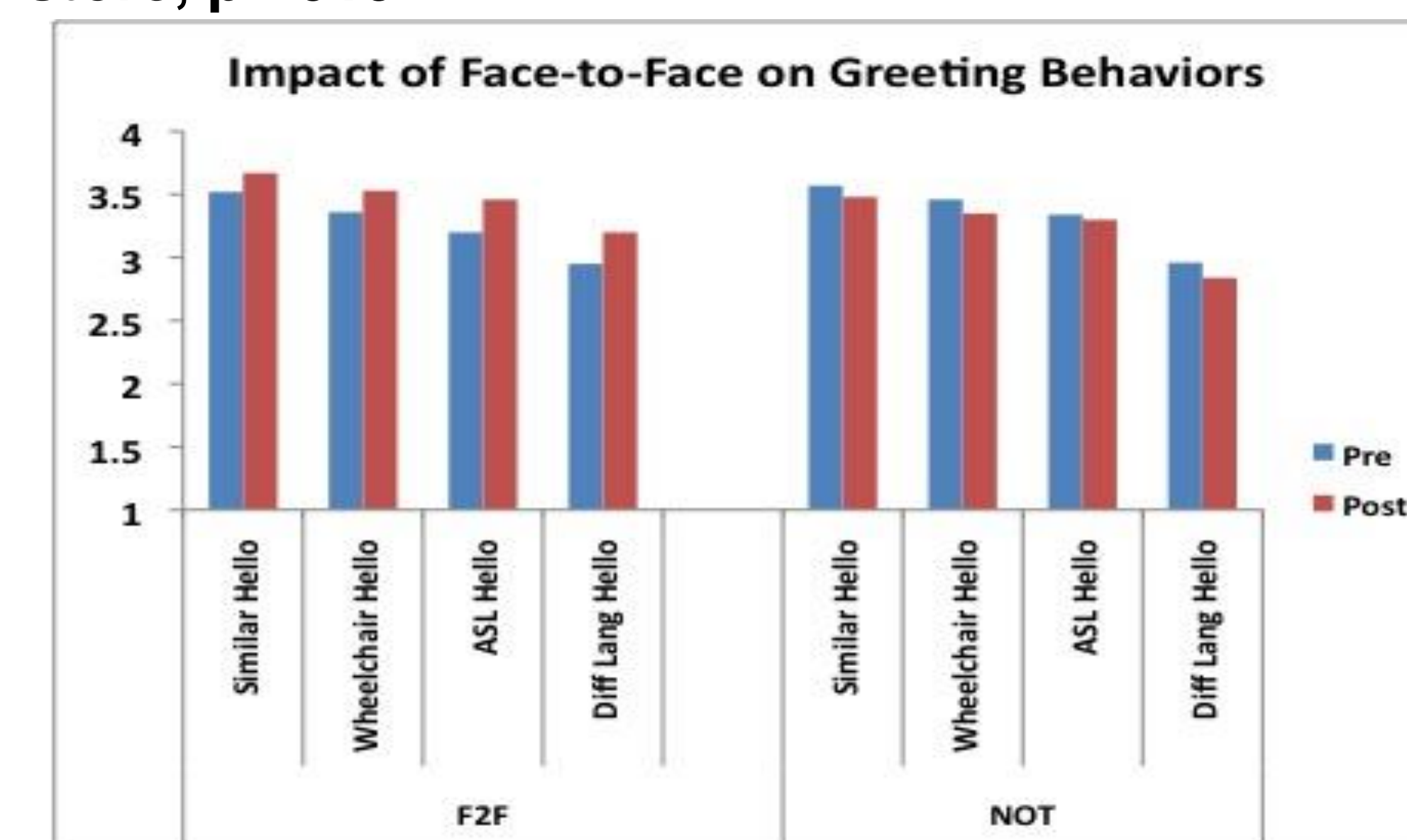
As part of the reflections, participants rated the value of the field trip or lab day experiences.

Results & Discussion

By the end of the semester, **all three intervention groups reported an increased likelihood to confront jokes** ($p=.04$; no significant effects for other leadership behaviors). Confronting jokes is arguably the most uncomfortable of the behaviors, so the significant change is encouraging.

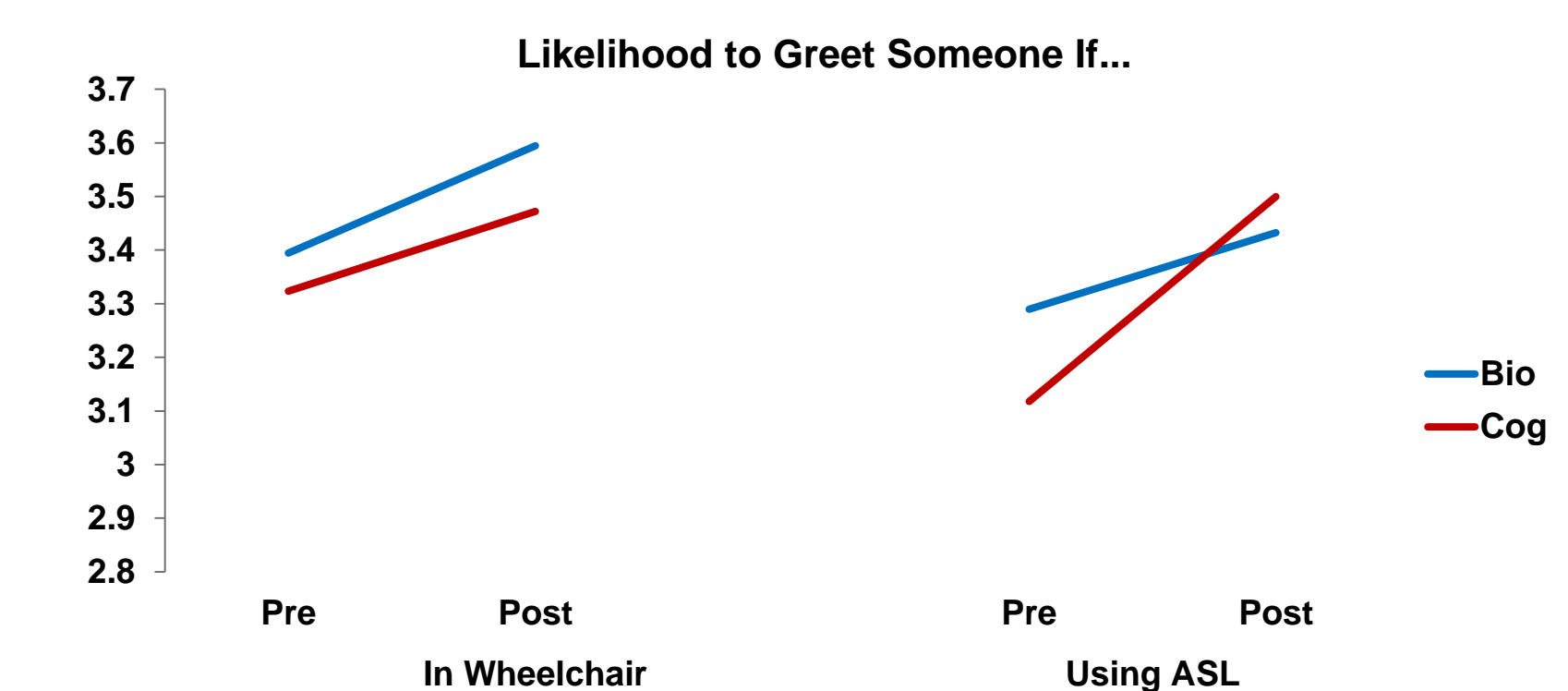


Both pre- and post-semester, all groups indicated greater likelihoods in general for interacting with similar people and to be less likely to make plans with than simply talk to someone with a disability. However, only **the two groups that experienced face-to-face (F2F) interactions significantly increased their likelihood to greet all types of others at a grocery store, $p=.019$.**



Results & Discussion Cont.

Changes in RFHD are most reliable when an explicit connection exists between the type of intervention and the targeted behaviors.



For example (above), while both groups showed increases in behavioral likelihoods by the end of the semester, a trend ($p=.09$) indicated that those who visited the rehab hospital (Bio) showed greater increases in the likelihood to greet someone in a wheelchair while shopping, and those who visited the school for deaf/blind (Cog) showed greater increases in greeting someone who was deaf and using ASL. Similarly, a trend indicated ($p=.075$) those who visited a rehab hospital showed greater increases in the likelihood to volunteer at such a hospital, while those visiting the school for deaf/blind showed greater increases in volunteering at such a school.

Importantly, the field trips and lab demos challenged students' mental models about people with disabilities:

Pre-field trip reflections: anxious about trip and troubled over what individuals there would be going through

Post-field trip reflections: confident, comfortable, empathetic, and hopeful

Post-lab demo reflections: empathetic and confident about how they could intervene to help those with disabilities

These changes in both cognitive understanding and emotional reaction dovetail with the **significant increase in perceived value of the experiences** ($p<.01$) seen in all three groups (although the field-trip groups showing higher ratings overall).

Discussion

Studies have shown that individuals that look different or act differently compared to others in society are frequently misunderstood and judged inappropriately (Krahe & Altwasser, 2006). This outcome has the potential to negatively impact community integration and quality of life.

This research suggests that experiences that create opportunities for genuine understanding, particularly, face-to-face interactions, have the power to positively change attitudes and behaviors. Community integration programs can include similar interventions as they help promote acceptance and respect for the people they serve.

References

- Bain, K. (2004). *What the best college teachers do*. Harvard Univ. Press.
 Krahe, B., & Altwasser (2006). *J. Community Appl. Soc. Psychol.*, 16, 59-69.