Respect for Human Dignity: Development and Generalization

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Prior Research

In our prior research, we successfully designed course experiences that intentionally developed respect for human dignity (RFHD) and evidence-based assessments which captured that development. The objective assessment captured subtle boundaries of comfort and changes resulting from the interventions while the subjective assessment captured qualitative experiences. Previous researchers had simply focused on the overarching goals of decreasing negative affect (anxiety) and increasing positive affect (empathy) when increasing RFHD, i.e. decreasing prejudice. The prior research revealed that the specific type of learning experience (e.g. lab simulations or type of field trip interactions with others who might be viewed as "different") determined the specific, independent factors developed within the context of RFHD. For example, interacting with individuals who are deaf or blind increased desire to interact with others from these groups, but not with others from different groups (e.g. individuals with spinal cord injury or individuals from a foreign country). In addition, face-to face interactions surpassed all other experiences regarding the development of RFHD.

We originally proposed a two-factor model (empathy; hope) describing the multi-dimensional nature of positive affect related to the development of RFHD. Further analysis of additional data suggested a third affective factor (comfort/approach) that we tested in the current study.

Goals

In this follow-on study, we further explored

1. the factors contributing to the development of RFHD, specifically empathy, hope, & comfort, as well as the cognitive factor of "knowledge of condition".
2. the generalization of learning experiences to additional groups of others*.

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

Introduction

Today, the prejudice-reducing effect of contact is well established, with the most convincing evidence documented in Pettigrew and Tropp's (2008) 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.

SWART 2012 – positive affect

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Methods

Treatment participants were cadets in three sections of Biopsychology during Fall 2012 (*N* = 38).

Interventions: Three quarters through the semester, cadets participated in a half-day field trip to Craig Hospital in Denver. The mission of this hospital is "***To advocate for and provide exemplary rehabilitation care to people affected by spinal cord and traumatic brain injury so that they can achieve optimal health, independence, and life quality.***" As in past years, cadets participated in interactive discussion with several individuals who had recovered from brain or spinal cord injuries. They also toured multiple areas of the hospital and interacted with the staff and a few patients. This year, one of the main presenters was a prior cadet who had experienced a spinal cord injury leading to permanent paralysis while traveling home from a weekend trip with other cadets. It was the first time he had shared his story with cadets.

Measures: We used two pre-post measures to capture different types of shifts in RFHD attitudes and behavioral likelihoods: a questionnaire with scenarios and reflection papers. We added questions to test the proposed factors of comfort/approach, hope, empathy and knowledge, as well as post-only questions to probe for generalization.

Results & Conclusions: RFHD Development

Objective data replicated earlier work, indicating that our questionnaire scenarios tap boundaries of comfort/approach, and show that cadets are generally less comfortable with different others than similar others. While, there were no pre-post shifts for the scenarios, we again observed large shifts in the open-ended reflective responses. This suggests that the response scale (currently: very likely, somewhat likely, likely, unlikely, no way) is not fine-grained enough to capture the shift that occurs in a semester, and also supports the value of having multiple types of assessment.

When comparing the empathy-related open-ended responses to those from prior semesters, two patterns clearly emerged:

1. Unlike the prior group that visited Craig Hospital, the current cadets showed an increase in empathy following their visit (objective and open-ended data).
2. The open-ended data further indicated that the aspect of empathy qualitatively differed from the shifts in empathy we observed in cadets that had visited the Colorado School for the Deaf and the Blind (CSDB) in a previous year. The Craig Hospital cadets frequently mentioned *personal* empathy such as "Now I realize this could happen to me," while the CSDB students mentioned *situational* empathy "Now I know what it's like to be blind."

These patterns reinforce our earlier conclusion that aspects of learning activities sometimes have unforeseen consequences. The CSDB cadets "tried on" blindness and were immersed in the culture of deafness during their visit. In contrast, the Craig Hospital cadets didn't "try on" an injury, which led to low situational empathy. This year, the unplanned prior cadet speaker lead to large shifts in identification and personal empathy. Unfortunately, this personal connection also seemed to increase anxiety (lower comfort/avoid), while in the previous year, the Craig Hospital cadets showed increases in comfort/approach following the trip (but no changes in empathy).

Results & Conclusions: Generalization

Note to selves: Discuss limitations of generalization (only 6 in 0 trips group), but reinforce conclusions using the open-ended responses
The new questions targeting shifts in comfort, hope, empathy and knowledge show significant effects (p values) for type of other, and interactions between time and type of other for empathy and knowledge (p values). The latter indicated specificity in that the positive increases were only seen for others in wheelchairs.

1 = Strongly avoid interactions
2 = Avoid interactions if easy or not offensive to do so
3 = Approach or initiate interactions if convenient
4 = Strong tendency to initiate interactions