Pushing Boundaries of Comfort to Develop and Assess Respect for Human Dignity for Individuals with Brain or Spinal Cord Injuries

Dr. Michelle A. Butler (DFBL) & Dr. Lauren Scharff (DFEI) from the United States Air Force Academy

Background

Many institutions of higher learning consider the development of good citizens as a primary goal of an undergraduate education. A good citizen is one who respects self and others, with *respect* specifically referring to valuing the intrinsic worth of others (Lalljee et al., 2008). As educators, we asked how we might develop respect for human dignity and how we might know if we were being successful. To answer these questions, we employed the Scientist-Educator Model of Inquiry (Bernstein, et al., 2010).

In our prior research, we successfully 1) designed course experiences (high-impact face-to-face experiences/lab simulations) that intentionally developed respect for human dignity (RFHD) for individuals we often think of as "different" and, 2) developed evidence-based assessments that captured the development. Research on diversity/global learning which specifically notes the importance of exploration of "difficult differences" (Kuh, 2008), and the research on intergroup contact theory continues to inform our work (Hewstone & Swart, 2001; Pettigrew & Tropp, 2008). Through this multi-year effort, we consistently have found face-to face interactions surpass all other experiences regarding the development of RFHD. The objective portion of our assessment captures subtle boundaries of comfort and behavioral shifts resulting from the interventions, while the subjective portion captures a range of qualitative experiences (e.g. comfort, anxiety, sense of understanding, empathy, sense of hope, sympathy).

Highlights: Present Study

- **High impact field trips to Craig Hospital provided students with face-to-face experiences with individuals who were brain/spinal cord injured.**
- **Students were assessed with quantitative (*newly revised*) and qualitative measures before and after intervention regarding likelihood of interacting.**
- **This was the largest sample to date using newly revised questionnaire.**
- **First time Group x Time quantitative data was as reliable as qualitative data in showing impact.**

Methods

Course	Intervention	N
Brain & Behavior	Field Trip	36
Brain & Behavior	Discussion; No Field Trip	11
Fundamental Hydraulics Engr	Control	39

Intervention:

High-impact field trip: Students in intervention group participated in an interactive, learning experience at Craig Hospital which included an interactive discussion with graduates and an interdisciplinary tour with staff interaction.

Measures:

We used pre-post measures to capture different types of shifts in RFHD attitudes and behavioral likelihoods:

1. **Behavioral Tendencies Questionnaire** (Grocery Store, Party - Social Interactions with additional types of others)
2. **Affective Tendencies and Beliefs**: Guided reflection paper questions with both Likert-scale and open-ended questions to probe value of field trip experiences, as well as cognitive, affective and behavioral components of RFHD

Results

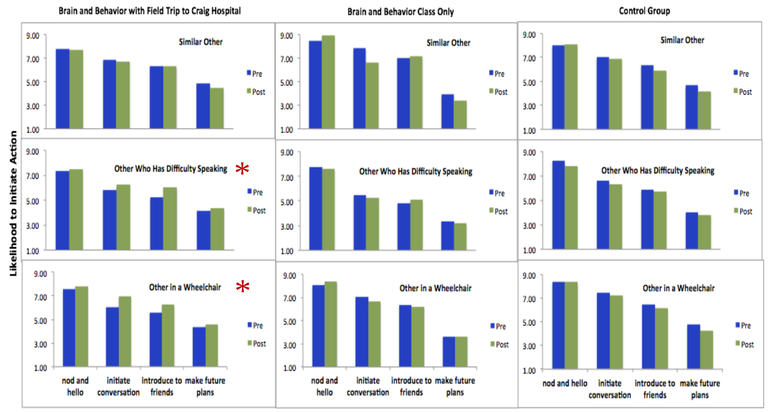

Figure 1: Quantitative results from the Party scenario ANOVA - 4-way interaction, $p < .001$; $ES = .042$;
By increasing sample size and improving the fidelity of the quantitative assessment, we were able to show face-to-face interactions are more effective than discussion or than no intervention in developing RFHD for individuals with brain/spinal cord injury.

Qualitative data mirrors past data:

Consistent with our model of RFHD, the most frequently reported themes fell along four dimensions: sympathy vs hope, sense of foreignness vs empathy, ignorance vs knowledge, and anxiety vs comfort.

The most salient shifts over time were that students reported significantly more hope/optimism after they attended the field trip and less sympathy/pessimism. In addition, anxiety decreased and comfort increased.

A pre-field trip quote highlighting the dimension of anxiety:

Question: What are your thoughts regarding the upcoming visit to Craig Hospital? About what are you most hesitant/excited?

"I am most hesitant about seeing patients because I hope they are not offended by our presence and I don't want to interfere with their personal lives."

A post-field trip quote highlighting the dimensions of hope and comfort:

Question: Now that you have visited Craig Hospital, what most surprised you and/or challenged your beliefs?

"The experience made me grateful for what I have now…The patients there did a great job at looking towards the brighter things in life which is very humbling. If I were to visit again, I would definitely be less hesitant and would be very excited to learn more from them and possibly help them if needed."

Conclusions

- We found value in incorporating both qualitative and quantitative data.
- By increasing sample size and improving the fidelity of the quantitative assessment, we were able to show face-to-face interactions are more effective than discussion alone or no intervention in developing RFHD for individuals with brain/spinal cord injury.

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the U.S. Air Force, the U.S. Department of Defense, or the U.S. government.

USAFA students with staff from Craig Hospital in Denver, CO

Future Directions – New Groups of "Others"

- During Fall 2017, we expanded our study to include Dr. Karin DeAngelis' *Class, Race, Ethnicity course,* which incorporated an interactive field trip to an urban soup kitchen (the Marian House, in Colorado Springs). The design & assessments paralleled the above, but focused on different types of others. Preliminary data suggest a large impact with similar themes as those found with our earlier work.
- Post-Field-Trip reflection comments included:

"The personal narratives that I heard are something that I could read in a book. However, something about having a person tell you their personal story makes a narrative more powerful. This experience has also given me a more positive outlook on both the homeless and the less fortunate. I can definitely say that while I am no more likely to give someone on the street money, I am more likely to stop and say hi because I saw firsthand what a hello and a handshake can do for someone."

"What surprised me the most about my interactions with visitors at the Marian House is that not all of them were experiencing homelessness. It amazed me that there are such vast ranges of poverty that even those who have homes and jobs are still struggling to feed themselves efficiently. If I visit again, I would like to keep this idea in mind to help abolish any pre-determined stereotypes I have subconsciously developed. I would like to remember that despite the attitudes of society, those who visit Marian House are not untouchable or dangerous, many of them abide to "normal" social standards."

References

- Bernstein, D. et al. (2010). In D.F. Halpern (Ed.), *Undergraduate education and psychology: A blueprint for the future of the discipline*
- Kuh, G.D. (2008). *High impact educational practices: What they are, who has access to them, and why they matter*.
- Hewstone, M., & Swart, H. (2011). *British Journal of Social Psychology*
- Lalljee, M., Laham, S. M., & Tam, T. (2008). *Gruppendynamik und Organisationsberatung*
- Pettigrew, T.F, & Tropp, L.R. (2008). *European Journal of Social Psychology*