



Pushing Boundaries of Comfort to Develop and Assess Respect for Human Dignity for Different Types of Others

Michelle A. Butler & Lauren Scharff & Karin DeAngelis, U.S. 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 (since 2009) we successfully 1) designed course experiences (high-impact face-to-face experiences 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.

Highlights: Present Study

- RFHD has four distinct components: hope, empathy, knowledge and comfort that operate relatively independently. Development can vary based on the specific learning experience.
- Our instruments and model transfer to different types of others.

Methods

Course	Learning Experience	N
Brain & Behavior	Discussion + Field Trip	63
Brain & Behavior	Discussion Only; No Field Trip	21
Sensation and Perception	Discussion + Field Trip	23
Sensation and Perception	Discussion Only; No Field Trip	8
Class, Race, & Ethnicity in Society	Discussion + Field Trip	38
Fundamental Hydraulics Engr	Control	39

Intervention:

High-impact field trip: Students in intervention group participated in an interactive, learning experience at either Craig Hospital, Colorado School for the Deaf and the Blind, or the Marian House Soup Kitchen.

Measures:

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

1. **Behavioral Tendencies Questionnaire** (Party Scenario – includes 4 possible behaviors during a social interaction with a variety of types of others; RFHD Model includes 4 dimensions)
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



Colorado School for the Deaf and the Blind



Craig Hospital

Adaptability of Our Measures: New Groups of “Others” and a Field Trip to Marian House

During Fall 2017, we expanded our study to include the Class, Race, & Ethnicity in Society 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 (e.g. homeless, immigrant, prisoner, different races).

- 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.”



Working the front garden and serving food at Marian House

References

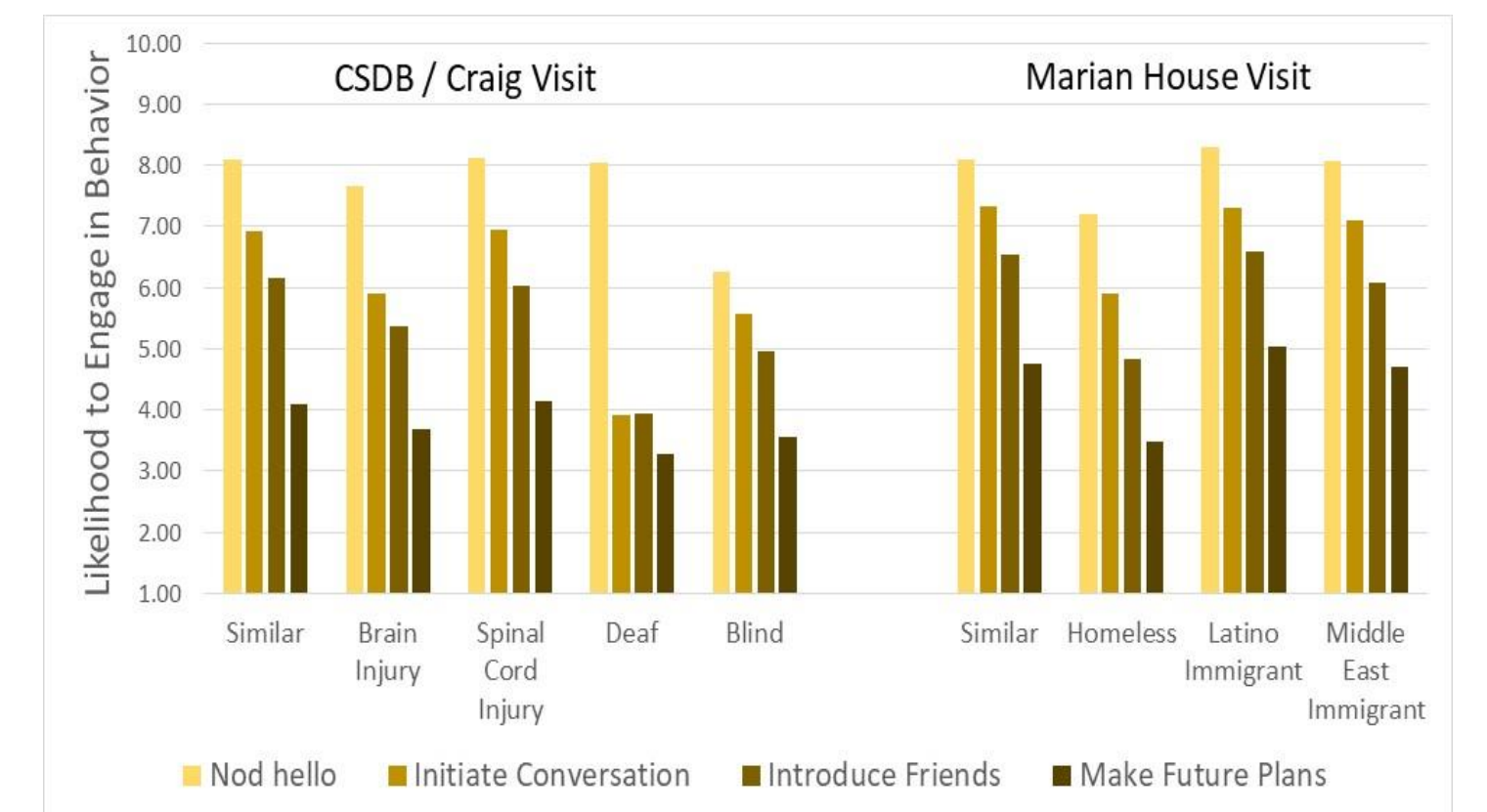
- Bernstein, D. et al. (2010). In D.F. Halpern (Ed.), *Undergraduate education and psychology: A blueprint for the future of the discipline*
- Kuh, G.D. (2008). *High impact educational practices: What they are, who has access to them, and why they matter.*
- Hewstone, M., & Swart, H. (2011). *British 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*

* 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.

Results & Conclusions

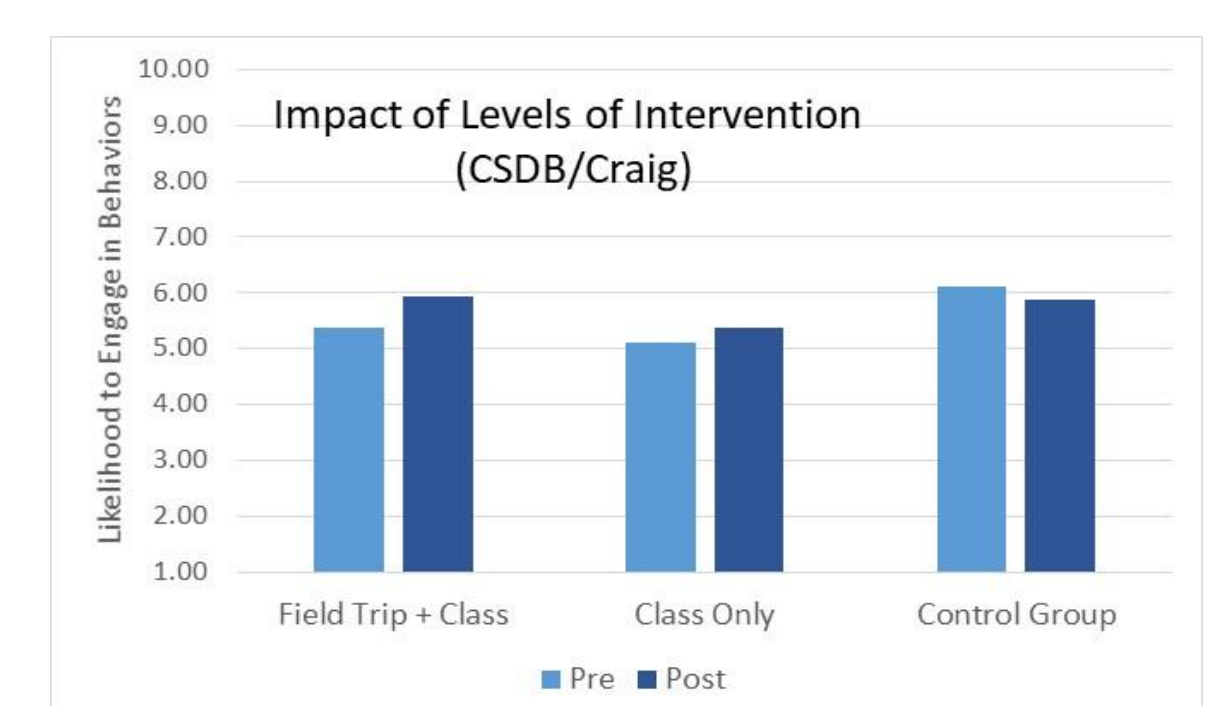
1. The objective instrument is consistently effective in capturing boundaries of comfort and in differentiating “types of others”

CSDB/Craig 2-way interaction (Type of other X Action) $F(12, 1788) = 91.764, p = .000$;
Marian House 2-way interaction (Type of other X Action) $F(9, 333) = 2.5740, p = .007$



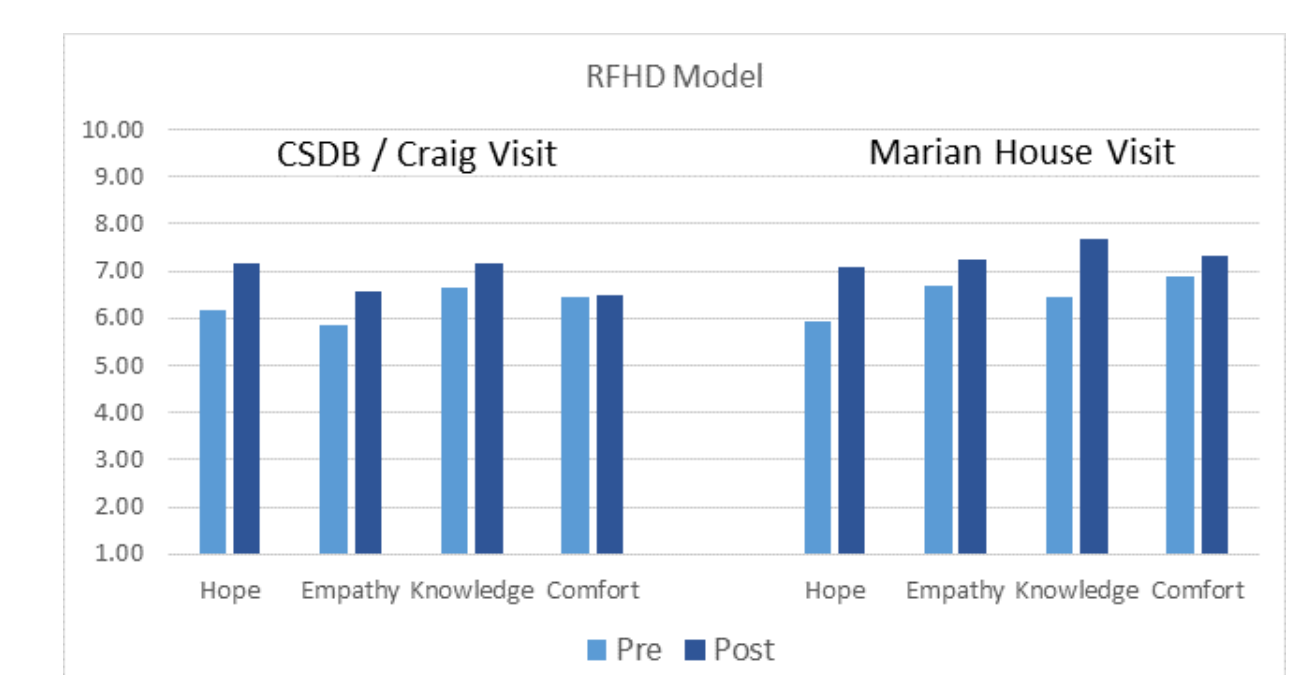
2. Face-to-face experiences continue to surpass other learning experiences in developing RFHD (CSDB, Craig, Marian House).

CSDB/Craig 2-way interaction: Intervention X Time $F(2,149) = 5.66, p = .004$;
partial eta squared = .07



3. The RFHD model captures distinct changes in hope, empathy, knowledge and comfort based on specific learning experiences and different types of others.

CSDB/Craig 2-way interaction, Dimension X Time $F(3,219) = 4.19, p = .007$, partial eta squared = .05; Marian House 2-way interaction, Dimension X Time $F(3,111) = 4.994, p = .002$, partial eta squared = .12



4. Affective Tendencies and Beliefs (qualitative) from CSDB and Craig visits mirror past data and confirm current objective analyses.

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 dimension of hope:

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

“When I heard about all the adaptive activities, i.e. kayaking, skiing, cycling, etc, I was very impressed! It is awesome that they can live life to the fullest and don’t let their injury limit them.”

5. All measures transfer effectively to new “group of others,” i.e. Marian House. This transferability offers promise as a tool to help assess respect for human dignity aspects across a wide range of developmental efforts.