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Hierarchy of values as a factor conditioning youth attitudes towards the disabled

Perception and personality as predictors of attitudes towards the disabled

Social attitudes to the disabled are of basic importance for both the level of their living quality and the integration process. Therefore, they are related to the basic areas of psychological and social functioning of the said group of persons.

According to Błeszyńska (1996), the conditions determining social attitudes may be found among factors of biological, economic, sociological, as well as psychological nature. In this last category, most often the characteristics of the perceiving person (the observer) and the perceived person (the actor) and characteristics of the situation are included. The observer's characteristics seem to perform the basic role in the process of perceiving the disabled (Sękowski 1994). The specific nature of the discussed process is determined, among others, with the following: the prototype of a human being existing in cognitive structures of the observer, the basic categories of behavior interpretation, the stereotype of a disabled person, and the pathetic delusion. The prototype of a human being is developed mostly through experience and intuition. The intellectual process of defining is of lesser significance here. The prototype developed in this way enables categorization of individuals into typical and non-representative for this category, therefore deviating from the standard. The effect of the discussed process is not only the feeling of discomfort caused by the cognitive dissonance, but also division into 'us' and 'them' categories. The latter includes first of all persons with a visible disability (see Błeszyńska 2001). Additionally, the process of perceiving the disabled, as well as all others, is affected by the basic categories in interpretation of behavior: moral and fitness. As results of research conducted by a number of authors show (see Wojciszke 1999), fitness categories are dominant in perceiving own behavior (from the position of the actor), while moral categories prevail in the process of perceiving another human being (from the position of the observer). It is so because the actor and the observer pursue different cognitive objectives. The former aims at achieving a certain state of things, which requires

continuous monitoring of own actions. The latter, observing actions of another human being, is mostly aiming at determining his/her goals and intents. The exception is when the observer focuses on fitness of the observed for a specific reason, e.g. employing him/her. It is possible, that it also affects perception of the disabled, due to their limitations in executing tasks. These characteristics are regarded as non-representative, which means specific, deviating from the prototypical ones. Apart from the human being prototype, the stereotype equally significantly affects perception of the disabled. In the stereotyping process, untrue beliefs in categorization system are exaggerated (see Adler, Rosenfeld, Proctor II 2006). A structure is created, which consists of attribution of psychological and social features, whose main source lies in culturally determined stereotypes assimilated in the course of socialization, while individual experience plays lesser role (Chodkowska 1994; Błęszyńska 2001). All stereotypes have two common characteristics. Firstly, they classify people for easily noticeable, but not necessarily important features, and secondly, they assign a specified set of features to all members of the given group (Adler, Rosenfeld, Proctor II 2006). Therefore a stereotype is created around distinctive features, which allow for creating categories and the differentiation of 'us' vs. 'them,' and which ascribe to all individuals the same characteristics resulting from generalization, thus creating a homogeneous community. Despite the fact that some generalized characteristics may be sometimes true in reference to majority of members of the given group, they are more often than not excess oversimplification, which, combined with generalization, creates a false image of the given community.

Among stereotypes related to the disabled, two categories may be set apart. The first is a general stereotype referring to all forms of disability, while the second is a stereotype related to its specific form (Błęszyńska 2001). The general stereotype includes such characteristics as: fearfulness, loneliness, suspicion, sadness, secretive-ness, nervousness, tendency to complain, lack of self-confidence and dependence. It all could be summarized as indications of characteristics of psychological and physical weakness and social isolation of the disabled (Ostrowska 1994).

Perception of the discussed group of persons includes one more specific mechanism, that of pathetic delusion (Czapiński 2002). It consists in that the observer overrates negative consequences of life misfortunes of another person in the realm of psychological and social functioning. He/she could hardly imagine that disabled persons could feature high or even the same level of satisfaction with life as fully able people.

However, it has to be emphasized that all stages of the perception process are related to personality of the observer, which is the strongest factor determining the final attitude. It is so because pieces of information resulting from the perception process are selected and often distorted, for which personality is responsible, the head regulator of that selection (Sękowski 1994). Among personality determinants of attitudes, the following are quoted most often: intelligence, creative skills, preferences in the scope of cognitive styles, fear, aggression, empathy, ethnocentrism, locus of control, self-assessment and hierarchy of values (see Klimasiński 1976; Adorno

in Aronson 1995; Ostrowska 1997; Kossewska 2000; Sękowski 1998, 1999, 2006). The results of the current research indicate existence of different personality predictors for positive and negative attitudes towards persons with disabilities. The positive attitudes are determined by: high level of intelligence and creative skills, independence of the perception field and reflectiveness, low level of fear and aggression, high level of empathy, self-assessment and self-acceptance, hierarchy of values, in which the most valued are moral, social and religious values. In turn, negative attitudes are related to opposite characteristics as well as to ethnocentrism, authoritarianism, the sense of external control, preferring prestige, economic and theoretical values.

Special attention in the described scope of interest is needed for hierarchy of values, as it is attributed the role of one of the main dimensions of personality. It is the basic factor, which motivates and directs human activities. Thus, the system of values plays a significant role in the psychological and social functioning and, although it does not affect behavior directly, its indirect effect is executed through attitudes, standards and judgments (see Brzozowski 1995). Therefore, it manifests itself also in attitudes towards the disabled.

Research objective and method

The main objective of the research was to demonstrate the effect of the system of values in the youth on attitudes towards the disabled. The research included 154 pupils (81 girls and 73 boys) in 2nd and 3rd forms of secondary schools in Krakow and the surrounding locations. It was conducted under direction of the author of this article, a student of the Krakow AP. For collecting the empirical material, the Scheler's Value Scale (abbr. in Polish: SWS) and the Scale of Attitudes Towards the Disabled (abbr. in Polish: PWON) by A. Sękowski were used.

To characterize the effect of the hierarchy of values on the examined attitudes, the procedure proposed by A. Sękowski (1994) was applied, namely, two extreme groups were determined: 10% of the persons with the highest and 10% of those with the lowest results in the scope of attitudes towards the disabled.

Results

In the preliminary analysis of the obtained research results, the results referring to attitudes towards persons with disabilities were organized. Then, two extreme groups were determined, the first including 15 pupils with the most positive attitudes, the second including 15 pupils with the lowest results. However, it is difficult

to state explicitly that the second group includes persons whose attitudes may be defined as negative. Lack of standards and relatively high results achieved by all the subjects (more than 80 points) do not justify such differentiation. Therefore, in the following text, the pupils who achieved the highest results will be referred to as Group I ($\bar{x} = 145,56$; $sd = 9,12$), and the persons who achieved the lowest results as Group II ($\bar{x} = 101,86$; $sd = 9,81$). The following table No. 1 includes the results referring to hierarchy of values in the youth from both groups.

Values	Group I		Group II		t	p
	\bar{x}	sd	\bar{x}	sd		
Hedonistic	66,47	12,71	72,15	15,45	1,09	n.s.
Vital	50,20	14,26	65,81	17,16	2,71	0,02
Fitness and physical strength	52,33	16,53	73,43	15,23	3,64	0.002
Endurance	48,85	16,06	57,27	22,16	1,19	n.s.
Aesthetic	53,87	10,79	63,25	17,97	1,73	n.s.
Truth	71,67	12,09	74,30	11,13	0,62	n.s.
Moral	79,03	9,67	75,30	11,88	0,94	n.s.
Religious	71,47	12,22	69,81	12,90	0,36	n.s.
Secular sanctities	57,46	19,06	59,42	17,79	0,29	n.s.
Religious sanctities	92,12	9,88	87,33	13,88	1,09	n.s.

Table 1. System of values in the youth with the most (Group I) and least (Group II) positive attitudes towards the disabled.

As it follows from the results in the above table, there are only two significant differences between the systems of values in pupils in groups I and II. The first of them refers to one of the six basic groups of values, namely vital values, while the other is only its expansion and indicates major difference in the scope of assessment of fitness and physical strength. In other words, persons with the most positive attitudes towards the disabled esteem the values related to the physical sphere considerably less, in particular strength, fitness and bodily spring. The opposite relationship occurs in group II. Such aspects of vital values as resistance to fatigue, the ability to sustain hunger and low temperature are not different for persons from the compared groups. It is also worth noting that in the first group, there were considerably more girls (11) than boys (4), and the second group featured the opposite relationship, with clear dominance of boys (12).

Discussion

The presented research results indicate that pupils of secondary schools in general declare rather positive attitudes towards persons with disabilities. This may be due to the increasing knowledge on the said group of persons, as well as more frequent contacts resulting from execution of the concept of social integration. It is also possible that the cause of this state of affairs is 'political correctness,' which demands expressing positive statements on the disabled. The declared open attitudes have also been taken into account, however, they may differ from those real, hidden ones (Sękowski 2006).

Similarly to the declared attitudes, also hierarchies of values in the youth with the most and least positive attitudes towards the disabled are similar, though the persons in group I place vital values as clearly less important, in particular fitness and physical strength. Thus, their system of values is slightly more similar to objective hierarchy of values developed by Scheler, in which lower values (hedonistic, vital and aesthetic) are less appreciated than the higher ones (truth, moral and religious values). The persons in group II, that is those who feature the least positive attitudes towards the disabled, highly esteem physical strength and fitness in their hierarchy. Sex is probably the factor responsible for this difference of results in both groups. The numerical superiority of girls in group I seems to be understandable, as women are relatively more social-oriented than men and they prefer higher values to lower (see Brzozowski 1995). In turn, the system of values in men is slightly different, because the approved socialization model is different. Moreover, in the adolescence period, physical fitness and strength are extremely significant for boys. Perhaps these were the reasons why there were definitely more boys than girls in group II.

All in all, one could state that vital values are the only group among the values named by Scheller which affects differentiation of attitudes in the youth towards the disabled. High position of vital values in the hierarchy favors development of less positive attitudes. However, this relationship refers mostly to boys.

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Hierarchia wartości jako czynnik warunkujący postawy młodzieży wobec osób z niepełnosprawnością

Streszczenie

System wartości odgrywa istotną rolę w psychospołecznym funkcjonowaniu człowieka i chociaż nie wpływa bezpośrednio na zachowanie, to działa pośrednio poprzez postawy, normy i oceny. A zatem przejawia się również w postawach wobec osób niepełnosprawnych. Postawy te mają zasadnicze znaczenie zarówno dla poziomu jakości życia osób z niepełnosprawnością, jak i procesu integracji.

Głównym celem badań było ukazanie wpływu systemu wartości młodzieży na postawy wobec osób niepełnosprawnych. Badaniami objęto 154 uczniów (81 dziewcząt i 73 chłopców) II i III klas szkół średnich z Krakowa i okolicznych miejscowości. Do zebrania materiału empirycznego wykorzystano Skalę Wartości Schelerowskich (SWS) oraz Skalę Postaw Wobec Osób Niepełnosprawnych (PWON) w opracowaniu A. Sękowskiego.

Uzyskane rezultaty badań wskazują, że uczniowie szkół średnich deklarują raczej pozytywne postawy wobec osób z niepełnosprawnością. Osoby o najbardziej pozytywnych postawach wobec niepełnosprawnych wykazują tendencję do niższej oceny wartości związanych ze sferą fizyczną, a dokładniej mówiąc niżej lokują siłę, sprawność oraz sprężystość ciała. Odwrotna relacja zachodzi w grupie młodzieży charakteryzującej się najmniej pozytywnymi postawami. Natomiast takie aspekty wartości witalnych, jak odporność na zmęczenie, umiejętność znoszenia głodu i niskiej temperatury nie różnicują osób z porównywanych grup. Warto także dodać, że w pierwszej grupie jest znacznie więcej dziewcząt niż chłopców, a w drugiej na odwrót, wyraźnie dominują chłopcy.

Uogólniając, można zatem powiedzieć, że jedyną grupą wartości, która wykazuje tendencje do różnicowania postaw młodzieży wobec osób niepełnosprawnych są wartości witalne. Wysoka pozycja wspomnianych wartości w hierarchii sprzyja kształtowaniu się mniej pozytywnych postaw. Zależność ta dotyczy jednak głównie chłopców.