

Attitudes of Secular and Religious Israeli Adolescents Towards Persons with Disabilities: a multidimensional analysis

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ABSTRACT *Differences between religious and secular people in their attitudes towards persons with disabilities may originate in social-cultural factors, such as values and norms, as well as in personality factors like dogmatism. Since religious and secular people differ in these characteristics, it was expected that they would differ in their attitudes as well. Attitudes towards persons with disabilities reflect complex interpersonal and intrapersonal processes and therefore should be assessed with multidimensional measures. In the present study the attitudes of 83 religious and 51 secular Israeli adolescents were measured with Siller's Disability Factor Scale-General (DFS-G). The questionnaire included seven factors that reflect psychodynamic processes operating to protect the individual against the threat and anxiety associated with the presence of a person with a disability or even by the mere consideration of his/her condition. Level of dogmatism was measured as well. No differences in dogmatism were found between the two groups. Secular participants expressed more positive attitudes than religious participants on two attitude scales—Generalized Rejection and Authoritarian Virtuousness. These two scales express special, segregative, and unequal attitudes. The findings give some support to the claim that religious affiliation, even if it encourages care for persons with disabilities, is associated with segregation and attribution of unequal social status to these people.*

Introduction

There are various approaches to the study of the origin of attitudes towards persons with disabilities. One approach considers the characteristics of the person with the disability as the main factor affecting these attitudes (e.g., Shurka-Zernitsky, 1988; Tur-Kaspa, Weisel, & Most, 2000), while another approach focuses on the characteristics of the persons who hold the attitudes. The present study followed the latter approach and therefore the differences in attitudes towards various types of disability conditions were not considered here. The characteristics of the persons who hold the attitudes include, for example, age and gender (Horne, 1985; Livneh, 1982), personality factors such as level of anxiety and self-esteem (Livneh, 1982; Siller,

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1984), and social and cultural factors such as values and norms (Banja, 1996; Florian, Weisel, Kravetz, & Shurka-Zernitsky, 1989). Because of the relationships between social values and attitudes towards persons with disabilities, and because secular and religious people differ in some of their social values, it is reasonable to assume that these two groups differ in their attitudes as well.

The relationships between religiosity and attitudes towards persons with disabilities can be studied in various ways. One way is constituted by the analysis of religious texts to explore the values and norms that they express. Another way is to examine possible personality differences between secular and religious people in order to relate these differences, if they exist, to differential attitudes. A third way directly compares the attitudes of secular and religious people.

A detailed analysis of relevant texts of various religions exceeds the scope of this article. It should be pointed out, however, that in general, the religious approach to disabilities is a complex and not necessarily a consistent one. On the one hand disability may be perceived as an expression of God's will and as a punishment (Abrams, 1998) and thus it is not likely to be associated with positive attitudes. On the other hand, disability may also be perceived as a test of religious faith and of the believer's devotion (Abrams). Since all human beings were created in the "image" of God, including people with disabilities, the religious approach could emphasise the moral demand to take care of the disabled person and disapprove of indifference to this person's special needs (Abrams, 1998; Florian, 1977). Rose (1997) presented four categories of perceptions of people with disabilities in Judeo-Christian theology—the perception of the disability as a punishment and as a sign of evil, the perception of the disability as a challenge to God's perfection, the perception of the disability as an object for mercy and pity, and the perception of the disabled person as an incompetent individual who is excused from keeping the religious rules and rituals. Rose claimed that the generally negative tone of these perceptions is the source for the alienation of many religious people from people with disabilities. Kokaska, Woodward, and Tyler (1984) examined 180 descriptions of persons with disabilities in the Bible and found that 46 of them attributed negative characteristics and inferior status to the persons with disabilities. Vash (1981) as well as Hunsberger (1995) remarked on the ambivalent nature of the religious approach to persons with disabilities and suggested that religious beliefs can affect attitudes towards persons with disabilities either negatively or positively. For example, the belief that the disability is God's punishment is not likely to improve attitudes, but the belief that disability is part of God's will might foster positive attitudes and better treatment and care.

It seems that the religious approach is not a consistent one. It has the potential to encourage tolerance towards others and to instill the obligation to care and to offer treatment and support. However, it can also emphasise the different status of persons with disabilities and thus accept or even foster prejudice and discrimination. The tendency to linger on the differences between disabled and non-disabled people, over and above the specific characteristics associated with the disability itself, leads to social discrimination and to the attribution of unequal social and political status to people with disabilities. This then encourages the dependency of

these people on the non-disabled society that expresses pity, contempt, and fear towards them (Abberley, 1987). Fitzgerald (1997) claimed, in the context of the religious approach to disability, that people with disabilities are left outside the prevailing social norms and they are mainly perceived as different. A disabling condition is perceived as an abnormal condition that needs to be taken care of and as an object for charity and pity (Fitzgerald). This approach combines care with attribution of unequal social status.

Another way of examining the relations between religiosity and attitudes towards persons with disabilities focuses on possible personality differences between secular and religious people. One such personality trait that has been suggested is dogmatism (Cloerkes, 1981; Shani, 1995).

Rokeach (1960) stated that individuals hold a system of opinions and beliefs that is associated with a variety of functions such as cognitive style, problem-solving strategies, and attitudes and behaviours in the social and the emotional domains. This system determines the behaviours of the individual to a large extent. Systems of beliefs can be characterised on a continuum, from "open systems" to "closed systems"—the more closed a system, the more dogmatic. Individuals with a high level of dogmatism, with a closed belief system, have a more rigid cognitive style, tend to distort reality, and have difficulties in distinguishing between relevant and non-relevant information. Such individuals tend to act and behave according to what they consider as "right" and to rely on external factors. In contrast, individuals with a low level of dogmatism, with an open system, tend to have independent intellectual processes and to behave in rational ways and in accordance with reality. Because of their reliance on internal resources, they can stand up against authorities and external factors (Shani, 1995).

Previous research indicated that traits like alienation, authoritarianism, aggression, hostility, rigidity, and defensiveness are associated with dogmatism (Shani, 1995) and that individuals with such traits tend to express negative attitudes towards persons with disabilities (Cloerkes, 1981; Siller, 1984). Babad (1993) argued that Rokeach's (1960) description of the dogmatic personality and Adorno, Frenkel-Brunswick, Levinson, and Sanford's (1950) description of the authoritarian personality fit the personality of individuals that tend to internalise prejudices and stereotypes and to develop expectations and behaviours on the basis of this information. Relationships between the above mentioned personality types and religious affiliation have been demonstrated in previous research. For example, Eisinga, Felling, and Peters (1990) found a positive relationship between religious affiliation and authoritarianism and expressions of prejudices. Altemeyer and Hunsberger (1992), Hunsberger (1995), and Hunsberger, Owusu, and Duck (1999) found that religious affiliation, and especially religious fanaticism, was associated with authoritarianism and negative attitudes towards minority groups. This association had already been reported by Rothchild (1970) more than three decades ago. If there are differences in the level of dogmatism of secular versus religious people and if the relationships between dogmatism and attitudes towards persons with disabilities that was presented above is valid, it is reasonable to expect that religious people will express more negative attitudes than those regarded as secular. However, research

findings do not consistently support these expectations as can be seen in the following section.

A third way of examining the relationships between religious affiliation and attitudes towards persons with disabilities is by a direct measure of these attitudes. The research in this area does not yield consistent results. For example, several research studies that compared the attitudes of religious and non-religious Christian college students found that the former expressed more positive attitudes than the latter (Bishop, 1987; Erin, Rudin, & Njoroge, 1991; McQuilkin, 1990; Smart & Smart, 1991). In contrast, English (1977) summarised her review by saying that religious people of different denominations expressed more differential attitudes towards persons with disabilities than the non-religious people. In a study by Florian (1977) among Israeli Jewish and Muslim adolescents it was found that for both groups of participants, higher level of religious belief was associated with more negative attitudes towards persons with disabilities. Similar results were reported by Feldman (1976) who found that religious Jewish and Muslim community leaders in Israel expressed less positive attitudes than their secular counterparts. Florian, Weisel, Kravetz, and Shurka-Zernitsky (1988) found that Jewish adolescents expressed more positive attitudes than Muslim adolescents. Florian et al. (1988) explained that these results might be due to the higher level of religious affiliation among the Muslim participants. It is possible that the inconsistency of the research findings is related to the fact that participants were affiliated with different religions and/or because different measurement instruments were used.

Differences among research findings might be related to the use of different measurement instruments and to the use of uni-dimensional questionnaires. These questionnaires consider the attitudes towards persons with disabilities as either positive or negative even though the multidimensionality of these attitudes has been recognised (e.g., Jordan, 1971; Siller, Chipman, Ferguson, & Vann, 1967; Siller, Ferguson, Vann, & Holland, 1967; Tait & Purdie, 2000; Yucker, Block, & Young, 1966). The use of multidimensional questionnaires is based on the recognition that attitudes towards persons with disabilities are not unitary in structure (Tait & Purdie) and that they reflect complex inter- and intra-psychological processes and therefore cannot be conceptualised in a uni-dimensional fashion.

The attitudes of secular and religious Israeli adolescents were compared in the present study in terms of specific aspects of the Disabilities Factor Scale-General (DFS-G) (Siller et al., 1967) and the level of dogmatism of the participants.

Method

Participants

One hundred and thirty-four Israeli 10th grade students participated in the study. Their mean age was 15.45 years ($SD = .51$). The participants attended two public schools in a small town with a fairly homogenous middle and upper middle class population. Fifty-one students attended a secular public high school and 29.2% of them were males. Eighty-three participants attended a religious public high school and 68.7% of them were males. The two schools used similar general curricula but

there was more emphasis on the Bible and religious studies in the religious school. Students in the religious school participated in morning prayers and boys and girls were in different classes.

Measurement Instruments

The Disability Factor Scale-General (DFS-G). The DFS-G is a multidimensional measure of attitudes towards persons with disabilities and was developed by Siller et al. (1967) to investigate the structure of these attitudes. This Likert-type questionnaire consists of 69 items with six response categories for each item ranging from strong agreement with the item's content to strong disagreement. High scores on this scale represent positive attitudes. By means of a factor analysis with a number of different samples, including high school students, Siller et al. investigated the structural validity of the scale. The following seven factors were found with considerable consistency across samples.

1. Imputed Functional Limitations (IFL)—a low evaluation of the ability of persons with disabilities to cope with their environment (7 items). For example: "A person missing an arm or leg can function well with an artificial limb."
2. Rejection of Intimacy (RI)—rejection of close relationships, especially the formation of family relationships with persons with disabilities (7 items). For example: "I would never adopt a child who is blind."
3. Generalized Rejection (GR)—a pervasive negative and derogatory verbal policy towards persons with disabilities that includes reasons for isolating them from society (7 items). For example: "Blind people and normal people can't really understand each other."
4. Inferred Emotional Consequences (IEC)—intense hostile references to the character and emotions of persons with disabilities (7 items). For example: "Deaf people are usually suspicious."
5. Authoritarian Virtuousness (AV)—an extreme, apparently positive approach that attributes exceptional superior qualities to persons with disabilities, but is really rooted in an authoritarian tendency to demand special treatment for them that isolates and alienates them (9 items). For example: "Blind people have unusually good memories."
6. Distressed Identification (DI)—an excessive sensitivity to persons with disabilities accompanied by the tendency for the presence of such persons to evoke anxiety concerning one's own physical vulnerability (11 items). For example: "When I see an amputee I can't help thinking how it must feel to have a stump."
7. Interaction Strain (IS)—feeling of discomfort in the presence of persons with disabilities and uncertainty regarding the appropriate behaviour to adopt with them (5 items). For example: "I feel uneasy when I'm near someone missing an arm or leg."

A number of investigations in the United States have supported the reliability and validity of the questionnaire and its subscales. Weisel, Kravetz, Florian, and Shurka-Zernitsky (1988) used Brislin's (1980) back translation technique to adapt

the questionnaire to Hebrew and then examined its construct validity and found seven factors similar to those described above. As a result of Weisel et al.'s study, 10 items that lacked sufficiently high factor loadings on one of these seven factors were dropped. Therefore, the Hebrew version of the questionnaire includes 59 items distributed among the seven factors. The coefficients of internal consistency as estimated by Cronbach's alpha ranged from .56 to .81 with four factors having reliabilities of .70 or above.

Level of religious affiliation. In addition to the classification of the participants according to the type of school they attended (i.e., secular or religious school) a measure of religious affiliation was used. Developed by Ben-Meir and Kedem (1979), this questionnaire is based on the theoretical claim that religious affiliation varies among members of each group. In other words, secular Jews in Israel observe some of the Jewish traditions and keep some of the religious rules. Religious people vary as well in term of the degree to which they observe the religious rules and demands. The questionnaire consists of 18 items, each referring to a specific religious rule. Each participant was asked to indicate whether or not they observed the particular rule. The sum of positive items indicates the degree of religious affiliation with a higher score representing a higher degree of affiliation. Based on the data of the present study a coefficient of internal consistency (Cronbach's alpha) of .94 was obtained for the whole sample, .85 for the secular group, and .52 for the religious group. The relatively low alpha for the religious group is due, perhaps, to the small variance of this measure within this group.

Level of dogmatism. An Hebrew version of Rokeach's (1960) dogmatism questionnaire was used. The original version included 20 items that were translated into Hebrew by Green (1975) who reported an internal consistency coefficient of .71. Based on the data of the present study an alpha of .60 was obtained for the whole sample, .70 for the secular group, and .50 for the religious group. The questionnaire included such items as "I'll be happy if I find someone who can tell me how to solve my personal problems" and "There are people I hate because of the opinions and ideas they express."

Procedure

After permission was obtained from the principals of the schools, the questionnaires were administered to the participating students in their classrooms. They were told that the investigation was designed to collect opinions of adolescents on a number of social issues. Administration of the questionnaires required about 40 min, subsequent to which the first author answered various questions from the participants and conducted a general group discussion about attitudes towards persons with disabilities.

Results

In order to examine the attitudes of secular and religious Israeli participants mean scores were calculated for each participant on each of the seven attitude scales.

Scores were calculated by dividing the sum of each scale by the number of items on the scale. Scores on dogmatism and level of religious affiliation were calculated in a similar fashion. Table I presents the means and standard deviations of the two groups.

First it should be noted that the mean attitude scores of both groups of participants were in the higher part of the range (1 to 6). All the mean scores were higher than 3.07 and most of them were above 3.30. Mean scores of two scales, Rejection of Intimacy (RI) and Inferred Emotional Consequences (IEC), were above 4. The means on Generalized Rejection (GR) were especially high (above 5). Similar results were reported by Siller et al. (1967) for US students and by Weisel et al. (1988) for Israeli high school students.

A comparison between the secular and religious groups yielded, as expected, a significant difference in their level of religious affiliation ($t = 17.76, p < .01$), but not in dogmatism.

In order to compare the two groups' attitudes towards persons with disabilities a multivariate analysis of variance (MANOVA) was conducted. Group membership (secular vs. religious) and Gender were the two independent factors and the seven attitudes scales were the dependent variables. A significant effect for group membership was found, Hotelling = .13, $F(7, 124) = 2.38, p = .03$, Partial $\eta^2 = .12$. The value of the partial η^2 indicates a medium effect size (Cohen, 1977). Group membership independently explained 12% of the variance of attitudes. The effects of gender and of the interaction of group membership and gender were not significant, Hotelling = .04, $F(7, 124) = .73, p = .65$; Hotelling = .04, $F(7, 124) = .67, p < .70$, respectively). These results did not change when a similar MANOVA was conducted in which dogmatism was statistically controlled. The absence of a significant main effect for gender suggests that it is unlikely that the relatively higher percentage of males in the religious group affected the results related to attitudes. Analysis of variance of each of the seven attitude scales showed that secular participants expressed more positive attitudes than religious participants on the Generalized Rejection (GR) scale, $F(3, 133) = 5.56, p = .02$, Partial $\eta^2 = .041$ and on the Authoritarian Virtuousness (AV) scale, $F(3, 133) = 5.23, p = .02$, Partial $\eta^2 = .039$.

Pearson correlation coefficients were calculated for each group and for the whole sample in order to examine the relationships between level of religious affiliation and dogmatism and attitudes. The results are presented in Table II, which shows that there were differences between the two groups in the correlations among the variables. In the religious group, dogmatism was found to be negatively correlated with only two attitude scales, Imputed Functional Limitations and Inferred Emotional Consequences, and these correlation coefficients were small. However, in the secular group, dogmatism was negatively correlated with six out of the seven scales and the coefficients ranged from $-.31$ to $-.58$. It can be concluded that those participants who tended to have higher levels of dogmatism tended to express more negative attitudes towards persons with disabilities and these relationships were more pronounced among the secular group.

Level of religious affiliation was not found to be a good predictor of attitudes. It

TABLE I. Means and (standard deviations) of attitudes toward persons with disabilities, level of religious affiliation and dogmatism of the two groups

Attitudes towards persons with disabilities	Religious						Secular				F (G × S)
	Boys (n = 57)		Girls (n = 26)		Total (N = 83)	Boys (n = 20)		Girls (n = 31)		Total (N = 51)	
	Mean	SD	Mean	SD	Mean	Mean	SD	Mean	SD	Mean	
Imputed Functional Limitations	4.20 (.71)	4.26 (.64)	4.21 (.69)	4.12 (.78)	4.40 (.64)	4.29 (.70)	.05	1.70	.70		
Rejection of Intimacy	4.11 (1.09)	4.23 (.87)	4.14 (.99)	4.04 (1.16)	4.34 (1.05)	4.22 (1.09)	.01	1.21	.22		
Generalized Rejection	5.14 (.67)	5.08 (.44)	5.12 (.60)	5.20 (.51)	5.53 (.49)	5.40 (.51)	5.56*	1.53	3.24		
Inferred Emotional Consequences	4.46 (.64)	4.41 (.66)	4.44 (.64)	4.35 (.86)	4.50 (.76)	4.44 (.79)	.00	.17	.61		
Authoritarian Virtuosity	3.12 (.55)	3.22 (.69)	3.15 (.60)	3.45 (.79)	3.43 (.56)	3.43*	5.23**	.13	.29		
Distressed Identification	3.44 (.98)	3.30 (.72)	3.40 (.91)	3.349 (.59)	3.21 (.87)	3.32 (.78)	.02	1.66	.17		
Interaction Strain	3.23 (.49)	3.21 (.69)	3.22 (.46)	3.07 (.40)	3.23 (.46)	3.17 (.44)	.70	.77	1.23		
Level of religious affiliation	.96 (.05)	.89 (.08)	.93 (.07)	.40 (.23)	.43 (.17)	.42 (.19)	412.53***	.77	3.61		
Dogmatism	3.29 (.42)	3.46 (.43)	3.65 (.43)	3.39 (.62)	3.45 (.42)	3.56 (.50)	.26	1.83	.52		

Note. G = Group membership, S = Sex.

* $p < .05$ *** $p < .001$.

TABLE II. Pearson correlation coefficients between attitudes toward persons with disabilities and level of religious affiliation and dogmatism

Attitudes towards persons with disabilities	Religious (<i>n</i> = 83)		Secular (<i>n</i> = 51)		Total (<i>n</i> = 134)	
	Level of religious affiliation	Dogmatism	Level of religious affiliation	Dogmatism	Level of religious affiliation	Dogmatism
Imputed Functional Limitations	.04	-.26*	.00	-.44**	-.05	-.33***
Rejection of Intimacy	-.03	-.03	.00	-.36**	-.04	-.18*
Generalized Rejection	-.01	-.20	-.30*	-.48**	-.27*	-.32***
Inferred Emotional Consequences	.04	-.28*	-.13	-.58**	-.03	-.42***
Authoritarian Virtuosity	-.09	.05	-.16	-.46**	.23*	-.25**
Distressed Identification	.12	-.21	.17	-.31*	.11	-.24**
Interaction Strain	.03	.10	-.07	-.10	.04	.02
Religious affiliation		-.02		.26*		

p* < .05 *p* < .01 ****p* < .001.

was not related to any of the attitude scales among the religious participants and to only one attitude scale among the secular group. These findings might be related to the small variance of the level of religious affiliation, especially among the religious group. When the total sample was considered, level of religious affiliation was associated with Generalized Rejection and Authoritarian Virtuousness and these findings confirm the results of the MANOVA mentioned above.

Discussion

The main goal of the present study was to compare attitudes of religious and secular Israeli adolescents towards persons with disabilities. In general, the results showed that secular participants expressed more positive attitudes than the religious participants. These findings are in line with Florian (1977) who found that non-religious Muslim and non-religious Jewish high school students expressed more positive attitudes than their religious counterparts, and with Feldman's (1976) findings that non-religious community leaders expressed more positive attitudes than religious ones.

It should be noted, however, that the differences between the two research groups were found only with regard to two attitudes scales, Generalized Rejection (GR) and Authoritarian Virtuousness (AV). Both secular and religious participants had relatively high mean scores on the GR scale (above 5) when the maximum score is 6. However, it is still possible to relate the difference between the two groups on this scale to the religious perception of persons with disabilities. The GR scale includes item such as "People with cancer ought to be kept apart from the normal community" and "There should be laws against marriage between two amputees." The scale measures the tendency to support segregation and isolation of persons with disabilities, a tendency that is associated with marginalisation of these persons. This tendency is justified by the need to protect the persons with the disabilities and to care for their welfare.

The integration of persons with disabilities into the general society has been strongly advocated in many countries during the last two decades. This can be seen in recent US legislation (i.e., Public Law 94-142, 1975; Public Law 105-17, 1997), in the Israeli Special Education Law (1988), and in similar legislation in other countries (Mazurek & Winzer, 1994). These policies emphasise integration, mainstreaming, and inclusion. The general emphasis on integration expressed itself in the relatively high mean scores on the GR scale of all the participants of the present study. Still, it seems that religious participants were less affected by this development than the secular ones. This difference is in accordance with the religious perception that persons with disabilities are a different social group who do not enjoy equal rights, deserve protection, and should be segregated from the community (Abberley, 1987; Fitzgerald, 1997; Riordan & Vasa, 1991; Rose, 1997).

Another scale on which secular participants expressed more positive attitudes than religious participants was Authoritarian Virtuousness (AV). This scale can be considered as an indirect measure of attitudes since its items include statements that attribute extremely positive characteristics to persons with disabilities or express

highly positive attitudes. For example, "Persons with an amputation develop special intellectual abilities" and "When I know that a child is deaf I have especially warm feelings towards him." In spite of the positive tone of these statements, the agreement with their content indicates a negative attitude and a paternalistic and authoritarian approach (Siller et al., 1967). The interpretation of the agreement with the AV items as an expression of negative attitudes was supported by previous research, as well as in the present study, when positive correlations were found between AV and other attitude scales (Livneh, 1985; Siller et al., 1967; Weisel et al., 1988; Weisel & Florian, 1990). In other words, it was consistently found that those participants who tended to express negative attitudes towards persons with disabilities tended also to agree with statements that describe persons with disabilities as having extreme positive characteristics. Because of the positive "tone" of the items on this scale, it is influenced less than other scales by social desirability (Weisel et al., 1988).

In the present study, religious Israeli participants tended to attribute extremely positive characteristics to persons with disabilities, more so than their secular counterparts. This tendency indicates an unequal perception of persons with disabilities. They are seen as persons who should be approached and treated by different and special standards and be evaluated by different and special criteria. It is possible also that the perception of persons with disabilities as having extreme positive characteristics is an expression of pity (Rose, 1997) which goes hand in hand with a consideration of these people as having inferior social status and rights (Kokaska et al., 1984; Roth, 1983).

Another of Siller et al.'s (1967) arguments is related to the defensive nature of AV-type attitudes. According to this argument, participants may reduce their anxiety and discomfort arising from the presence of a person with a disability, or even from the mere thought of such a person, by changing a negative response into a positive one. If indeed, disability is a punishment from God and associated with sin, it might arouse more anxiety among religious than among secular people. This assumed higher level of anxiety can explain their need to engage in a reversal process. In spite of the fact that the defensive nature of the AV scale was empirically validated in previous research (e.g., Riger-Sobel, 1991; Siller, 1984) the interpretation of the present study's results according to this line is still somewhat speculative since there were no differences between the two groups on most of the other scales of the DFS-G and since the level of anxiety was not directly measured.

The two groups in the present study did not differ in their scores on dogmatism and therefore dogmatism does not seem to be a good explanation for the differences in attitudes. However, dogmatism was found to be negatively associated with attitudes towards persons with disabilities. These findings add to previous research that presented similar results with regard to persons with disabilities (see review in Cloerkes, 1981) and with regard to other minority groups (e.g., Altemeyer & Hunsberger, 1992; Hunsberger, 1995; Hunsberger et al., 1999).

The relationships between dogmatism and attitudes towards persons with disabilities were more pronounced among the secular participants than among the religious participants. Those secular participants who tended to be more dogmatic expressed

more negative attitudes on six out of the seven scales of the attitude questionnaire. Only two attitude scales were similarly associated with dogmatism among the religious participants, Imputed Functional Limitations (IFL) and Inferred Emotional Consequences (IEC). Siller (1984) suggested that IFL is related to the defense mechanisms of intellectualisation and rationalisation and both scales, especially IEC, are related to projection, that is, the tendency to attribute specific characteristics to the target of the attitudes. However, it is not possible to conclude that among the religious participants these defense mechanisms are more dominant in their effect on attitudes. Therefore it is difficult to explain why the two scales of IFL and IEC were associated with these particular attitudes rather than other scales.

As was mentioned before, dogmatism was not found to be consistently associated with the attitudes of the religious participants. One explanation of this may be the possible heterogeneity in the religious orientation of the religious participants (Hunsberger, 1995). Allport and Rose (1967) distinguished between extrinsic and intrinsic religious orientation. Other researchers have focused on the ways religious beliefs are held by religious individuals and their readiness to change these beliefs (Altemeyer & Hunsberger, 1992; Batson, Schoenrade, & Ventis, 1993). Consequently, a fanatic religious orientation can be distinguished from a search-dominated religious orientation. Individuals with different religious orientation might have different levels of dogmatism. It is therefore possible that the specific religious orientation of the participants, and not just their religious affiliation, are related to dogmatism (Hunsberger, 1995). If the religious participants of the present study included individuals with different religious orientations, this might explain the weak association between dogmatism and attitudes towards persons with disabilities among the religious group. Future research on religious orientations might shed more light on these explanations.

The attempt to explain participants' attitudes towards persons with disabilities by the participants' level of religious affiliation, in addition to the type of schools they attended (religious vs. secular), did not yield significant results. This is perhaps due to the very small variance of the predictive variable, especially within the religious group. The single significant correlation among secular participants between level of religious affiliation and Generalized Rejection (GR) ($r = -.30, p < .05$) suggests that the more religious the person, the greater the tendency to isolate persons with disabilities and to treat them in an unequal manner. However, this weak-to-moderate association does not allow any generalisation about the relationships between level of religious affiliation and attitudes.

One of the by-products of the present research is related to the effect of gender on attitudes. Previous research found either that females expressed more positive attitudes than males (e.g., Florian, 1977; Horne, 1988; Livneh, 1982, 1988) or that there were no differences (e.g., Patterson & Pring, 1991). The findings of the present study support the latter and not the former results.

The results of the present study should be considered with caution for several reasons. First, the participants were students in only one religious and one secular school in a small Israeli town and therefore the generalisation of the findings might be limited. Second, the participants were all Jews. Members of other religions should

participate in future studies in order to evaluate the generalisability of the present study results. Third, although all the original forms of the questionnaires that were used in the present study had acceptable levels of internal consistency, some of them (i.e., level of religious affiliation, dogmatism) were found to have relatively low alpha coefficients for the religious group. Fourth, the effect size of group membership on attitudes was medium but the effect sizes related to specific attitude scales (i.e., GR and AV) were small. Although all these effects were statistically significant, further studies are needed in order to validate and confirm these findings.

In sum, the results of the present study of Israeli high school students showed that secular participants tended to express more positive attitudes than religious participants, especially on two attitude scales, GR and AV. Dogmatism did not explain group differences although it was found to be related to attitudes, especially among the secular participants. Future research focusing on the characteristics that differentiate between religious and secular individuals, as well as on various groups of religious individuals, will help to gain a better understanding of the origins of the differences in attitudes towards persons with disabilities of religious and secular individuals.

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