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Prejudicial Attitudes towards Weight and Disability in Relation to One's Psychological Well-Being in a Sample of Lebanese University Students

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Abstract

The purpose of this study was to examine the relationship between one's prejudicial attitudes mainly weight and disability bias and one's own psychological well-being even after controlling for demographics and personal characteristics, mainly self-esteem and religiosity in a sample of Lebanese university students. 189 Lebanese university students of both sexes aged 18 to 38 participated in this study and completed the questionnaire pack that was formed of the demographics sheet, the Rosenberg Self-Esteem Scale, the Ryff Psychological Well-Being Scale, the Revised Anti-Fat Attitude Scale, and the Attitude towards Disabled People Scale. The results showed a significant relationship between one's psychological well-being and holding prejudicial attitudes towards weight and physical disability. As suspected a correlation between these two types of prejudicial attitudes was also found further verifying the presence of a prejudicial syndrome. The unsuspected finding was the absence of variance between males and females concerning prejudicial attitudes.

Prejudicial Attitudes towards Weight and Disability in Relation to One's Psychological Well-Being in a Sample of Lebanese University Students

During the past century, the world has witnessed a massive change in its understanding of the concept prejudice (Baumeister & Finkel, 2010). This change encompassed the way prejudice was defined as well as the basis of how acts, thoughts and feelings were identified as biased. The focus now is on the existence of a type of prejudice that characterizes modern society, which is referred to as subtle prejudice (Baumeister & Finkel, 2010). Prejudice, which is defined by Allport (1954) as an antipathy based upon a faulty and inflexible generalization, changed from its harsh and direct form to adapt to contemporary values of acceptance and anti-discrimination; traditional forms of prejudice are characterized by feelings of resentment and hatred which transformed with time into more subtle versions characterized by feelings of discomfort, disgust and anxiety (Castro, 2010). For a better understanding of prejudice, it must be differentiated from stereotypes and discrimination; stereotypes are cognitive components that develop into feelings and emotions of prejudice which are expressed behaviorally through discrimination (El Jarrah, 2007).

There are different types of prejudiced acts, each targeting a certain characteristic in a person, such as religion, ethnicity, race and other demographics. For instance, with the current rise of the Islamic State of Iraq and Syria and the terrorist attacks around the world, a huge surge of hatred towards Muslims in general has been exposed. Hate crimes around the world have soared, from the US to France and the UK. Several other forms for prejudice and discrimination are also occurring around the globe. In Russia, hate crimes against homosexuals and trans-genders are seen to be defended by law (Huffington Post, 2015). Another prejudiced act, based on ethnicity this time, concerned Syrian refugees on the Serbian border where a Hungarian camera women was caught kicking refugees and tripping a Syrian man fleeing from the police and carrying his child (Ensor, 2015). Last, but not least, weight bias is one of the most common forms of discrimination at the present time. Overweight people are ignored, verbally

abused, mocked, filmed on the streets, and worst of all shamed in an attempt to motivate weight loss (Poulter, 2015).

Many studies have shown how prejudice affects people's psychological well-being on the receiving end. Psychological well-being is defined by Ryff as one's active development and coping with life's difficulties (Gulacti, 2014). However, little research has been done on whether or not prejudice affects the psychological well-being of individuals who hold prejudiced sentiments against others (Dinh et al., 2014). A recent study done by Dinh and his colleagues (2014) the relationship between prejudicial attitudes and well-being was studied from the perspective of people harboring such attitudes. Results of this study showed that even after accounting for the effects of demographics and personal characteristics such as religiosity and self-esteem on psychological well-being, holding different prejudiced attitudes contributed significantly to the formulation of well-being. Extracting from Dinh's study, this study will investigate the relationship between psychological well-being and two specific forms of prejudicial attitudes, namely, motor/ visual disability and weight among a sample of Lebanese university students.

The reason it is so important to study prejudice in relation to its effects on the psychological well-being of the host, is the possibility of showing society as a whole and prejudiced people in specific how harmful prejudice is on the health of the beholder and the receiver of such negative attitudes. Proving that holding prejudiced beliefs can be detrimental to one's own psychological well-being might be the first step in decreasing prejudice. The purpose of focusing specifically on these two types of prejudicial attitudes, weight bias and disability bias, relates to the high expectations that are placed on physical appearances for both genders in the Lebanese society, especially, the youth. For instance, Lebanese university women consider the importance of looking good as a daily necessity and routine; their priorities range from the straightened hair, the unscratched nail polish, the new outfit every single day as well as the obsessions with being thin all the time (Matar, 2014). A documentary done in 2010 showed that one in three Lebanese women has undergone at least one plastic surgery (Matar, 2014). Lebanese men also place appearance as a priority; while women strive for beauty, men

strive for fit and muscular bodies. Acknowledging the importance of appearances in the Lebanese society, the two prejudicial attitudes chosen for this study are weight bias and disability bias, which are concealed within accepted behaviors and standard social norms in Lebanon. After accounting for demographics and personal characteristics; the effects of these prejudiced attitudes on the psychological well-being of the host will be the main focus of this study. The following paragraphs further discuss the dependent variable: psychological well-being and the independent variables: prejudicial attitudes specifically disability bias and weight bias.

Background of the Study

Psychological Well-being

Psychological well-being in this study is viewed as a complex combination of variables that surpass emotions of happiness; it is the combination of abilities and skills that aid in the positive persistence through daily struggles (Khumalo et al., 2012). As stated above, psychological well-being is defined by Ryff as one's active development and coping with life's difficulties (Gulacti, 2014).

Psychological well-being is a huge factor of overall health in individuals of all ages. The lack of psychological health and functioning paves the way for understanding mental illnesses and disorders. University students have been the recent target population among many studies because of the massive change they experience in their social, economic, family, and demographic factors as well as an increase in various kinds of pressure and stress (Hamdan-Mansour & Marmash, 2007). Understanding some of the factors that have an effect on the psychological well-being of Lebanese university students, precisely the effects of holding prejudiced beliefs on one's psychological well-being is the basis of this study. Investigating this relationship on Lebanese university students will result in a prevue about the mentality of future adults in Lebanon.

Psychological Well-being and Prejudice

Countless studies have tested the relationship between prejudice and PWB from the receiving end. Whether the focus was racism, sexism, ageism, discrimination in the workplace, disability bias, or weight discrimination; all result in a negative affiliation with PWB. For instance, a study done with a sample of immigrants in Finland concluded that everyday racism and ethnic discrimination was greatly predictive of psychological health (Jasinskaja-Lahti et al., 2006). A similar study in the US showed that 76% of the outcomes examined relate racial discrimination with psychiatric illnesses such as depression and anxiety (Priest et al., 2013). Women, lesbians, gays and bisexuals experiencing sexism have reported more psychosocial distress; including depression, suicidal ideation, lower self-esteem and post-traumatic stress symptoms; compared to those who don't (Szymanski & Henrichs-Beck, 2014). 837 working women in Sweden participated in a study on sexism that revealed, an unequal division of household chores between partners; women being the ones taking on more chores; results in stress, fatigue and psychosomatic symptoms (Eek & Axmon, 2015). Ageism in the workplace affected the youngest and the oldest in the sample considered, with women experiencing more negative attitudes (Taylor et al., 2013). 1,596 participants in an Australian study showed that everyday discrimination in the work place predicted job satisfaction and hence PWB (Taylor et al., 2013). Disability bias and the low expectations that are attached to people with disabilities are very harmful for they hinder people's chance to reach their full potential (National Disability Authority, n.d.). Similarly, weight bias does not motivate obese people to lose weight, but pushes them to carry on with the downward spiral of feeling bad and consuming fattening foods, plus holds them back from participating in health-promoting activities (Lewis et al., 2011). People experiencing weight discrimination blame themselves for the stigmatizing situations and start avoiding people and places to escape prejudice (Lewis et al., 2011). Even perceived prejudice, or the belief that one is being discriminated against, predicts symptom of depression and anxiety better than demographics and general stressors (Sawyer et al., 2012). Just imagining a prejudiced stimulus is enough to cause a physiological stress response (Sawyer et al., 2012).

In conclusion, extensive research has been done on the effects of prejudice and perceived discrimination on well-being, precisely on individuals receiving that type of prejudice. However, very little research has been done to understand the effects of holding prejudiced beliefs on one's own PWB (Dinh et al., 2014). Recent studies demonstrate that psychological health is affected by one's prejudice. For instance, a study done on a sample of white undergraduate and graduate students in the US showed that anxiety had a direct effect on prejudiced attitudes, which in turn had an effect on self-esteem and well-being (Utsey et al., 2002). An older study by Hightower (1997) demonstrated that tolerant individuals had better psychological well-being compared to racist individuals. Furthermore, another study indicated that dominant groups also pay psychosocial costs of prejudice; such as shame, guilt, and irrational fear (Spanierman et al., 2009). Finally, the study done by Dinh and colleagues (2014) on 495 undergraduate students from the northeastern part of the US revealed a negative correlation between prejudicial attitudes and psychological well-being, i.e. individuals who scored high on prejudice, scored low on their own psychological well-being test. More details related to this study will be discussed in the proceeding paragraphs.

Psychological Well-being and Weight Bias

With the increased attention to weight and body fat in today's society and media, an increase in weight bias and discrimination is also observed (Gumble & Carels, 2012). Weight bias is defined as prejudice or discrimination against overweight or obese individuals (Anti-Defamation League, 2014). Body image has become a source of anxiety as a result of the huge importance our society is placing on body shapes and sizes (Catikkas, 2011). 301 female university students aged 18 to 25 in Turkey reported that 66.7% were skipping at least one meal a day and 70% wanted to lose weight and are on a diet (Yildiza et al., 2011).

Few studies have been done in the Arab world on the significance of weight and eating habits. In 2008, 20.5% of Palestinian teenagers stated they were dissatisfied with their body weight despite not being overweight (Tavitian, 2012). In a study with a sample of 326 adolescent girls in Jordan, 40.5% of participants showed abnormal eating behaviors (Tavitian, 2012). Eating disorders have a prevalence of 33.1% to 49.1% in adolescents aged 15-18 in the

UAE (Musaiger et al., 2014). A study in Saudi Arabia presented 41% of 663 participant university students wanted to be thinner; and economic factors such as monthly income and number of cars owned were positively related with wanting to be thinner (Khalaf et al., 2015).

In Lebanon, 954 students aged 16 to 20 exhibited that females are more likely to pursue weight loss and dieting although not overweight (Tavitian, 2012). A study done on Lebanese university students in 2006 showed that 6.1% of participants engage in risky dieting behavior; shown by females more than males (Tavitian, 2012). Another study also showed Lebanese students' desire to lose weight and reported that females are ten times more likely to view themselves as overweight although body mass index shows otherwise (Tavitian, 2012). Out of 252 students at the Lebanese American University, 36% were worried about their weight and body image (Sukariyah & Sidani, 2014). A similar study verified the relationship between body image dissatisfaction and dysfunctional eating behaviors in 184 female Lebanese university students who participated in the study in 2009 (Younes, 2010). Another study in which 2,013 students from five different Lebanese universities were surveyed, 12.4 % use medications such as laxatives and diet pills, while 10.8% forced themselves to throw up after eating to lose weight (Now News, 2009).

Such increase in the focus on weight and body image in Lebanese university students over the years has internalized into their beliefs and cognitive schemas. Even obese individuals internalize weight prejudice and prefer thin individuals (Marini et al., 2013). This internalization of weight prejudice and the possible negative attitudes Lebanese university students hold against weight gain and "fat" people will be examined in this study. The study referred to previously by Dinh and colleagues (2014) shows that weight bias is negatively correlated to one's own depression and general health. Dinh's main purpose was investigating the relationship between prejudicial attitudes, namely, racism, sexism, disability bias, weight bias, and anti-immigrant sentiment and psychological, social and physical well-being. His subsequent purpose was exploring the links between the different types of prejudicial attitudes and their connection to demographics and personal characteristics. Personal characteristics were limited to self-esteem and religiosity since both were shown to be correlates of prejudiced attitudes;

religious individuals as well as the individuals with low self-esteem held more prejudiced beliefs (Dinh et al., 2014). Psychological well-being was examined through a depression scale, mainly the BDI scale. 495 students were included in the study with a mean age of 19.40 ranging from 18 to 56. Results showed that after accounting for demographics and personal characteristics, weight bias was a significant predictor of depression. The most interesting finding in Dinh's study was the correlations between different types of prejudiced attitudes, suggesting the probability of a prejudicial syndrome. For example, the relation between weight bias and physical disability bias of $r=.53$ and $p<.001$ shows that there is a link between those two prejudiced attitudes, probably the physical aspect. Taking into account Dinh's (2014) conclusions, this proposed study will investigate the relationship between weight bias and well-being on a sample of Lebanese university student.

Psychological Well-being and Physical Disability Bias

According to the Lebanese Ministry of Affairs and the World Health Organization, the percentage of disabled individuals in Lebanon estimates between four and seven percent (IGSPC, 2012). In 2009, the percentage of disability for men 63.13% was higher than that for women 36.87% (IGSPC, 2012). Other results showed that the age group between 35 and 60 had the highest percentage of disability; and motor disability stands at 54.4% (IGSPC, 2012).A report, by several NGOs in Lebanon, shows that the disabled in Lebanon are marginalized in both the educational and vocational sectors (IRIN, 2006). Disability laws are not being enforced and people with disability in Lebanon face hardship every day (Anderson, 2015). From the inability to enter schools and universities because they are not handicap accessible, to the inability of getting a job or being stuck in routine jobs and being paid less; not to mention inaccessible buildings with no elevators or no proper side-walks and no handicapped parking spaces (Anderson, 2015). Above all that, Lebanese people with disabilities face discrimination and prejudice on the daily.

Considering the increasing number of disabled individuals in Lebanon and their unattainable rights, it is important to examine the attitudes of societies' youth towards such individuals. Change on the over-all level must start on an individual level. Stereotypes that

accompany disabled individuals are that of dependence, unworthiness, and helplessness which reflect back on the chances disabled individuals have in reaching their full potential and participation in the Lebanese society (NDA, n.d.). The "Multinational Study of Attitudes" done in 10 countries with a sample of 8,000 participants showed that attitudes towards the disabled across cultures are mostly negative (Special Olympics, 2003). Similarly, Lebanese students' attitudes towards disabled individuals is predicted to be negative.

Demographics and personal characteristics; mainly self-esteem and religiosity; have been linked to negative attitudes towards the disabled. Studies done by Yuker show that females have a better view towards the disabled than do males (Getahew, 2011). While other studies show no difference according to gender (Getachew, 2011). Higher levels of education have been related to more favorable attitudes towards disabled individuals (Getachew, 2011). Another study shows that students with majors in social sciences have better attitudes than students from other majors (Getachew, 2011). Also, a study done by Keller and Siegrist shows a positive correlation between high self-esteem and positive attitudes towards the disabled (Getachew, 2011). Likewise, the study done by Dinh et al. (2014) demonstrates that gender and self-esteem were significantly correlated to disability bias.

Disability bias is any prejudice or discrimination against people with disabilities; however, only motor and visual disabilities will be included in this study. Since physical disabilities are easy to spot and identify, the focus of disability in this study will be physical disability and not cognitive and mental disabilities (Getachew, 2011). Motor disabilities signify any disability with movement difficulties while visual disabilities indicate any visual impairment. As with weight bias, physical disability bias is expected to be significantly negatively correlated with psychological well-being even after accounting for the effects of demographics and personal characteristics on psychological well-being. This prediction is in line with Dinh's (2014) study that was discussed previously in this proposal.

Prejudicial Attitudes and Gender

Out of all the demographics included in Dinh's study, gender was a prominent variable in both weight and disability bias. As stated in the studies above and based on the results of

Dinh's study, males are expected to show higher levels of prejudicial attitudes particularly weight and physical disability biases. In addition to Dinh's study, other studies done by Perez-Lopez and colleagues (2001) and Brochu and Morrison (2007) on anti-fat attitudes also showed that men in both studies held more negative attitudes towards weight than women. Studies on university students' attitudes towards the disabled also show that females hold a more positive attitude than men. 338 university students who participated in the study done by Seo and Chen (2009) showed that females have more positive attitudes towards the disabled than do men. Likewise, the study done by Anuar (2013) on 575 undergraduate students showed the same results. Furthermore males are also expected to report lower levels of PWB compared to females since psychological well-being is predicted to be negatively correlated to prejudicial attitudes.

In our patriarchal society, increased pressure is put on women and men to conform to societies' expectations and gender roles. Studies show that people who hold traditional male roles and ideologies are more prone to hold prejudicial attitudes since they have not only internalized societies' gender roles but societies' stereotypes as well (Perez-Lopez et al., 2001). Since Lebanon is a patriarchal society, the same relationship between gender and prejudicial attitudes is expected. Lebanese women are suspected to question gender roles and stereotypes since they are victims of such matters; and since women are by nature more emotionally oriented than men, they are expected to show lower levels of prejudice against others.

However, compared to university students from the US, Lebanese university students are suspected to show higher levels of prejudice. For several years now, the media has exposed Lebanon's prejudiced nature from racism against blacks and domestic workers to discrimination against Syrians and the inhumane ways Lebanese people talk about and treat Syrians (Abdallah, 2015). For example one of many discriminating acts is the reinforcement of curfews that prohibit Syrians from leaving their homes after certain hours of the night (A separate state of mind, 2015).

Statement of the Problem

Therefore, and based on the above discussed literature, this study will investigate the following hypotheses.

Research Hypotheses

1. Weight bias and disability bias are predicted to correlate negatively with psychological well-being after controlling for demographics and personal characteristics, specifically self-esteem and religiosity.
2. Male students will score higher on prejudicial attitudes of weight and disability compared to female students.
3. Weight bias will be positively correlated with disability bias.

Significance of the Study

The findings of this study will contribute to society as a whole since prejudice is a social phenomenon. By verifying that prejudiced attitudes affect psychological well-being of the host, the change in ideology towards prejudice will occur naturally. Change requires an intervention, and since humans generally tend to escape anything that harms their individual well-being, the results of this study will be one of the first steps needed for such an intervention. When prejudice is viewed as harmful for both targets and hosts, everyone will benefit (Dinh et al., 2014). The results of this study will also aid in the development of prevention programs targeting the reduction and elimination of prejudice (Dinh et al., 2014).

Since such studies are scarce in the Arab world, the Lebanese society will also benefit, as this study will produce tangible results of prejudiced attitudes among university students, specifically weight bias and disability bias which will open the door to more research targeting such issues. Similarly, among the research implications of such a study is the further verification of a prejudicial syndrome as implied by Dinh. Decreasing a form of prejudice will lead to the decrease of other forms. The results of this study will help create a more complete image of prejudice; the presence of a prejudice syndrome as well as the comprehensive effects of harboring prejudice.

Overview of Methodology

This is a quantitative study utilizing correlational and regression analyses to determine the relationship between prejudicial attitudes towards weight and disability and one's psychological well-being. Three questionnaires that target weight bias, disability bias and psychological well-being were combined with the self-esteem questionnaire and the demographic sheet that included the self-rating religiosity scale and distributed to around 200 Lebanese university students constituting a convenient sample. The questionnaire pack included 105 items and was printed on paper to be filled by hand. Participants were debriefed that this questionnaire is part of an MA thesis requirement before filling the questionnaire willingly. Participants were at least 17 years old, undergraduate or graduate students of both sexes.

Delimitations

This study was conducted on Lebanese university students, specifically English speaking university students, and therefore cannot be generalized to all universities in Lebanon. Despite the fact that the questionnaires were anonymous and confidential, self-reporting and desirability bias may have influenced the results and lead to an under-reporting of prejudicial attitudes.

Definition of Terms

Psychological Well-being: one's active development and coping with life's difficulties (Gulacti, 2014). Personal characteristics and demographics are main aspects of psychological well-being.

Prejudice: an antipathy based upon a faulty and inflexible generalization (Allport, 1954).

Weight Bias: any prejudice or discrimination against overweight or obese individuals (Anti-Defamation League, 2014).

Disability Bias: any prejudice or discrimination against people with disabilities (University of Mary Washington; 2015); motor and visual disabilities only are included in the definition of disability in this study.

Chapter 2

Review of Literature

The purpose of this study is to observe the relationship between psychological well-being, weight bias and disability bias among university students in Lebanon. The research literature on psychological well-being, weight bias, and disability bias will be revised in this chapter in order to clarify and support the investigated hypotheses.

Psychological Well-being

Many have discussed psychological well-being through the subfields of psychology (Ryff & Keyes, 1995). Erikson, who worked in the field of developmental psychology and is known for his theory of psychosocial development and the developmental stages, debated that a healthy personality and sense of self is a result of a completion of the developmental stages (Mcleod, 2013). Failure to do so will result in an inability to complete further stages and hence an unhealthy ego (Mcleod, 2013). Allport who is known as a social psychologist, worked on personality tests, studied social issues such as the nature of prejudice, and developed his own humanistic theory including psychological maturity (Boeree, 2006). He stated that certain characteristics and traits must be present for the acquisition of psychological maturity, such as insight into one's behavior, the ability to trust others, as well as emotional security and self-acceptance (Boeree, 2006). In the field of humanistic psychology, Maslow's hierarchy of needs also refers to psychological well-being via self-actualization. Self-actualization is defined as the need for self-fulfillment and happiness, it is the motivating factor that helps human beings reach their full potential (Pursuit of happiness, 2016). The hierarchy of needs starts with the physiological needs as a base, followed by the needs for safety, love and belonging, and right below the need for self-actualization, Maslow talks about esteem which includes self-esteem, confidence, respect and achievement (Pursuit of happiness, 2016). According to Maslow, self-esteem must be achieved prior to the fulfillment of psychological well-being in the hierarchy of needs. Carl Rogers added to Maslow's work by expressing the importance of the environment on psychological well-being (Mcleod, 2014). Rogers talks about the fully functioning human being who is characterized by openness to experience, existential living, trust feelings,

creativity, and fulfillment (Mcleod, 2014). According to Rogers, a fully functioning human being is well balanced and well adjusted (Mcleod, 2014). Positive psychologist, Marie Jahoda, believed that mental health is not the mere absence of mental illness, and viewed psychological well-being as a function of society (Pursuit of happiness, 2016).

Carole Ryff's multidimensional model of psychological well-being, which is the model used in this study, includes six components that account for psychological well-being (Ryff & Keyes, 1995). The first is self-acceptance and summarizes one's attitude and satisfaction towards the self; the second is positive relations with others, basically one's social support system and one's ability to feel empathy and open up to others; the third is autonomy and sums up independence and the skill of thinking and acting in ways compatible with oneself while resisting social pressures; the fourth is environmental mastery or the sense of competence in effectively managing one's life and environment; the fifth is purpose in life that shows one's sense of direction and the meaning attached to personal life goals; the sixth and last subscale is personal growth and signifies development and change that are facilitated by the proficiency of opening up to new experiences and realizing one's potential and limits (Ryff & Keyes, 1995).

This model is based on the idea that strengthening one's skills and coping styles will generate a healthy psychological well-being hence diminishing distress (Moe, 2012). This study utilized the Ryff psychological well-being scale that consists of 6 subscales as explained above, and the combination of the scores on these subscales will constitute the score for psychological well-being. The higher the scores on the subscales, the better the manifestation of the six constructs and hence healthier psychological well-being.

Psychological Well-being and Correlates

Many variables play a role in the formulation of well-being, for example, personal characteristics such as religiosity and self-esteem; demographics such as age, gender, ethnicity, and socioeconomic status; and lastly environmental stressors. A study with a sample of Spanish university students, showed the positive relationship between mature and true religiosity and psychological well-being (Garcia - Alandete & Barnabas – Valero, 2013). Individuals who

regarded religion as a way of life and had faith in their religion showed healthier psychological well-being than those who identified themselves as religious only for name's sake (Garcia - Alandete & Barnabas – Valero, 2013). An Australian longitudinal study proved again the international connection found between adverse childhood experiences and negative psychological well-being (PWB) in later adulthood (Price-Robertson, 2010).

Concerning demographics, a study done in Africa focused on socio-demographic variables and their relations to PWB; the results showed that level of education, employment status and rural or urban living significantly affected PWB while gender and age showed no correlation (Khumalo et al., 2012). As one would predict, level of education and employment status are positively correlated with PWB; and since living in urban areas increases the quality of education and the availability of employment, urban living is associated with a better PWB (Khumalo et al., 2012). In Taiwan, women were found to be generally happier than men (Sivis-Cetinkaya, 2013). However, a study done in the Philippines on the effects of gender on PWB showed differences between sub-scores of the Ryff PWB scale; women scored higher on positive relations with others and purpose in life whereas men scores higher on autonomy (Sharma, 2014). In another study done in India, gender showed no significant impact on PWB (Sharma, 2014), whereas in America, a sample of 794 college students showed that men had a higher level of life satisfaction than women (Sivis-Cetinkaya, 2013). Regarding economic status, a study done in Turkey revealed that students with middle to higher financial status revealed an increased level of subjective well-being than those with lower statuses (Sivis-Cetinkaya, 2013). Self-esteem has also been related to psychological well-being; it is considered a protective factor of psychological well-being (Dinh et al., 2014). Rosenberg defines self-esteem as: "the attitude, whether positive or negative, that people have towards themselves" (Itani, 2011, p.5). Individuals who have a positive regard towards the self, generally have a positive regard towards others and accept others (Getachew, 2011). Self-acceptance and self-esteem are considered main components of psychological well-being (Hye Eun et al., 2013). A study done on a sample of 1,052 Turkish university students, aged 17 to 32, confirmed self-esteem as a psychological strength that significantly correlated to well-being (Sivis-Cetinkaya, 2013).

Other studies that aimed at explaining the effect of culture on PWB, found that individualistic societies had higher PWB in comparison to collectivist societies; and it was explained by the idea that independence from others and following one's own sense of self is very important (Duncan et al., 2013). On the other hand, a study done on the effects of culture and autonomy on PWB, indicated that individualistic societies and autonomy found must be combined with good social relations to generate psychologically healthy beings (Duncan et al., 2013). Finally, environmental stressors do affect well-being and are defined as all that threatens one's harmony (Gulacti, 2014). Stress is any response to change, and the ability to deal effectively with such change is coping (Pomfrey, 2016). Coping with stress has been found to be one of the strong predictors of PWB (Gulacti, 2014). Prejudice, on the other hand, produces huge amounts of stress and has been linked to poor PWB. According to the stressor-strain theory, stress heightens emotional and physiological arousal systems in the body leading to psychological strain (Wood et al., 2013). The paragraphs below expand on the idea of prejudice, or prejudiced attitudes, being the independent variable of this study.

Origins of Prejudice

Marcel Proust the French novelist talked about the origins of prejudice in his novel, *In Search of Lost Time*, and declared that social exclusion is a reaction to being excluded from the parental couple (Richards & Spira, 2012). From a psychodynamic perspective as well, authoritarianism portrays prejudice as a personality syndrome as well as an attempt to deal with fear and insecurity; however, according to the social dominance theory, people are prejudiced because of a competitive view of the world where only the strong survive (Hodson & Esses, 2005). Others believed that prejudice enables the discharge of hostile feelings, which acts as a motivating factor in the persistence of such behavior (Utsey et al., 2002). The theories explaining the causes of prejudice may be diverse, but one conjoint idea is the negative outlook of prejudice.

Many theories tried to explain the reasons why affective experiences linked to out-group are so often negative (Baumeister & Finkel, 2010). Evolutionary theorists claimed that the origin of negative out-group bias is survival and the need to compete over resources (El

Jarrah, 2007). Sociology theorists stated that in-group status and power, play a major role in the formation of prejudice (El Jarrah, 2007). Psychoanalytic theories placed importance on defense mechanisms that help individuals deal with negative emotions; yet that in turn might have paved way for prejudice; displacement for example is accusing others for one's misfortunes, while projection involves placing our own unacceptable qualities onto others (Baumeister & Finkel, 2010). Both defense mechanisms result in a negative view of the other (Baumeister & Finkel, 2010). Some believe that prejudice against minority groups is a defense mechanism to elevate one's self-image, and studies demonstrate that negative attitudes increase when one's self-image is threatened (Dinh et al., 2014).

Other theorists believed that social categorization is liable for prejudice since it portrays similarities as well as differences between groups (Baumeister & Finkel, 2010). Labeling people as fat or disabled, for example, would only restrict our ability to view others through a different scope. Some theorists believe that the type of coping mechanism a person generally uses affects one's vulnerability to prejudice (Szymanski & Henrichs-Beck, 2014). Reactive and suppressive coping styles that are centered on denial and impulsivity are often used by prejudiced individuals in comparison to reflective coping styles that focus on problem solving (Szymanski & Henrichs-Beck, 2014). Others believe that controllability or perceived controllability of prejudice greatly influences the extent to which psychological well-being is affected (Schmitt et al., 2014). In other words, whether the people being discriminated against believe they have control over the stigma helps keep their psyche intact (Schmitt et al., 2014).

Research on Prejudicial Attitudes

After the end of World War Two, the world was horrified from the amount of destruction that materialized consequently by Nazi Germany. Anti-Semitism of Nazi Germany intrigued many psychologists and researchers who aimed at understanding prejudice from the other side of the lens (Ackerman & Jahoda, 1950). Ackerman and Jahoda (1950) found that extremely prejudiced patients suffered from generalized anxiety and nonspecific rage. Their extensive research on psychiatric patients also showed that prejudice correlated with symptoms of hypochondriasis, depression, hypomania, psychopathic deviations and

schizophrenia (Ackerman & Jahoda, 1950). Similarly, prejudiced individuals who had not experienced psychological problems lacked optimal mental health (Utsey et al., 2002). Another study done in 1991 showed that Whites, who hold prejudice attitudes against Blacks, are at risk of developing maladaptive coping mechanisms (Utsey et al., 2002). In addition, prejudiced Whites experience psychological and emotional tension as well as feelings of anger, hostility, rage and confusion (Utsey et al., 2002). Another study done by Bettleheim showed that prejudice was positively and significantly correlated to feelings of insecurity, deprivation, and anxiety (Utsey et al., 2002).

Other studies that examined prejudiced attitudes in correlation to other variables including self-esteem and religious beliefs showed a negative correlation between self-esteem and prejudice and a positive correlation between religiosity and prejudice. A study done in 10 countries including Palestine, New Zealand, United States, Mexico, Australia and Canada showed that males are more prone to show aggressive attitudes and bias against others compared to females (El Jarrah, 2007). Garriott, Love, and Tyler (2008) found that White students who reported a higher levels of prejudice also reported a lower level of self-esteem. Likewise, religiosity is linked to prejudiced attitudes such that people with traditional and strong religious beliefs tend to demean others (Sagherian, 2010).

Recently, Dinh and colleagues (2014) took research on prejudicial attitudes a step further by examining several types of prejudicial attitudes, such as weight and disability among other variables, and their effects on psychological, social and physical well-being. It is important to note here that an attitude, whether negative or positive, is defined by Antonak (1988) as “an idea charged with emotion which predisposes a class of actions in a particular class of social situations” (p. 109). Before discussing Dinh’s study, however, which provided an important anchor for this current study, the proceeding paragraphs discuss weight and disability bias and some of their correlates in research.

Weight Bias and Correlates

Weight bias is the negative attitude towards individuals as a result of their weight (Bartoshuk, 2010). Weight bias can also be referred to as anti-fat attitudes and constitutes of

stereotypes against fat or obese individuals; such as the belief that fat people are lazy and lack self-control and determination to stop eating and lose weight (Bartoshuk, 2010). Such biases can be manifested verbally or physically; verbal comments, rumors, and mockery as well as aggressive actions towards fat people including social exclusion, pushing, shoving, or even ignoring fat people are examples of weight bias (Bartoshuk, 2010).

According to the social comparison theory, human beings have an innate drive to evaluate one self and compare with others (O'Brian et al., 2007). Comparison can be upwards, against superior targets, or downwards, against inferior targets (O'Brian et al., 2007). A study done on university students in New Zealand verified the relationship between the tendency to make physical-appearance comparisons with others and anti-fat attitudes (O'Brian et al., 2007). Comparisons with ideals such as fashion models, can result in body dissatisfaction and disordered eating; while downward comparisons enhances one's self-image (O'Brian et al., 2007). Anti-fat prejudice is also socially learned and studies show that anti-fat attitudes of mothers can influence their 32 months old babies (Ruffman et al., 2016). These babies showed an increased preference for normal weight figures compared to obese bodies when their mothers showed strong anti-fat behaviors; while all babies at 11 months of age showed preference for obese figures (Ruffman et al., 2016).

In a study done on the effects of discrimination on the well-being of obese people, there was a negative relationship between discrimination and well-being explained by the unfulfilled psychological human need for belonging (Magallares et al., 2011). A study published in 2009 showed that body image dissatisfaction is related to emotional distress (Catikkas, 2011). Body image is defined by the national eating disorders collaboration (2015) as the perception that a person has of their physical self and the thoughts and feelings that result from that perception. Anxiety and depression are linked to negative changes in body image and body dissatisfaction (Knepp et al., 2015). Research similarly shows that individuals who harbor weight prejudice show low self-esteem (Puhl & Heuer, 2009). Weight bias is significantly correlated with the concern of becoming fat and the fear of being discriminated against was a predictor of anti-fat attitudes (Swami et al., 2010). Studies show that internalization of weight prejudice leads to

psychological distress, binge eating, and body image dissatisfaction (Carels & Musher-Eizenman, 2010).

Disability Bias and Correlates

Beginning in childhood, the categorization between normal and not normal begins; and this process of socialization creates the pressure to conform to societies' expectations (NDA, nd). Not only are people with disabilities stigmatized and labeled, but are differentiated from others in every aspect of life beginning in childhood. Disability bias is the presence of negative attitudes towards people because they are disabled (University of Mary Washington; 2015). Prejudicial attitudes towards the disabled include the beliefs that people with disability are dependent, helpless and cannot function in daily or social life. On the other hand, a positive attitude towards people with disabilities includes the beliefs that people with disabilities can be productive in daily and social life, make decisions regarding their own self-interest, and lead a healthy life (Symons et al., 2012). Studies done on the causes of prejudice towards the disabled, show that fear and power underlie negative attitudes toward disabled individuals; specifically the unconscious fear of illness and the feeling of power that is generated by the unconscious feelings of superiority (NDA, nd).

A study done on 309 university students in Kenya showed that age affected disability bias where older individuals showed a more favorable attitude towards the disabled than did younger students (Mamboleo, 2009). Another study done on Asian Indian graduate students showed that attitudes towards physical and visual disability are slightly better than the students' attitudes towards the mentally disabled since people with mental disabilities were perceived to have more control over their disability and deserved less empathy than individuals with physical or visual disabilities (Parashar et al., 2008). A pilot study done in Jordan shows the different attitudes university students had towards different types of disabilities; and similar to the latter study physical disabilities were more accepted than mental or psychosocial disabilities (Nagata, nd). Some believe that contact with people with disabilities is accountable for a positive attitude towards the disabled, but a recent study on undergraduate students tackling this issue showed no significant effect of contact on attitude (Shannon et al., 2009).

Concerning gender, many studies on university students have showed the difference between men and women regarding disability bias and most show that women have a more favorable attitude towards disabled. Even studies on school pupils shows this gender difference. A study with a sample of 658 elementary students in Greece also demonstrated that boys were more biased than girls towards people with disabilities (Arampatzi et al., 2011).

Weight and Disability Bias and Well-being

The study done by Dinh and colleagues (2014) on 495 undergraduate students from the northeastern part of the US linked psychological well-being to prejudicial attitudes and revealed a negative correlation between the two variables. Dinh's main purpose was investigating the relationship between prejudicial attitudes; racism, sexism, disability bias, weight bias, and anti-immigrant sentiment; to psychological, social and physical well-being. His subsequent purpose was exploring the links between the different types of prejudicial attitudes and their connection to demographics and personal characteristics. Psychological well-being was examined through depression using the BDI scale. 495 students were included in the study with a mean age of 19.40 ranging from 18 to 56. After being accepted by the institutional review board of the University of Massachusetts Lowell, the data was collected during the period of 2009 and 2010.

Results showed that after accounting for demographics and personal characteristics, weight bias was a significant predictor of depression. Males indicated more weight bias and physical disability bias than females. Concerning demographics and personal characteristics, self-esteem was negatively correlated with physical disability bias, and was an important variable in the three areas of well-being. Individuals who scored higher on the self-esteem scale reported lower prejudice. Also, Dinh's study showed that positive functioning in one area of well-being whether psychological, social, or physical is related to positive functioning in the other areas. Prejudicial attitudes were significantly related to psychological well-being even after taking into account the effects of demographics and personal characteristics on well-being. The most interesting finding in Dinh's study, was the correlations between different types of prejudice attitudes, suggesting the probability of a prejudicial syndrome. For example,

the relation between weight bias and physical disability bias of r=.53 and p<.001 shows that there is a link between those two prejudiced attitudes, probably the physical aspect.

As shown in the paragraphs above, except for Dinh's study, research linking psychological well-being to prejudicial attitudes towards weight and disability are rare. Therefore this study was devised to clarify this relationship between weight bias, disability bias, and well-being among Lebanese university students. This was achieved by testing the following hypotheses:

1. Weight bias and disability bias are predicted to correlate negatively with psychological well-being after controlling for demographics and personal characteristics, specifically self-esteem and religiosity.
2. Male students will score higher on prejudicial attitudes of weight and disability compared to female students.
3. Weight bias will be positively correlated with disability bias.

Chapter 3

Method

Participants

The total number of participants was 189, of which 114 were females and 75 were males. The age range was 17 to 38 and the mean was 21. It was a convenient sample that comprised of Lebanese undergraduate and graduate students from different socioeconomic classes attending different private and public universities in Lebanon, mainly Haigazian University, Lebanese University, Lebanese International University, and Arab Open University.

Materials

A whole package consisting of the following items was given to each student in the following order: A consent form (see Appendix A); a demographic sheet (see Appendix B) that collected information regarding age, gender, level of education, major, current university, relationship status, annual family income, body weight in kilograms, and a self-rating religiosity scale, which was rated on a Likert scale of 1 to 10; one being not religious at all and 10 being most religious; the Rosenberg Self-Esteem (see Appendix C); the Ryff Psychological Well-being Scale (see Appendix D); the Revised Anti-fat Attitude Scale (see Appendix E) and the Attitude towards Disabled Persons Scale (see Appendix F). It is important to note here that the scores on both the Rosenberg self-esteem scale and the self-rating religiosity scale were merely used as control variables for their effects on psychological well-being.

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10 item measure of one's over-all self-esteem (see Appendix C). The items are answered on four point scale ranging from strongly agree to strongly disagree. For items 1, 2, 4, 6, 7: SA=3, A=2, D=1, SD=0. Reversed items 3, 5, 8, 9, 10 are scored as: SA=0, A=1, D=2, SD=3. The sum of the 10 items results in the total score; the higher the score, the higher the self-esteem. This scale was standardized on 5,024 high school juniors and seniors from ten randomly selected public schools; the scale has high reliability, test-retest correlations range from .82 to .88 and Cronbach alpha varies from .77 to .88 (Matar, 2014). Rima Abdel Kader Jazairi used the Rosenberg scale in her thesis research in

2014 and the alpha coefficient was .67. Hala Khoury also used the Rosenberg scale in 2015 and had an alpha of .79.

Ryff's Scale of Psychological Well-Being (RPWB; Ryff & Keyes, 1995). The response format for the 42 items ranges on a six ordered categories starting from 'strongly disagree' to 'strongly agree' (see Appendix D). Twenty items contain positive item and 22 have negative item content. Negatively worded items are reversed scored so that higher scores on each subscale represent higher perceived positive functioning in the corresponding area (Moe, 2012). Prior to analysis, items with negative content will be reversed so that high values indicated well-being; then according to the six subscales, items would be entered and summed to provide total scores for (Carol & Keyes, 1995). The six subscales are as follows: Autonomy, Environmental mastery, Personal Growth, Positive Relations, Purpose in life, and Self-acceptance (Carol & Keyes, 1995). RPWB was originally validated on a sample of 321 well-educated, socially connected, financially comfortable and physically healthy men and women (Springer& Hauser, 2006). The internal consistency was high, between 0.86 and 0.9, and the test-retest reliability coefficients for a subsample of the participants over a six week period were also high0.81-0.88 (Springer & Hauser, 2006). This scale has also been used in many studies and validated on many populations from different nationalities to test psychological well-being. Rima Abdel Kader Jazairi used the Ryff psychological well-being scale in her thesis research in 2014 and the alpha coefficient was .67; while with Faten M. Rifai's research in 2011 the alpha was 0.88.

Revised Anti-Fat Attitude Scale (Morrison& O'Connor, 1999) is a 24 item scale concerning anti-fat attitudes and weight bias (see Appendix E). The items are answered on a five point scale from strongly disagree to strongly disagree where items 1 to 5 and 13 to 17 are the Antifat Attitudes Scale (AFAS: α=.68), and items 6 to 12 and 18 to 24 are the Dislike of Fat People subscale (DFPS: α=.73). Negative worded items (1,3,5,7,9,11,14,16,18,20,22,24) are reversed before computing total scores; and higher scores expressed higher levels of anti-fat prejudice and dislike toward fat people. This scale has shown construct validity and results on the questionnaire do not seem influenced by social desirability bias (Morrison& O'Connor, 1999).

Attitude towards Disabled Persons Scale (ATDP; Yuker, Block & Younng, 1970) adapted from ATDP Form O, measures prejudice directed at people with disabilities (see Appendix F); in the present study disabilities have been restricted to physical or visual disabilities since they are more visible and can be detected just by observation. The scale consists of 20 items rated on a 6 point Likert scale. After reversing negative worded items (2, 5, 6, 11, 12), the sum of the scores can range from -60 to 60; then the constant number 60 is added to remove negative values (Yuker, Block & Younng, 1970). Scores range from zero to 120, the lower the score the more positive the attitude towards the disabled (Gamst, Liang, & Der-Karabetian, 2011). A number of studies provided documentation of the reliability and validity of the ATDP as a measure of attitudes toward persons with disabilities (Yuker & Block, 1986).

Procedure

This study is a correlational design study that intended to investigate the relationship between the dependent variable psychological well-being and the independent variables weight bias and disability bias. The pilot study was done with the participation of 20 Lebanese female and male university students, and the alpha coefficients were reliable. The Ryff Psychological Well-being Scale had a Cronbach alpha of 0.864, the Revised Anti-Fat Attitude Scale had an alpha of 0.764, the Attitudes towards Disabled People scale had an alpha of 0.720 and the Rosenberg Self-Esteem scale had an alpha of 0.805.

After determining the reliability of the scales, students from the Lebanese University, Haigazian University, Lebanese International University, and Arab Open University were conveniently chosen and hand offered the questionnaire pack after they agreed to participate in the study. The first page of the questionnaire was the consent from and debriefed the participant about the study, and the following pages included the scales with clear instructions at the beginning of each. The data were then collected from 189 students, entered into SPSS and statistically analyzed to show correlation and regression between the variables. Data collection began May 2016 and ended June 2016.

Chapter 4

Results

This study is devised to clarify the relationship between weight bias, disability bias, and psychological well-being among Lebanese university students. Based on the investigated hypotheses, the results of this study were as follows.

Reliability Testing

Cronbach's alpha was generated on SPSS to verify the reliabilities of each scale and subscale used in this study. The scale with the highest alpha coefficient of .863 was the Ryff psychological well-being scale, while the scale with the lowest alpha of .706 was the Anti-fat attitude scale. Subscales of the Ryff psychological well-being scale had the lowest cronbach's alpha of .379 for purpose in life subscale while the Dislike of Fat people subscale had the highest alpha of .827. The subscales for the Ryff psychological well-being scale were not used in the hypotheses testing of this study. Check table 1 below for the cronbach's alpha coefficients in detail.

Table 1: Cronbach's Alpha of Scales and Subscales of Current and Previous Studies

Scale-Subscale	Previous Cronbach's Alpha	Current Cronbach's Alpha
Ryff Psychological Well-being Scale	.70 - .92	.867
Autonomy Subscale	.98	.603
Environmental Mastery Subscale	.95	.544
Positive Relations Subscale	.5	.633
Purpose in Life Subscale	.9	.379
Personal Growth Subscale	.89	.599
Self-Acceptance Subscale	.63	.726
Anti-fat Attitude Scale	__	.706
Dislike of Fat people Subscale	__	.827
Attitude towards Disabled People Scale	__	.719
Rosenberg Self-esteem Scale	.59 - .79	.794

Hypotheses Testing

Hypothesis 1: Weight bias and disability bias are predicted to correlate negatively with psychological well-being after controlling for demographics and personal characteristics, specifically self-esteem and religiosity.

A Hierarchical multiple regression analysis was performed to predict psychological well-being. The reason for utilizing a hierarchical multiple regression is the need to enter predictors into SPSS based on the theoretical analysis used in this study, which states that demographics and personal characteristics do predict psychological well-being but need to be controlled for to be able to investigate the amount that prejudicial attitudes predict psychological well-being.

The regression model included an examination of the importance of (1) demographic characteristics and personal characteristics in the first step to be controlled for, and (2) prejudicial attitudes of weight and disability in the second step.

Results showed self-esteem as a significant correlate to psychological well-being with an r = .696, as well as age r=.269, relationship status r=.192, and dislike for fat people scale r=.149. Religiosity, dislike of fat people, and anti-fat scale were significant predictors of psychological well-being in the regression model with Betas of .132, .225, and -.213; all with a significance F change less than .05. (see Table 2). As anticipated, prejudicial attitudes added significant variance to the regression model, even after consideration of key demographic and personal characteristics. Prejudicial attitudes accounted for an extra 4.4% of the variance in psychological well-being even after accounting for demographics and personal characteristics as shown in the R square value with a significance level less than .05. Moreover, Beta coefficient for the anti-fat scale is negative showing that anti-fat attitudes negatively predict psychological well-being. Hence, Hypothesis 1 was confirmed.

Table 2: Hierarchical multiple regression predicting psychological well-being

Model Summary[c]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.725[a]	.526	.498	16.739	.526	18.499	9	150	.000
2	.755[b]	.571	.535	16.096	.044	5.077	3	147	.002

a. Predictors: (Constant), RSE total, sex, what year in college, SES, Religiosity, faculty, relationship status, university, age

b. Predictors: (Constant), RSE total, sex, year in college, SES, Religiosity, faculty, relationship status, University, age in years, Anti-Fat Scale, Attitude towards Disabled People Scale, Dislike of Fat People Subscale,

c. Dependent Variable: PWB total

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	46651.622	9	5183.514	18.499	.000[b]
	Residual	42031.504	150	280.210		
	Total	88683.125	159			
2	Regression	50597.390	12	4216.449	16.274	.000[c]
	Residual	38085.735	147	259.087		
	Total	88683.125	159			

a. Dependent Variable: PWBtotal

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	79.944	12.493		6.399	.000					
	Sex	2.070	2.872	.043	.721	.472	.058	.059	.041	.888	1.126
	Age in years	.667	.496	.100	1.345	.181	.269	.109	.076	.566	1.767
	Relationship status	1.353	2.359	.036	.574	.567	.192	.047	.032	.792	1.263
	SES	1.385	1.100	.073	1.259	.210	.070	.102	.071	.940	1.064
	Religiosity	1.174	.562	.123	2.087	.039	.062	.168	.117	.914	1.094
	Year in College	.396	1.152	.026	.343	.732	.081	.028	.019	.570	1.756
	Faculty	-.239	1.554	-.010	-.154	.878	-.073	-.013	-.009	.712	1.404
	University	-.830	.794	-.073	-1.046	.297	-.094	-.085	-.059	.650	1.538
	RSEtotal	3.610	.317	.671	11.390	.000	.696	.681	.640	.911	1.097
2	(Constant)	75.703	14.125		5.360	.000					
	Sex	2.346	2.804	.049	.837	.404	.058	.069	.045	.861	1.161
	Age in years	.776	.483	.117	1.606	.110	.269	.131	.087	.551	1.815
	Relationship status	.240	2.297	.006	.105	.917	.192	.009	.006	.772	1.295
	SES	1.190	1.070	.063	1.112	.268	.070	.091	.060	.919	1.088
	Religiosity	1.266	.542	.132	2.336	.021	.062	.189	.126	.911	1.097
	Year in college	.361	1.113	.023	.324	.746	.081	.027	.018	.564	1.774
	Faculty	-.500	1.509	-.021	-.332	.741	-.073	-.027	-.018	.699	1.431
	University	-.738	.766	-.065	-.964	.336	-.094	-.079	-.052	.646	1.548
	RSEtotal	3.641	.305	.676	11.934	.000	.696	.701	.645	.909	1.100
	ATDP	-.098	.112	-.056	-.868	.387	.021	-.071	-.047	.710	1.408
	DislikeFatPeopleSubscale	.630	.194	.225	3.249	.001	.149	.259	.176	.608	1.645
	AntiFatScale	-.833	.256	-.213	-3.258	.001	-.044	-.259	-.176	.681	1.468

a. Dependent Variable: PWBtotal

Hypothesis 2: Male students will score higher on prejudicial attitudes of weight and disability compared to female students.

Independent sample t tests were generated to show the presence or absence of a significant variance between males and females concerning prejudicial attitudes (see Table 3). The significance for the anti-fat scale, dislike of fat people scale and attitude towards disabled people scale was greater than .05, and the sig. (2-tailed) was also greater than .05 in the equal variances assumed row which means that there is no significant difference between males and females concerning prejudicial attitudes of weight and disability. No significant variance was found between males and females regarding both types of prejudicial attitudes, therefore hypothesis 2 was not confirmed. See the table 3 below for details.

Table 3: Difference between Genders Regarding Prejudicial Attitude

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Anti-fat Scale	Male	73	31.51	5.961	.698
	Female	112	32.98	6.064	.573
Dislike of Fat people Scale	Male	72	55.49	9.211	1.086
	Female	112	57.63	7.834	.740
Attitude towards Disabled People Scale	Male	71	63.56	14.694	1.744
	Female	111	66.06	12.597	1.196

Independent Samples Test

		Levene's Test for Equality of Variances	t-test for Equality of Means							
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Anti-Fat Scale	Equal variances assumed	.042	.837	-1.628	183	.105	-1.475	.906	-3.263	.312
	Equal variances not assumed			-1.634	155.89	.104	-1.475	.903	-3.259	.308
Dislike of Fat People Subscale	Equal variances assumed	1.695	.195	-1.686	182	.093	-2.139	1.269	-4.642	.364
	Equal variances not assumed			-1.628	133.86	.106	-2.139	1.314	-4.738	.460
Attitude towards Disabled People Scale	Equal variances assumed	1.552	.215	-1.223	180	.223	-2.500	2.044	-6.533	1.534
	Equal variances not assumed			-1.182	132.63	.239	-2.500	2.114	-6.682	1.683

Hypothesis 3: Weight bias will be positively correlated with disability bias.

A Pearson correlation coefficient was generated to show the relationship between the two types of prejudicial attitudes chosen. The null hypothesis was not confirmed, hence the positive

correlation between weight bias and disability bias is confirmed with r = .377and p<0.01 between anti-fat attitude scale and attitude towards disabled people scale (ATDP) as well as an r = .477 and p<0.01 between dislike of fat people subscale and attitude towards disabled people scale (see Table 4).

Table 4: Correlation between Weight Bias and Disability Bias

Correlations

		ATDP
AntiFatScale	Pearson Correlation	.377**
	Sig. (2-tailed)	.000
	N	180
DislikeFatPeopleSubscale	Pearson Correlation	.477**
	Sig. (2-tailed)	.000
	N	177

**. Correlation is significant at the 0.01 level (2-tailed).

Additional Analysis

In line with previous research done by Dinh and colleagues (2014), we investigated the relationship between demographics and personal characteristics to prejudicial attitudes. Unlike the results in Dinh's study, gender and self-esteem didn't show a significant correlation to prejudicial attitudes. Only age and year in college correlated with the dislike of fat people subscale and attitude towards disabled people scale shown in table 5.

Since the scores for the attitude towards disabled people scale ranges between 0 and 120, an average of the total scores was computed to represent how biased Lebanese university students are towards the physically disabled. The average was 64.7 and the scores ranged from 12 to 102. While the scores on the anti-fat scale had a mean of 30 and for the dislike of fat people scale the mean was 55; higher than the scores found in Wrench and Knap's study in 2008. Males scored 28.22 and 25.06 on the anti-fat scale and dislike for fat people subscale, while females scored 22.05 and 22.71 respectively.

Table 5: Correlations of Prejudicial attitudes to Demographics and Personal Characteristics

		Anti-Fat Scale	Dislike Fat People Subscale	Attitude towards Disabled People
sex	Pearson Correlation	.119	.124	.091
	Sig. (2-tailed)	.105	.093	.223
	N	185	184	182
age in years	Pearson Correlation	.128	.146*	.198**
	Sig. (2-tailed)	.081	.049	.007
	N	185	184	182
relationship status	Pearson Correlation	.010	.097	.001
	Sig. (2-tailed)	.896	.191	.993
	N	183	182	180
what year are you in college?	Pearson Correlation	.130	.171*	.180*
	Sig. (2-tailed)	.078	.021	.015
	N	184	183	181
what faculty are you in?	Pearson Correlation	-.119	-.070	.031
	Sig. (2-tailed)	.107	.345	.680
	N	185	184	182
which university are you in?	Pearson Correlation	.026	.056	.125
	Sig. (2-tailed)	.722	.446	.092
	N	185	184	182
SES	Pearson Correlation	.071	.119	.025
	Sig. (2-tailed)	.339	.113	.745
	N	181	180	178
Religiosity	Pearson Correlation	-.008	-.038	-.014
	Sig. (2-tailed)	.911	.608	.850
	N	184	183	182
RSEtotal	Pearson Correlation	.064	.052	.040
	Sig. (2-tailed)	.390	.481	.593
	N	183	183	180

** Correlation is significant at the 0.01 level (2-tailed); * Correlation significant at the 0.01 level (2-tailed).

Chapter 5

Discussion

The purpose of this study was to examine the relationship between one's prejudicial attitudes mainly weight and disability bias and one's own psychological well-being. The amount of holding prejudicial attitudes predicted psychological well-being even after controlling for demographics and personal characteristics was the root of this exploration. The scarce quantity of research investigating this relationship in addition to the unfamiliar branch of prejudice examined, specifically the effects of holding prejudice attitudes on oneself, created the intention for this study. The results demonstrated a significant relationship between holding prejudicial attitudes and psychological health. This finding in addition to the other hypotheses will be discussed in this chapter. Clinical implications, limitations of this study as well as future recommendations will also be considered.

The first hypothesis of this study, which revealed that holding prejudicial attitudes correlated significantly with psychological well-being scores even after controlling for demographics and personal characteristics composed of self-esteem and religiosity, was confirmed. This result concurs with a previous study conducted by Dinh and colleagues (2014), which was done on university students in the north region of the US and examined the relationship of prejudicial attitudes on the students' psychological, social and physical well-being. Moreover, in another study conducted by Matar (2014) on Lebanese women, the author showed how preoccupation with appearances, considered as weight bias in this current study, would lead to maladaptive schemas and unhealthy coping mechanisms expressed through indirect aggression. Furthermore, another study by Wrench and Knapp (2008) also supports a positive relationship between depression and anti-fat attitudes, or fixation on physical appearances.

Being prejudiced against others is accompanied with feelings of judgment and anger or disgust that reflect back on one's psyche. This can be explained psychoanalytically through projection where people reflect their own unacceptable qualities onto others. This analysis is similar to selective perception in the attribution theory that explains how people tend to view

their environment according to their own interests, attitudes, experience and background (McLeod, 2010). A recent example of this phenomenon was the gay club shooting in Orlando, which resulted in the death of 49 homosexual people and many wounded by the hands of a man who had trouble accepting his own homosexuality (The Telegraph, 2016). Another way to explain this result is through the notion that we judge others based on our own self-acceptance and self-satisfaction in life. This notion was revealed in a study done by Wood and colleagues in 2010 on judging others and one's individual personality traits; thus having a positive attitude towards others was linked to how satisfied, compassionate and emotionally stable the participant was. Furthermore, social identity theory explains the relation between well-being and prejudicial attitudes and states that individuals discriminate against others to enhance self-image in society (McLeod, 2008).

The reason the Beta for dislike of fat people subscale is not negative and is positively correlated to psychological well-being is explained by the comparison theory that states human beings have an innate drive to compare with others (O'Brian et al., 2007). Downward comparisons against inferior targets, in this case fat people, enhances one's self-image (O'Brian et al., 2007). As for the attitude towards disabled people, and similarly to results found in Dinh's study, it was not a significant predictor of psychological well-being. This suggests that maybe attitudes towards the disabled are not based on feelings of hatred and dislike but compassion combined with false information about disabled people, as shown in the scores on the test.

Regarding the second hypothesis, males and females showed no differences in prejudicial attitudes of weight and disability. This result contradicts the outcome in Dinh's study which showed a variance between the two sexes with males reporting more prejudice than females. This result contradicts with most of the research done on prejudiced attitudes and gender. Most studies, such as the study done by Perez-Lopez and colleagues (2001), Brochu and Morrison (2007), Seo and Chen (2009), and Anuar (2013) show a difference between the sexes regarding prejudiced attitudes with males having a more negative attitude towards others than females. The sample for this study constituted of 40% male participants and 60% female participants, which is similar to other studies like studies done by Dinh (2014) with a male to female ratio of 6 to 4, and the study done by Getachew (2011) with a male to female ratio of

5.6 to 4.3. This shows that the mean difference between genders is not problematic. On the other hand, 90% of participants in the sample range between the ages of 17 to 25. Unlike previous research with a wider range of age groups and since this is a more recent study, results found in hypothesis two are associated with cohort differences. This illustrates the effect of technology, internet and social media in creating a more aware and open generation of Lebanese university students with no differences between genders.

As for the third hypothesis, a correlation between weight bias and physical disability bias was found as predicted. This is consistent with the correlations found between different types of prejudicial attitudes in the study done by Dinh and his colleagues (2014). Fixation on appearances is the common factor between these two types of prejudicial attitudes that explains this correlation. And the rationale behind this finding is the existence of a prejudice syndrome connecting many types of attitudes; being prejudiced towards one aspect may result in vulnerability towards forming a negative attitude against another aspect (Dinh et al., 2014).

The correlation between different types of prejudicial attitudes could be explained through the social dominance orientation. The ability of a person to discard another on the basis of any aspect whether sex, age, weight, disability, nationality, or race results in a differentiation between oneself and others placing the prejudiced individual in a superior position. Being in this constructed superior position paves a way for judging people, hating others and acting negatively towards them. Social dominance orientation pinpoints an individual's attitudinal orientation and preference for hierarchical intergroup relationships within a society where one’s group is considered superior to others (Passini & Morselli, 2016). Studies have shown the strong relationship between SDO and blatant forms of prejudice, but Passini and Morselli (2016) have shown this relationship in relation to subtle forms of prejudice that are more common these days. In addition they showed that moral exclusion or the mere marginalization of other groups in society acts as a mediator between the two variables SDO and subtle prejudice (Passini & Morselli, 2016). In conclusion, prejudice is viewed as social construct with social dominance orientation (SDO) as one of the strongest predictors of generalized prejudice (Passini & Morselli, 2016).

Additional Analysis

Gender and self-esteem did not show a significant correlation to prejudicial attitudes which contradicts Dinh's study and previous research on the subject of demographics and personal characteristics in relation to prejudice. Such as in the studies done by El Jarrah (2007), Garriott, Love, and Tyler (2008), and Sagherian (2010), all found a correlation between gender and self-esteem to prejudiced attitudes. Age and year in college positively correlated with the dislike of fat people and attitude towards disabled people in accordance to previous research by Mamboleo (2009) and Getachew (2011). Age and year in college also correlate to each other ($r = .578$; $p < .01$). This result further explains cohort differences and shows that with age, participants show more prejudice than younger age groups.

As for how prejudiced Lebanese university students are, results showed that they fit in the middle of the range of scores for the physical disability scale stating that the Lebanese youth is prejudiced towards the disabled but is in the middle range of prejudice. On the other hand, Lebanese university students showed a higher level of prejudice towards weight and dislike of fat people compared to the results in the study done by Wrench & Knap (2008). Lebanese university students showed a more negative attitude towards weight and fat people compared to physically disabled people. This can be understood since the attention given to weight in the Lebanese society is enormous. Just noticing the huge flow of people towards dieting centers and nutritionists as well as the focus on physical shape and fitness through subscriptions to gyms and personal trainers gives us an idea about the importance of such matters in the Lebanese society (Rahhal, 2015). It is as if the Lebanese majority has no mercy towards fat people yet is more accepting of people with disabilities; this might be explained by the fact that disability is a sensitive topic that is still considered taboo for certain people in Lebanon as well as the fact that Lebanese people reflect their religious beliefs on that matter and preach acceptance and love towards people with physical disabilities (Plattner, 2011).

Clinical Implications and Recommendations for Future Studies

Psychologists and university counselors in Lebanon could benefit from the results of this study and communicate them to their clients. Through identifying maladaptive beliefs concerning appearances specifically weight or disability bias, clinicians can initiate change on the individual level by aiding clients in 1) grasping the relationship between holding prejudiced beliefs and their own mental health, 2) understanding the reasons behind holding such beliefs, 3) questioning such stereotypical beliefs, and 4) dealing with their feelings of anger or disgust in a therapeutic way. More specifically, clients can be taught to apply certain coping mechanisms that help them deal with their prejudiced thoughts and feelings by eventually turning them into feelings of acceptance and tolerance. In short, clinicians can intervene by helping clients work on their prejudiced thoughts before they turn into acts of discrimination later on. Maybe this could be considered a small first step towards decreasing prejudice in Lebanon.

Furthermore, focusing on the importance of self-esteem in the prediction of psychological health in this study, clinicians can further benefit by understanding the importance of self-esteem in helping their clients' psychological well-being as well as preventing the formation of prejudicial attitudes.

Prevention programs to decrease prejudice could be developed to increase awareness concerning the harmful effects of harboring prejudice. The logic behind reducing prejudice for both targets and hosts will also have an effect on society as a whole since prejudice is a social phenomenon that affects many (Dinh et al., 2014). Therefore prevention programs will be the means of influencing the Lebanese society. Prevention programs are needed firstly in schools and universities and therefore should be available to teachers and students; in addition, companies and various organizations as well as different types of businesses in Lebanon should be equipped with proactive programs that could help their employees in working productively with others.

For future research, it would be interesting to broaden this study on Lebanese university students by including other types of prejudicial attitudes such as racism and sexism and check their contribution to one's psychological well-being or lack thereof. It would also be interesting

to check the Lebanese youth's attitude towards others in comparison to university students from other countries. Future studies in Lebanon could also further validate the availability of a prejudicial syndrome across cultures between many types of prejudicial attitudes other than those of weight and disability. Since this study, unlike many international studies, found no evidence of variance between males and females regarding prejudicial attitudes, future studies should comprise of larger samples of males and females to provide further evidence of the gender issue and prejudice.

Limitations

This study cannot be generalized to all university students in Lebanon. Despite the anonymity and confidentiality of the questionnaires, desirability bias may have an effect on the result by underreporting of prejudicial attitudes of weight and disability. Similarly, self-reporting of psychological well-being cannot be equated to actual health.

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Appendices

Appendix A

Consent Form

Dear Participant:

My name is Eve Riachi and I am a graduate student at Haigazian University. For my MA final project, I am examining the many influences on the psychological well-being of Lebanese university students**.** Because you are a university student, I am inviting you to participate in this research study by completing the attached surveys.

The following questionnaire will require approximately 25 minutes to complete. In order to ensure that all information will remain confidential, please ***do not*** include your name. Copies of the project will be provided to my Haigazian University instructor. If you choose to participate in this project, please answer all questions as honestly as possible. Participation is strictly voluntary and you may refuse to participate at any time.

If you would like a summary copy of the results of this study or require additional information or have any questions, please contact me through the e-mail listed below.

Thank you in advance for taking the time to assist me in my educational efforts.

Sincerely,

Eve Riachi

everiachi@gmail.com

Appendix B

Demographic Sheet

This survey is confidential. Please do not include your name anywhere on it. Answer all the following questions, then proceed with the attached surveys. Kindly try not to leave certain questions unanswered.

1. Gender: ☐Male ☐ Female

2. Age: _____
3. Nationality:_____

4. Are you: ☐ Single ☐ In a Relationship ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed

5. What year are you in college?

   ☐ Freshman (1st year) ☐ Sophomore (2nd year) ☐ Junior (3rd year) ☐ Senior (4th year)

   ☐ 5th/6th/etc. Year ☐ Graduate Student ☐Other (Specify):_____

6. What faculty are you in:

   ☐ Arts and Humanities ☐ Business and Economics ☐ Health Sciences ☐ Engineering

   ☐Other (Specify):_____

7. Which university are you in:

   ☐ Lebanese University

   ☐ Arab Open University

   ☐ Haigazian University

   ☐ Notre Dame University

   ☐ Lebanese International University

   ☐ Saint Joseph University (USJ)

   ☐Other (Specify): _____

8. Please state your parents' approximate combined monthly salary:

   ☐ Less than 1500$ ☐ 1500 - 2500$ ☐2500-3500$ ☐3500-4500$

   ☐Greater than 4500$

9. How religious are you from a scale of 1 to 10? 1 being not religious and 10 being the most religious: _____

Appendix C

RSES

Instructions: Below is a list of statements dealing with your general feelings about yourself.

If you strongly agree, circle **SA**.

If you agree with the statement, circle **A**.

If you disagree, circle **D**.

If you strongly disagree, circle **SD**.

1. On the whole, I am satisfied with myself.	SA	A	D	SD
2. At times, I think I am no good at all.	SA	A	D	SD
3. I feel that I have a number of good qualities.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I certainly feel useless at times.	SA	A	D	SD
7. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10. I take a positive attitude toward myself.	SA	A	D	SD

Appendix D

RPWB

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences. Circle the number that best suits your answer.

1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	Strongly disagree 1 2 3 4 5 6 Strongly agree
2. In general, I feel I am in charge of the situation in which I live.	1 2 3 4 5 6
3. I am not interested in activities that will expand my horizons.	1 2 3 4 5 6
4. Most people see me as loving and affectionate.	1 2 3 4 5 6
5. I live life one day at a time and don't really think about the future.	1 2 3 4 5 6
6. When I look at the story of my life, I am pleased with how things have turned out.	1 2 3 4 5 6
7. My decisions are not usually influenced by what everyone else is doing.	1 2 3 4 5 6
8. The demands of everyday life often get me down.	1 2 3 4 5 6
9. I think it is important to have new experiences that challenge how you think about yourself and the world.	1 2 3 4 5 6
10. Maintaining close relationships has been difficult and frustrating for me.	1 2 3 4 5 6
11. I have a sense of direction and purpose in life.	1 2 3 4 5 6

12. In general, I feel confident and positive about myself.	1 2 3 4 5 6
13. I tend to worry about what other people think of me.	1 2 3 4 5 6
14. I do not fit very well with the people and the community around me.	1 2 3 4 5 6
15. When I think about it, I haven't really improved much as a person over the years.	1 2 3 4 5 6
16. I often feel lonely because I have few close friends with whom to share my concerns.	1 2 3 4 5 6
17. My daily activities often seem trivial and unimportant to me.	1 2 3 4 5 6
18. I feel like many of the people I know have gotten more out of life than I have.	1 2 3 4 5 6
19. I tend to be influenced by people with strong opinions.	1 2 3 4 5 6
20. I am quite good at managing the many responsibilities of my daily life.	1 2 3 4 5 6
21. I have the sense that I have developed a lot as a person over time.	1 2 3 4 5 6
22. I enjoy personal and mutual conversations with family members or friends.	1 2 3 4 5 6
23. I don't have a good sense of what it is I'm trying to accomplish in life.	1 2 3 4 5 6
24. I like most aspects of my personality.	1 2 3 4 5 6
25. I have confidence in my opinions, even if they are contrary to the general consensus.	1 2 3 4 5 6

26. I often feel overwhelmed by my responsibilities.	1 2 3 4 5 6
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1 2 3 4 5 6
28. People would describe me as a giving person, willing to share my time with others.	1 2 3 4 5 6
29. I enjoy making plans for the future and working to make them a reality.	1 2 3 4 5 6
30. In many ways, I feel disappointed about my achievements in life.	1 2 3 4 5 6
31. It's difficult for me to voice my own opinions on controversial matters.	1 2 3 4 5 6
32. I have difficulty arranging my life in a way that is satisfying to me.	1 2 3 4 5 6
33. For me, life has been a continuous process of learning, changing, and growth.	1 2 3 4 5 6
34. I have not experienced many warm and trusting relationships with others.	1 2 3 4 5 6
35. Some people wander aimlessly through life, but I am not one of them.	1 2 3 4 5 6
36. My attitude about myself is probably not as positive as most people feel about themselves.	1 2 3 4 5 6
37. I judge myself by what I think is important, not by the values of what others think is important.	1 2 3 4 5 6
38. I have been able to build a home and a lifestyle for myself that is much to my liking.	1 2 3 4 5 6
39. I gave up trying to make big improvements or changes in my life a long time ago.	1 2 3 4 5 6

40. I know that I can trust my friends, and they know they can trust me.	1 2 3 4 5 6
41. I sometimes feel as if I've done all there is to do in life.	1 2 3 4 5 6
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1 2 3 4 5 6

Appendix E

AFAS

Instructions: The following questions are concerned with how you perceive yourself across a variety of issues. For each statement, respond by circling the number that best represents your agreement with that statement. Many of the items are similar, so read each statement carefully.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1. Fat people are less sexually attractive than thin people.	1	2	3	4	5
2. I would have no problem dating someone overweight.	1	2	3	4	5
3. On average, fat people are lazier than thin people.	1	2	3	4	5
4. A person's weight is a genetic issue, so fat people are not to blame for their weight.	1	2	3	4	5
5. It is disgusting when a fat person wears a bathing suit at the beach.	1	2	3	4	5
6. Fat or thin, I have friends who are both.	1	2	3	4	5
7. I tend to think that people who are overweight are a little untrustworthy.	1	2	3	4	5

8. Overweight people are just as smart or dumb as thin.	1	2	3	4	5
9. I have a hard time taking fat people too seriously.	1	2	3	4	5
10. I have many close friends who are overweight.	1	2	3	4	5
11. Fat people make me feel somewhat uncomfortable.	1	2	3	4	5
12. If I were an employer, I would have no problem hiring someone overweight.	1	2	3	4	5
13. Fat people can be just as attractive as thin people.	1	2	3	4	5
14. I would never date a fat person.	1	2	3	4	5
15. On average, fat people are just as active as thin people.	1	2	3	4	5
16. Fat people have only themselves to blame for their weight.	1	2	3	4	5
17. There is nothing wrong with an overweight person wearing a bathing suit at the beach.	1	2	3	4	5
18. I really don't like fat people much.	1	2	3	4	5

19. I have no problems trusting overweight people.	1	2	3	4	5
20. Although some fat people are surely smart, I think they tend not to be quite as bright as normal weight people.	1	2	3	4	5
21. I take overweight people seriously.	1	2	3	4	5
22. I don't have many friends who are fat.	1	2	3	4	5
23. I am very comfortable being around overweight people.	1	2	3	4	5
24. If I were an employer looking to hire, I might avoid hiring a fat person.	1	2	3	4	5

Appendix F

ATDP

Disabled people in this questionnaire refer to people with physical or motor and visual disabilities only, not hearing or mental disabilities.

Mark each statement according to how much you agree or disagree with it. Please mark every one by circling the number that best fits your answer. Use the following numbers to indicate how you feel in each case:

+1 = I agree a little -1 = I disagree a little

+2 = I agree pretty much -2 = I disagree pretty much

+3 = I agree very much -3 = I disagree very much

1. Parents of children with disabilities should be less strict than other parents.	-3 -2 -1 +1 +2 +3
2. Persons with physical disabilities are just as intelligent as nondisabled ones.	-3 -2 -1 +1 +2 +3
3. People with disabilities are usually easier to get along with than other people.	-3 -2 -1 +1 +2 +3
4. Most people with disabilities feel sorry for themselves.	-3 -2 -1 +1 +2 +3
5. People with disabilities are often the same as anyone else.	-3 -2 -1 +1 +2 +3
6. There should not be special schools for children with disabilities.	-3 -2 -1 +1 +2 +3
7. It would be best for persons with disabilities to live and work in special communities.	-3 -2 -1 +1 +2 +3
8. It is up to the government to take care of persons with disabilities.	-3 -2 -1 +1 +2 +3

9. Most people with disabilities worry a great deal.	-3 -2 -1 +1 +2 +3
10. People with disabilities should not be expected to meet the same standards as people without disabilities.	-3 -2 -1 +1 +2 +3
11. People with disabilities are as happy as people without disabilities.	-3 -2 -1 +1 +2 +3
12. People with severe disabilities are no harder to get along with than those with minor disabilities.	-3 -2 -1 +1 +2 +3
13. It is almost impossible for a person with a disability to lead a normal life.	-3 -2 -1 +1 +2 +3
14. You should not expect too much from people with disabilities.	-3 -2 -1 +1 +2 +3
15. People with disabilities tend to keep to themselves much of the time.	-3 -2 -1 +1 +2 +3
16. People with disabilities are more easily upset than people without disabilities.	-3 -2 -1 +1 +2 +3
17. People with disabilities cannot have a normal social life.	-3 -2 -1 +1 +2 +3
18. Most people with disabilities feel that they are not as good as other people.	-3 -2 -1 +1 +2 +3
19. You have to be careful what you say when you are with people with disabilities.	-3 -2 -1 +1 +2 +3
20. People with disabilities are often grumpy.	-3 -2 -1 +1 +2 +3