

## Elite Repudiation of the R-Word and Public Opinion About Intellectual Disability

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### Abstract

Part of the motivation for encouraging elite stakeholders—like governments, professionals, and advocacy groups—to replace the language of “mental retardation” with “intellectual disability” (ID) is the belief that elite endorsement could undermine negative attitudes and influence the public to follow suit. We examine the veracity of this expectation empirically with an experiment that exposed individuals to information about endorsements of the terminology change made by the federal government, Special Olympics, or professional psychologists. We subsequently measured attitudes about persons with ID and the language used to describe ID. Results indicate that exposure to information about elite endorsement of the terminological shift either exacerbated negative attitudes or had no effect, suggesting that other factors may have primacy over “expert” opinion.

**Key Words:** *intellectual disabilities; terminology; public opinion; elite stakeholders*

*I think Rosa's brother Nick put it best... He said, "What you call people is how you treat them. If we change the words, maybe it will be the start of a new attitude towards people with disabilities." President Obama, at the signing ceremony for Rosa's Law (Obama, 2010)*

Attitudes toward persons with intellectual disabilities are persistently and markedly negative (Siperstein, Norins, & Mohler, 2007), leading researchers and advocates to pursue multiple intervention strategies. These strategies center on increasing contact with persons with intellectual disabilities (McManus, Feyes, & Saucier, 2011), educating the public about intellectual disabilities (Yazbeck, McVilly, & Parmenter, 2004), or protesting stigma and discrimination against persons with intellectual disabilities (Walker & Scior, 2013). One strategy that has greatly increased in prominence over the last 10 years, utilizing elements of all three of the aforementioned categories of intervention, is advocacy to eliminate the use of the word *retarded* (“the r-word”) to describe persons with intellectual disabilities. In addition to advocating for the elimination of the r-word among the general public, persons with intellectual disabilities and their families have encouraged elite stakeholders—like governments,

professionals, and advocacy groups—to formalize this change in terminology.

Little research, however, examines empirically whether information about such formal changes in terminology translates into real changes in attitudes toward persons with intellectual disabilities or influences how people think about the r-word. Research has found that elite stakeholders—individuals and groups, like government and experts, who occupy positions of power, access, and influence—are important drivers of public opinion, providing people with important cues in low information environments (Chaiken, 1980). Little of this research focuses on disability issues; yet, headlines such as “Court Throws Out ‘Mental Retardation’” (Mauro, 2014), “Congress Eliminates the R-word” (Park, 2010), and “Special Olympics Fights Use of Word ‘Retard’” (Associated Press, 2009) illustrate a tight coupling between the terminology shift and elite endorsement. Further, for members of the public who have little contact with persons with intellectual disabilities, media information about elite endorsement of the terminology shift may be the central route through which they learn about this issue and could be critical to shaping their response. With this in mind, we use an original experiment to examine how exposure

to information about elite endorsement of shifting terminology affects attitudes toward persons with intellectual disabilities and the use of the r-word.

### Elites Changing Terms

People with intellectual disabilities have advocated for the removal of the r-word since the inception of the U.S. self-advocacy movement in the 1970s, and many parental advocacy agencies have followed (Carey 2009; Vanhala, 2011). One of the most visible efforts by an elite stakeholder to end the use of the r-word is the Spread the Word to End the Word movement sponsored by the Special Olympics. At the urging of its athletes, the Special Olympics began its campaign to end the use of the r-word in 2004. The Spread the Word to End the Word campaign launched in 2009 and targets young people on college campuses and at K-12 schools, urging students to “pledge” online to stop using the r-word in a derogatory manner.

Although campaign events give students and faculty opportunities to hear the testimony of peers and people with intellectual disabilities on the harmfulness of the r-word, the campaign’s media success makes it equally likely that a person may learn about the terminology shift through television, radio, print media, or the internet. The campaign has been featured in many popular media outlets, including CNN, NBC, ABC, and *The New York Times*.

Additionally, the r-word campaign has broadened from a peer-to-peer intervention to a national public policy, as the federal government is another elite stakeholder to endorse the terminology change. Inspired by the family of Rosa Marcelliano, Maryland Senator Barbara Mikulski advocated for the passage of Rosa’s Law (2010), which President Obama signed into law in October 2010, replacing the term *mental retardation* with *intellectual disability* in federal health, education, and labor statutes (Ford, Acosta, & Sutcliffe, 2013). In 2013, the Social Security Administration announced in a final rule published in the *Federal Register* that it would no longer use the term “mental retardation” (Social Security Advisory Board, 2013). In 2014, the Supreme Court endorsed the terminology shift in *Hall v. Florida*, in both the majority decision and the dissent.

Professional organizations representing the foremost experts on intellectual disabilities have also stopped using the language of “mental re-

tardation.” In 2010, the American Association on Intellectual and Developmental Disabilities (AAIDD)—the oldest and largest organization of professionals working on behalf of intellectual and developmental disabilities—replaced the label “mental retardation” with the term “intellectual disability” in the 11th edition of its definitions and classification manual, *Intellectual Disability: Definition, Classification, and Systems of Supports* (Schalock, 2010). The AAIDD’s change helped precipitate a parallel shift in terminology by the American Psychiatric Association (APA) in the fifth edition of their *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (APA, 2013). In the DSM-V, published in 2013, the term “intellectual disability” replaced “mental retardation.” The APA cited aligning the terminology used in the DSM with that used by professional organizations like AAIDD among the motivations for this change (American Psychiatric Association, 2013).

### Elites Changing Public Perceptions?

A major part of the motivation for encouraging elite stakeholders—like the Special Olympics, the federal government, AAIDD, and APA—to abandon the language of “mental retardation” and replace it with the term “intellectual disability” is the expectation that a change in the official terminology can undermine negative attitudes (Ford et al., 2013; Fujiura, 2013). Existing research suggests that such an expectation for positive change is not unreasonable, especially given the unique power of elite stakeholders—like governments (e.g., via new laws) and those with expertise in intellectual disabilities (e.g., Special Olympics, APA)—to facilitate attitude change. By formalizing the terminology change, elite stakeholders give the public important cues about how to change their attitudes.

Experts tend to be very persuasive, and many people regard expert communications as reliable shortcuts in decision making, based on the heuristic belief that expert statements are correct (Bohner, Ruder, & Erb, 2002; Petty, Cacioppo, & Goldman, 1981). This is particularly true in situations that are less personally relevant to the people receiving the expert communication (Petty et al., 1981). Accordingly, upon learning that experts deem the language of mental retardation inappropriate, research suggests that people are likely to conform to this view, especially those for whom the issue is of little personal relevance (e.g., those who do not

have close family members or friends with intellectual disabilities). There are many different kinds of “experts” in the field of intellectual disabilities, including academic and medical authorities, parents, and people with intellectual disabilities themselves (Carlson, 2010). Indeed, the campaign to end the r-word itself reflects contestations over expertise in the field of intellectual disabilities, as parents and self-advocates have fought for the authority to name themselves or avoid labels altogether (Carey, 2009).

Government and politics can be similarly persuasive, however, and have played an especially important role in influencing negative attitudes toward marginalized groups. Changes in racial attitudes and increased support for norms of racial equality among Whites, for example, are strongly associated with changes in racial politics. In particular, the passage of legislation appears to have been especially effective at facilitating attitude change (Allport, 1954; Schuman, Steeh, Bobo, & Krysan, 1998). New laws alter the context in which attitudes are formed and, thereby, contribute to changes in attitudes (Berger, 1952). When legal changes prohibit certain intolerant behaviors, for example, it becomes much more difficult to develop attitudes of intolerance and easier to develop attitudes of tolerance toward outgroups. Also, because people typically agree with the law and internalize its values, the mere existence of laws prohibiting discrimination can affect prejudice (Bonfield, 1965).

Yet, it is also possible for elite stakeholders' endorsement of the terminology shift to have the counterintentional effects of intensifying negative attitudes. Research on mental illness stigma, for example, suggests that encouraging people to change or suppress stigmatizing attitudes about persons with mental illness can lead to rebound effects whereby attitudes actually become worse as protest efforts make existing negative attitudes more salient (Corrigan & Penn, 1999; Corrigan & Wassel, 2008). Similarly, research examining the effects of policy interventions on attitudes about gender has found that exposure to sexual harassment policies activated male-advantaged gender beliefs, despite the fact that the goal of these policies was to mitigate gender inequality (Tinkler, Li, & Mollborn, 2007).

Taken together, research examining how changes made by elite stakeholders affect attitudes

toward members of marginalized groups suggests competing hypotheses:

- H1a: Exposure to information about decisions by elite stakeholders to end the use of the r-word will *weaken* negative attitudes about persons with intellectual disabilities and *discourage* the use of the r-word.
- H1b: Exposure to information about decisions by elite stakeholders to end the use of the r-word will *strengthen* negative attitudes about persons with intellectual disabilities and *encourage* the use of the r-word.

To adjudicate between these hypotheses, we conducted an original experiment examining how exposure to information about elite stakeholders' decision to change terminology affects attitudes toward people with intellectual disabilities and the use of the r-word. An experimental research design was ideal because it allowed for making strong causal inferences about the relationships between information about the terminology shift and attitudes about intellectual disability that we could not make in the absence of experimental manipulations.

### Intellectual Disabilities Language Attributions Study

The Intellectual Disabilities Language Attributions Study was conducted via the internet, using Amazon Mechanical Turk (<https://www.mturk.com/>) to recruit participants. Mechanical Turk is an internet-based platform for recruiting and paying subjects to perform “human intelligence tasks” and is becoming increasingly popular for recruiting subjects to participate in social scientific research (Berinsky, Huber, & Lenz, 2012). In the information about our study provided to Mechanical Turk Workers, we indicated that we were looking for participants “interested in completing a survey on political and social issues” and greatly appreciated their cooperation “in helping us to collect quality data for academic research.” We also indicated that workers needed to be 18 years of age or older and citizens of the United States to be eligible for participation. Also, our study was only open to Mechanical Turk Workers who had a history of good work performance (i.e., those who had a 95% or better approval rating for their past work on Mechanical Turk); they were each paid 75 cents for participating in our study.

There were 461 participants in this experiment. The average age for participants was 32 years old, and the median level of educational attain-

ment was a 2-year college or technical degree. The median family income was \$35,001–\$45,000. Around 77 percent of the participants were White, and approximately 60 percent were male. Participants' assignment to the experimental conditions appears in Table 1.

After first answering questions about basic political predispositions, participants were randomly assigned to one of four treatment groups or the control group and asked to answer a series of questions measuring attitudes about persons with intellectual disabilities and the use of the r-word. In each treatment group, participants were told: *Some consider the word "retarded" to be an offensive term and prefer that the term "intellectual disability" be used instead.* In one treatment condition (the "No Attribution" condition), participants did not receive any additional information beyond this initial statement. The purpose of the "No Attribution" condition was to distinguish responsiveness to the message that the r-word is offensive from responsiveness to the terminological changes implemented by elite stakeholders. In the remaining three treatment conditions, participants received information about a decision to replace the language of mental retardation with intellectual disability by different elite stakeholders. In the "Federal Government" condition, the treatment described the decision made by the federal government to change the language used in federal policies. In the "Professional Psychologists"

condition, the treatment described the decision made by professional psychologists to change the language used in their diagnostic manual. In the "Special Olympics" condition, the treatment described the decision made by the Special Olympics to change the language used in their official terminology. The control group received no information about the change in terminology and they did not read any statement about the offensiveness of the r-word.

We designed the treatment conditions to mimic the brevity of exposure typically associated with receiving information through news media, particularly among the "habitually inattentive and often distracted audience" that Americans are known to be (Kinder, 2003, p. 371). Further, existing research has shown that elite stakeholders are most persuasive when they provide information that is both *simple* and *decisive* (Kinder, 2003); hence the limited amount of superfluous detail provided in the experimental treatments. See the appendix for the exact wording of the treatment conditions and all other questions used in the analyses presented herein.

To measure attitudes toward persons with intellectual disabilities, participants completed a shortened version of the Mental Retardation Attitude Inventory-Revised (MRAI-R, Antonak & Harth, 1994). We condensed the MRAI-R from 29 to 16 questions, selecting four questions from each of the four subscales. The Integration-Segregation subscale measures attitudes about integrating and segregating people with intellectual disabilities. The Social Distance subscale measures people's willingness to live near or associate with people with intellectual disabilities. The Private Rights subscale measures beliefs about individuals' private right to discriminate against persons with intellectual disabilities; and the Subtle Derogatory Beliefs subscale measures individuals' derogatory beliefs about persons with intellectual disabilities. Participants answered each question composing the MRAI-R scale using a four-point Likert-type scale, ranging from *Strongly Agree* to *Strongly Disagree*.

We abbreviated the MRAI-R due to constraints on the length of our study and concerns about attrition. We took great care to eliminate only questions whose substantive content seemed to be captured by the questions that we chose to keep. For example, from the Integration-Segregation subscale, we eliminated questions asking whether "School officials should not place children with intellectual disabilities/mental retardation (ID/MR) and chil-

Table 1  
*Assignment to Experimental Condition*

Experimental Condition	<i>n</i>
Control Group	75
Federal Government Condition	106
No Attribution Condition	90
Professional Psychologist Condition	98
Special Olympics Condition	92
<i>Total</i>	461

*Note.* Because assignment to each experimental condition was truly random, obtaining groups of equal size could not be guaranteed. The treatment groups and the control group did not significantly differ across a range of demographic measures, including education, income, sex, race, party identification, and political ideology.

dren without ID/MR in the same classes” and whether “Assigning high school students who have ID/MR and who do not have ID/MR to the same classes is more trouble than it is worth,” but we kept a question asking whether “The child with ID/MR should be integrated into regular classes in school.”

Despite having abbreviated the MRAI-R, the alpha reliability coefficient for the overall scale in our study ( $\alpha = .87$ ) was similar to the reliability coefficient obtained by Antonak & Harth (1994;  $\alpha = .91$ ). The reliability coefficient for the Subtle Derogatory Beliefs subscale of our abbreviated MRAI-R was identical to that obtained by Antonak & Harth (1994;  $\alpha = .73$ ); and the reliability coefficient for our Social Distance subscale ( $\alpha = .80$ ) was very close to that obtained by Antonak & Harth (1994;  $\alpha = .82$ ). The reliability coefficients for our Integration-Segregation subscale ( $\alpha = .68$ ) and Private Rights subscale ( $\alpha = .58$ ), however, were both lower than those obtained by Antonak & Harth (1994;  $\alpha = .81$  and  $\alpha = .76$ , respectively).

Though the reliability coefficients for the Integration-Segregation and Private Rights subscales suggest low internal consistency among the items composing them, these low reliability coefficients also may be due to the length (i.e., number of items) and width (i.e., value range for each item) of the scales (Spiliotopoulou, 2009; Voss, Stem, & Fotopoulos, 2000). Correcting for the length of the Private Rights subscale by computing the mean inter-item correlation, however, suggests that this subscale is actually as internally consistent as a 12-item scale with a reliability coefficient of  $\alpha = .80$ . Further, the fact that these items are from known, prevalidated scales suggests that their use is appropriate.

To measure attitudes about the use of the r-word, after exposure to the treatment (or at the start of the experiment for those in the control group), participants answered a series of original questions regarding the r-word. First, they answered a question indicating the extent to which they agreed or disagreed that the r-word is offensive using a five-point Likert-type scale. Participants also answered questions indicating the extent to which they felt it was appropriate to use the r-word as a joke and as an insult, using a five-point scale ranging from *Always Appropriate* to *Always Inappropriate*. As a final measure of participants' attitudes about the use of the r-word, they were asked whether they would be willing to pledge to

stop using the r-word in a derogatory manner and to support its elimination as a derogatory term from everyday speech. If participants indicated they were willing to do so, they were redirected to the Spread the Word to End the Word website to post their pledge at the end of the survey.

Because quality of contact is known to be a strong predictor of attitudes toward persons with intellectual disabilities (McManus et al., 2011), we also included a measure of quality of contact with persons with intellectual disabilities in this study. Quality of contact was measured using five items ( $\alpha = .79$ ) adapted from questions used by McManus et al. (2011). Participants answered each of the quality of contact questions using a nine-point Likert-type scale, ranging from *Agree Very Strongly* to *Disagree Very Strongly*.

Similarly, family and friends wield substantial influence over individuals' attitudes in general, and attitudes about the use of the r-word in particular (Siperstein, Pociask, & Collins, 2010). Hence, we included an original measure about family and friends use of the r-word. Using a five-point Likert-type scale, participants indicated the extent to which they agreed or disagreed that family and friends frequently use the r-word to refer to people with intellectual disabilities.

For the MRAI-R and quality of contact questions, we referred to persons with “intellectual disabilities/mental retardation.” We used both terms because we sought to avoid the appearance of privileging either term, and potentially biasing our results. We also clearly indicated that intellectual disability is also known as mental retardation in the instructions for the MRAI-R and quality of contact measures.

Summary information for each of the dependent variables and quality of contact, by treatment condition, appears in Appendix B.

## Analysis and Results

To test our hypotheses, we estimated ordinary least squares (OLS) regression models predicting each of the four MRAI-R subscales, and we estimated logistic regression models predicting each of the four measures of attitudes about the use of the r-word, with dummy variables for each of the treatment conditions as predictors (and the control group as the baseline). Each model also controlled for quality of contact with persons with intellectual disabilities, after we first determined that none of

the treatment conditions had significant relationships with quality of contact. Given the important role that quality of contact is known to play in attitudes toward persons with intellectual disabilities, we expected its inclusion as a covariate to add precision to our estimates of the treatment effects (Mutz, 2011).

Several of the treatment conditions had significant relationships with our measure of family members' and friends' use of the *r*-word, which made this measure inappropriate to include as a control variable. The significant relationships with the treatment conditions, however, suggest that participants may have been more mindful of family members' and friends' use of the *r*-word as a result of exposure to the treatments. Considering the importance of family and friends to individuals' attitudes, effects of the treatment conditions on attitudes about intellectual disability and the *r*-word could plausibly be mediated by assessments of how family members and friends use the *r*-word. With this in mind, we examined whether the measure of family members' and friends' use of the *r*-word mediated relationships between the treatment conditions and our primary dependent variables. Results of the models predicting the MRAI-R subscales appear in Table 2, and results of the models predicting attitudes about the use of the *r*-word appear in Table 4.

**Attitudes toward persons with intellectual disabilities.** As indicated in Table 2, each of the treatment conditions is associated with less support for mainstream integration of persons with intellectual disabilities. This suggests that, relative to the control group, exposure to information about replacing the language of mental retardation with intellectual disability in all of the contexts examined had the counterintentional effect of bolstering support for segregating persons with intellectual disabilities. This effect was strongest, however, for those exposed to the professional psychologists' treatment condition.

None of the treatment conditions had a statistically significant effect on people's willingness to live near or be associated with people with intellectual disabilities. Thus, it appears that exposure to information about replacing the language of mental retardation with intellectual disability in the contexts examined in this study neither bolstered nor undermined this particular subset of attitudes toward persons with intellectual disabilities.

Also indicated in Table 2, only the professional psychologist condition had a statistically significant effect on attitudes about the private rights of individuals to discriminate against persons with intellectual disabilities. Participants in the professional psychologist condition expressed significantly less opposition than those in the control group to discrimination against persons with intellectual disabilities by private individuals.

The professional psychologist condition also had a statistically significant effect on subtle derogatory beliefs. Participants exposed to the information about professional psychologists' decision to stop using the *r*-word had more derogatory beliefs about persons with intellectual disabilities than those in the control group. Additional analyses, however, indicate that the relationship between exposure to the professional psychologist condition and subtle derogatory beliefs about persons with intellectual disabilities was mediated by whether family and friends frequently use the *r*-word to refer to people with intellectual disabilities. Table 3 presents the results for this mediated relationship, which is confirmed by a Sobel test for mediation (Baron & Kenny, 1986).

Three of the treatment conditions—the federal government, no attribution, and professional psychologist conditions—were associated with more agreement with the statement that family members and friends frequently use the *r*-word to refer to people with intellectual disabilities, but this effect was strongest for those in the professional psychologist condition. The actual frequency with which participants' family members and friends use the *r*-word to refer to people with intellectual disabilities is exogenous to this experiment. Hence, the significant effects of exposure to the experimental treatments suggest that the treatment conditions may have primed participants to consider the extent to which their family and friends use the *r*-word and made their usage more salient. For those in the professional psychologist condition, the increased salience of participants' family members' and friends' use of the *r*-word was then associated with increased subtle derogatory beliefs relative to those in the control group. Interestingly, none of the other observed relationships between the treatment conditions and the MRAI-R subscales were mediated by whether family and friends frequently use the *r*-word to refer to people with intellectual disabilities.

Table 2  
OLS Regression Results Predicting Abbreviated Mental Retardation Attitude Inventory-Revised

Variable	INSE	SDIS	PRRT	SUBD
Federal Government Condition	−0.674** (0.294)	0.136 (0.283)	−0.112 (0.316)	−0.112 (0.290)
No Attribution Condition	−0.657** (0.304)	0.105 (0.294)	−0.336 (0.329)	−0.233 (0.299)
Professional Psychologist Condition	−0.962*** (0.299)	−0.415 (0.289)	−0.959*** (0.323)	−0.621** (0.294)
Special Olympics Condition	−0.635** (0.303)	0.040 (0.293)	−0.101 (0.326)	−0.337 (0.298)
Quality of Contact With Persons With ID	0.148*** (0.013)	0.178*** (0.012)	0.132*** (0.014)	0.146*** (0.013)
Constant	3.846***	4.666***	5.109***	4.192***
N	457	453	454	449
F Statistic	29.63***	43.25***	20.47***	27.72***
Adjusted R-Squared	0.2389	0.3185	0.1769	0.2297

Note. INSE = support for *mainstream integration of persons with ID* and ranges in value from 0 to 12, where higher values indicate greater support for mainstream integration; SDIS = willingness to have less *social distance from persons with ID* and ranges in value from 2 to 12, where higher values indicate greater willingness to live near or be associated with persons with ID; PRRT = opposition to *discrimination against persons with ID by private individuals* and ranges in value from 1 to 12, where higher values indicate greater opposition to discrimination against persons with ID; SUBD = opposition to *subtle derogatory beliefs about persons with ID* and ranges in value from 1 to 12, where higher values indicate greater opposition to subtle derogatory beliefs about persons with ID. Quality of Contact with Persons with ID ranges in value from 0 to 40, where higher values indicate greater quality of contact with persons with intellectual disabilities. Coefficients are unstandardized. The control group is the reference group in each regression model. Standard error estimates are in parentheses.

\*\* $p < .05$  (two-tailed test). \*\*\* $p < .01$  (two-tailed test).

**Attitudes about the use of the r-word.** Of the four measures of attitudes about the use of the r-word, the treatment conditions had a significant effect only on participants' beliefs about whether the r-word is offensive. As indicated in Table 4, those exposed to information about professional psychologists' decision to replace the language of mental retardation with intellectual disability were about 23 percent *less* likely than those in the control group to agree that the r-word is an offensive term.

### Discussion and Conclusions

The study presented herein found that exposing people to information about changes in terminology used to describe intellectual disability had either no effect on attitudes or made attitudes worse. These results are consistent with prior

research that finds mixed results between attitudes and terminology (Hemphill & Siperstein, 1990; Panek & Smith, 2005; Siperstein et al., 2007). Our study, however, provides unique insight into the effects that elite stakeholders can have on attitudes about intellectual disabilities. In particular, the findings presented herein suggest that the second of the two competing hypotheses we proposed—that exposure to information about decisions by elite stakeholders to end the use of the r-word would strengthen negative attitudes about persons with intellectual disabilities and encourage the use of the r-word (H1b)—is most accurate.

We examined the effects of four messages about the terminology shift. One simply highlighted the r-word's perceived offensiveness and a preference for the term "intellectual disability," but the remaining three described formal terminology

**Table 3**  
*Use of R-Word to Refer to People With ID by Family and Friends Mediates the Effect of the Professional Psychologist Condition on Subtle Derogatory Beliefs About Persons With ID (Intellectual Disability)*

Variable	Effect on Mediator		Effect on SUBD	
	Family/Friends Use R-Word to Refer to People With ID	Without Mediator	With Mediator	
Federal Government Condition	0.685** (0.277)	-0.112 (0.290)	-0.006 (0.290)	
No Attribution Condition	0.512* (0.287)	-0.233 (0.299)	-0.167 (0.299)	
Professional Psychologist Condition	1.052*** (0.281)	-0.621** (0.294)	-0.469 (0.296)	
Special Olympics Condition	0.448 (0.285)	-0.337 (0.298)	-0.276 (0.296)	
Quality of Contact With Persons With ID	-0.048*** (0.012)	0.146*** (0.013)	0.139*** (0.013)	
Family/Friends Use R-Word			-0.237*** (0.078)	
Sobel Test Professional Psychologist (z)			-2.358**	
Constant		4.192***	4.849***	
N	458	449	448	
LR Chi-Squared/F Statistic	30.59***	27.72***	24.99***	
Pseudo/Adjusted R-Squared	0.0237	0.2297	0.2436	

*Note.* Family/Friends Use of R-Word to Refer to People With ID is a five-point Likert-type scale, coded 1-5, where 1 indicates strongly disagreeing and 5 indicates strongly agreeing that family and friends frequently use the r-word to refer to people with ID. SUBD = opposition to *subtle derogatory beliefs about persons with ID* and ranges in value from 1 to 12, where higher values indicate greater opposition to subtle derogatory beliefs about persons with ID. Quality of Contact With Persons With ID ranges in value from 0 to 40, where higher values indicate greater quality of contact with persons with intellectual disabilities. Coefficients are unstandardized estimates from an ordered logit model (for Family/Friends Use of R-Word) and ordinary least squares regression models (for SUBD). The control group is the reference group in each regression model. Standard error estimates are in parentheses.

\* $p < .10$  (two-tailed test). \*\* $p < .05$  (two-tailed test). \*\*\* $p < .01$  (two-tailed test).

changes implemented by different elite stakeholders—the federal government, professional psychologists, and the Special Olympics. All four messages were associated with less support for mainstream integration of persons with intellectual disabilities in comparison to the control group, but the professional psychologist attribution had the most consistently negative effect on attitudes and was associated with a lower likelihood of finding the r-word offensive. Further, the professional psychologist condition appeared to heighten the salience of the extent to which family members and friends use the r-word among

participants in our experiment, and this increased salience was associated with greater endorsement of subtle derogatory beliefs about persons with intellectual disabilities.

The negative response to the professional psychologist condition may be due to the public's general ambivalence toward the medical profession (Schlesinger, 2002) and toward psychologists in particular. Many people lack understanding about the qualifications of psychologists (Farberman, 1997) and perceive psychology as less scientific in comparison to other scientific fields (Lilienfeld, 2012). Consistent with existing research on per-

Table 4  
Logistic Regression Results Predicting Attitudes and Behavior Regarding the R-Word

Variable	R-Word Is Offensive	R-Word Is Inappropriate as Joke	R-Word Is Inappropriate as Insult	Pledge Not to Use R-Word
Federal Government Condition	−0.487 (0.321)	0.008 (0.316)	−0.301 (0.354)	0.002 (0.318)
No Attribution Condition	−0.223 (0.335)	−0.106 (0.326)	−0.430 (0.364)	−0.089 (0.328)
Professional Psychologist Condition	−0.679** (0.324)	0.019 (0.322)	−0.272 (0.362)	0.051 (0.321)
Special Olympics Condition	−0.384 (0.331)	0.178 (0.328)	−0.045 (0.372)	0.136 (0.325)
Quality of Contact With Persons With ID	0.030** (0.014)	0.058*** (0.014)	0.082*** (0.015)	0.086*** (0.015)
Constant	0.085	−0.951**	−0.803*	−2.388***
N	458	459	458	459
LR Chi-Squared	10.42*	18.65***	33.29***	37.05***
Pseudo R-Squared	0.0170	0.0304	0.0605	0.0589

Note. “R-Word Is Offensive” is coded such that 1 indicates agreeing that the r-word is an offensive term, and 0 indicates either disagreeing or neither agreeing nor disagreeing that the r-word is an offensive term. “R-Word Is Inappropriate as Joke” is coded such that 1 indicates feeling that it is *frequently* or *always* inappropriate to use the r-word as a joke, and 0 indicates feeling that it is *sometimes*, *frequently*, or *always* appropriate to use the r-word as a joke. “R-Word Is Inappropriate as Insult” is coded such that 1 indicates feeling that it is *frequently* or *always* inappropriate to use the r-word as an insult, and 0 indicates feeling that it is *sometimes*, *frequently*, or *always* appropriate to use the r-word as an insult. “Pledge Not to Use R-Word” is coded such that 1 indicates a willingness to pledge to stop using the r-word in a derogatory manner and be automatically redirected to the Spread the Word to End the Word website to post this pledge, and 0 indicates being unwilling to pledge to stop using the r-word in a derogatory manner. Quality of Contact With Persons With ID ranges in value from 0 to 40, where higher values indicate greater quality of contact with persons with intellectual disabilities. Coefficients are unstandardized. The control group is the reference group in each regression model. Standard error estimates are in parentheses.

\* $p < .10$  (two-tailed test). \*\* $p < .05$  (two-tailed test). \*\*\* $p < .01$  (two-tailed test).

suasion and attitude change (e.g., Pornpitakpan, 2004), the persuasiveness of the message likely depends on the perceived credibility of the messenger; it may be the case that professional psychologists are perceived by some members of the public as lacking credibility, triggering the rebound effects that we observed. This line of reasoning, however, is primarily speculative, and more research is needed to determine how the public interprets elite messengers of disability politics.

Further, as expected, our results also confirm the important role played by quality of contact on attitudes toward people with intellectual disabilities and the r-word. Quality of contact was a strong predictor of attitudes toward persons with intellec-

tual disabilities, attitudes about the use of the r-word, and participants’ willingness to pledge to stop using the r-word in a derogatory manner. Hence, taken together, our results suggest that elite stakeholders can move attitudes about intellectual disability, but this movement does not occur in isolation. Factors like quality of contact with persons with a disability may in fact have primacy over “expert” opinion.

Despite broadening our understanding of the role that elite stakeholders can play in shaping attitudes about intellectual disability, there are important limitations to this study. First, as with most one-shot experimental research studies, the duration of the effects we observed is not clear.

Further, our experiment did not allow us to observe the effects of repeated exposure to information about decisions to eliminate the use of the r-word or information from multiple sources. The real-world information environment is dynamic and multifaceted, and, unfortunately, few social scientific studies can mimic such processes (Lau & Redlawsk, 2006).

An additional limitation of our study is that we examined only a small subset of the stakeholders who might wield some influence over attitudes about intellectual disability. For instance, we did not examine the effects of self-advocacy or parental advocacy on attitudes. Going forward, it will be useful to clarify the roles of a broader range of stakeholders in shaping attitudes about intellectual disability.

These limitations notwithstanding, the fact that different elite stakeholders' advocacy to end the use of the r-word engendered different effects on attitudes suggests that greater attention to the role of advocacy sources could be critical to understanding which strategies are most effective at changing attitudes. However, this work also highlights the fact that undermining negative attitudes about intellectual disability is a complicated process, and advocates must take great care to avoid reinforcing the very attitudes that they seek to change.

## References

- Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Intellectual disability fact sheet*. Retrieved from <http://www.dsm5.org/Documents/Intellectual%20Disability%20Fact%20Sheet.pdf>
- Antonak, R. F., & Harth, R. (1994). Psychometric analysis and revision of the Mental Retardation Attitude Inventory. *Mental Retardation*, 32(4), 272-280.
- Associated Press. (2009). *Special Olympics fights use of word 'retard.'* Retrieved from [http://www.nbcnews.com/id/29981699/ns/us\\_news-life/t/special-olympics-fights-use-word-retard/#.U6xFKPldWWF](http://www.nbcnews.com/id/29981699/ns/us_news-life/t/special-olympics-fights-use-word-retard/#.U6xFKPldWWF)
- Baron, R., & Kenny, D. (1986) The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173–1182
- Berger, M. (1952). *Equality by Statute: legal controls over group discrimination*. New York, NY: Columbia University Press.
- Berinsky, A. J., Huber, G. A., & Lenz, G. S. (2012). Evaluating online labor markets for experimental research: Amazon.com's mechanical turk. *Political Analysis*, 20(3), 351-368. <http://dx.doi.org/10.1093/pan/mpr057>
- Bohner, G., Ruder, M., & Erb, H. P. (2002). When expertise backfires: Contrast and assimilation effects in persuasion. *British Journal of Social Psychology*, 41(4), 495-519. <http://dx.doi.org/10.1348/014466602321149858>
- Bonfield, A. E. (1965). The role of legislation in eliminating racial discrimination. *Race & Class*, 7(2), 107-122. <http://dx.doi.org/10.1177/030639686500700201>
- Carey, A. C. (2009). *On the margins of citizenship: Intellectual disability and civil rights in twentieth-century America*. Philadelphia, PA: Temple University Press.
- Carlson, L. (2010). Who's the expert? Rethinking authority in the face of intellectual disability. *Journal of Intellectual Disability Research*, 54(1), 58-65. <http://dx.doi.org/10.1111/j.1365-2788.2009.01238.x>
- Chaiken, S. (1980). Heuristic versus systematic information processing and the use of source versus message cues in persuasion. *Journal of personality and Social Psychology*, 39(5), 752-766. <http://dx.doi.org/10.1037//0022-3514.39.5.752>
- Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, 54(9), 765-776.
- Corrigan, P. W., & Wassel, A. (2008). Understanding and influencing the stigma of mental illness. *Journal of Psychosocial Nursing*, 46(1), 42-48. <http://dx.doi.org/10.3928/02793695-20080101-04>
- Farberman, R.K. (1997). Public attitudes about psychologists and mental health care: Research to guide the American Psychological Association public education campaign. *Professional Psychology: Research and Practice*, 28(2), 128-136. <http://dx.doi.org/10.1037/0735-7028.28.2.128>
- Ford, M., Acosta, A., & Sutcliffe, T. (2013). Beyond terminology: The policy impact of a grass-roots movement. *Intellectual and developmental*

- disabilities*, 51(2), 108-112. <http://dx.doi.org/10.1352/1934-9556-51.2.108>
- Fujiura, G. T. (2013). The demarcation of intellectual disability. *Intellectual and Developmental Disabilities*, 51, 83-85. <http://dx.doi.org/10.1352/1934-9556-51.2.083>
- Hemphill, L., & Siperstein, G. N. (1990). Conversational competence and peer response to mildly retarded children. *Journal of Educational Psychology*, 82(1), 128-134. <http://dx.doi.org/10.1037//0022-0663.82.1.128>
- Kinder, D. R. (2003). Communication and politics in the age of information. In D. O. Sears, L. Huddy, & R. Jervis (Eds.), *Oxford handbook of political psychology* (pp. 357-393). New York, NY: Oxford University Press.
- Lau, R. R., & Redlawsk, D. P. (2006). *How voters decide: Information processing in election campaigns*. New York, NY: Cambridge University Press
- Lilienfeld, S. O. (2012). Public skepticism of psychology: Why many people perceive the study of human behavior as unscientific. *American Psychologist*, 67(2), 111. <http://dx.doi.org/10.1037/a0023963>
- Mauro, T. (2014). *Court throws out 'mental retardation'*: Column. Retrieved from <http://www.usatoday.com/story/opinion/2014/06/01/hall-florida-mental-retardation-intellectual-disability-supreme-court-column/9848687/>
- McManus, J. L., Feyes, K. J., & Saucier, D. A. (2011). Contact and knowledge as predictors of attitudes toward individuals with intellectual disabilities. *Journal of Social and Personal Relationships*, 28(5), 579-590. <http://dx.doi.org/10.1177/0265407510385494>
- Mutz, D. C. (2011). *Population-based survey experiments*. Princeton, NJ: Princeton University Press.
- Obama, B. (2010, October 8). *Remarks by the president at the signing of the 21<sup>st</sup> Century Communications and Video Accessibility Act of 2010* [Speech transcript]. Retrieved from <https://www.whitehouse.gov/the-press-office/2010/10/08/remarks-president-signing-21st-century-communications-and-video-accessib>
- Panek, P. E., & Smith, J. L. (2005). Assessment of terms to describe mental retardation. *Research in developmental disabilities*, 26(6), 565-576. <http://dx.doi.org/10.1016/j.ridd.2004.11.009>
- Park, M. (2010). *Congress eliminates the r-word*. Retrieved from <http://thechart.blogs.cnn.com/2010/09/27/congress-eliminates-the-r-word/>
- Petty, R. E., Cacioppo, J. T., & Goldman, R. (1981). Personal involvement as a determinant of argument-based persuasion. *Journal of Personality and Social Psychology*, 41(5), 847-855. <http://dx.doi.org/10.1037//0022-3514.41.5.847>
- Pornpitakpan, C. (2004). The persuasiveness of source credibility: A critical review of five decades' evidence. *Journal of Applied Social Psychology*, 34(2), 243-281. <http://dx.doi.org/10.1111/j.1559-1816.2004.tb02547.x>
- Rosa's Law, Pub. L. No. 111-256 (2010).
- Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. J., Buntinx, W. H. E., Coulter, D. L., Craig, E. M., Gomez, S. C., Lachapelle, Y., Luckasson, R., Reeve, A., Shogren, K. A., Snell, M. E., Spreat, S., Tasse, M. J., Thompson, J. R., Verdugo-Alonso, M. A., Wehmeyer, M. L., & Yeager, M. H. (2010). *Intellectual disability: Definition, classification, and systems of supports* (11th ed.). Washington, DC: AAIDD.
- Schlesinger, M. (2002). A loss of faith: the sources of reduced political legitimacy for the American medical profession. *Milbank Quarterly*, 80(2), 185-235. <http://dx.doi.org/10.1111/1468-0009.t01-1-00010>
- Schuman, H., Steeh, C., Bobo, L. D., & Krysan, M. (1998). *Racial attitudes in America: Trends and interpretations* (Revised edition ed.). Cambridge, MA: Harvard University Press.
- Siperstein, G. N., Pociask, S. E. & Collins, M. A. (2010). Sticks, stones, and stigma: A study of students' use of the derogatory term "retard." *Intellectual and Developmental Disabilities*, 48(2), 126-134. <http://dx.doi.org/10.1352/1934-9556-48.2.126>
- Siperstein, G. N., Norins, J., & Mohler, A. (2007). Social Acceptance and Attitude Change. In J. W. Jacobson, J. A. Mulick & J. Rojahn (Eds.), *Handbook of Intellectual and Developmental Disabilities* (pp. 133-154). New York, NY: Springer.
- Social Security Advisory Board. (2013). *Social Security Administration changes official terminology from 'mental retardation' to 'intellectual disability'*. Retrieved from <http://www.ssab.gov/PUBLICATIONS/PRESS%20RELEASES/SSA%20Change%20in%20Terminology%20Press%20Release%2008%202013.pdf>
- Spiliotopoulou, G. (2009). Reliability reconsidered: Cronbach's alpha and paediatric assessment in occupational therapy. *Australian Occupational Therapy Journal*, 56(3), 150-155. <http://dx.doi.org/10.1111/j.1440-1630.2009.00785.x>

- Tinkler, J. E., Li, Y. E., & Mollborn, S. (2007). Can legal interventions change beliefs? The effect of exposure to sexual harassment policy on men's gender beliefs. *Social Psychology Quarterly*, 70(4), 480-494. <http://dx.doi.org/10.1177/019027250707000413>
- Vanhala, L. (2011). *Making rights a reality? Disability rights activists and legal mobilization*. Oxford, England: Oxford University Press.
- Voss, K. E., Stem, D. E., Jr., & Fotopoulos, S. (2000). A comment on the relationship between coefficient alpha and scale characteristics. *Marketing Letters*, 11(2), 177-191.
- Walker, J., & Scior, K. (2013). Tackling stigma associated with intellectual disability among the general public: A study of two indirect contact interventions. *Research in developmental disabilities*, 34(7), 2200-2210. <http://dx.doi.org/10.1016/j.ridd.2013.03.024>
- Yazbeck, M., McVilly, K., & Parmenter, T. R. (2004). Attitudes toward people with intellectual disabilities: An Australian perspective.

*Journal of Disability Policy Studies*, 15(2), 97-111. <http://dx.doi.org/10.1177/10442073040150020401>

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## Appendix A

### *Intellectual Disabilities Language Attributions Study Stimulus Material and Questions*

#### **Treatment Conditions**

Note. Participants were randomly assigned to one of the four treatment groups or the control group.

[NO ATTRIBUTION TREATMENT] Some consider the word “retarded” to be an offensive term and prefer that the term “intellectual disability” be used instead.

Next, we would like to get your thoughts about this.

[FEDERAL GOVERNMENT TREATMENT] Some consider the word “retarded” to be an offensive term and prefer that the term “intellectual disability” be used instead. The federal government recently chose to stop using the words “retarded” and “retardation” in federal policies. Federal policies now use the terms “intellectual disability” instead of “mental retardation” and “individual with an intellectual disability” instead of “mentally retarded individual.”

Next, we would like to get your thoughts about this.

[EXPERT TREATMENT I] Some consider the word “retarded” to be an offensive term and prefer that the term “intellectual disability” be used instead. Professional psychologists recently chose to stop using the words “retarded” and “retardation” in the professional manual that they use for diagnosis. This professional manual now uses the terms “intellectual disability” instead of “mental retardation” and “individual with an intellectual disability” instead of “mentally retarded individual.”

Next, we would like to get your thoughts about this.

[EXPERT TREATMENT II] Some consider the word “retarded” to be an offensive term and prefer that the term “intellectual disability” be used instead. The Special Olympics recently chose to stop using the words “retarded” and “retardation” in official terminology. The Special Olympics now uses the terms “intellectual disability” instead of “mental retardation” and “individual with an intellectual disability” instead of “mentally retarded individual.”

Next, we would like to get your thoughts about this.

### **Abbreviated Mental Retardation Attitude Inventory-Revised (MRAI-R)**

The statements below are about people with **intellectual disabilities**, which is also known as **mental retardation**.

Please indicate the extent to which you agree or disagree with the following statements. Remember, we are only interested in your opinions. There are no right or wrong answers.

Strongly Agree

Agree

Disagree

Strongly Disagree

#### Integration-Segregation Subscale:

1. We should integrate people who have intellectual disabilities/mental retardation and who do not have intellectual disabilities/mental retardation into the same neighborhoods.
2. It is a good idea to have separate after-school programs for children who have intellectual disabilities/mental retardation and children who do not have intellectual disabilities/mental retardation.
3. Having people who have intellectual disabilities/mental retardation and who do not have intellectual disabilities/mental retardation work at the same jobsites will be beneficial to both.
4. The child with intellectual disabilities/mental retardation should be integrated into regular classes in school.

#### Social Distance Subscale:

5. I am willing for my child to have children who have intellectual disabilities/mental retardation as close personal friends.
6. I have no objection to attending the movies or a play in the company of people with intellectual disabilities/mental retardation.
7. I would rather not have people with intellectual disabilities/mental retardation as dinner guests with my friends who do not have intellectual disabilities/mental retardation.
8. I would rather not have people with intellectual disabilities/mental retardation live in the same apartment building I live in.

#### Private Rights Subscale:

9. Regardless of his or her own views, a private nursery school director should be required to admit children with intellectual disabilities/mental retardation.
10. Laws requiring employers not to discriminate against people with intellectual disabilities/mental retardation violate the rights of the individual who does not want to associate with people who have intellectual disabilities/mental retardation.
11. Real estate agents should be required to show homes to families with children who have intellectual disabilities/mental retardation regardless of the desires of the homeowners.
12. Campground and amusement park owners have the right to refuse to serve anyone they please, even if it means refusing people with intellectual disabilities/mental retardation.

Subtle Derogatory Beliefs Subscale:

13. People who have intellectual disabilities/mental retardation are not yet ready to practice the self-control that goes with social equality with people without intellectual disabilities/mental retardation.
14. Even though children with intellectual disabilities/mental retardation are in public school, it is doubtful whether they will gain much from it.
15. The problem of prejudice toward people with intellectual disabilities/mental retardation has been exaggerated.
16. Even with equality of social opportunity, people with intellectual disabilities/mental retardation could not show themselves equal in social situations to people without intellectual disabilities/mental retardation.

### Family/Friends Use of R-Word to Refer to People With ID

People who I am close to, such as family and friends, frequently use the words “retard” or “retarded” to refer to people with intellectual disabilities.

1	2	3	4	5
Strongly Agree	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Strongly Disagree

*Note.* This measure was created by the authors, based on questions used to measure perceived descriptive norms associated with members of stigmatized groups (e.g., persons with mental illness). (For example, see Norman, R. M. G., Sorrentino, R. M., Windell, D., & Manchanda, R. (2008). The role of perceived norms in the stigmatization of mental illness. *Social Psychiatry and Psychiatric Epidemiology*, 43(11), 851-859. <http://dx.doi.org/10.1007/s00127-008-0375-4>)

### Belief That the R-Word Is Offensive

Please indicate the extent to which you agree or disagree that the word “retarded” is an offensive term.

1	2	3	4	5
Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

*Note.* For our analyses, this question was recoded into a dichotomous variable, where 1 indicated *agreeing* or *strongly agreeing* that the r-word is offensive and 0 indicated *disagreeing*, *strongly disagreeing*, or *neither agreeing nor disagreeing* that the r-word is offensive.

### R-Word Is Inappropriate as Joke

Please indicate the extent to which you feel it is appropriate or inappropriate to use the words “retarded” or “retard” as a joke.

Always Appropriate	Frequently Appropriate	Sometime Appropriate, Sometimes Inappropriate	Frequently Inappropriate	Always Inappropriate
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*Note.* For our analyses, this question was recoded into a dichotomous variable, where 1 indicated feeling that it is *frequently* or *always* inappropriate to use the r-word as a joke, and 0 indicated feeling that it is *sometimes*, *frequently*, or *always* appropriate to use the r-word as a joke.

### R-Word Is Inappropriate as Insult

Please indicate the extent to which you feel it is appropriate or inappropriate to use the words “retarded” or “retard” as an insult.

Always Appropriate	Frequently Appropriate	Sometime Appropriate, Sometimes Inappropriate	Frequently Inappropriate	Always Inappropriate
--------------------	------------------------	-----------------------------------------------	--------------------------	----------------------

*Note.* For our analyses, this question was recoded into a dichotomous variable, where 1 indicated feeling that it is *frequently* or *always* inappropriate to use the r-word as an insult, and 0 indicated feeling that it is *sometimes*,

### Pledge Not to Use R-Word

A national campaign to end derogatory use of the word “retarded” is encouraging people to pledge to stop using the word in a derogatory manner and to support its elimination as a derogatory term from everyday speech.

Are you willing to pledge to stop using the word “retarded” in a derogatory manner and to support its elimination as a derogatory term from everyday speech? (If you select “Yes”, you will be redirected to the “Spread the Word to End the Word” website to post your pledge at the conclusion of this survey.)

Yes      No

### Quality of Contact With Persons With Intellectual Disabilities

The statements below are about your experiences with people with **intellectual disabilities**, also known as **mental retardation**.

Please indicate the extent to which you agree or disagree with each of the statements below.

1	2	3	4	5	6	7	8	9
Agree Very Strongly				Neither Agree Nor Disagree				Disagree Very Strongly

1. In the past, my experiences with individuals with intellectual disabilities/mental retardation have been unpleasant.
2. I have had many negative experiences with individuals with intellectual disabilities/mental retardation.
3. Over the course of my life, I have had many friends who have intellectual disabilities/mental retardation.\*
4. Overall, I have had positive experiences with people with intellectual disabilities/mental retardation.\*
5. I have enjoyed the experiences I have had with people with intellectual disabilities/mental retardation.\*

\*Item was reversed for scoring.

## Appendix B

### Condition Means

Appendix Table 1  
*Abbreviated Mental Retardation Attitude Inventory-Revised by Experimental Condition*

Variable	INSE	SDID	PRRT	SUBD
Control Group	7.51 ( $\sigma=2.37$ , N=75)	9.08 (2.28, 75)	8.37 (2.28, 75)	7.81 (2.36, 74)
Federal Government	6.62 (2.28, 105)	8.94 (2.38, 105)	8.07 (2.29, 106)	7.51 (2.21, 102)
No Attribution	6.86 (2.21, 90)	9.20 (2.17, 88)	8.06 (2.32, 87)	7.60 (2.24, 88)
Professional Psychologist	6.56 (2.18, 96)	8.63 (2.38, 96)	7.41 (2.27, 96)	7.23 (2.13, 96)
Special Olympics	6.78 (2.04, 92)	9.03 (2.14, 91)	8.17 (2.32, 92)	7.43 (1.86, 91)

*Note.* INSE = support for *mainstream integration of persons with ID*; SDIS = willingness to have less *social distance from persons with ID*; PRRT = opposition to *discrimination against persons with ID by private individuals*; SUBD = opposition to *subtle derogatory beliefs about persons with ID*. Entries are mean support, each on 0-12 scales, with standard deviation and number of cases in parentheses.

Appendix Table 2  
*Attitudes and Behavior Regarding the R-Word by Experimental Condition*

Variable	R-Word Is Offensive	R-Word Is Inappropriate as Joke	R-Word Is Inappropriate as Insult	Pledge Not to Use R-Word
Control Group	0.69 ( $\sigma=0.46$ , N=75)	0.61 (0.49, 75)	0.76 (0.43, 75)	0.44 (0.50, 75)
Federal Government	0.57 (0.50, 105)	0.59 (0.49, 106)	0.68 (0.47, 105)	0.42 (0.50, 106)
No Attribution	0.64 (0.48, 90)	0.59 (0.49, 90)	0.68 (0.47, 90)	0.42 (0.50, 90)
Professional Psychologist	0.54 (0.50, 98)	0.62 (0.49, 98)	0.71 (0.45, 98)	0.46 (0.50, 98)
Special Olympics	0.60 (0.49, 92)	0.64 (0.48, 92)	0.74 (0.44, 92)	0.46 (0.50, 92)

*Note.* Entries are mean belief that the r-word is offensive, mean belief that it is *frequently* or *always* inappropriate to use the r-word as a joke, mean belief that it is *frequently* or *always* inappropriate to use the r-word as an insult, and mean willingness to pledge to stop using the r-word in a derogatory manner. Each is dichotomous and coded 0-1. Standard deviation and number of cases are in parentheses. The modal responses were: agreement that the r-word is offensive (1), believing that the r-word is frequently or always inappropriate to use as a joke (1), believing that the r-word is frequently or always inappropriate to use as an insult (1), and being unwilling to pledge to stop using the r-word in a derogatory manner (0).

Appendix Table 3  
*Family/Friends Use of R-Word and Quality of Contact With Persons With ID by Experimental Condition*

Variable	Family/Friends Use R-Word to Refer to People With ID	Quality of Contact With Persons With ID
Control Group	2.04 ( $\sigma=1.06$ , N=75)	24.81 (6.71, 75)
Federal Government	2.50 (1.19, 106)	23.33 (8.31, 106)
No Attribution	2.37 (1.21, 89)	24.86 (7.42, 90)
Professional Psychologist	2.70 (1.16, 98)	24.88 (6.84, 97)
Special Olympics	2.36 (1.18, 92)	24.42 (6.34, 91)

*Note.* Entries are mean agreement that family and friends frequently use the r-word to refer to people with ID on a 1-5 scale (the median response was 2, to disagree that family and friends frequently use the r-word to refer to people with ID) and mean quality of contact with persons with ID on a 0-40 scale, with standard deviation and number of cases in parentheses.

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