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**VARIATIONS OF LIFE:
MENTAL RETARDATION**

By

Yiwen Hsu

A THESIS

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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ABSTRACT

VARIATIONS OF LIFE: MENTAL RETARDATION

By

Yiwen Hsu

In Taiwan, people with mental retardation have long been mistreated and denied their rights because the public does not have correct understanding of mental retardation. Therefore, this nineteen minute video program targeted to people in Taiwan, using documentary as the format, is intended to increase understanding of mental retardation and to promote positive public awareness of it. The stories of mentally retarded people presented in the video program will help the viewers to learn more about the capabilities of people with mental retardation. Interviews with professionals in the video program together with the supplementary thesis provide a better understanding of mental retardation. Accurate knowledge of mental retardation is essential for promoting positive public attitudes. Both the video program and the thesis help to bring about positive public awareness and enhance acceptance of people with mental retardation.

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Chapter 1

INTRODUCTION

People with mental retardation exist in every society. Like everyone else, they have their unique strengths, capabilities and personalities. However, while every citizen in a modern society should be afforded equal human rights, people with mental retardation who start with disadvantages are often not even treated as individuals. Instead, people with mental retardation are often seen as lesser persons, and as such, who are deprived of their equal human rights and limited in achieving their full potential. They are viewed as a burden to society. Such discrimination leads to the public's oppression and callous disregard for the lives of people with mental retardation. Only very few people, parents of mentally retarded children, social workers and experts, will spend their time or money trying to enhance the welfare and life opportunities of people with mental retardation.

In Taiwanese society where academic achievements are especially valued, it is considered a shame to have a mentally handicapped child who can barely finish middle education. Some people, especially parents of mentally retarded children, tend to think of these children as punishment resulting from the bad things the families did in their previous lives¹. Although such a misconception is not as prevalent these days, the general public,

¹ Kuo-cheng Tseng, "Family Caregiving for Children with Mental Retardation," Journal of Special Education 14 (1984): 14-18.

without correct understanding of mental retardation, still holds negative attitudes towards people with mental retardation and their families. This imposes societal pressure upon these people who most need support and pushes them to hide from society. Such common public attitudes suffocate the opportunities of people with mental retardation to achieve their full potential and limit the possibilities that people with mental retardation and their families can be effective participants in the communities.

Prejudice results from fear of the unknown. The prejudice against people with mental retardation will only take the public further away from knowing the facts about mental retardation. People with mental retardation do have feelings and potentials. They can live independent lives on varying degrees of support and accommodation. Another fact that may seem surprising to the public is that in about one-third of the people affected, the cause remains unknown. In other words, mental retardation can happen in any family. If we can face our fears and learn to know people with mental retardation, the fears may diminish and come into perspective. Therefore, this video program which focuses on Taiwan is intended to provide a better understanding of mental retardation and to promote positive attitudes towards people with mental retardation by probing their lives. The stories of one mildly mentally retarded young man and two profoundly mentally retarded sisters provide the spine of the film and present contrast in terms of capabilities. In these stories, the audience will see the differences between people with mental retardation and people without mental retardation as capacities rather than deficiencies.

Since mental retardation is a topic the audience fears and possesses negative feelings about, the approach to the subject matter is especially important. This video program uses

the narrative approach and the interview to serve this need. Storytelling is the easiest way to intrigue the audience to go further. Building the project around a string of interviews with minimal narration allows the project to hang on the feelings, thoughts, and comments of the interviewees without distancing the audience from the project, which often results from lecture-like narration forced upon the audience.

This written thesis serves as a supplement to the video program. The approaches applied in this project and related theories will be reviewed following a brief introduction to mental retardation. Then the design of the video program will be discussed in more detail. In the end, self-evaluation and group-evaluation will be used to examine the effectiveness of both the techniques applied and the developmental goals of the project.

Chapter 2

UNDERSTANDING MENTAL RETARDATION

According to the World Health Organization (1994), approximately 156 million people, or 3 percent of the world's population have mental retardation. In Taiwan, an estimated four hundred thousand people have mental retardation. This is about two percent of the Taiwanese population. In the United States, there are an estimated 7.5 million people with mental retardation. One out of ten American families is directly affected by it.² Mental retardation is not related to race, nationality, religion or socio-economic status. It can happen in any family.

Definition

An individual considered to have mental retardation, according to the definition by the American Association on Mental Retardation (the AAMR), based on the following three criteria: intellectual functioning level (IQ) is below 70-75; significant limitations exist in two or more adaptive skill areas, which are essential to live, work and play in the community; and the condition manifests before the age of 18³. It is important to note that a person with subaverage general intelligence who does not have limits in adaptive skill

² What is Mental Retardation ([Online], (No date). Available: <http://www.specialolympics.org/mntltrtd.html> [1997, November 8]), 1.

³ Introduction to Mental Retardation ([Online], 1993. Available: <http://03/06/98/TheArc.org/faqs/mrqa.html> [1997, April 13]), 1

areas may not be diagnosed as having mental retardation. Whether an individual is classified as mentally retarded at any given time is always related to behavioral standards and norms and in comparison to the individual's own chronological group⁴. Also importantly, it is possible, especially for the borderline and the mildly mentally retarded, that a person can be judged as mentally retarded at one point in life but not another. For example, children born into an impoverished environment have a great chance of being labeled mildly mentally retarded while at school, but not at home or in their adult years⁵.

Although the AAMR definition is the most widely used definition today, it still has its critics. Clausen strongly opposed the inclusion of adaptive behavior in that adaptive behavior could not be reliably measured as could intelligence. He argued that the concept of adaptive behavior varied with the environment and therefore its measurement would require unique standards for each one. Quite to the opposite, Baumeister and Muma stated that socially relevant behavior results from dynamic and complex systems and that a unitary psychometric concept of intelligence inadequately described this process⁶.

Other critics oppose the idea that "mental retardation is a handicapping condition that exists within the individual."⁷ From the behavioral perspective, retarded behavior is not considered to be within the person but a result of behaviors lacking reinforcement. For example, in an environment in which there is little parent/child interaction, the child's verbal and motor skills may not develop fully in consequence of insufficient stimulation.

The social system perspective also emphasizes factors outside the individual.

⁴ Herbert J. Grossman, ed., Manual on Terminology and Classification in Mental Retardation (Washington, D.C.: American Association on Mental Deficiency, 1977), 11-15.

⁵ David L. Westling, Introduction to Mental Retardation (Englewood Cliffs, New Jersey: Prentice-Hall, 1986), 5.

⁶ See note 5, 11-12.

⁷ Patricia T. Celgelik and Herbert J. Prehm, Mental Retardation: From Categories to People (Columbus, Ohio: Charles E. Merrill Publishing Company, 1982), 10.

According to Mercer, retardation is "an achieved social status rather than an inherent condition; it is not a universal concept but a status that varies from social system to social system." In short, the social system definition of mental retardation is "how well a person fits into the machinery of a particular social organization."⁸

Another noteworthy perspective is the social responsibility perspective proposed by Gold. He sees mental retardation "as the failure of society to provide sufficient training or education rather than a failure of the individual."⁹ In his viewpoint, mentally retarded people have areas of normal abilities, developed or undeveloped. Given adequate training and environmental support, their development can continue throughout their lifetime. As long as the society is willing to allocate resources for training purposes, mentally retarded people can achieve their potential and make significant contributions to the society.

Classification

The most common classification system used with the mentally retarded is classification by level of IQ. *The special education system* includes three categories based on IQ outoffs. Each category describes the educational prognosis of the individual. For example, the profoundly retarded are assumed to have "very little potential and not capable of learning very much at all."¹⁰ Some authorities criticize that its upper limit may restrict a child from developing skills he/she is perhaps capable of achieving.¹¹

The AAMR provides another classification by IQ system. In this system, both IQ score and adaptive behavior are considered necessary attributes of classification. It looks at the intensity and pattern of changing supports needed by an individual over a lifetime. The

⁸ See note 7, 10-11.

⁹ See note 7, 11-12.

¹⁰ See note 5, 23.

following are the four categories put forward by the AAMR and specific behaviors that might be expected at the age of 15 and older in order for an individual to be categorized at a particular level of retardation.¹²

1. Mildly mentally retarded—Exercises care for personal grooming, feeding, bathing, toileting; may need health or personal reminders; may need help in selection or purchase of clothing.
2. Moderately mentally retarded—Feeds, bathes, dresses self; may select daily clothing; may prepare easy foods (peanut butter sandwiches) for self or others; combs/brushes hair; may shampoo and roll up hair; may wash and/or iron and store own clothes.
3. Severely mentally retarded—Feeds self adequately with spoon and fork; can butter bread but needs help cutting meat; can put on clothes and can button and zipper clothes; may tie shoes; bathes self with supervision; is toilet trained; washes face and hands without help.
4. Profoundly mentally retarded—Feed self with spoon or fork, may spill some; puts on clothing but needs help with small buttons and jacket zippers; tries to bathe self but needs help; can wash and dry hands but not very efficiently; partially toilet trained but may have accidents.

Causes

Any condition that impairs development of the brain before birth, during birth or in the childhood years can cause mental retardation. Both physiological and environmental conditions contribute to the mentally retarded population. According to the Association for Retarded Citizens (the Arc), the causes of mental retardation are categorized as

¹¹ See note 7, 14.

follows:¹³

- **Genetic conditions**—These result from abnormality of genes inherited from parents, errors when genes combine, or from other disorders of the genes caused during pregnancy by infections, overexposure to X-rays and other factors. Inborn errors of metabolism which may produce mental retardation, such as phenylketonuria, fall in this category. Chromosomal abnormalities have been also related to some forms of mental retardation, such as Down's syndrome and fragile X syndrome.
- **Problems during pregnancy**—Use of alcohol or drugs by pregnant mothers can cause mental retardation. However, fetal alcohol syndrome is the largest preventable cause of mental retardation. Malnutrition, rubella, glandular disorders and diabetes, and many other illnesses of the mother during pregnancy may result in a child being born with mental retardation. Physical malformations of the brain and HIV infection originating during prenatal life may also result in mental retardation.
- **Problems at birth**—Any birth condition of unusual stress can injure the infant's brain, but prematurity and low birth weight predict serious problems more often than any other conditions.
- **Problems after birth**—Childhood diseases such as whooping cough, chicken pox, and measles can damage the brain, as can accidents such as blow to the head or near drowning. Mercury and lead poisoning can cause irreparable damage to the brain and nervous system.
- **Poverty**—Children in poor families may become mentally retarded because of

¹² See note 3, 1.

¹³ See note 3, 2.

malnutrition, disease-producing conditions, inadequate medical care and environmental health hazards. Also, children in disadvantaged areas may be deprived of many common cultural and day-to-day experiences provided to other young children.

Research suggests that such under-stimulation can result in irreversible damage and can serve as a cause of mental retardation.

At present, several hundred causes have been discovered yet in one-third of the people affected, there is no known etiology.¹⁴ Further research indicated that in up to 75% to 85% of individuals identified as mildly mentally retarded the cause remains unknown.¹⁵ Milunsky stated in *The Prevention of Genetic Disease and Mental Retardation* that only few families are entirely free of some genetic disorders, either from recessive, dominant, polygenetic, genetic predilection, or from genetic-environmental interaction.¹⁶ All these confirm the fact that mental retardation is not related to race, nation, religion, education or socio-economic status. In other words, mental retardation can happen in any family.

Prevention

Despite the significant advances in research over the past 30 years, medical science will never give us a world without mentally retarded people. For example, genetic or chromosomal disorders will always occur. Nonetheless, among the known causes of mental retardation, many of them are clearly avoidable while still others are probably avoidable with good general health practices and prenatal care,¹⁷ which is what everyone of us can do to at least help ourselves.

¹⁴ See note 3, 1-2.

¹⁵ See note 7, 149.

¹⁶ See note 7, 102.

¹⁷ See note 5, 90-91.

Due to the report by the Arc, today phenylketonuria can be prevented by newborn screening and dietary treatment; congenital hypothyroidism can be prevented by newborn screening and thyroid hormone replacement therapy; Rh disease and severe jaundice in newborn infants can be prevented by use of Rhogam; measles encephalitis can be prevented through measles vaccination; and mental retardation caused by rubella during pregnancy can be prevented through rubella vaccination. In addition, there are improved ways to manage head trauma, asphyxia (lack of oxygen) and infectious diseases like polio and measles to reduce their adverse effects on the brain. Furthermore, early intervention programs with high risk infants and children can remarkably reduce the predicted incidence of subnormal intellectual functioning and early prenatal care and newborn screening programs can effectively reduce the incidence of mental retardation. Still, new recommendations are continuously being developed.¹⁸

Treatment

Social and economic changes as well as early religions and philosophical concepts have influenced viewpoints towards mental retardation from ancient time to the present. Even with further changes in the understanding and treatment of the mentally retarded due to the growth of medical science, the problems caused by ignorance and misunderstanding deeply affected certain past beliefs about mental retardation that they still influence attitudes to some degree today.¹⁹ Nevertheless, the path to the present surely leads us to a society in which mentally retarded people are treated in a more humane manner than ever. The following paragraphs provide a brief review of treatment in the twentieth century in the U.S. and in Taiwan respectively.

¹⁸ See note 3, 2-3.

In the U.S.

From Colonial times, the status of mentally retarded individuals in the U.S. was a part of the governing laws that recognized that the mentally retarded required special consideration. However, there was little attempt to put the laws in practice.²⁰

Before the 1960s, the majority of people with mental retardation were sent to centralized, prison-like institutions. The quality of institutional life was terrible. Few mildly mentally retarded residents had an opportunity to get outdoors from time to time while others, particularly the severely and profoundly mentally retarded, stayed in their beds all day, sometimes even tied to their beds. Staffing was inadequate, and many personnel were poorly trained.²¹

During the period from 1900 to 1920, community services began to grow. Some mental health clinics and universities offered the beginnings of community support programs. In the meantime, special education programs greatly expanded and the purpose of special education changed from preparing such children for institutional living to preparing such children for life in the community. Later in the 1950s, the goals of special education for the mildly mentally retarded were to educate such students to participate fully and responsibly in society-as individuals; as marriage partners; as parents; and as hard-working, law-abiding, tax-paying citizens employed in the open labor market. As for the trainable mentally retarded, they had "the right to be trained to the maximum of their

¹⁹ See note 7, 44.

²⁰ See note 7, 53.

²¹ See note 7, 69.

ability."²²

The period from 1960 to 1980 was the most significant one concerning the changes in attitudes and treatment of people with mental retardation. Recognition of human and civil rights was expanded, and substantially federal funding for community services and programs was increased. More importantly, mentally retarded people finally became highly visible in society. The concept of "normalization": that every effort should "make available to the mentally retarded patterns and conditions of everyday life which are as close as possible to norms and patterns of the mainstream of society"²³ developed.

Deinstitutionalization became a major objective in the 1970s while institutional reform brought about increased independence of those residing in institutions and prepared them for community placement.

At present, expansion of community-based services is the trend. With many institutional closings, most people with mental retardation live at home or in small community residences, which improves the quality of lives for them by promoting community and social integration. Health care for mentally retarded people is delivered primarily by general community-based physicians. Case management services are expanded to better support the needs of the mentally retarded.

In Taiwan

The path of the treatment of mental retardation in Taiwan is similar to that in the U.S., only that Taiwan is a decade behind. Almost two decades ago, the belief that a child being

²² I. Goldberg and W. Cruikshank, "The Trainable but Noneducable: Whose Responsibility," National Education Association Journal (1958): 47, 622-623

²³ Nirje, B. "The Normalization Principle and Its Human Management Implications," in Changing Patterns in Residential Services for the Mentally Retarded, ed. W. Wolfensberger and R. Kugel. (Washington, D.C.: President's Committee on Mental Retardation, 1969), 181-195.

born with mental retardation was a punishment of karma still deeply affected the public.²⁴ Therefore, people who had children with mental retardation were ashamed. People with mental retardation were either kept at home or put in prison-like institutions. Tragedies like family homicide happened from time to time. Aging parents killed their mentally retarded children because the monitoring and advocacy efforts for their children would stop when they died.²⁵

Special education programs started a long time ago. However, most mentally retarded children did not benefit from them because their parents could not accept the fact that their children were mentally retarded. Instead, without interaction with the outside world the mentally retarded stayed at home, their potentials not developed, and their abilities not trained.

In 1984, *the Special Education Act* was enacted. A free and appropriate education was provided to mentally retarded children, as were supports from medical and governmental institutions, concerning employment and the quality of life.²⁶ The rights to have an equal opportunity to achieve full potential for the mentally retarded were thereafter protected.

During the last ten years, the concepts of "deinstitutionalization," "normalization," "least restrictive environments," "community care," and "supportive employment" were introduced to Taiwan. As in the U.S., community-based services are among the priority today, only that they are still at the very beginning stage. For example, in Taipei, Taiwan's largest city, there are only two official small homes in community-based settings. Case

²⁴ See note 1, 14-18.

²⁵ Wen-jen Chou. "Family Crisis and Decision," in How to Help Adults with Mental Retardation at Home and in Community, ed. Shu-hwa, Lo. (Taipei: Syinlu Foundation, 1997), 32 37-38.

management is limited to few districts. Institutions without trained personnel and full support to respond to the needs of residents still exist. Therefore, the implementation and expansion of community services are the foremost need at present.

Community ethics

*"We cannot live only for ourselves. A thousand fibers connect us with our fellow men; and among those fibers, as sympathetic threads, our actions run as causes and they come back to us as effects."*²⁷

As we have seen, attitudes concerning mentally retarded persons, their place in the community, and society's responsibilities towards them have dramatically changed throughout the course of history. For the present humane attitudes to remain in effect, community ethics must develop.

Robert Veatch's (1986) *The Foundations of Justice: Why the Retarded and the Rest of Us Have Claims to Equality* introduced the notion of equality as the foundation of the ethical community. Veatch argued that "we are all equal by finite"²⁸ and therefore we are all handicapped under different social standards. Some people cannot write or read well. Others cannot dance or drive with skill. Mental retardation is just one handicapping condition different in degree but not in kind from the condition of people without mental retardation.²⁹

Similar to Veatch's argument, Zaner asserted that we are all subject to undeserved discriminations that produce inequalities of birth. "We find ourselves simply born into

²⁶ "The Special Education Law," *Journal of Special Education* 14 (1984): 49-50.

²⁷ Herman Melville, "Rings of Respect tm: Helping Children Build Community," *NADS NEWS* ([Online], March 1996. Available: http://www.nads.org/news_newsmar96.html [1997, April 12]), 1-2.

²⁸ Robert M. Veatch, *The Foundations of Justice: Why the Retarded and the Rest of Us Have Claims to Equality* (New York: Oxford University Press, 1986), 200.

quite different situations in life, different social environments and groups, and diverse families, nations, denominations, and classes," argued Zaner, "having neither chosen them nor been consulted about them.....and that we have different physical abilities and biological endowments. None of these was chosen or deserved owing to some action or non-action of our own."³⁰

As a community, we all have to acknowledge that "we are all in some sense equal in our finitude"³¹ and then do our share to give each of us a chance to live out that equality. To bring about the ethics of community in mental retardation, we have to promote interrelated community and human development values. In doing so, individuals with mental retardation and their families, having a legitimate claim on community resources and support, may develop to their potential. As the other side of the same token, individuals with mental retardation and their families can therefore become effective participants in the community.

²⁹ See note 28, 200.

³⁰ R. M. Zaner, Ethics and the Clinical Encounter (Englewood Cliffs, New Jersey: Prentice-Hall, 1988), 299.

³¹ See note 28, 202.

Chapter 3

DOCUMENTARY LITERATURE REVIEW

Since documentary is the format adopted in this video program, this chapter first looks at the definition and history of documentaries. Then related documentary theories of modes and approaches employed in the video program are provided.

Definition

The most often quoted definition of the documentary may be that by John Grierson as "the creative treatment of actuality."³² In his definition, a documentary must first satisfy requirements of dramatization and "creativity" and must be of actuality. In contrast, direct cinema filmmakers, Jean-Louis Comolli, Frederick Wiseman and Albert Maysles tend to see the documentary as "unmanipulated," "transparent," rather than "creative" treatment of actuality.³³ As Wiseman says, "the whole effort in documentary is to capture certain aspects of reality and not to manipulate it."³⁴ Still, others define the documentary as a film that makes an argument rather than entertains or diverts. Bill Nichols writes that the documentary film requires "a representation, case, or argument about the historical

³² Forsyth Hardy, ed, Grierson on Documentary (Berkeley, California: University of California Press, 1966), 13.

³³ Carl R. Plantinga, Rhetoric and Representation in Nonfiction Film (Cambridge, United Kingdom: Cambridge University Press, 1997), 10.

³⁴ See note 32, 37.

world."³⁵

Despite the differences in definition of the documentary, that the documentary must have a serious social purpose, claimed by John Grierson, seems to be agreed by most scholars and documentarists. Paul Rotha in *Documentary Film* writes that one of the primary requirements of the documentary is "the expression of social analysis"; A. William Bluem also writes in *Documentary in American History* that "there must be a social purpose in its conception"; Michael Rabiger in *Directing the Documentary* states that a genuine documentary "invites the spectator to draw socially critical conclusions." The purpose of the documentary, Bluem says, is to "initiate a process which culminates in public action by presenting information, and to complete the process by making this presentation persuasive." Documentary seeks not only to inform but to influence.³⁶

History

The formal documentary movement began with Robert Flaherty's *Nanook of the North* in 1922. This silent film recorded the life of an Eskimo family in the Arctic which elicits the larger theme of man in a struggle against his environment. Even though the film was reenacted for shooting purpose, Flaherty showed that "natural life held compelling drama,"³⁷ which made it a big success.

Documentary film did not move forward from Flaherty until John Grierson, who "sensed the need for the poetic quality in reality films,.....but insisted that poetics be used only to supplement and enhance a descriptive, and socially significant film content."³⁸ In

³⁵ Bill Nichols, *Representing Reality: Issues and Concepts in Documentary* (Bloomington, Indiana: Indiana University Press, 1991). 18-20.

³⁶ A. William Bluem, *Documentary in American History* (New York: Hastings House, 1965), 14.

³⁷ See note 35, 46.

³⁸ See note 35, 46.

his first important film in 1929, Grierson represented to the British public how the working class in the nation worked and lived from a sociological point of view, which established a social use for the documentary.

World War II was the time when the documentary was first used as a propaganda tool. Leni Riefenstahl's 1937 *Triumph of the Will* was a good example of how the Nazis used documentary film to lead public opinion.³⁹

With the advent of television, which by the early 1950s became the major communications force in all recorded history, the documentary movement began a new era. Television documentary purposes can be divided into the journalistic and the poetic.⁴⁰ The journalistic is controlled by the subject, unrelated to the purpose and function of the artist. *News documentary* falls in this category. The poetic, on the other hand, is controlled by theme, which according to Jacques Maritain is "what the communication proposes, intends, or wills, not merely the communications itself."⁴¹ Within this category, three production methods have been adopted. One is in the *compilation*, "involving the creative application of techniques of cinematic organization, the poetry of the spoken narrative, and the suggestive power of the musical score."⁴² The *biographical* method and the *dramatic* method both employ the dramaturgical structure. In the biographical method, dialogue is used more often within the spoken narration. In the dramatic method, "the functions of dramaturgy within the more immediate records of actuality become dominant"⁴³ while the use of historical material is minimized.

³⁹ See note 35, 51-52.

⁴⁰ See note 35, 90.

⁴¹ See note 35, 142.

⁴² See note 35, 144.

⁴³ See note 35, 144

The 1960s were a dynamic period for television documentary. During this period, a challenging form, *cinema verite*, expanded the possibilities the documentary could create. Theories of the Feminist documentary gradually took shape. In addition to these, the strength of network television documentaries as well as the rise of the film school together contribute to this so-called "golden age of nonfiction film."⁴⁴

Documentary today seems gloomy in contrast to the golden age. As Alan Rosenthal pointed out, *cinema verite*, the once inspiring film, no longer does so; the subjects for documentary cannot go beyond the past because it seems that every subject has been done before; with the documentary output of the commercial networks diminishing, however, filmmakers showed little interest in public television; and above all, "the audience itself seems to be losing what little interest it had in documentary as a medium form."⁴⁵

On the other hand, the development of technology during the last decade and in the future may turn a new page in the documentary movement. With the use of digital imaging as a convenient technique and cable networks and the internet as the new distribution possibilities, it is expected that documentaries may establish a revitalized and more dynamic form, and reach out to the audience in responsible service of mankind. After all, documentary is essential to our society in that it "furthers and advances individual and social causes, values, conditions, and institutions by inspiring man to consider their significance and relationship to himself as a social being."⁴⁶

⁴⁴ Alan Rosenthal, ed. New Challenges for Documentary (Berkeley, California: University of California Press, 1988), 2.

⁴⁵ See note 42, 2.

⁴⁶ See note 35, 15.

Modes

Among the best known and the most useful typologies of nonfiction films, Bill Nichols' four modes of documentary-direct-address, cinema verite, interview-oriented, and self-reflexive-have been highly valued in that they are "historically descriptive and heuristically useful."⁴⁷ The four modes not only follow an order of chronological development of the documentary, but also provide "different assumptions about the proper functions of the nonfiction film in relation to the historical world and the audience."⁴⁸

The *direct-address* documentary is distinguished for its authoritative "voice of God" narration, which dominates the visuals. It addresses the viewer directly, with titles or voices that advance an argument about the historical world," and the viewer expects it to take shape "around the solution to a problem or puzzle."⁴⁹ Grierson's work exemplified this mode, which lost currency after World War II.

Following the direct-address mode comes the *cinema verite* documentary, or the observational documentary. It seeks to become "transparent" by "capturing people in action" for the "reality effect" without any implicit or explicit commentary to bias the viewer. By doing so, such films often lack "the sense of history, context, or perspective that viewers seek."⁵⁰

Therefore, the *interview-oriented* documentary emerged. It incorporates direct address in the form of the interview. "Sometimes profoundly revealing, sometimes fragmented and

⁴⁷ See note 32, 101.

⁴⁸ See note 32, 101.

⁴⁹ See note 34, 34, 38.

⁵⁰ See note 42, 48-49.

incomplete, such films have provided the central model of contemporary documentary."⁵¹

That filmmakers tend to choose interviewees with whom they agree is problematic.

The most recent mode is the *self-reflexive* documentary, which acknowledges its constructedness and foregrounds the process of representing itself by mixing observational passages with interview, the voice-over of the filmmaker with intertitles. Although Nichols sees this mode "less obviously problematic" than the strategies of the former three modes, Carl Plantinga questions that reflexive films are "underestimating the intelligence of audiences" by presenting a constructed representation for the purpose of continual reminding.⁵²

Approaches

One of the major concerns as to how to shape the documentary film into a logical and emotional whole is the approach. According to Alan Rosenthal, there are two main choices for the overall approach: the essay or the narrative.⁵³

An *essay* can effectively illustrate an abstract, intellectual idea. But for a documentary longer than thirty minutes, it is hard to maintain the viewer's interest.

In such a case, the *narrative* approach is a good alternative in that the suspension of stories always intrigues the viewer. A character can provide warmth, empathy, and identification. On the other hand, it may also "strike the viewers as a gimmick or a cliché."⁵⁴

Another approach may be the combination of the two. The stories carry out the topic

⁵¹ See note 42, 48-49.

⁵² See note 32, 102.

⁵³ Alan Rosenthal, *Writing, Directing, and Producing Documentary Films* (Carbondale: Southern Illinois Press, 1990), 41.

⁵⁴ See note 51, 43.

while the essay backs up the story. Still, there lies a dilemma that "looking at problems through individual stories and attractive characters makes for an entertaining film, but it may do so by sacrificing deeper, more meaningful information."⁵⁵

⁵⁵ See note 51, 42.

Chapter 4

VIDEO PROGRAM DESIGN

Title

The video program is entitled "*Variations of Life*" for it presents the lives of people with mental retardation. Everyone in this world lives a different and unique life from others. So do people with mental retardation. We all live our lives with ups and downs and above all, with dignity. Acknowledging that people with mental retardation need more support and special care to assist them, they are no different from us in the way they live their lives. In fact, they are among us. They are only different in that every one of them lives a unique life as much as we all do. So everyone's life is a variation of life.

Audience

The target audience of *Variations of Life* are people in Taiwan, who do not have accurate knowledge about mental retardation and therefore tend to be isolated from people with mental retardation.

Purpose

Since the target audience is those who feel discrimination against people with mental retardation due to lack of knowledge and understanding, *Variations of Life* is intended to develop a better understanding of mental retardation. Providing accurate knowledge and showing the capabilities of mentally retarded people, it is also intended to promote

positive attitudes towards them.

Format

According to Bluem, documentary seeks not only to inform but to influence.

Therefore, it is appropriate to use the documentary format for *Variations of Life* because it not only provides knowledge of mental retardation but also presents a different perspective of people with mental retardation.

Mode

Variations of Life adopts the four modes mentioned in chapter three in varying degrees. Basically this video program is built around a string of interviews. Personal experiences of interaction with mentally retarded people are revealed through interviews in addition to professional knowledge and advice on mental retardation. Therefore, interview-oriented style dominates the video program. The self-reflexive mode is applied when observational footage is mixed with interviews. For example, when Ming-shun, the mildly mentally retarded young man, talks about his job, footage of him washing cars appears several times during his interview. The cinema verite mode can be seen through the seminar held for people with mental retardation. Shooting of the seminar was from outside the room through a window while everyone in the room concentrated on the on-going event without noticing the shooting process. Finally, the off-screen narration in the beginning of the video program is a demonstration of the direct-address mode.

Approach

The approach applied in *Variations of Life* is a combination of the essay and the narrative. The essay approach includes the narration and some interviews. The narration quickly sets up the factual background of mental retardation. Interviews with the

psychotherapist and the social worker unfold accurate knowledge of mental retardation and current public attitudes towards such people. The narrative approach appears in the stories of two cases. One is about a mildly mentally retarded young man and the other about two profoundly mentally retarded young sisters. The two stories provide contrast in terms of their capabilities as well as their personalities. The two approaches in the video program complement each other.

Content

Because *Variations of Life* attempts to lead viewers to move along with the stories without interruption, there is no explicit segmentation in it. However, in addition to the opening and the ending montage, it can be roughly divided into three parts.

The opening montage brings out the subject of the video program—people with mental retardation. It is composed of different faces of mentally retarded people with phrases of the general public's impression of such people superimposed onto the montage. By doing so, the opening montage attempts to lead the audience to look inward about their perception towards people with mental retardation.

The first part is an introduction to mental retardation. The narrator gives the audience factual information about mental retardation. Then Shu-chin Lin, who is a social worker and in charge of Ming-shun's case, talks about how Ming-shun's parents found out he was mildly mentally retarded. Another story is illustrated by Mrs. Ma, a mother of two profoundly mentally retarded daughters. She recalls that her daughters were slow in development compared with children of their age. She is thankful that both her daughters have at least motor skills.

The second part focuses on capabilities of people with mental retardation. In this part, Ming-shun's kind-heartedness, talent in sports and his accomplishments in Special Olympics are illustrated through interviews with Shu-chin Lin. Also, Mrs. Ma talks about the things her daughters are capable of doing, such as drawing and helping mother in the kitchen. Intercutting interviews with Ching-tuan Huang, the experienced psychotherapist, inform the audience how to identify their mental age and what they can do depending on their levels. The two stories present a contrast in terms of capabilities and implicitly tell the audience that people with mental retardation are not unable to do anything. In fact, they are far more capable than what the public thinks they can do.

The last part deals with the public's attitudes towards people with mental retardation. Mown-yi Liu, a social worker in Syinlu Foundation, a non-profit organization concerned about people with mental retardation, shares her experiences in family counseling and explains their fears while Mrs. Ma shares her personal experiences and opinions on this.

The ending montage consists of shots of Mrs. Ma taking her daughters walking on the street, stepping up the stairs and stepping down the stairs. The montage reveals the painstaking care and the endless love the mother gives her children. Furthermore, the shots of two daughters stepping up and down the stairs not only show how they have to struggle for easy movements but also imply the obstacles they have to face in society. The final shot of the three of them walking down to the ground implicitly means the hope for a "least restrictive environment" and an inclusive society for people with mental retardation and their families.

Chapter 5

EVALUATION

Self-evaluation

First of all, this video program could not have been done without the help from Syinlu Foundation. Syinlu Foundation, established for ten years, is a non-profit organization striving for the welfare of people with mental retardation in Taiwan. Because mental retardation is still a sensitive issue in Taiwan, parents do not want their mentally retarded children to be on TV in order to protect them. Therefore, even with the parents' trust of Syinlu Foundation, many of them rejected being interviewed or their children being interviewed. Finding subjects is the first difficulty let alone finding a subject that can contribute meaningfully to the film.

The second difficulty is the unexpected limitations in shooting the subjects. In Ming-shun's case, the original idea was to have his parents talking about him because it would show the audience the truest and most sincere feelings. However, Ming-shun's parents resisted being interviewed nor could their voices be recorded. So Lin, Ming-shun's case manager, talked about Ming-shun based upon what Ming-shun's parents told her, which is not the best choice but a compromise under such a situation.

Another limitation situation happened in shooting Mrs. Ma. The best way to present the lives of people with mental retardation is to shoot them at their home, the place they

are most familiar with and thus will behave most naturally. But Mrs. Ma was strongly against shooting at her house. So the plan was changed. They were shot at another's house. This resulted in a lacking of enough footage of the sisters' daily activities at home, at least they looked natural and comfortable because their mother and the acquainted case manager were present.

The third difficulty is the sound quality. The original version of *Variations of Life* was all Mandarin since its audience is people in Taiwan. But the voice of Mrs. Ma was terribly distorted, which could not be used. Therefore English voice-over was adopted for all the interviewees to eliminate the bad sound quality. In fact, while reviewing the original footage, the producer noticed the distortion and asked Mrs. Ma for another interview. But Mrs. Ma refused because she was afraid that the video program would be publicly broadcasted even though the producer and the case manager of Syinlu Foundation repeatedly confirmed to her that this would not be the case.

The difficulty encountered in editing is that there is not enough variety of footage to be used as b-roll. B-roll serves to support what the interviewee is talking about. For example, in interviews with the psychotherapist on mental age and what they can do, there is mostly talking without footage, which seems dry and may not maintain the viewer's interest. Another solution of such long talking is placing music under to add a little flavor to the dry talking without trying to influence the viewer to too great a degree.

One other thing the producer regretted not doing is inserting cuts of interviews with the public on its impression of people with mental retardation. This is a good strategy to boost viewers' interest whether they identify with the public's interviews or not.

Group-evaluation

As mentioned in Chapter 1 and Chapter 3, the purpose of this video program is for people in Taiwan to develop a better understanding of mental retardation and to promote positive attitudes towards people with mental retardation. To see if this video program has achieved its goals, it was shown to two small groups of Taiwanese people to test its effectiveness. The group in Taiwan was shown the Mandarin version of the video program, which is the original version but has a very distinct sound distortion. The other group in the U.S. was shown the English version. The reason for separate group evaluation is not to test the differences of the two versions. Instead, showing the Mandarin version is meant for the people in Taiwan who may not be so good in English to be able to better understand the content of the program.

The age range of the small group in Taiwan is from 40 to 60 and that of the small group in the U.S. is from 20 to 30. The Taiwan group was composed of five working people and housewives. The U.S. group was composed of five undergrads and graduate students. Since those who participated in the group evaluation are acquaintances of the producer, the results of group evaluation may therefore be influenced.

The first three questions are about their perceptions of people with mental retardation before viewing this video program. The rest are about their opinions on this topic and this video program after watching it. Following is their evaluation of this video program.

- Before watching this program, in one or two sentences how would you describe people with mental retardation?

The answers from the Taiwan group were that people with mental retardation were very unfortunate and that it must be really painful for their parents. One from the Taiwan group specifically wrote that "they don't choose to be born like this." As to the U.S. group, they seemed to have a consensus that people with mental retardation are "absolutely human" but they have an unhealthy mind. But one of the U.S. group wrote that they are "nothing special."

- What do you know about mental retardation before viewing this program?

Both groups seemed to have the knowledge that people with mental retardation have a lower IQ than those without mental retardation. From both groups came up the answer that they lived a "harder" life than normal people. One from the U.S. group answered that people with mental retardation moved more slowly and were a burden to the society.

- In what way do you think people with mental retardation are different and in what way not different from those without mental retardation?

Most people from both groups tended to agree that people with mental retardation are different from us in the IQ level. One from the U.S. group emphasized that they are only different from us in the IQ level. Another from the same group said that they have every right to be in our society.

- Does this program tell you anything you didn't know about mental retardation or such people before?

Some only answered yes without further explanation, which is the fault of the producer for the question design. Others who answered showed their surprise at the high percentage of mental retardation in Taiwan; that is, two out of a hundred people are affected with mental retardation. All the others learned that people with mental retardation

had different mental ages and that there were four levels for the classification of people with mental retardation: mildly, moderately, severely and profoundly mentally retarded.

- Does this program fail to tell you what you want to know on this topic?

There are various answers to this question. The Taiwan group was interested in knowing more details about the interactions between people with mental retardation and their families. They were curious about how families faced the shock, how they took care of such family members, and how they dealt with their worries. The U.S. group has more voices. One would like to know about how the official or governmental organizations worked to allocate resources in helping people with mental retardation. Another wondered "what the society has done to help these people" and "what would seem to be the best approach (domestically and globally)." In addition, one was interested in the causes and prevention of mental retardation.

- What are your impressions of people with mental retardation after viewing this program?

Two from the Taiwan group felt sorry for them. So did one from the U.S. group. Another from the U.S. said they were innocent and needed help. But some looked positively on their abilities. One person from the Taiwan group was impressed with Mrs. Ma's daughter's drawing. One from the U.S. group thought people with mental retardation were smarter than he had thought and acknowledged their abilities corresponding to their mental age.

- Does this program make you feel interested or bored in any way, any section? Please explain.

Surprising to the producer, no one thought it was boring in any way. However, not many of them specifically explained which part of the video program interested them. The few who explained simply wrote that this video program examined an idea or topic or issue that never came to their mind. One answer from the U.S. group was not actually related to this question, though. It was a concern about where the mentally retarded people were settled and taken care of, at home or in some kind of institution.

- After viewing this program, are your attitudes towards people with mental retardation the same or changed? If changed, in what perspective?

From both groups came up the answer that people with mental retardation were not dangerous. One from the U.S. group on the other hand thought the society was more dangerous to them. Those who answered the first question that people with mental retardation were also humans did not think their attitudes have changed. One from the Taiwan group reflected on herself and was willing to give a helping hand to these people. Another from the U.S. group had a similar answer that she never realized she could help them by just a friendly smile or gesture. One who had thought people with mental retardation nothing special felt sympathetic after viewing this video program.

- Suggestions/Critics

Almost everyone skipped this question. Only one suggested that the program would be more instructive if it focused more on how normal people could help people with mental retardation.

Summary

Research tells us that people with mental retardation are often seen as “lesser persons.” But the results of group evaluation showed different viewpoints. The 40-60 age

group tended to think people with mental retardation were “unfortunate” because they saw such people from the “karma”⁵⁶ point of view to some degree. An example of the “karma” viewpoint can be seen from a housewife. While Mrs. Ma was talking about how she found out her daughters were affected with mental retardation, the housewife sighed and wondered why even healthy wealthy parents would give birth to such children and why they were born like this while others were not. She did not directly attributed it to karma. But what she said sounded like it was influenced by such a concept. On the other hand, the 20-30 age group tended to see people with mental retardation as “humans” and looked at them as “equals.” But before viewing the video program, the knowledge of people with mental retardation from both groups was no more than that people with mental retardation had lower IQ.

After viewing the program, the majority noticed the messages that there is a high percentage of people with mental retardation in our society and that each of them has a different mental age. As can be seen in the answers to the question of the impressions of such people after viewing this video program, some did confirm the abilities of people with mental retardation. Their perception of mental retardation has become deeper than in the beginning.

However, from the responses to what they wanted to know about mental retardation, the video program failed to cover the causes, prevention and the role the government played in helping these citizens, and failed to tell the viewer what was the better, if not best, approach to helping people with mental retardation or just to getting along with

⁵⁶ “Karma” means one’s fate is determined by what one did in previous life. Likewise, what one does in this life will determine one’s next life. For example, if one works hard but never succeeded in what he did, from the “karma” point of view, he must have done something bad in his/her previous life. But if he starts

them. On the other hand, from the answers to the change of attitudes question, the video program did successfully convey to the viewer that people with mental retardation should not be feared and that everyone could help and encourage these people by doing their small share. Therefore, the results of group evaluation proved that the video program achieved the goals it set for itself in the beginning, "to develop a better understanding of mental retardation and to promote positive public awareness of it."

Chapter 6

CONCLUSION

People with mental retardation represent 2.5 to 3% of the world's population. Despite their existence everywhere, the public tends to discriminate and are ignorant of their needs. In Taiwan where academic achievements are highly valued, people with mental retardation used to be considered a burden to society and a shame to the family. The public's attitudes have changed for the better with advances in medical research and with the advocacy of welfare and equal human rights for the mentally retarded from concerned people. However, without correct understanding the public still fears people with mental retardation. As a result, fears result in prejudice.

In order to eliminate the prejudice and discrimination against people with mental retardation, the first thing is to inform the public about mental retardation and what people with mental retardation are like. Only with advances in knowledge and understanding will the public learn to value people with mental retardation. *Variations of Life* is therefore created to serve this need. Using the documentary format, it seeks to inform and then to influence the public.

Taking the narrative approach, *Variations of Life* provides two stories of people with mental retardation to bring the viewer into the lives of the mentally retarded and their families. Interviews with the psychotherapist and the social worker reveal their

professional knowledge of mental retardation and personal experiences as well as advice. From the analysis of the results of group evaluation, the viewers learned from the video program that there were four levels of classification of people with mental retardation and that there was actually a high percentage of such people in our society. After watching this video program, the viewers' attitudes towards people with mental retardation did change to varying degrees. One participant who had seemed unsympathetic of such people felt sympathetic. Some participants who had felt sympathetic realized how much they could help such people by little things they did, like a smile or a friendly gesture. But above all, the majority changed their stereotyped perceptions of mentally retarded people that they had lower IQ. Instead, after viewing the video program, they looked positively on the abilities of people with mental retardation. Therefore, *Variations of Life* fulfilled its objectives. It not only increases the understanding of mental retardation but also promotes a positive public awareness of it.

However, *Variations of Life* fails to inform viewers of the causes and prevention of mental retardation and the government's role in this issue. Doing this adequately would require a much longer program, and the complexity of the subject would be difficult to present in a video program. Another regrettable thing is that it does not express the public's viewpoint through interviews which will give viewers more identification. In addition, according to one viewer, it fails to tell the viewer which is the best approach in helping people with mental retardation because the producer intends to leave the answer to the viewer.

Overall, *Variations of Life* is its effective in providing the viewer further knowledge of mental retardation and in promoting positive public awareness of such people. Therefore,

if it can be shown to more people, the public's fears and discrimination will diminish and come into perspective, and an inclusive society for people with mental retardation may arrive.

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APPENDICES

APPENDIX A

APPENDIX A**EVALUATION QUESTIONNAIRE**

1. Before watching this program, in one or two sentences how would you describe people with mental retardation?
2. What do you know about mental retardation before viewing this program?
3. In what way do you think people with mental retardation are different and in what way not different from those without mental retardation?
4. Does this program tell you anything you didn't know about mental retardation or such people before?
5. Does this program fail to tell you what you want to know more on this topic?
6. What are your impressions of people with mental retardation after viewing this program?
7. Does this program make you feel interested or bored in any way, any section? Please explain.
8. After viewing this program, are your attitudes towards people with mental retardation the same or changed? If changed, in what perspective?
9. Suggestions/Critics

APPENDIX B

APPENDIX B

VIDEO PROGRAM SCRIPT

VARIATIONS OF LIFE

SCENE	VIDEO	AUDIO
1	<p>Cut from black to montage: faces of mentally retarded young adults</p> <p>Super graphic:</p> <ul style="list-style-type: none"> *<u>It takes them many times to learn</u> *<u>They can do nothing at all</u> *<u>They can't do anything well</u> *<u>Some people are afraid of them</u> *<u>They move slowly</u> *<u>They don't think well</u> *<u>They have limited capacity to learn</u> *<u>Are they aggressive?</u> *<u>Will they hurt us?</u> *<u>Communication is a problem for them to conquer</u> *<u>They are afraid to go out and shut themselves at home</u> *<u>It's something you can't say no to</u> <p>Super title: <u>Variations of Life</u></p> <p>Fade to black</p>	<p>Music "<i>Another Country</i>"</p> <p>Fade music under</p>
2	<p>Fade from black to shots of a birthday party held for people with mental retardation</p>	<p><u>Narrator: People with mental retardation have a slower rate of learning and a limited capacity to learn. But they have feelings like everyone else in this world.</u></p>

SCENE VIDEO

AUDIO

Zoom in to CU of Ming-shun, a mildly mentally retarded young man

Super title: Kao, Ming-shun; mildly mentally retarded

- 3 Cut to interview with Lin, Shu-chin, social worker who is in charge of Ming-shun's case

CU of Ming-shun watering plants

Interview with Lin, social worker who is in charge of Ming-shun's case

Cut to b-roll of photos of Ming-shun as a little boy

Cut to b-roll of Ming-shun playing Sega games

They have thoughts, abilities, and their unique personalities. Mental retardation cuts across the lines of racial, ethnic, educational, social and economical backgrounds. In Taiwan, two out of a hundred people are affected by mental retardation. However, in about one-third of the people affected, the cause remains unknown. In other words, mental retardation can occur in any family.

Lin VO: I first saw Ming-shun when he was accompanied by his mother to our service center, looking for a job. He and his mother rode bikes all the way from Shin-tian to our center, which would take about twenty to thirty minutes. It was pretty impressive 'cause children and parents ride bikes together on the street rarely these days. Then I took them to the carwash. This is my first impression of Ming-shun.

Ming-shun's mother told me that Ming-shun was a healthy little boy. Then one day Ming-shun's younger sister learned to walk while Ming-shun, around two or three years old, still hadn't learned this skill. Ming-shun's mother sensed something was wrong with him. So she took him to the hospital and had him examined. Ming-shun's parents took him to as many doctors and had him try as many medicines as they could. But all the doctors' replies were the same that he

SCENE VIDEO**AUDIO**

	Cut back to interview with Lin	<u>might just develop more slowly than normal children of his age. Ming-shun's mother was still very concerned about Ming-shun's development so she kept on searching for any possible cure.</u>
4	Cut to Mrs. Ma taking her daughters to get on the transit	
	Super title: <u>Mrs. Ma and her daughters; both profoundly mentally retarded</u>	Music under
5	Cut to interview with Mrs. Ma with her daughters by her side.	<u>Mrs. Ma VO: Mental retardation? I sensed it when they were 2 or 3. They act like people with mental retardation. Say, when you teach a normal 3-year-old to count 1-2-3, he will quickly learn it. But when I taught them to do so, they simply didn't learn it.</u>
	Cut to CU of two daughters on the transit	
	Cut to three-shot in the interview	<u>When my older daughter was five months old, her neck bones were still very soft. So I took her to the doctor. She got sick very very often. And high fevers too. The doctor said that she's got rickets. We tried our best to have her cured. She's got calcium shots and multivitamin shots every day. Thank goodness that she didn't turn out to be totally unable to move! That would've been terrible!</u>
	Cut to CU of two daughters	
	Cut to Mrs. Ma's older daughter and zoom in to her as she is drawing	
	Cut to three-shot	<u>As for my younger daughter, I paid even closer attention to her after she was born. She cut her first tooth when she was only four months old. Isn't it odd? Four months old and cut her first tooth! Her IQ, I think, is higher than her sister's. Though she moves more slowly, she observes people well. She can tell if you</u>
	ECU of Mrs. Ma's younger daughter	
	Cut to three-shot	
	ECU of the younger daughter	

SCENE VIDEO**AUDIO**

are angry or stuff like that. She can immediately sense it.

Fade music out

- 6 Cut to interview with Huang, the psychotherapist

Super title: Huang, Ching-tuan; psychotherapist

Psychotherapist VO: Many people think that people with mental retardation are just like kids, that they can't do anything, or that they can't do anything well. Let's think about this. Normal children, whether 5 years old or 10 years old we call "children" no matter what their age. However, the ability of a 5-year-old is quite different from that of a 10-year old. So in terms of assessment, there are differences in the ability of people with mental retardation.

- 7 Cut to two-shot of Lin, the social worker and Ming-shun's friend, Kuo in a seminar held for mentally retarded people

Cut to Ming-shun and friends in the seminar

Cut to Ming-shun teaching a friend how to write a word; in the seminar

Lin: Who is your good friend?

Kuo: Kao, Ming-shun.

Lin: Why is he your good friend?

Kuo: He helped me move class desks and clean the floor.

Lin: Did you help him, Ming-shun?

Ming-shun: I don't remember.

Lin: Well, it's very nice of you.

Lin VO: Ming-shun has shown the virtues of responsibility and kindness since high school. Here's an example. Ming-shun used to take the school bus to high school. On the school bus there's a severely handicapped student who couldn't get on and off the bus without help from others. Ming-shun volunteered to take this job. His teachers praised him for his good deed. And his mother was glad that he was such a good boy.

- 8 Cut to interview with Lin

SCENE	VIDEO	AUDIO
9	<p>Cut to group shot in the seminar</p> <p>Cut to MS of the participants</p> <p>Tilt up to Lin and other participants</p>	<p><u>Lin: Does anybody know what we are doing today?</u></p> <p><u>Answer: Playing games!</u></p> <p><u>Lin: Come on! Guess!</u></p> <p><u>Answer: "Simon says!"</u></p> <p><u>Lin: No, not "Simon says!"</u></p> <p><u>Lin: Anyone else? Come on!</u></p> <p><u>Answer: Is it two words?</u></p> <p><u>Lin: That's right!</u></p> <p><u>Another social worker: We have a prize for the right answer!</u></p> <p><u>Answer: Word quiz?</u></p> <p><u>Lin: No!</u></p> <p><u>Answer: Word quiz?</u></p> <p><u>Lin: No!</u></p> <p><u>Answer: About health?</u></p> <p><u>Lin: No. It's about people. Who are the persons sitting next to you?</u></p> <p><u>Answer: Friends!</u></p> <p><u>Answer: Neighbors!</u></p> <p><u>Answer: Oh! Friends!</u></p> <p><u>Lin: Yes, friends! She got it right! Let's applaud for her. Today we will talk about friends.....</u></p>
10	Cut to interview with Huang, the psychotherapist	<p>Psychotherapist VO: <u>Those whose mental age ranges from 9 to 12 are called mildly mentally retarded. In other words, their mental age cannot surpass that of a normal 12-year-old. If they can, then they are normal, or close to the borderline. Those whose mental age ranges from 6 to 9 are called moderately mentally retarded. And from 3-6 are severely mentally retarded. 3 and under are profoundly mentally retarded. From this classification we know that the ability of people with mental retardation varies widely</u></p>

SCENE	VIDEO	AUDIO
11	Cut to the hand of Mrs. Ma's older daughter holding on to the handle	
12	Zoom out from the older daughter's hand to three-shot on the transit and then cut to CU of the older daughter Cut to CU of Mrs. Ma in the interview	Mrs. Ma VO: <u>She can answer the phone. If somebody calls me while I go downstairs, she will say, "ma-ma, downstairs." She can't say, "my mother goes downstairs." She can't say a complete sentence.</u>
13	LS and MS of Ming-shun playing basketball with a friend	
14	Cut to interview with Lin Super title: <u>Lin, Shu-chin; social worker</u> Cut to photos of Ming-shun joining Special Olympics International	Lin VO: <u>Ming-shun was very good at sports in high school. His teacher thought he had athlete's talent and recruited him to the school softball team. This softball team also represented Taiwan for the first time to join Special Olympics International which was held in Florida, the United States. They won a gold medal in the competition. Ming-shun's mother felt proud and honored 'cause the gold medal meant a big positive confirmation of Ming's capability.</u>
15	Cut to interview with Huang, the psychotherapist	Psychotherapist VO: <u>What kind of work can people with mental retardation do? It's worth thinking about. Do you consider a 3-year-old child to have no ability to do anything at all? Or what do you think a 12-year-old can do? In fact, we can't jump to a conclusion on this.</u>

SCENE	VIDEO	AUDIO
16	Cut to three-shot of Mrs. Ma teaching her younger daughter to draw an ear.	
17	CU of the older daughter Zoom in to the older daughter drawing dolls Cut to three-shot in the interview CU of the older daughter's drawing full of apples CU of Mrs. Ma CU of the younger daughter CU of Ms. Ma CU of the older daughter nodding her head	<u>Mrs. Ma VO: I taught her to draw rabbits. And fish too. The dolls. They learned that from school. And dogs. She drew dogs. Isn't there a gas station on our way to the market? They have four dogs. German shepherds. All this big. She drew out the dogs after she saw them. I can't even draw a dog!</u>
18	Cut to interview with Huang, the psychotherapist B-roll of a hand classifying color papers Cut back to Huang	<u>Psychotherapist VO: Take a child whose mental age is three, for example. What can he do? A 3-year-old is in preschool. If we recall, they are learning the concept of basic classification at that age. The classification of colors. The classification of sizes. We can use the same concept in training people with mental retardation. Say, Shin-Lu is opening a laundry store. We can have mentally retarded people do the classification of clothes before washing. We can ask them to put larger clothes in their left basket, and smaller ones in their right basket, and then hand</u>

SCENE VIDEO**AUDIO**

19 B-roll of Ming-shun working in the carwash

Zoom in to MS of Ming-shun

MS of Ming-shun's hand wipe the car

Zoom out from Ming-shun's working identification card and then dissolve to CU go Ming-shun

Super title: Kao, Ming-shun; mildly mentally retarded

B-roll of Ming-shun working in the carwash

Dissolve to CU of Ming-shun in the interview

LS of Ming-shun and his colleague

them over to other workers. So they are trained to do the preliminary classification of clothes. Therefore, we know this is the kind of thing a person with the mental age of 3 can do. And mentally retarded people with a higher mental age can definitely do more than that. So we believe every mentally retarded person can be inspired and develop some working ability.

Lin : What jobs have you done before?

Ming-shun : Cellular phone, assembly lines, fax machine, car sales, and this one.

Lin: Which one do you like most?

Ming-shun: This one.

Lin: This one. Carwashing. Why?

Ming-shun: Because I can move constantly in this job.

Lin: Is the position, blowing the whistle, giving car directions, the most important? Do you feel pressured?

Ming-shun: Sometimes. Like when there are cars passing behind me, I'll get nervous.

Lin: Oh, when cars pass behind you.

Ming-shun: Like trucks and cars.

Lin: Are your colleagues here any different from your ex-colleagues?

Ming-shun: Yes, very different.

Lin: Who do you prefer?

Ming-shun: My ex-colleagues.

Lin: Why?

Ming-shun: 'Cause they are all normal people. All normal.

Lin: Were they nice to you?

Ming-shun: Pretty nice.

SCENE VIDEO

AUDIO

Cut back to interview with Ming-shun

Lin: How about your current colleagues?

Ming-shun: Okay.

Lin: Why do you think your ex-colleagues were better to you?

Ming-shun: They often invited me out.

Lin: Don't your current colleagues invite you out?

Ming-shun: No.

Lin: Do they ask you to take them out?

Ming-shun: Yes.

Lin: So you have more responsibility.

20 Cut to interview with Lin, the social worker

Lin VO: There have been two turning points in Ming-shun's life. The first one was when he went to the United States for Special Olympics International. His mother accompanied him to the games.

Cut to the U.S. map and zoom in to Florida State

Super title: The Special Olympics
Oath is: Let me win; But if I cannot win; Let me be brave in the attempt

B-roll of photos of Ming-shun with friends in the U.S.

This trip, though only two weeks long, allowed Ming-shun to meet people from different countries, to go on an airplane and things like that. After the trip, Ming-shun showed a breakthrough in his intellectual and social adaptive ability. He's made great progress.

Cut to Ming-shun working in the carwash

The second turning point was when he started working in our carwash. He became more mature. He grew socially as well as mentally. And he is now more considerate toward his parents.

MS of Ming-shun saying "Welcome and please come again!" to the taxi driver

Ming-shun: Huan-Yin-Guan-Lin-Shia-Tsi-Tsai-Lai(Welcome and please come again!)

SCENE	VIDEO	AUDIO
21	CU to interview with Liu, social worker Super title: Liu, Mown-yi; social worker	Social Worker VO: <u>From my experiences in family counseling, mentally retarded people avoid going out in public partly because their parents want them to stay home, trying to protect them, and partly because the general public doesn't comprehend people with mental retardation. The public is afraid of them, assuming that they are violent, that they will attack people without reason or without warning.</u>
22	Cut to MS of Mrs. Ma assisting her daughter stepping down the stairs	
23	Cut to interview with Mrs. Ma Super title: <u>Mrs. Ma; mother of two mentally retarded daughters</u>	Mrs. Ma VO: <u>When I take them to department stores, many people will stare at them with a strange eye, as if they are odd. But I don't care for that. 'Cause no matter how they see us, we have to go on living our lives.</u>
24	Cut to interview with Lin B-roll of Ming-shun thinking	Lin VO: <u>Ming-shun once worked in an electronics factory. This factory was small-scaled in the beginning and had few workers. Then with its expansion, the owner hired more workers. The new workers complained that Ming-shun was slow in his movements, that he couldn't express himself as well as normal people. After more and more complaints, Ming-shun was forced to resign.</u>
25	Cut to interview with Liu, social worker	Social Worker VO: <u>People with mental retardation sometimes get mistreated when they go to public places. That's the main reason why their parents would rather have them kept at home than encourage them to go outside. Therefore,</u>

SCENE VIDEO**AUDIO**

we hope to develop a better and correct public understanding of people with mental retardation.

Cut to smiling faces of mentally retarded people

Cut back to interview with Liu

Social Worker VO: Mentally retarded people are not meant to be afraid of. They are pure and innocent. Once you get to know them, you'll see the cute side of them. We hope that with the maturing of public perceptions toward people with mental retardation, they can go out and become part of the community. And their parents won't have to worry about their safety any longer. So that if in case they get lost, their neighbors won't be afraid of them and would actually feel comfortable to approach and to help.

26 Cut to Mrs. Ma and her daughters

Mrs. Ma: Let's sing together! Stop drawing! Come on! Let's sing!

Mrs. Ma and her daughters singing

Mrs. Ma and her daughters singing a Chinese song

Dissolve to CU of Mrs. Ma in the interview

Mrs. Ma VO: I hope that benevolent people will do what they can, for the welfare of people with mental retardation, either financially or through their time and efforts. And I hope that when the public sees people with mental retardation passing by, please don't look at them with a strange eye. Take my daughters for example. Though they do not have very good body control and move very slowly, they live a very disciplined life.

Cut to two sisters singing and zoom in to the older sister; then pan to the younger sister

Dissolve to three-shot

SCENE	VIDEO	AUDIO
27	Cut to Mrs. Ma taking her daughters walking up the stairs, crossing the street, walking down the stairs	Fade music up " <i>Life Class</i> "
	Super credits	
	Mrs. Ma and her daughters walking off the screen	
	Fade to black	Fade music out