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Mary Frances Gray Rodriguez

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THE EFFECTS OF SHORT-TERM CONTACT AND PERSUASIVE SPEECH ON SPECIAL EDUCATION STUDENTS' ATTITUDES TOWARD HANDICAPPERS

By

Mary Frances Gray Rodriguez

A DISSERTATION

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ABSTRACT

THE EFFECTS OF SHORT-TERM CONTACT
AND PERSUASIVE SPEECH
ON SPECIAL EDUCATION STUDENTS'
ATTITUDES TOWARD HANDICAPPERS

By

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Purpose of research

This study was designed to measure the effects of handicapper and nonhandicapper speakers on the attitudes of special education students toward persons with distinct physical characteristics.

Instrumentation

An attitude survey was developed as a battery consisting of the Attitude Toward Disabled Persons Scale (Form O), levels two and four of the Guttman scales (dealing with societal interactive norms and personal hypothetical behavior, respectively), and a scale designed to measure willingness to parent handicapper children.

Subjects were students enrolled in an introductory course in special education at Michigan State University during Fall term, 1977. These subjects were randomly assigned to one of four experimental groups: pretest, handicapper speaker; pretest, nonhandicapper speaker;

no pretest, handicapper speaker; no pretest, nonhandicapper speaker.

Treatment

Treatment for the subjects consisted of the following: once a week for four weeks, a handicapper speaker addressed half the group, while a nonhandicapper speaker addressed the other half. Topics, chosen by the handicapper speakers, dealt with current problems faced by handicappers, and each pair of speakers was instructed to consult with each other to ensure that their speeches were parallel. Subjects were asked to rate the speakers at each session. At the end of the experimental period, the same attitude battery was administered to all 80 subjects as a posttest. In order to measure behavioral concomitants of attitude change, subjects' willingness to perform volunteer work at a local handicapper center was assessed.

Results

No significant differences were found when comparing the posttest scores of the handicapper group and the nonhandicapper group on three of the measures. However, an analysis of covariance showed that when attitudes were measured by the Attitude Toward Disabled Persons Scale, the group who had listened to the nonhandicapper speakers possessed significantly more positive attitudes

($p < .05$) at the end of the research period than did the group who had listened to the handicapper speakers. Since this difference occurred on only one of three intercorrelated measures, conclusions must be made with caution.

No significant difference between groups was found in the behavioral assessment.

Recommendations

One of the primary goals of educating rehabilitation and special education students is to enable them to understand and work effectively with handicappers. In order to accomplish this goal, it is not enough to deal only with cognitive input: the affective dimension must also be an important concern. Students should be able to explore their own feelings and understand the handicapper's point of view, so that negative attitudes which impair interaction may be eliminated. It has been shown in this study that the current educational technique of bringing in guest speakers to address a class in an attempt to foster more positive, empathic attitudes may not have any success. Rather than rely on such minimal contact which is likely to be perceived as superficial, a more promising technique would seem to be extended, intimate contact with handicappers as a part of the curriculum.

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CHAPTER ONE

INTRODUCTION

Differentness As Abnormality

The influence of the concept of the normal curve in statistical methodology is well known. Less obvious is the extent to which this concept permeates society, especially in the way in which we assess other people.

Society frequently equates differentness with inferiority, and this is betrayed by the language which we use. "Average" comes to mean "normal;" being different is deviating from the norm, hence "abnormal." In summary, if someone is not like the rest of us, there must be something wrong with that person.

Persons who are physically different from the average may face many problems in coping with their disabling condition. Too often, their position is further complicated by those who treat physical differentness as a sign of inferiority, and who consequently hold negative attitudes toward persons whom society regards as "handicapped."

Labels and Stereotypes

Persons who possess any of a number of minority characteristics are frequently met with stereotyping, labeling, and prejudice. For example, persons who score low on IQ tests are too often given derogatory labels and treated as if their whole capacity and worth depended solely on the fact of their inability to perform well at educational tasks. (In addition, persons with extremely high IQ's are also sometimes stereotyped.) Similarly, in a society which is predominantly Caucasian, darker-skinned individuals are often treated with prejudice, both in attitudes and behavior. Also, those individuals whose behavior does not conform to society's current standards are often erroneously labeled "immoral" or "mentally ill."

We tend to place people in social categories, seeing categorical properties rather than focusing on the individual person (Erlich, 1973). This can lead to labels having negative connotations and is thus the first step in the formation of prejudice (Brodwin & Jordan, 1975).

"Handicappers"

Persons who possess a physical characteristic different from the average (e.g. lack of stature, loss of a limb, spasticity, lack of motor ability, etc.) share problems met with by other minority group members, and labeling is a salient example. In the professional field of rehabilitation, the terms "disabled" and "handicapped" are most frequently employed: "disabled" is used to refer in general to persons with a physically distinct characteristic, while "handicapped" is used to label those individuals who find themselves unable to function adequately because of their disability.

However, many individuals so labeled are coming to reject these negative terms. "Handicapper" is a term which is gaining acceptance among the physically different in the mid-Michigan area, since it is seen as having an active connotation rather than a passive one (such terminology is explained further in Appendix A). Since "handicapper" is the term preferred by the speakers who aided in this research, it will be used in this paper in place of the terms "disabled" and "handicapped." If members of a group are to be labeled, it seems reasonable to allow them to choose their own labels.

The Role of Handicappers in Attitude Change

Several authors have stated that handicappers can have a positive effect on attitudes if they themselves take an active role in attitude change.

Wright (1973) stated that attitudes can be affected by general social changes, such as minority groups speaking on their own behalf. Safilios-Rothschild (1970) noted that, in the past, groups such as the war veterans and persons with blindness have succeeded in attaining their goals through public relations and organized efforts. Siller (1976) stated his belief that the disabled should aid in the process of attitude change by learning coping skills to use in situations involving curiosity, offers of help, and so on.

Ladieu, Adler, and Dembo (1948), in an article which foreshadowed the current militant trend among handicappers by some 20 years, stated that "when the injured...know that they are not 'handicapped,' it is the noninjured who must shift preconceived and erroneous opinions" (p. 60). According to Downey (1975), the disabled are now becoming aware of their own resources and are finding strength through activism. This militancy is evident on the campus of Michigan State University, as outlined by Bugge and Bao (1974), who found a growing mood of self-sufficiency and pride

among handicappers. They emphasized that "all the laws in the world, all the programs that can be mustered, and all the barrier-breaking innovations that can be invented, cannot outweigh the effects of day-to-day rapport between the handicappers and other students" (p. 11).

Purpose of this Study

The subjects of this research were students in a senior level course in special education. Students were addressed by a series of either handicapper or nonhandicapper speakers, who discussed topics related to the discrimination practiced against persons who possess different physical characteristics, with the aim of reducing stereotypic attitudes. It was expected that the study would serve a two-fold purpose: first, to serve as part of the curriculum's educational process; second, to aid in providing insight into the effects of short-term contact and persuasive speech on attitude change.

Educational process

Although students majoring in special education and rehabilitation are most likely to find employment working with handicappers, extensive contact with handicappers themselves is not always part of the curriculum. As late as the early 1970's, it was

possible to graduate with an M.A. in rehabilitation at Michigan State University without having had any class-related or required contact with persons having distinctive physical characteristics. Providing supervised contact with handicappers seems a logical part of the training process, so that students may explore their own attitudes and interests as well as gain insight into the attitudes and feelings of handicappers.

Attitude change research

The hypotheses tested in this study deal with the effects of minimal contact and persuasive speech on the attitudes of students in special education. Hypotheses do not specify directionality of expected attitude change, since prior research has had mixed results. However, it was expected that there would be a significant difference between the posttest scores of those who listened to the handicapper speakers and those who listened to the nonhandicapper speakers. (Hypotheses will be stated in testable form in Chapter Three.)

In the following chapter, research exploring the following areas will be reviewed: attitudes toward handicappers, attitude measurement, and techniques for changing attitudes.

CHAPTER TWO

REVIEW OF THE LITERATURE

Attitudes Toward Handicappers

Reactions to individuals having distinct physical characteristics (disabilities) have varied throughout history and among cultures. As Meyerson (1948) pointed out, the status of the physically disabled person has ranged from that of a pariah to a position of prestige, depending on the cultural definition. Examples of bias from the Old Testament have been discussed by von Hentig (1948), among others. Burnette (1974) told of early Sparta, where the physically disabled were destroyed; in the Middle Ages, attitudes changed from believing that the disabled were possessed by the devil to a belief that they should be protected. We like to think, of course, that society in general is evolving toward more enlightened attitudes. Certainly, we believe that attitudes and behavior toward handicappers have progressed greatly since earlier times. As evidenced by numerous writers and researchers, however, the current situation in our society leaves little room for complacency.

The existence of negative attitudes

The existence of negative attitudes toward persons with physical differences has been widely documented. Wright (1960) wrote that the disabled hold an inferior status, comparable to that of minority groups. Society looks down upon those who are "different;" beliefs of inferiority may be overt or covert, often manifesting themselves through ridicule or patronizing attitudes toward the disabled. McGowan and Porter (1967) stated their belief that American society holds a derogatory view toward the disabled, and that there exists widespread prejudice against them. According to Goffman (1963), the disabled become stigmatized, or possessed of a deeply discrediting attribute. Hansson and Duffield (1976), in their research concerning stereotyping and prejudice, found that there was a significant tendency to attribute neurological disorders to photographs of persons rated as "unattractive."

Centers and Centers (1962) conducted an experiment with 836 grade school students and found that children were more likely to reject peers with amputated limbs than they were to reject nonamputee peers. Also, the children with amputated limbs were considered "not nice-looking" and were regarded with pity. In an experiment conducted by Titley and Viney (1969),

subjects were more likely to deliver a supposed electric shock to recipients playing the role of disabled persons than they were to recipients playing nondisabled roles. Safilios-Rothschild (1970) found that discrimination and prejudice were especially practiced against individuals with highly visible or multiple disabilities, with the exception of disabled war veterans.

Causes of negative attitude formation

Given the existence of negative attitudes toward the disabled, various researchers have investigated possible causes of these attitudes. Wright (1969) found that negative attitudes often result from myths which society holds toward the disabled: namely, that they are generally maladjusted and live a life of tragedy and excessive frustration. She also stated that trauma or illness is frequently considered to be a consequence of wrongdoing whereby the individual is punished, therefore associating disability with evil causes (see also Wright, 1960). Siller, Chipman, Ferguson, and Vann (1967) also found evidence that the nondisabled react negatively to the disabled because of a fear of injury to themselves. This existence of a strongly felt personal threat is a view shared by Pinkerton and McAleer (1976), Safilios-Rothschild (1970), and Centers and Centers (1962). The research of

Whiteman and Lukoff (1965) may also support this view, since they discovered that subjects held more unfavorable attitudes toward the disability itself than toward the individual who possessed the disability.

Parsons (1958) has written extensively concerning the role of the sick person as defined by society, and he sees somatic health as "the state of optimum capacity for the effective performance of valued tasks" (p. 168). Using Parson's model, it can be seen how handicappers could come to be regarded as "sick" because they could not perform tasks seen as normal by the rest of society, such as walking or speaking. Friedson (1966), however, stated that Parson's concept of the sick role is not completely applicable to handicappers because of the usual irreversibility of their physical condition. According to Friedson, society comes to regard any physical difference as an undesirable difference, leading to labeling and stereotyping.

Interaction strain Langer, Fiske, Taylor, and Chanowitz (1976) found that what seems to be prejudice toward the disabled is sometimes interaction strain, the result of discomfort experienced by the nondisabled because of the following conflict: the disabled person is a novel stimulus which the nondisabled person has a desire to explore, yet staring at people is not

acceptable in our society. The authors stressed that a desire to stare out of curiosity is not the same as holding a negative attitude toward the focus of curiosity. In any event, the nondisabled person feels conflict which most often leads to avoidance behavior. Siller (1976) pointed out that this avoidance behavior leads to the lack of integration of the disabled in society, thereby compounding the problem.

Goffman (1963) has also investigated the strain which often manifests itself in interaction between the disabled and nondisabled. Kleck (1968) and Kleck, Ono, and Hastorf (1966) found that, in such an interaction, the behavior of the nondisabled person is stereotyped, inhibited, and overcontrolled.

According to Davis (1977), all persons experience interaction strain at times, but this strain is intensified in experiences with physically disabled persons because of role ambiguity. Yamamoto (1977) stated that this strain results because the unfamiliar aspects of the interaction tend to disrupt established societal modes of interacting. In an experiment conducted in an airport lobby, Worthington (1977) found that subjects maintained a significantly greater distance between themselves and a visibly stigmatized experimenter than they did for a nonstigmatized experimenter.

In researching the other side of the issue, Comer and Piliavin (1972) discovered that the disabled person experiences demonstrably more discomfort when interacting with the nondisabled than with another disabled person. This, of course, leads to the question of whether the nondisabled person perceives this discomfort and is thereby made more uncomfortable herself, and the problem is thus compounded in a circular manner. If this is so, attitude change might be accomplished by helping both handicapper and nonhandicapper learn interaction and coping skills.

Other variables affecting attitudes Specific attitudes depend on the extent of the physical difference, according to Farina, Sherman, and Allen (1968), who stated that attitude formation is a complex matter involving the stigma, the characteristics of the nondisabled individual, and the interaction between persons. Comer and Piliavin (1975) found that when subjects were asked to give their first impressions of the character traits of other people, nondisabled persons rated the disabled higher than the nondisabled, while persons who had been disabled for two years or longer rated the nondisabled more favorably than they did the disabled. The authors concluded that when a person becomes disabled, his or her attitudes toward disability

become more negative.

In Titley and Viney's (1969) previously mentioned experiment concerning the supposed delivery of electric shock, factors relating to the gender of the subject were discovered: males were more likely to deliver a shock to the disabled and female confederates, while female subjects were more likely to deliver a shock to nondisabled and male confederates. Chesler (1965) reported a positive correlation between individuals' degree of ethnocentrism and their degree of rejection of the disabled.

Richardson, Goodman, Hastorf, and Dornbush (1961) asked children from various backgrounds to rank pictures of other children with and without physical disabilities. They found that the children gave those without disabilities the highest ranking, followed by those using crutches, then those using a wheelchair; those with facial disfigurements and obesity were given the lowest ranking. The authors' important finding was that these rankings were consistent over ethnic and cultural backgrounds, and they indicated that the emphasis which the mass media place on physical beauty might explain the cultural uniformity. However, Alessi and Anthony (1969) replicated a part of the above study and felt that the degree of cultural

uniformity was not as strongly supported using different means of statistical analysis.

English and Oberle (1971) hypothesized that persons employed as typists would have significantly more positive attitudes toward the physically disabled than would airline stewardesses, and this was borne out in their research. The authors believed that the cause of these different attitudes was the different emphasis placed on physique in the two fields.

It has been shown that certain conditions are seen as being more disabling than others. McDonald and Hall (1969) carried out a study that indicated that the degree of imputed disability is also affected by the area of performance. In their study, graduate students rated the seriousness of four disability conditions (sensory, internal, cosmetic, and emotional) associated with various dimensions: sensory losses and cosmetic conditions were rated most debilitating in the personal dimension, while internal injuries were seen most debilitating in the vocational and emotional disorders in the parental. Nikoloff (1962) surveyed 197 public school principals to ascertain their willingness to hire persons with physical disabilities as either full-time or student teachers. They discovered that deaf persons were most rejected for student teaching and blind persons most rejected for full-time positions, while

least rejection was shown in both categories for those persons with artificial limbs.

Jordan and Friesen (1968) conducted a study which provided evidence that the disabled were viewed more favorably in the United States than in Colombia, more favorably in Colombia than in Peru. These results were seen to support the hypothesis that a physical disability is more handicapping in a traditional, agrarian society than in a modern society. If that is true, it would seem likely that attitudes would be more amenable to positive change in industrialized societies such as ours, where physical prowess is not a requisite for all occupations.

Attitudes of professionals

It is reasonable to assume that, as a whole, professionals in the field of rehabilitation and special education would have a more enlightened understanding of the area of physical disability, and we would expect the degree of prejudice manifested by this group to be much lower than that of the general population. While this may indeed be true, research findings are not conclusive.

A few examples from professional journals and textbooks illustrate that it is quite difficult to eliminate totally all stereotypes against the physically disabled. At the very least, several authors in the field have expressed ideas which would be disputed by

many of today's more militant handicappers. The first two examples sample the literature of two or three decades ago, while the last three are of recent origin.

Barker (1948) stated, in opposition to other authors, that the status of the disabled cannot truly parallel that of a minority group, since the disabled cannot blame any external agent for their problems (architectural barriers?). Barker wrote that "the fact which the disabled has to face is that in some respects he is an inferior person" (p. 32), which would seem, if nothing else, to be a poor choice of words. He also discussed the (at that time) growing movement to legal safeguards but stated that these cannot be totally effective, since the world is made for the physically normal and "the ultimate adjustment must involve changes in the value systems of the physically disabled person" (p. 38).

At a later date, Cruickshank (1958) discussed the need for vocational counseling for physically disabled children. He stated that the intellectually normal but physically disabled child should not necessarily go on to college or a professional school because of the danger that s/he would become overtrained and hence unemployable in a suitable occupation. He advised that the physically disabled should have only liberal arts

training so that their leisure time would be enriched. (In other words, fit the client to the environment, not vice-versa.)

Other examples can be found which are more recent. Solomon (1977) stated his belief that the disabled form a unique minority, because "they can never hope to... rise up and combat their oppressors" (p. 7). The author also wrote that "these people...will always be handicapped" (p. 8), and that the normal majority have a responsibility to provide for them. While the overall tone of the article is progressive, against segregation and in favor of mainstreaming, certain comments such as these could be construed as patronizing and not crediting handicappers with much capacity for autonomy.

Park (1977) wrote a generally thoughtful article in which he deplores the fact that the disabled are frequently thought of as contributing members of society only if their contribution is financial, equating achievement with employment. Toward the end of the article, however, he stressed the role of the disabled in changing society's attitudes by saying, "the embittered, cranky, poorly kept, and untidy handicapped person is unquestionably making it more difficult for the next generation of disabled people to be accepted" (p. 579). Although this could be seen as paralleling the "Be Clean for Gene" McCarthy campaign

of 1968, it might also be seen as setting relatively discriminatory standards for handicappers.

Rikard, Triandis, and Patterson (1977), in a study which revealed reluctance on the part of school administrators to hire persons with perceived physical or mental disabilities, commented, "However, to the extent that school administrators are concerned with the psychological adjustment of teachers the ratings of ex-mental patients may not represent prejudice" (p. 528). Such an attitude clearly betrays the prejudiced belief that one is never totally cured of a mental disorder.

It is disturbing to find such negative attitudes being expressed in professional literature, because we would hope that those trained in rehabilitation and special education would know better. Also, articles in professional journals might seem to have an air of authority and thus be accepted too uncritically by some readers, thus contributing to the perpetuation of negative attitudes.

Research studies regarding attitudes of professionals

Bell (1962) conducted attitude research with 110 hospital employees as subjects. Forty subjects worked in the rehabilitation field, 30 had no contact with handicappers in the hospital but did have a friend or relative who was disabled, and 40 had no contact with disabled persons

at all. Using the Attitude Toward Disabled Persons Scale, he found that the second group (those with no hospital contact but with a friend or relative who was disabled) had significantly higher scores, indicating that they may have had more positive attitudes toward handicappers than did the professionals working in the field of rehabilitation. Bell explained the data accordingly: he stated that, although the Attitude Toward Disabled Persons Scale measures the extent to which people see the disabled as being different from the nondisabled, this perception of difference does not necessarily imply lack of acceptance of the disabled. Bell pointed out that perhaps a good therapist needs to realize that the disabled are, to some extent, different from the rest of the population. This suggestion runs counter to the beliefs of most other authors (e.g. Friedson, 1966; Wright, 1960; Goffman, 1963; Brodwin & Jordan, 1975), who see the perception of difference as the first step in the formation of prejudice.

Dickie (1967) conducted research comparing the attitudes of special education teachers, elementary and secondary teachers, managers, and laborers toward the disabled: he found no significant differences among the four groups. Research was conducted in Japan by Jordan and Cessna (1974) using similar groups, but

again no significant differences were found regarding attitudes toward the disabled.

Palmerton and Frumkin (1969) hypothesized that college counselors with traditional educational attitudes would have less favorable attitudes toward handicappers than would counselors with progressive attitudes; however, the statistical results of their study were nonsignificant.

According to Gellman (1977), the typical rehabilitation worker may feel him or herself free from discriminatory attitudes and prejudice. However, he stated that the handicapper who is a patient in a rehabilitation facility may feel discrimination as a result of the therapist-patient role distinctions: the handicapper is confronted with an unfamiliar system, low level status, lack of control, and therapists who may unconsciously try to fit him or her into middle class molds.

Even though the professional worker in the field of special education or rehabilitation may have a special interest in working with handicappers and may be quite dedicated to her profession, it would seem difficult to eliminate totally all discrimination, both because it is hard to examine one's own attitudes with complete objectivity and also because the professional most often has a role which places him

in a position of power over the handicapper. This authority and lack of equal status contact can accentuate the perceived differences between therapist and client and thus lead to increased unconscious discrimination.

Attitudes of students The issue has been raised as to whether students in rehabilitation and special education might automatically, because of their vocational choice, have more positive attitudes toward handicappers than would students in other curricula. Semmel and Dickson (1966) compared the attitudes of special education and elementary education majors, and they found that the special education majors did possess more positive connotative reactions to disability levels than did the elementary education majors. One interesting aspect of this study is that there were no significant differences between the freshmen and seniors, indicating that perhaps the years of college training had no effect on attitudes. Similarly, Efron and Efron (1967) discovered that students in special education had more favorable attitudes toward the mentally retarded than did students in general education.

Summary

The majority of authors who deal with the subject of disabling conditions report the existence of prejudice toward persons with distinct physical characteristics (e.g. deafness, blindness, lack of stature, spasticity, loss of a limb, loss of motor function). Authors have used a variety of methods, both subjective and objective, to document the existence of prejudice toward handicappers. At the subjective end of the continuum are writers who rely on narrative and personal opinion (e.g. Meyerson, 1948; von Hentig, 1948), sometimes accompanied by anecdotal observations (e.g. Ladieu, Adler, & Dembo, 1948): the most comprehensive and credible narrative is found in the work of Goffman (1963). Authors in the last decade or so have turned to more objective quantification of the degree of existing prejudice, using both written measures such as ratings (Comer & Piliavin, 1975; Hansson & Duffield, 1976) and sociometric techniques (Centers & Centers, 1962), and also indices of actual behavior toward handicappers (Kleck, 1968; Titley & Viney, 1969; Worthington, 1977).

No one study taken by itself adequately substantiates the extent of prejudice that exists toward handicappers; however, when the body of literature is considered as a whole, a distinct pattern of prejudice emerges.

Handicappers share the experience of ethnic and other minority groups: attention is focused on the characteristic which makes a person "different" from the majority of society, and the person's whole identity becomes dependent on the existence of this difference. Persons who share these minority characteristics are perceived as a separate social group, and stereotyping inevitably follows.

Various researchers have clarified the definition of prejudice as it exists toward the disabled. What are perceived to be negative attitudes toward handicappers are sometimes the result not of intolerance of individual differences but rather the result of interaction strain and the nondisabled person's fear of possible injury to self. For example, the seeing person may feel threat in the presence of a blind person, realizing that his own sight could be lost through accident or illness.

If we are to change negative attitudes, one way might be to focus on these causes delineated in this section. Two methods which might be inferred from the research might be: first, minimizing the perceived differentness of the handicapper; second, helping the handicapper and nonhandicapper feel comfortable in interacting with each other. Since negative attitudes occur even among professionals working in the field of

rehabilitation, such efforts should benefit them as well as the rest of society.

In order to investigate methods of eliminating prejudice, of improving attitudes toward handicappers, we must obtain an objective means of measuring our progress and the success of various techniques of attitude change. Conclusions will be strengthened in data can be scientifically quantified. In the next section of this chapter, currently available means for measuring attitudes and attitude change will be examined.

Methods of Measuring Attitudes

In this section, a brief overview of the problems of measuring attitudes will be presented, followed by a review of the literature describing scales used in the past eight years to measure attitudes toward handicappers.

Problems of attitude measurement

As Zimbardo and Ebbesen (1969) pointed out, assessment of attitude and attitude change is complicated, due to problems in defining attitudes and a lack of common methodology for assessment. Rokeach (1968) stated that one opinion questionnaire frequently cannot measure attitude adequately; rather, a person's attitude should be assessed over different situations. Although attitude changes produced in a laboratory

setting can be valid, Hendrick and Seyfried (1974) discovered that such change is frequently temporary; also, demand characteristics may enter into the situation so that the subject's responses are not completely indicative of her true feelings. A similar position was taken by Dawes (1972), who stated that responses on rating scales should not be taken literally since they can be influenced by other factors besides attitude.

Sherif, Sherif, and Nebergall (1965) added that there is another problem when there exists a time interval between pretest and posttest. The authors believed this to be especially true in cases of issues which arouse personal involvement and subjects have the opportunity to talk to others about their feelings.

Measuring attitude change toward handicappers

Feinberg (1967) has noted that research findings regarding attitudes toward the disabled have generally been contradictory or inconsistent, due to the possible biasing effects of social desirability. He reported an experiment in which persons with high social desirability needs expressed more positive attitudes toward the disabled. In another experiment, varying the test instructions succeeded in modifying the responses of subjects with high social desirability needs. Golin

(1970) stated his observation that attitudes toward handicappers expressed on paper are not necessarily negative. However, whether these paper and pencil results accurately represent behavior is an issue which has not yet been satisfactorily resolved.

Yuker, Block, and Younng (1970) devised a tool called the Attitude Toward Disabled Persons Scale (ATDP), a Likert scale which was designed for use with both the disabled and the nondisabled. (Likert scales are internally consistent lists of items in which the subject chooses one of five item responses which are scaled from one to five, e.g., strongly agree, agree, undecided, disagree, strongly disagree. The total score is the sum of the weights for each response to the statements [Secord & Backman, 1964]). The emphasis of the ATDP is on the differences perceived between the disabled and nondisabled, and the assumption is that the concept of "disability" connotes inadequacy. The authors stated that social desirability did not seem to have a significant effect when measured on Form O of the ATDP, where social desirability accounted for less than six per cent of the variance. They also reported stability coefficients from +.66 to +.89, and split half reliability coefficients from +.73 to +.89.

According to Kutner (1971), the ATDP is the most widely used and accepted tool for measuring attitudes

toward the disabled. Bolton (1974) stated support for the construct validity of the ATDP.

Smits, Conine, and Edwards (1971) conducted research with the ATDP, Form O, to try and determine what people define as being "disability." They found a lack of uniformity between the concepts held by teachers and students in their sample. Although the ATDP, according to these researchers, treats disability as being strictly physical, the students included concepts of mental disability as well as physical, and teachers also included emotional, social, and cultural factors.

Jordan (see Block, 1974) has carried out a number of cross-cultural studies, in which the ATDP was translated into other languages in order to administer the scale to those who do not speak English. Frequently, a measure of intensity of feeling was also added to the ATDP responses in these studies.

Although satisfied with the reliability of the ATDP, Siller and Chipman (1974) felt that a fuller, more adequate measure was needed to assess what were felt to be multidimensional attitudes toward the disabled. Research was carried out on several disability factor scales. In 1970, Siller reported his belief that attitudes were structured by attitudinal dimension rather than by type of condition, necessitating the

formulation of a multidimensional instrument, the General Form of Disability Factor Scales. Elsberry (1975) reported correlations between the ATDP and Siller's Disability Factor Scale G ranging from +.10 to +.64 and hypothesized that this variability occurs because the scales may sample different portions of the attitude domain.

Guttman scales (see Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975) are gaining wider use in measuring attitudes toward handicappers. These scales are comprised so that on every item a person with a more positive attitude gives a response which is more favorable or equally favorable to the response of a person with a less positive attitude. The Guttman scales are based on facet theory, which is seen as being more valuable than factor analysis as a means of quantifying data (Castro & Jordan, 1977). Through facet theory, one can "examine the profiles of individual subjects or groups of subjects who have the same profile" (Jordan, 1968, p. 72). A considerable amount of research using the Guttman scales to measure attitudes toward handicappers has been carried out at Michigan State University (see Castro & Jordan, 1977). Attitudinal levels range from the stereotypic to those dealing with personal action, and Jordan (1970) has reported reliability coefficients from +.60 to +.90 for subscales when considered separately.

Summary

As can be seen from the research which has been done in this area, there is no one tool which is universally accepted as an unbiased, accurate measure of attitudes toward handicappers. Problems which have been encountered fall into two general categories: problems with the process of testing, and problems with defining the concepts being measured.

Testing process Responses may be influenced by social desirability and the subjects' expectations of what the research demands. Also, attitudes which are expressed on paper may not always accurately predict how a subject will behave in a given situation.

Definition of concepts When we use language, we are dealing not only with dictionary-defined aspects of a concept but also with the connotations that concept will have for the individuals being tested. Studies reviewed here have shown that people vary in their interpretation of the word "disability," and this lack of consensus weakens the validity of written measures.

The three written measures of attitudes toward handicappers which are reviewed in this section vary in their degree of current availability. Siller's

Disability Factor Scales and the Attitude Toward Disabled Persons scale are both out of print. However, the ATDP is available in The Measurement of Attitudes Toward Disabled Persons (Yuker, Block, & Younng, 1970). Guttman scales are easily obtainable at Michigan State University because of their widespread use in attitude research carried out there.

The ATDP has been the most widely used tool for measuring attitudes toward handicappers; however, its validity has been questioned by several authors. In any case, it is unwise to depend solely on any one tool to measure attitudes. Also, because of the semantic problems encountered in written tests, conclusions must be made with care: this should be borne in mind while reading the following section, in which techniques used in attitude change research are presented.

Techniques of Attitude Change

The question of how best to change people's attitudes in an important issue in the field of social psychology, and much research has been carried out in this area. No attempt at a comprehensive review of all attitude change research will be presented here. Rather, in this section, attention will be focused on a comprehensive review of attempts to change attitudes toward handicappers within the last five years,

accompanied by salient studies of less recent origin and background information on the general dynamics of attitude change.

It has been suggested in an earlier section that negative attitudes toward handicappers result from a variety of causes, i.e., the perception of the handicapper as being "different," leading to stereotyping and prejudice; fear on the part of the nonhandicapper of a possible injury to self; and interaction strain, the discomfort and lack of ease which the handicapper and nonhandicapper may feel in each other's presence. If we attempt to change attitudes by modifying causes, we would logically focus on the following: eliminating misinformation regarding disabling conditions, convincing the nonhandicapper that handicappers are more alike than different from the rest of society, and helping nonhandicappers to feel more comfortable in their interaction with handicappers. Each of these techniques has been tried, using various methods, and will now be examined in turn.

The effects of mass media campaigns

Many attempts have been made to change society's attitudes through broad campaigns and mass media advertising. McGuire (1969) has found that such mass media campaigns actually have little effectiveness;

face-to-face contact seems to be more effective. Staffieri and Klappersack (1960) found that showing films favorable to handicappers did not produce significant attitude change, perhaps because the focus was on the cognitive level rather than on the emotional level.

Sands and Zalkind (1972) reported no meaningful attitude change when mass media methods were used in an intensive campaign to lower employer resistance to hiring workers with epilepsy. According to Safilios-Rothschild (1970, 1976), educational campaigns may actually compound the problem of social segregation of the disabled, since media campaigns may reinforce people's stereotypes of the disabled as being basically different. She stated that a more promising vehicle for attitude change is through regular entertainment features, television programs, and movies. When a disabled person plays a role in which the disability is taken as a matter of fact rather than as a handicap or object of curiosity, conditions are more conducive to positive attitude change.

The effects of persuasive speech

In order to examine the efficacy of persuasive speech, McGuire (1969) stated that we must analyze factors having to do with both the communicator and

the message.

Characteristics of the persuader Factors which influence the effectiveness of the communicator include speaker credibility (consisting of perceived knowledge and objectivity), attractiveness, and power (McGuire, 1969). Zimbardo and Ebbesen (1969) agreed that there will be a greater degree of opinion change if the communicator possesses high credibility; also, the more extreme change that is asked for by the speaker, the more change is likely. According to Miller, Maruyama, Beaber, and Valone (1976), the high-speed speaker is generally perceived to be more knowledgeable by the audience, as long as the speed is in the normal range so as not to interfere with comprehension.

Eagly and Chaiken (1975) found that attractive communicators are more persuasive than unattractive communicators if the advocated position is undesirable. They indicated that this is perhaps due to the resultant perceived objectivity of the communicator. A similar position was taken by Kohn and Snook (1976), who discovered that a communicator is more effective if the expectancies of the audience are violated: a persuader becomes more credible when taking an unexpected position, for s/he is seen as being more sincere.

Cohen (1964) advanced the idea that when a persuader is respected by an individual, that person becomes motivated to accept the attitude of the persuader because of a desire for social approval. According to Kiesler, Pallak, and Archer (1974), an interaction exists between self-commitment and legitimacy of the speaker: committed subjects tend to change their opinions in the direction of more committed legitimate speakers and away from illegitimate speakers, while uncommitted subjects are more likely to agree with illegitimate speakers.

Characteristics of the message McGuire (1960) noted that a persuasive message may have remote effects, that is, a message that changes opinions on a certain issue should also change opinions on related issues due to people's need to avoid dissonance, to maintain consistency between their feelings, thoughts, and actions. Steele and Ostrom (1974) observed that this indirect change is sometimes greater than the direct attitude change.

Allport (1954) stated that we don't yet know the effects of exhortation, but it probably "helps strengthen the good intentions of the already converted" (p. 459), and without it the situation could conceivably become worse. He stressed that

persuasive speech, in order to be effective, should allay anxiety on the part of the subject rather than create resistance in the subject.

In an experiment regarding communication modality, Chaiken and Eagly (1976) compared the effects of written messages, audiotapes, and videotapes. They found that messages which are hard to understand possess the greatest persuasion and comprehension when expressed in writing, while easy messages possess the greatest persuasion when videotaped. McGuire (1969) emphasized that the general skill of the speaker has not been found to be a powerful determinant; rather, persuasion depends on the type of appeal that is used.

Sherif, Sherif, and Nebergall (1965) noted that it is easier to change attitudes in a laboratory setting than in a natural setting. They also stressed that more research needs to be carried out regarding the fundamental question of "who says what to whom."

The effects of exposure

Zajonc (1968) found that a novel stimulus presented for the first time produces uncertainty in an individual, which leads to conflict, fear, and avoidance. If no negative consequences occur during this first situation, the avoidance reaction tends to be weaker during each successive presentation. The

author concluded that repeated exposure to a stimulus will enhance an individual's attitude toward it. Miller (1976) concurred with this finding. Langer, Fiske, Taylor, and Chanowitz (1976) stated their support for prior exposure to the disabled for this same reason: that since the novelty of the stimulus is decreased, the nondisabled should feel less uncomfortable in the presence of a physically distinctive person, and the interaction strain will be thereby lessened.

Kutner (1971) wrote that the most promising technique for positive attitude change may be extended, favorable exposure to the disabled, combined with mass media media methods and personal experience.

The effects of contact

Numerous authors (Chesler, 1965; Jaffe, 1967; Gaier, Linkowski, & Jaques, 1968) have reported the positive effects of contact on attitudes toward the mentally and physically disabled. Indeed, contact with outgroups has frequently been recommended as a vehicle for positive attitude change, especially with respect to eliminating racial prejudice. However, contact has not always improved attitudes toward outgroups. Cleland and Chambers (1959) noted that, although attitude shifts may occur after brief contact, the shift may not

necessarily be positive. Strauch (1970) and McGuire (1969) stressed that contact per se does not automatically promote positive attitudes, for the contact may merely serve to reinforce the subject's already held negative stereotypes. Robinson and Preston (1976) and Cowen, Underberg, and Verillo (1976) stressed that the nature of the contact must be considered, for the situation can be either positive or negative. Jordan (1968, 1971a) has also noted that the nature of the contact is more important than the amount of contact: to produce positive attitudes, the contact must be perceived as voluntary and enjoyable. This view was supported in research carried out by Dickie (1967) and Vurdelja-Maglajlic and Jordan (1974). Allport (1954) and English (1977) agreed that if the contact is artificial, the situation is likely to have ill effects: contact is more likely to improve attitudes when it provides intimate acquaintance and enhances mutual respect.

The remaining studies which will be reviewed in this section have demonstrated positive effects of contact on attitude change. However, each is possessed of at least one methodological flaw which weakens the conclusions which may be drawn.

Hicks and Spaner (1962) found that, over a period of 12 weeks, student nurses working in a mental hospital gained more favorable attitudes toward mental patients.

Since the authors were unable to assign the students randomly to control and experimental groups, a quasi-experimental design was used. This lack of random assignment considerably weakens the study since it is quite possible that the student nurses in the experimental group already had a different attitude set than did those in the control group.

The following three studies employed designs which involved a pretest and a posttest: Gordon and Hallauer (1976) carried out a study in which undergraduate students in human development engaged in a visiting program in a home for the aged, and the authors reported a significant positive change in students' attitudes toward the aged at the conclusion of the program. Altrocchi and Eisdorfer (1969) reported that increased information regarding mental disability did not lead to positive attitude change for a sample of abnormal psychology students, while information combined with contact did lead to significant positive attitude change for nursing students. Keith-Speigel and Speigel (1970) discovered that junior college psychology students who performed volunteer services in a psychiatric institution for five months, three hours a week, moved from attitudes of apprehension to more humanitarian viewpoints. However, this reliance on a pretest-posttest design means that the positive findings of these studies may be

overstated, due to possible test-retest effects.

The following experiments, involving attitudes toward handicappers, also used a pretest-posttest design; in addition, all relied solely on one written measure to indicate the extent of attitude change: Anthony (1969) conducted an experiment in which summer camp staff took part in a 10 week program of contact with disabled staff members and children. He reported significantly improved attitudes, as measured by the Attitude Toward Disabled Persons Scale, from pretest to posttest. (However, in another summer camp experiment conducted by Anthony and Cannon [1969] for a period of two weeks, where the variable was race, there were no significantly changed attitudes as a result of the study, as measured by the Children's Picture Sociometric Attitude Scale. The authors concluded that short-term contact is probably not effective, while long-term contact can be effective.) Lazar, Gensley, and Orpet (1971) reported of an instructional program presented by a teacher to young mentally gifted children: along with the dispensing of information, disabled and nondisabled guests were invited to visit the class. At the end of four weeks, a statistically significant improvement in attitudes was recorded on the part of the experimental group, as measured by the ATDP. Research of a shorter duration was described by Evans (1976): nondisabled

persons were administered a pretest, then spent one session with a disabled individual who tried to ease tension and discuss feelings. The author reported significantly more positive attitudes on the part of the nondisabled persons at the time of posttest. It was mentioned in the previous section that paper-and-pencil tests do not always accurately measure attitudes due to factors such as social desirability, nor do written measures always accurately predict how a person will behave. This dependence on one written test, combined with possibly biasing test-retest effects, seriously weakens the impact of these studies.

Other techniques of attitude change

Daniels (1976) has reported significantly more positive attitudes toward the disabled after the use of covert reinforcement and hypnosis. Siller (1976) noted that methods directed to the affective states of the nondisabled, including behavior analysis and desensitization, may be promising techniques. Allport (1954) stated his belief in the efficacy of psychotherapy in improving attitudes, for prejudice often reflects other underlying personality problems.

Miel (1967) recommended holding discussions with minority group members to ascertain how they would like the process of attitude change to be handled. She also

stressed the need for schools to become involved in a systematic way in helping students learn about human differences.

In an experiment conducted by Wilson and Alcorn (1969), students in a special education foundation course were required to simulate a disability condition for eight hours, in an effort to see what impact this experience would have on the students' attitudes toward handicappers. Although ATDP scores rose on the posttest, the increase was not significant. However, mindful that the ATDP may not be sensitive enough to detect attitude change accurately, the authors also required the students to keep a narrative account of their experiences. Unfortunately, these narratives did not lend themselves sufficiently to statistical manipulation, although the authors felt them to be valuable as an instructional tool.

Summary

Unfortunately, no researcher has yet discovered the optimum method for reducing negative attitudes toward handicappers or toward minority groups in general. Researchers agree that mass media campaigns and the mere dispensing of information are generally ineffectual. On the other hand, persuasive speech, exposure, and contact have met with a limited degree of

success in changing attitudes. Anthony (1972) suggested that a combination of contact and information can have a favorable impact.

In order for persuasive speech to be effective, the persuader should be perceived as credible and attractive. The persuasive speech should allay anxiety rather than create resistance on the part of the subject. As yet, no studies have been reported using persuasive speech as a technique for changing attitudes toward handicappers, at least on a face-to-face basis: mass media campaigns have been largely unsuccessful.

Exposure and contact seem to have been the techniques most frequently used and recommended, although the results of the research to date have not been uniformly positive. A weakness shared by all of the studies involving contact is the dependence on a pretest-posttest design, which can lead to test-retest biasing effects. Also, all studies reviewed involving contact with handicappers as a technique have relied on the Attitude Toward Disabled Persons Scale as the sole measure of attitude change, in spite of the fact that no one written measure will probably accurately detect attitude change.

Implications for this Study

It has been shown that negative attitudes toward handicappers result from a variety of factors: perception of the handicapper as being basically "different;" fear on the part of the nonhandicapper of a possible threat to self; interaction strain between handicapper and nonhandicapper. Negative attitudes are prevalent in our society, occurring even among professionals working in the field of rehabilitation. In trying to reduce negative attitudes, it seems logical that those who actually work with handicappers must be a high priority group. For this reason, special education students were chosen as a sample group for this study. Also, since the research is relevant to the curriculum, the entire class could participate, which was seen to be superior methodologically to asking for volunteers from more general classes in education.

A weakness shared by the studies involving attitude change toward handicappers was their use of pretest-posttest designs. In this study, a Solomon Four-Group Design was used (see Campbell & Stanley, 1963) in order to control for test-retest effects. Also, studies to date have relied almost exclusively on the Attitude Toward Disabled Persons Scale, which has not been shown to be a completely accurate measure of attitudes toward

handicappers. Guttman scales have been widely used in measuring attitudes, but they have not as yet been used extensively to measure attitude change. In this study, a battery of scales, including the ATDP and two Guttman levels, was developed in order to compare the results obtained. Also, since written tests may be influenced by social desirability and thus not accurately predict behavior, a method to measure attitude change through behavioral responses was also developed.

Since negative attitudes result from a variety of causes, it was thought that it would be most effective to use a combination of attitude change techniques. Persuasive speech and information were used in an attempt to eliminate misconceptions of handicappers as being basically different, thus decreasing the practice of labeling and stereotyping. Speakers were employed who were thought to be credible and who possessed speaking ability. Through exposure to, and contact with, these handicappers it was hoped that students would feel comfortable and ask questions, thus lessening interaction strain. With the decreasing of stereotyping and interaction strain, it was hypothesized that attitudes of the students toward handicappers would undergo positive change.

CHAPTER THREE

METHODOLOGY

Subjects

Subjects were 80 Michigan State University students enrolled Fall term, 1977, in Education 424A, an introductory course in special education. Approximately two-thirds of the students listed their major as special education or a related field, while most of the remaining students held majors in elementary or secondary education. Average age of the students fell in the 21-25 year range, and most of the students (86%) were female. (McGuire [1969] found that female subjects were more likely than male subjects to be influenced by persuasive speech, so the large percentage of female students in the class must be remembered when interpreting the data.) Over half the class were upper level undergraduates, while 26% were graduate students. All but five of the students reported having had prior contact with handicappers; 72% reported having personally worked with handicappers, and the average frequency of contact fell in the range of 21-100 occasions.

Research Design

The special education students were randomly assigned, on the basis of the last digit of their student number, to one of the following groups, using a Solomon Four-Group Design (see Campbell & Stanley, 1963):

	Handicapper Speaker	Nonhandicapper Speaker
Pretest	Group I n=20	Group II n=20
No Pretest	Group III n=20	Group IV n=20

In order to control for test-retest effects, the experiment was designed so that half the subjects were to receive no pretest. However, since the pretest was given during class time where it was not feasible to separate subjects into groups, those in the "no pretest" groups were given an alternate questionnaire, containing 16 questions dealing with information about mental retardation. Pretests and alternate questionnaires were placed individually into envelopes and distributed accordingly to students so that they were not aware of the varying forms. In this way, it was hoped that initial design differences would not be

perceived by the subjects.

Before they filled out the pretest (or alternate), subjects were informed that all responses were to be anonymous, and that they would have an opportunity to request a copy of the results of the study at the end of the research period.

Measures

The pretest, administered to Groups I and II, consisted of the following assessment battery (see Appendix B for complete format):

Measure One: Guttman type scale, based on level 2 (societal interactive norms)

Questions in Measure One were prefaced accordingly: "When comparing physically disabled persons with nondisabled persons, other people believe the following things:"

Sample item: "Physically disabled persons have less energy and vitality."

Foils: strongly agree, agree, disagree, strongly disagree

Measure Two: Guttman type scale, based on level 4 (personal hypothetical behavior)

Sample item: "In respect to a physically disabled person, would you share a seat for a

long trip?"

Foils: no, probably not, probably, yes

Questions for Measures One and Two were adapted from a Guttman scale used to measure attitudes toward the mentally retarded (Jordan, 1971b). Reliability coefficients (alpha) ranged from .59 (Measure One) to .84 (Measure Two). Jordan (1970) has reported reliability coefficients of .60 to .90 for comparable subscales measuring attitudes toward mental retardation. Construct, content, and face validity are also supported (Jordan, 1970) for the scales from which these two measures were adapted.

Measure Three: Attitude Toward Disabled Persons Scale, Form O

Reliability coefficients for this measure have been established to range from .86 to .89 (Yuker, Block, & Younng, 1970). The authors reported evidence of construct validity, which was also supported by Bolton (1974).

Measure Four: Parenthood survey, from battery developed by Leonard Sawisch, at that time a graduate assistant at Michigan State University

In this scale, subjects were asked to consider children with physical disabilities such as

deafness, dwarfism, loss of a limb, etc., and to choose a response on a nine-point scale ranging from "I definitely would avoid conception of such a child" to "I definitely would not avoid conception of such a child."

This measure was originally used only with persons who intended to be parents in the future but who were not already parents, and was designed to measure willingness to parent handicapper children.

Measure Five: Demographic data (grade level, major, age, gender)

It was hoped that by using both the Guttman scales and the Attitude Toward Disabled Persons Scale (a Likert scale) the strong points of each could be utilized and the results compared. Measure Four was included mainly for the purposes of comparison: this particular measure (concerning willingness to avoid conception) was chosen because it correlated most highly with the other sections of the parenting scale battery (Sawisch, 1978).

Bearing in mind the fact that Measures One, Two, and Four have been constructed only recently and have not therefore acquired as much supporting evidence of validity as has the ATDP, we might expect Measure Three to provide the most acceptable measure of attitude

change if it occurs.

Although it has been previously stated that the term "handicapper" is preferred to "disabled" in this study, the traditional terminology in the ATDP was left unchanged so as not to interfere with validity and standardization. The Guttman scales also retained the term "disabled" for purposes of uniformity.

Out of 40 persons assigned to Groups I and III, 36 (18 in each group) took the pretest.

At the end of the experimental period (five weeks after the pretest), subjects were administered the posttest, which for all 80 subjects consisted of the pretest assessment battery plus two research-related questions and two questions regarding contact with handicappers (see Appendix B). Seventy-six subjects (19 from each group) completed the posttest.

Behavioral component Because attitude changes are often short-lived, and also because attitudes as expressed on paper may not accurately represent attitudes as demonstrated through behavior, an additional measure was made a part of the research: two weeks after the posttest, a staff member from the Center of Handicapper Affairs, Lansing, came to the class and asked for persons to volunteer to help at the center in various capacities. In no way did the staff member identify herself with

the research project. Since winter vacation was soon to occur, it was felt that the volunteer program should begin after the break, and this would also allow for investigating constancy of interest.

At the beginning of the following term (five weeks after the request for volunteers had been made), follow-up letters were sent to all who had volunteered. Four weeks following this, a count was made to determine how many of these persons still indicated interest in performing volunteer services with handicappers.

Treatment

As stated in the review of the literature, various techniques have been used in attempts to change attitudes. Techniques of dispensing information and the use of persuasion have had little effect by themselves, while the techniques of exposure and contact have had greater success. In this experiment, involving a combination of the above-mentioned techniques, the question was how to combine and incorporate these into a classroom setting with 80 students. It was decided to implement the research through employing guest speakers, a traditional educational practice used especially in large lecture classes.

Once a week for four weeks, half the class (Groups I and III) listened to a presentation, lasting

approximately 30 minutes, given by a handicapper speaker. All handicapper speakers possessed a highly visible distinct physical characteristic. During the same time, the other half of the class (Groups II and IV) recessed to a room in another part of the building and listened to a similar presentation given by a nonhandicapper speaker. (See page 53 for a list of the guest speakers.)

Topics were chosen by the handicapper speakers, and included the following: handicappers as a minority group, the medical deficit model of disability, barriers to employment, empathy toward handicappers, activism, service delivery, legislation, and architectural barriers. The point which was brought out by all speakers was this: handicappers are discriminated against in our society, but this discrimination should cease since handicappers are no different from anyone else regarding fundamental human rights, feelings, and capabilities. Nonhandicapper speakers modeled their lectures in a similar manner, and each pair of speakers consulted beforehand to ensure parallel structure of presentation.

With the consent of the speakers, presentations were tape recorded and transcribed (see Appendix C for speech transcriptions).

At the end of each session, subjects were asked to fill out a form commenting on the speaker's perceived

Guest Speakers

(listed alphabetically)

Ellen Arvilla, M.D.	Director, Quality of Life program, Michigan Health Council
Alan Drake	Counselor, Vocational Rehabilitation Services, Lansing
Gary Gearhart	Founder/leader, REMS (Recreation and Education, Multiple Sclerosis) Consultant to the community coordinator, Clinton County, Michigan
Eric Gentile	Assistant Director, Office of Programs for Handicappers Coordinator, Environmental Design section, Michigan State University
Janet Rhinard	Counselor, Vocational Rehabilitation Services, Lansing
Anselmo "Chemo" Rodriguez	Bilingual counselor/teacher, Lansing School District
Leonard Sawisch	Executive Director, Center of Handicapper Affairs, Lansing
Judy Taylor	Director, Office of Programs for Handicappers, Michigan State University

credibility and attractiveness in order to aid in subjective evaluation of the results:

> Speaker Evaluation
>
> Please describe briefly your impression of the speaker. The following questions may be answered:
> --Do you think the speaker is a person you might like to know better?
> --Was s/he knowledgeable about the subject?
> --What attitudes did s/he express?
>
> Include any other comments you wish. Thank you.

All subjects were urged not to discuss the program with other class members until after the end of the research period.

Attendance at each session was as follows:

	Handicapper speaker (40 assigned)	Nonhandicapper speaker (40 assigned)
Session 1	29	32
Session 2	24	22
Session 3	14	12
Session 4	37	32

Fluctuations in attendance were due to several factors. Although the research was conducted during regularly scheduled class time and so participation was not strictly voluntary, attendance was not made mandatory, so that students sometimes opted not to attend. The low attendance for the third session was

seen to result from the fact that an exam was given before the research session, and most students decided to leave immediately after the exam rather than wait for the research session. This was remedied in the fourth session by having the speakers give their presentations at the beginning of the class period.

Research Hypotheses

Due to the mixed results obtained in prior attitude change research, hypotheses will be stated in the null form rather than specifying directionality of attitude change.

I. There will be no difference between posttest attitude scores of those in the handicapper group and those in the nonhandicapper group.

II. There will be no difference between the behavioral responses of those in the handicapper group and those in the nonhandicapper group.

CHAPTER FOUR

RESULTS

Written Measures

Hypothesis I stated that there would be no difference between posttest attitude scores of subjects in the handicapper group and subjects in the nonhandicapper group.

Out of 80 subjects, 76 (19 from each of the four groups) completed the posttest. Of these, five subjects (two from Group I, one from each of the other three groups) responded to Question 58 (see Appendix B) that they had attended none of the speaker sessions: the responses of these five subjects were therefore disregarded, since they had received no treatment. Mean posttest scores and standard deviations for subjects in the four groups are presented in Table 1, page 57.

Campbell and Stanley (1963) offer several suggested statistical procedures for analyzing data collected through a Solomon Four-Group Design as used in this study. The first recommendation involves treating the posttest scores only, with a two-way analysis of variance. When this procedure was carried

Table 1

Posttest Mean Scores and Standard Deviations for Groups I-IV on Four Measures

	Speaker			
	Handicapper		Nonhandicapper	
Survey Section	Mean	SD	Mean	SD
Measure One (societal interactive norms)				
Pretest	25.38	2.24	26.78	4.22
No pretest	26.35	2.00	25.53	3.36
Measure Two (personal hypothetical action)				
Pretest	32.25	5.59	34.00	4.43
No pretest	34.21	4.42	32.94	4.60
Measure Three (Attitude Toward Disabled Persons Scale)				
Pretest*	84.82	10.42	90.28	10.60
No pretest	84.94	13.08	82.65	13.11
Measure Four (parenting scale)				
Pretest	51.41	27.28	53.94	21.78
No pretest	54.44	27.19	44.50	26.18

*Difference between handicapper and nonhandicapper groups significant at .05 level, using analysis of covariance

out using the data collected in this study, no significant differences were found for the following: main effect of speakers, main effect of testing, interaction of speakers and testing (see Appendix D for complete results).

Since the main and interactive effects of pretesting were found to be nonsignificant, an analysis of covariance was then performed, as the authors recommend, between the posttest scores of Group I (pretest, handicapper speaker) and Group II (pretest, nonhandicapper speaker), with pretest scores serving as the covariate. Complete results of this analysis of covariance may be found in Appendix E. Nonsignificant differences were again found with reference to Measures One, Two, and Four of the attitude survey. However, analysis of Measure Three (Attitude Toward Disabled Persons Scale) showed that the scores of the group listening to the nonhandicapper speakers were significantly more positive than the scores of the group listening to the handicapper speakers, as shown in Table 1.

Correlations among the four attitude survey sections were determined (see Table 2, page 59). The pattern of correlations shown in Table 2 is to be expected, since Measure One deals with a different aspect of attitudes than do the other three measures.

Table 2
Correlation Matrix, Attitude Survey Sections
(Posttest Scores)

Survey Division	Measure One	Measure Two	Measure Three	Measure Four
Measure One (societal interactive norms)	--	.09	.11	-.16
Measure Two (personal hypothetical behavior)		--	.49*	.51*
Measure Three (Attitude Toward Disabled Persons Scale)			--	.37*
Measure Four (parenting scale)				--

*p < .001

Although Measures Two, Three, and Four all deal with the same aspect (i.e. personal attitudes) and were significantly correlated among themselves, they were not at first combined or analyzed on a multivariate basis for the following reasons: first of all, although the measures were significantly correlated, the correlations are not strikingly high (.37, .49, .51); so that we could not expect them to vary together with any great degree of confidence. Secondly, as stated previously, Measure Three (Attitude Toward Disabled Persons Scale) may have the greatest validity of any of the measures,

and to combine it with the other sections of the survey might tend to obscure its contribution to the results as they are measured.

In order to see whether the difference was maintained when all three intercorrelated sections were considered together and thereby strengthen the conclusions drawn, a multivariate analysis was made including the following attitude survey sections:

	Univariate F Prob.
Measure Two (personal hypothetical behavior)	.28
Measure Three (ATDP)	.05
Measure Four (parenting scale)	.39

No significant differences between attitudes of subjects in the handicapper and nonhandicapper groups were found using the multivariate analysis (see Appendix F).

Since there were three intercorrelated sections of the attitude survey which deal with personal attitudes and behavior, and significant differences were found in only one of these sections, conclusions regarding Hypothesis I must necessarily be guarded.

As a final check, an analysis of variance was carried out using the Posttest-Only Control Group Design (see Campbell & Stanley, 1963), comparing the

posttest scores of Group III (no pretest, handicapper speaker) and Group IV (no pretest, nonhandicapper speaker). No significant differences were found between the two groups on any section of the attitude survey (see Appendix G).

Behavioral Measure

Hypothesis II stated that there would be no differences between behavioral responses of those in the handicapper group and those in the nonhandicapper group.

Out of a total of 80 subjects, only 12 indicated interest in performing volunteer services at the Center of Handicapper Affairs: of these 12, three were from the handicapper group and nine from the nonhandicapper group. A Chi-square analysis of the data yielded nonsignificant results. (Using an alpha level of .05 and one degree of freedom, the critical value was 3.8: the test statistic was 3.6).

At the five-week follow-up, only one subject (from the handicapper group) was still actively interested.

Speaker Evaluation

The speaker evaluation forms, collected from each session, were each subjectively rated on a scale from one to five:

5: strongly positive comments

4: mildly positive comments

3: mixed or neutral comments

2: mildly negative comments

1: strongly negative comments

Comments rated either 1 or 5 were differentiated on the basis of emphasis, inclusion of superlative or extreme adjectives, use of exclamation marks and capital letters, and so on. See Appendix H for complete speaker ratings and selected subject comments.

As can be seen from Figure 1, page 63, handicapper speakers were rated slightly more favorably than were nonhandicapper speakers, although the difference was nonsignificant. (Comparing means of 4.14 for the handicapper speakers and 3.95 for the nonhandicapper speakers by means of an F test, the critical value at the .05 level was approximately 1.44: the test statistic was 1.36.)

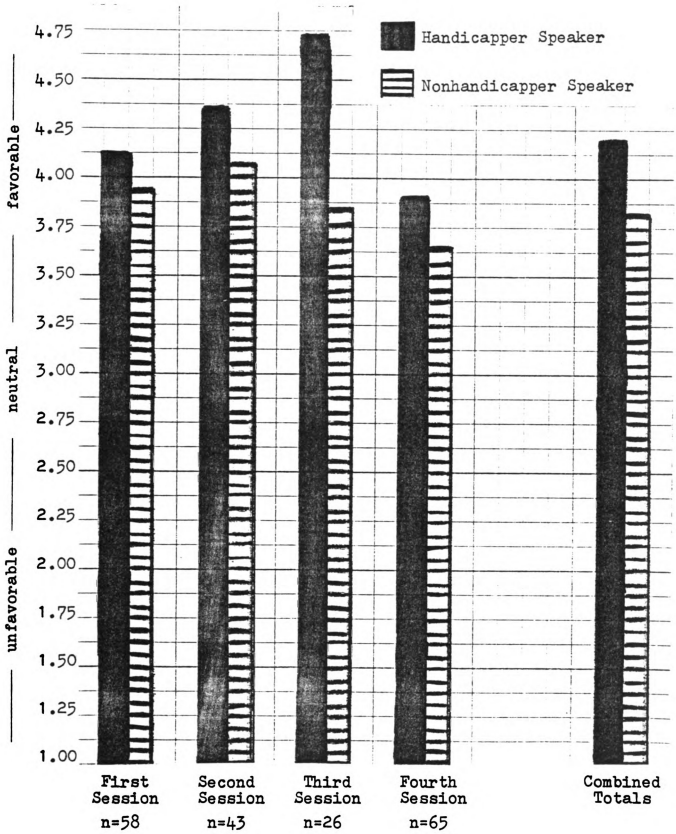


Figure 1. Subjects' Evaluation of Speakers

Summary

For the most part, nonsignificant differences in attitude were found to result from a four week program involving handicapper and nonhandicapper speakers as an independent variable, with one exception: using an analysis of covariance, scores reported on Measure Three (Attitude Toward Disabled Persons Scale) of the attitude survey were found to be significantly higher ($p < .05$) for the subjects who had listened to the nonhandicapper speakers. However, this significance was not maintained when the three intercorrelated sections (Measures Two, Three, and Four) were reanalyzed on a multivariate basis.

Results from an attempt to measure behavioral concomitants of attitude change were nonsignificant.

Speakers were, on the average, rated favorably by the subjects, with handicapper speakers receiving slightly higher (but nonsignificant) mean ratings than nonhandicapper speakers.

CHAPTER FIVE

INTERPRETATION

Experimental Results

Although hypotheses were stated in null form, it was hoped that any attitude change would be in a positive direction: that persuasive speech delivered by handicappers would have a positive effect on subjects' attitudes. However, change actually occurred in the opposite direction, at least as measured by the Attitude Toward Disabled Persons Scale: in Group I (pretest, handicapper speaker), ATDP scores declined from a group mean of 86.44 to 84.82, while in Group II (pretest, nonhandicapper speaker), ATDP group mean scores increased from 82.39 to 90.28. The difference in posttest scores was significant using an analysis of covariance. When the data were reanalyzed on a multivariate basis, though, this significance was not maintained, so the degree of negative effect is not certain; what is certain is that the handicapper speakers did not have a positive effect on students' attitudes.

However, we are then faced with the problem of how to construe the subjects' evaluation of the speakers:

handicapper speakers were consistently rated higher than nonhandicapper speakers (see Figure 1, page 63), although the difference was nonsignificant. Since evaluations were purposely left anonymous, it was not possible to match comments with individual attitude changes. It is possible that subjects rated handicapper speakers highly because of the handicappers' knowledge and speaking skill; however, these reasons would not necessarily lead to positive attitude change, at least as measured by the Attitude Toward Disabled Persons Scale, for that scale defines negative attitude as the attribution of "differentness" to handicappers as a group (Yuker, Block, & Younng, 1970). Even though the subjects in the handicapper group were impressed by the handicapper speakers' expertise, the subjects could still have maintained and strengthened their original attitudes toward handicappers as a whole.

Several subjects reacted negatively toward the various degrees of militancy expressed by the handicapper speakers, and subjects also reacted against what they perceived as hostility on the part of the speakers. One student commented after one of the sessions that she had always been taught to look on the bright side of things, and she didn't see why the handicappers should complain--an attitude which

certainly seems judgemental and devoid of empathy.

An explanation for this defensive reaction on the part of certain subjects could perhaps be found in what might be termed the "caretaker syndrome." For those of us who are employed in (or in training for) what are called the "helping professions," it is a not uncommon pitfall. It is easiest to be "helpful," to feel beneficent, if one has a client who is respectful, compliant, and who believes the professional helper to be omniscient. When the client becomes active and questioning, professionals too often can see it as a threat to their own authority and competence, instead of applauding the client's healthy self-sufficiency.

Critique of Research

The following issues, along with their possible effect on the outcome of this study, will be discussed in this section: the subjects' perception of their participation in the research, the behavioral assessment tool that was chosen, and the choice of special education students as subjects for attitude change research.

Subjects' participation in research

Unfortunately, the status of this research was ambiguous to many of the students. On the one hand,

they were told by the instructor that participation was voluntary: although they were strongly urged to participate, participation was not made a condition for grading purposes. On the other hand, research was carried out during regularly scheduled class time. Most of the class members did participate in the research, but it became clear at the end that several subjects felt that they had been coerced into helping provide data for someone's graduate thesis when they had paid their money for a three credit course and thus felt cheated. This complaint may have fostered negative attitudes which would be a confounding variable in the research.

Behavioral measure

Problems were also encountered in the extremely low response to the behavioral component of the research. Since volunteer activity at the Center of Handicapper Affairs had already been mentioned by the first speaker, it was felt that that would be an appropriate assessment tool to measure behavior-related aspects of attitude change. However, it is difficult to know whether the lack of response was due to the lack of attitude change, or the fact that the task required too much effort on the part of the subjects. A greater rate of response might have been obtained had the

behavioral assessment tool involved less time and travel, for example, spending one hour reading to a blind student on campus.

Choice of subjects

One foreseen source of difficulty was the possibility that the results of this research might be nonsignificant if the special education students already possessed attitudes toward handicappers that were so positive that there would be little or no room for statistically significant improvement. This possible ceiling effect did not seem to be a factor, though. Pretest mean scores were well below the highest possible score, especially on Measure Three (Attitude Toward Disabled Persons Scale), where the ceiling score occurred at or near the third standard deviation. This trend is also noted in the posttest scores, page 57.

In the review of the literature, two studies (Semmel & Dickson, 1966; Efron & Efron, 1967) were reported concerning the attitudes of special education students. In both studies, it was found that the special education students had more positive attitudes toward handicappers than did students in other curricula. In order to investigate this issue further, the pretest was also given to a group of introductory

psychology students and the results compared. (See Appendix I for description of the study and data obtained.) The results of this comparison showed that, in fact, no significant differences in personal attitudes existed between the two groups. The common-sense belief that special education students will have more positive attitudes toward handicappers than do other students is thus not borne out, at least in this comparison. Significant differences were found to exist, though, between the two groups regarding their perception of others' attitudes toward handicappers: special education students saw the public's attitudes as being significantly less positive than did the introductory psychology students. Two interpretations of this phenomenon seem possible: either this reflects a more accurate perception on the part of special education students of society's prejudice toward handicappers, or else it may show that special education students believe that there is a greater gap between their own attitudes and society's attitudes than in reality has been shown to exist. This latter interpretation is given credence by comments made by a number of the subjects, both verbally and in writing, which could be summed up accordingly: "There's no need to talk to us about prejudice toward handicappers.

We are special education students. We are not prejudiced." That assumption would seem to be at best erroneous and at worst arrogant. Prejudice can be very subtle and take many forms.

Implications for Rehabilitation Education

As has been mentioned earlier, the purpose of this study was to provide students with short-term contact with handicappers, through the oft-used educational method of employing guest speakers, in an attempt to foster positive attitude change. If the purpose of having handicapper guest lecturers is solely to provide a brief introduction to topics and attitudes which will be covered more fully at a later date, then an argument could be made for the heuristic value of the experience for the students. If this contact with handicappers produces negative reactions on the part of the students, it is undoubtedly better to deal with such phenomena while still in training than to confront such attitudes when already working in the field. Although a number of reactions were strongly negative (one student said it made her "uncomfortable" to listen to the handicappers), many students expressed appreciation at having the opportunity to listen to the handicapper speakers, stating that they had gained valuable insights into problems they had never before

considered.

However, if the purpose of bringing in gueat lecturers is to foster increased awareness, a reduction in stereotyping, and more positive attitudes on the part of students who will be working with handicappers in the future, then this instructional method is clearly missing its goal: such short-term measures may actually be more harmful than helpful.

In the review of the literature it was noted that persuasive speech should be nonthreatening to be effective. In this case, the militancy of the handicappers almost inevitably resulted in a perceived threat on the part of the students. Rather than deprive the students of such a reality-based experience by finding only compliant speakers, it would seem better to counteract negative reactions through improving on the contact aspect.

Most studies that have used contact effectively have provided that the contact be either long-term or intimate, or both. At least two applications for special education and rehabilitation curricula could be made: first, contact with speakers could be coordinated through several courses to last throughout at least a year of the student's training. Second, and perhaps a more effective technique, would be in-class small

group rap sessions with handicappers. Preferably, of course, both methods would be utilized.

At Michigan State University, it is now required of all students entering into special education or rehabilitation that they have had prior experience working with handicappers. According to the literature, such previous contact should have resulted in the students demonstrating positive attitudes toward handicappers. However, such was not the case in this study, or, if the students did have positive attitudes, they were rather short-lived. This would seem to point out the need for supervised contact with handicappers as a part of the curriculum. It is not enough to expect students to gain unsupervised experience outside the classroom, for, as has been seen, the effects of contact can be either positive or negative, depending on several factors.

Conclusion

One of the primary goals of educating rehabilitation and special education students is to enable them to understand and work effectively with handicappers. In order to accomplish this goal, it is not enough to deal only with cognitive input: the affective dimension must also be an important concern. Students should be able to explore their own feelings and understand the

handicapper's point of view, so that negative attitudes which impair interaction may be eliminated. It has been shown in this study that the current educational technique of bringing in guest speakers to address a class in an attempt to foster more positive, empathic attitudes may not have any success. Rather than rely on such minimal contact which is likely to be perceived as superficial, a more promising technique would seem to be extended, intimate contact with handicappers as a part of the curriculum.

APPENDICES

APPENDIX A

Gentile, E.A., & Taylor, J.K. Images, words & identity. Michigan State University, 1976.

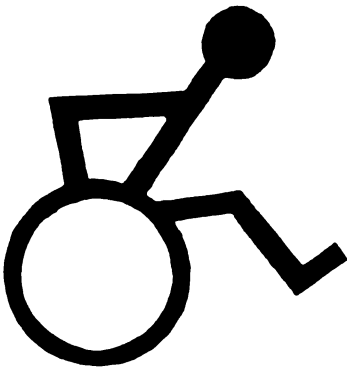
(used with permission)

I M A G E S

WORDS
&
IDENTITY

FALL 1976

DISABLED



HANDICAPPED

HANDICAPPER

DIS, N., 1. The Roman God of the Underworld, the dead, identified with the Greek God Pluto. 2. The lower world; Hades.

dis- Prefix indicating:1. negation, lack, invalidation, or deprivation; as distrust, dishonor. 2. Reversal; as disintegrate, disunite. 3. Removal or rejection; as disbar, dismiss. 4. Intensification or completion of negative action; as disable, dismember. (Old French Des, Latin Dis- Apart, asunder).

disabled, adj. deprived of ability or power, incapacitated (see impotence).

impotence, N., Without strength or power;helplessness;*realizing his impotence, the cripple cowered before his antagonist in pitiable resignation.*
SYN. 1. Inability, disability, impuissance, incapacity, inaptness, ineptitude, enefficiency, incompetence, disqualification. 2. Inefficacy (see uselessness), failure, helplessness, prostration, exhaustion, enervation, emasculation, castration.

HANDICAP, N.1. A race or other competition in which difficulties are imposed on the superior contestants, or advantages given to the poorer ones, so that all have an equal chance at winning. 2. The disadvantage or advantage that is given. 3. The effects of general social or cultural stigmatizing of an individual because of certain physical or mental characteristics which are not recognized or accepted by one's society or cultures as normal, natural, or optimal aspects of humanity. (see hinder/hindrance).

handicapped, Adj., 1. Operating with a handicap, as in a contest. 2. The state of being in which one experiences a social or cultural stigma or devaluation because of a physical or mental characteristic not recognized by one's culture or society as a normal, natural or optimal aspect of humanity.

HANDICAPPER, N.1.One who determines or assigns handicaps. Usually an official who assigns handicaps to contestants, as in a tournament. 2. A person who tries to predict the winner of a horse race on the basis of past records, track conditions, etc.

Handicapper, N. 1. One who determines the degree to and manner in which one's own definable physical or mental characteristic(s) might direct life's activities. 2. One who may experience a handicap in some specific situation, but who, in a specific competition or other activities operates on a par with, or superior to, one who does not experience said handicap. 3. One who rejects the stigma or inactive role in life usually associated with his/her characteristic(s).

"IMAGES, WORDS & IDENTITY" is one of a series of articles researched and published by Eric A. Gentile and Judy K. Taylor (copyright pending) Michigan State University/ Handicapper Programs W 402 Library Building, M.S.U., East Lansing, Michigan 48824 Ph.(517) 353-9642

International Symbol of Access for "the disabled," those who are "confined to a wheelchair"

Handicappers' International Symbol of Access for Wheelchair-Users

Symbol of an Accessible Future thru Design Balance for all the Public "ERGONOMICS"

NEGATIVE TERMS/PHRASES/IMAGES	POSITIVE TERMINOLOGY
disability defect chronic illness affliction problem tragedy	characteristic (physical, mental, etc.) handicap (one does not have a handicap one experiences a handicap only in certain situations or as result of social stigma regarding their characteristics) challenge
cripple deaf mute retard victim	Handicapper (only appropriate for those who reject social stigma re: their characteristics; those who judge for themselves or direct their abilities.)
the disabled the handicapped, crippled the impaired, infirm, sick, ill invalid, inflicted, deformed	Handicappers A generic group or class of people experiencing, but rejecting, social stigma and unjust discrimination regarding their characteristics.
the deaf and dumb those living in darkness those suffering from... ...something wrong with...	
confined to a wheelchair wheelchair-bound wheelchair victim blanket over legs	wheelchair user /rider uses(using) a wheelchair rides (riding)a 'chair works or operates from a 'chair chairioteer
walks on crutches	uses crutches/crutch user
Tiny Tim/Tina passive poster-child home-bound, bed-ridden invalid "in" a wheelchair	Tiger Toni (Tony) Terry (Terri) Terrific Speedie(Speedo) "Gettin it on"
The Abled-Bodied (AB s)	Temporarily or Perceived to be Able-Bodied (TAB, PAB or Currently Regarded as AB)
Normal, regular/abnormal, special (transportation, education, facilities)	PUBLIC (for all) transport, education, facilities, services, etc.
Barrier-Free Design/special facilities separate back-door ramps	Environmental Design Ergonomics/Design for ALL Equal design consideration/all grade-level exits and entrances
sidewalk, curb cuts (for bicycles)	public way, path ramps (for wheelchair users baby carriers, seniors, etc.)
"WALK" "DON'T WALK" street crossing signals "WALK IN" door or window welcome signs	"STOP" "GO"—"CROSS" "DON'T CROSS."—"GO" "WAIT" "COME IN," "ENTER", "WELCOME"

IDENTITY is an important factor in how people relate to themselves and others. The identity associated with, or projected of, a person as an individual or as a member of a culturally defined group is to a great degree reflected, reinforced, and quite often shaped by the language and graphics we use in daily communication. Imagery(terminology & graphics) t h e n, is of critical import to all who seek to understand the basic nature of, much less eliminate, negative stereotypes and who seek to build positive group and individual identities.

In order to correct, update, or to positize the American language regarding this issue, we need to recognize and reject those negative or inaccurate terms presently used in generic reference to the elements of the population we wish to address. This process is very similar to what other minority groups, such as, Jews, Blacks, Chicanos, Native Americans, and Women have experienced over the years.

To understand the implications of terminology and graphics in shaping identity we begin with an analysis of the two most frequently used generic terms, "disabled" and "handicapped." It is important to note that by definition the words handicap and disability are not synonomous. Dictionaries define "Dis" as the Roman and Greek god of the lower world, the kingdom of the dead. When the Romans made dis into a prefix it was to denote something rendered apart or asunder, totally negated. From this historical perspective we can begin to understand the totally negative nature, and the cultural, societal and attitudinal implications, of the terms "disabled" and "disability." Even to this day "dis" as a prefix is defined and used as: a simple intensive with a totally negative word-meaning: not; un; lack of; invalid; deprived; caused to be the opposite of; fail; cease; refuse to; the reverse of; the undoing of; the total absence of quality, ability, power, rank, etc.; completely, thoroughly negated.

When the prefix "dis" is placed in front of the root word "able," the result is a total negation of the meaning of that root word. To disable is to deprive of ability or power; to make useless, cripple thoroughly, to disqualify legally. (The terrorist's grenade exploded near enough to disable the aircraft and thus prevented its take off") "Disability," likewise, is defined as: inability, total lack of ability; a legal disqualification or incapacity. To have or experience a disability is to be considered completely; crippled, unable, unfit, incapable, useless, ineffective, legally or totally incapacitated. As negative as it is to label someone as having a "disability," it compounds the degradation to label that person as "disabled." Whereas using "a disability" may be intended to reference the effects of a specific and total dysfunction of a specific organ, part, member, appendage, limb or sector of a person's body; "disabled" labels the total person and it does so with extremely negative implications as to the employability, and the personal and social substance or worth of that individual.

Medical/Rehabilitation professionals and government agencies such as the Social Security Administration as well as the legal and court systems have used the word "disabled" as an adjective description of an individual (or group) with a "chronic physical condition which renders them totally and permanently unemployable" and completely without ability to be a participating, much less a productive element of society. The history of court experience has been to stress the tragedy of physical injury in pleading for huge cash compensation for accident "v i c t i m s," rather than for comprehensive treatment and retraining. The fund raising "tin cup" activities and "Tiny Tim poster-child" approaches of most "goodwill" agencies and "charitable" organizations have also played heavily on the "tragedy" theme without the slightest regard for the dehumanizing effect such propaganda has on society's attitudes towards those being "served." Such approaches have raised huge sums of money. They have also

raised negative attitudes of guilt, pity, and fear and continue to reinforce the totally negative association which the public has with the words CRIPPLED, and DISABLED, and to a lesser degree Handicapped.

Today such degrading terminology and oppressive attitudes neither accurately define nor recognize the fact that individuals experiencing handicaps are emerging as employable, responsible and productive citizens who have positive personal and group identities rather than negative and/or medically defined identities. The value judgment of negative terminology reinforces negative attitudes and behavior. This is wholly inappropriate for contemporary society in general and especially modern legislative and court experience wherein citizens experiencing handicaps, rather than begging for meager handouts, are securing their God-given, Constitutional, and Civil Rights.

Current dictionaries define the root word "handicap" in a much more positive vein than they do "disability." Handicap is defined as: a game in which forfeits were drawn from a cap or hat (hand in cap); a race or other competition in which difficulties are imposed on the superior contestant; advantages or disadvantages given to individuals so that each has an equal chance of winning; a disadvantage that makes achievement or success difficult (note: difficult, a hindrance but not an impossibility as it is in "disabled"). Any particular characteristic labeled or stigmatized as a "handicap" can be either an advantage or disadvantage in a specific situation, given the circumstances therein, but it is rarely, if ever, a disadvantage or advantage in every situation. Obviously, then, a "handicap" is not, and should not be assumed to be, disabling. Also it should not be assumed that to experience a handicap is to have a, or to be the, handicap.

The word "handicapped" is less negative than the word "disabled" in that "handicapped" defines a partial limitation of ability in a given situation, rather than the total absence of ability as defined in all situations by the word "disabled." However, the word "handicapped" does have some of the same negative or inaccurate connotations as the word "disabled." Both are adjective descriptions of a condition which causes a person or group of people to be labeled with assumed inability or limitations of ability regardless of the situation. Such adjective phrases as "the disabled," "persons w/disabilities," "the handicapped," or "persons w/handicaps" are inaccurately used as nouns which project an image of the person as a devalued, passive object rather than an active human participant in life.

The traditional definition of a handicapper is "one who determines or assigns handicaps, one who sets the odds, as in a tournament; a person who tries to predict the winner of a contest on the basis of past records, present conditions, etc."

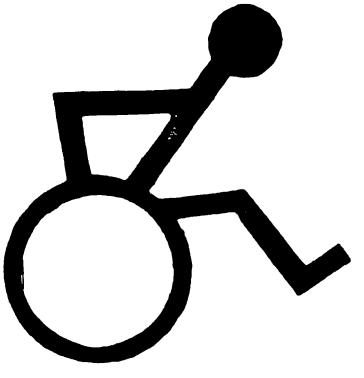
HANDICAPPER is a term increasingly used by persons experiencing handicaps to assign to themselves the decision-making power as to how their characteristics are to affect their lives. It is an attempt to provide society with the means to positively describe or refer to an individual who happens to be born with, or who acquires at some point in life, a definable physical or mental characteristic which varies from the Greco-Romano obsession with the Adonis/Venus models of physical perfection.

The modern use of the term Handicapper establishes a positive relationship between this term and human liberty, freedom and self-determination. This generic term is in no way intended to eliminate the use of category terms when such labels are appropriate—such as blind, deaf, paraplegic, wheelchair user, etc. The term Handicapper(s) is simply the only noun currently in existence

which refers to the entire minority group spectrum of individuals experiencing handicaps—which experience is due solely to the stigmatizing of particular personal characteristics by our society/culture. These individuals are fully able and determined to define for themselves the degree to and manner in which their particular characteristics might enhance, direct, or limit their active "pursuit of happiness." This, rather than allowing a hostile physical environment, or the prejudicial attitudes of others, to continue to assign them some totally dependent role in life. Individuals experiencing handicaps then, especially in America and the free nations of the world, are in reality Handicappers. In the final analysis, and by right, they are the only ones to determine the direction for, and extent of, their creative potential and destiny! Experiencing a handicap for any individual then is not a tragedy, it's a CHALLENGE! The manner in which the rest of society responds or reacts to (regards) the individual's characteristic(s) may well in fact govern the quality of life they themselves shall be afforded when it comes their turn to experience the same. The manner in which the individual responds to that challenge will largely determine whether that individual is identified as, responded to or regarded as, a condition or a person; a negative adjective or a positive noun; a handicap, a handicapped, a disabled or a Handicapper!!

IMAGES

DISABLED



HANDICAPPED

HANDICAPPER

REFERENCES INCLUDE:
The Second College Edition 1970 Webster's New World Dictionary of the American Language.
Funk and Wagnalls Standard College Dictionary 1973
American Heritage Dictionary of the English Language 1973.
Black's Law Dictionary, Fourth Edition.
The New American Roget's College Thesaurus.
And others.

APPENDIX B

Attitude Survey

This questionnaire contains statements and questions regarding attitudes which people hold towards persons with physical disabilities. In some instances you will be asked how you believe other people react to the physically disabled, and in other instances you will be asked how you yourself feel toward the physically disabled.

You may mark your responses directly on this booklet.

In order to preserve your anonymity and to assure confidentiality of your answers, please DO NOT PUT YOUR NAME ANYWHERE ON THIS BOOKLET.

PART ONE

This section contains statements about beliefs which other people have about persons with physical disabilities. Circle the response that indicates how other people would compare the physically disabled with the non-disabled.

When comparing physically disabled persons with non-disabled persons, other people believe the following things:

1. Physically disabled persons have less energy and vitality.
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

2. Physically disabled persons have less ability to do schoolwork.
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

3. Physically disabled persons have a greater interest in unusual sex practices.
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

When comparing physically disabled persons with non-disabled persons, <u>other people</u> believe the following things:

4. Physically disabled persons are less able to maintain a good marriage.
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

5. A physically disabled person will be more faithful to his/her spouse.
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

6. Physically disabled persons are more likely to obey the law.
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

7. Physically disabled persons are more likely to do steady and dependable work.
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

8. Physically disabled persons are more likely to make plans for the future.
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

When comparing physically disabled persons with non-disabled persons, other people believe the following things:

9. Physically disabled persons are less likely to be cruel to others.
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

10. Physically disabled persons have less initiative.
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

PART TWO

This section contains questions about how you expect you would act toward persons with physical disabilities.

Circle the response that indicates how you think you would act.

In respect to a physically disabled person,

11. Would you share a seat for a long trip?
   1. no
   2. probably not
   3. probably
   4. yes

12. Would you like to have a physically disabled person as a fellow worker?
   1. no
   2. probably not
   3. probably
   4. yes

In respect to a physically disabled person,

13. Would you extend an invitation to a party at your house?
    1. no
    2. probably not
    3. probably
    4. yes

14. Would you go to the movies together?
    1. no
    2. probably not
    3. probably
    4. yes

15. Would you date a physically disabled person?
    1. no
    2. probably not
    3. probably
    4. yes

16. Would you feel sexually comfortable with a physically disabled person?
    1. no
    2. probably not
    3. probably
    4. yes

17. Would you want your son or daughter to marry a physically disabled person?
    1. no
    2. probably not
    3. probably
    4. yes

In respect to a physically disabled person,

18. Would you hire the physically disabled if you were an employer?
    1. no
    2. probably not
    3. probably
    4. yes

19. Would you want to have the physically disabled in class if you were a teacher?
    1. no
    2. probably not
    3. probably
    4. yes

20. Would you provide special materials for the physically disabled but in the regular school (mainstream)?
    1. no
    2. probably not
    3. probably
    4. yes

PART THREE

In this section, mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3, or -1, -2, -3, depending on <u>how you feel</u> in each case.

+3: I agree very much
+2: I agree pretty much
+1: I agree a little
-1: I disagree a little
-2: I disagree pretty much
-3: I disagree very much

_____ 21. Parents of disabled children should be less strict than other parents.

_____ 22. Physically disabled persons are just as intelligent as non-disabled ones.

+3: I agree very much
+2: I agree pretty much
+1: I agree a little
-1: I disagree a little
-2: I disagree pretty much
-3: I disagree very much

_____ 23. Disabled people are usually easier to get along with than other people.

_____ 24. Most disabled people feel sorry for themselves.

_____ 25. Disabled people are the same as anyone else.

_____ 26. There shouldn't be special schools for disabled children.

_____ 27. It would be best for disabled persons to live and work in special communities.

_____ 28. It is up to the government to take care of disabled persons.

_____ 29. Most disabled people worry a great deal.

_____ 30. Disabled people should not be expected to meet the same standards as non-disabled people.

_____ 31. Disabled people are as happy as non-disabled ones.

_____ 32. Severely disabled people are no harder to get along with than those with minor disabilities.

_____ 33. It is almost impossible for a disabled person to lead a normal life.

_____ 34. You should not expect too much from disabled people.

+3: I agree very much
+2: I agree pretty much
+1: I agree a little
-1: I disagree a little
-2: I disagree pretty much
-3: I disagree very much

_____ 35. Disabled people tend to keep to themselves much of the time.

_____ 36. Disabled people are more easily upset than non-disabled people.

_____ 37. Disabled persons cannot have a normal social life.

_____ 38. Most disabled people feel that they are not as good as other people.

_____ 39. You have to be careful of what you say when you are with disabled people.

_____ 40. Disabled people are often grouchy.

PART FOUR

This section is a survey about parenthood, and you are asked to respond according to <u>how you personally feel</u>.

Imagine that there is a method of determining physical characteristics of a child before the child is conceived. On the following page is a list of descriptions of different children detectable by this method. For each description, please indicate how you personally feel about <u>avoiding conception</u> of such a child. Use the nine point scale given, and write the number corresponding to your decision in the space provided in the left margin. Please rate all the descriptions given.

Scale:

9: I definitely would not avoid conception of such a child.
8: I probably would not avoid conception of such a child.
7: I possibly would not avoid conception of such a child.
6: I might not avoid conception of such a child.
5: I am undecided.
4: I might avoid conception of such a child.
3: I possibly would avoid conception of such a child.
2: I probably would avoid conception of such a child.
1: I definitely would avoid conception of such a child.

_____ 41. A child who will be confined to a wheelchair.

_____ 42. A child who will have no apparent physical differentness.

_____ 43. A child who will be a hunchback.

_____ 44. A child who will be deaf.

_____ 45. A child who will be a dwarf.

_____ 46. A child who will be missing a leg.

_____ 47. A child who will be blind.

_____ 48. A child who will have a facial disfigurement.

_____ 49. A child who will be crippled.

_____ 50. A child who will be missing an arm.

PART FIVE

The following questions are to be used in interpreting the data. Please circle your response.

51. Your major
    1. Special education
    2. Elementary education
    3. Secondary education
    4. Counseling
    5. No preference
    6. Other _____

52. Your sex
    1. Female
    2. Male

53. Your age
    1. under 21
    2. 21-25
    3. 26-29
    4. 30-35
    5. 36-40
    6. over 40

54. Your level

1. Freshman
2. Sophomore
3. Junior
4. Senior

Graduate program:

5. Non-degree
6. Masters
7. Educational Specialist
8. Doctoral
9. Other

*(Questions 55 through 58 were used on the posttest only.)

55. The following question has to do with the kinds of experiences you have had with disabled persons <u>prior to enrolling in this course</u>. Circle each experience which applies.

1. No experience.
2. I have read or studied about disabled persons through books, movies, lectures, or observations.
3. A friend or relative is disabled.
4. I have personally worked with disabled persons as a teacher, counselor, volunteer, etc.
5. My spouse or child has a fairly serious disability.
6. I, myself, have a fairly serious disability.

56. Considering all the times you have talked, worked, or in some other capacity had personal contact with disabled persons <u>prior to enrolling in this course</u>, about how many times has it been altogether?

1. No experience.
2. Up to 20 occasions.
3. Between 21 and 100 occasions.
4. Between 101 and 500 occasions.
5. More than 500 occasions.

57. Did you fill out a pretest questionnaire at the second class meeting (Wednesday, October 12)?
    1. Yes
    2. No

58. How many of the four guest speaker sessions (October 19 and 26, November 2 and 9) were you able to attend?
    x. None
    1. One session
    2. Two sessions
    3. Three sessions
    4. All four sessions

Do you have any comments?

Thank you very much.

APPENDIX C

Speech Transcriptions

Note: Some sections of the tapes were inaudible. Whenever a word or phrase was omitted from the transcription, the following notation was made: (.....)

Comments from subjects are placed in quotes within parentheses: ("_____")

Other subject participation is noted within brackets: [-]

Session 1: Handicapper Speaker (Leonard Sawisch)

Tonight I have the distinct pleasure to talk to you about an area that I hope you're already familiar with, and that's the area of handicapper concerns and the handicapper movement as currently being experienced in Michigan, and I'll attempt to say a few things about how that relates to other parts of the country.

I suppose it would be appropriate to start off with something I generally like to start off with, and as I look around the room I feel this is the place to begin. As I look over you people tonight, just everybody in this room is a T.A.B., temporarily able-bodied. Now, you can't help that, I appreciate that fact. Your situation you must just learn to accept, that you are a T.A.B. Now there's a good possibility in the future that you'll become a handicapper, and I think that's something for you to look forward to. But for now, you must resign yourselves to the fact that you're just T.A.B.'s. We know that's difficult, and we have cadres of trained professionals to assist you in dealing with the problems that naturally occur, being a T.A.B. Of course, many of you have been exposed to that terminology before, and probably have been exposed to that little game, a little idea of role reversal.

But actually, it's something new to us, new to

handicappers in the state, and that's this: that's the idea that for a long time--and I'm talking countless years--my people have been expected to accept all sorts of very interesting terminology, very interesting labels. We have been expected to accept that we are indeed "disabled," that we are indeed "handicapped," that we are limited, that we are impaired, that we are deformed, defective, etc. And they're not very pleasing labels. More importantly, the connotations are not very pleasing connotations. Interestingly enough, when I call you "T.A.B.'s" and I present a rap in the fashion that I did, I notice from some of you that you were saying, "Who is this turkey anyway? What is this (expletive deleted)? I don't have to listen to that. I don't have to listen to that kind of name-calling." And indeed you don't. Indeed, as T.A.B.'s you are allowed the option to be opposed to that kind of labeling and terminology. But as handicappers, we have not been allowed to oppose that kind of labeling, that kind of terminology. More importantly, we have not been able to oppose openly that kind of value judgement on ourselves and on people like us. We have been told that we must learn to realistically accept the fact that we are "less than," that we must learn to live with the fact that we are "less than"--based on what? Based on what is a handicapper child supposed to grow up and develop a positive sense of self-esteem while at the same time

openly accepting that that child is inferior? Based on what? It's something we don't often think about. What is the justification for calling me and people like me inferior, defective, etc.?

It's very simple: it's called the medical deficit model. The medical deficit model that says there is biological justification for saying there is a normal biological functioning unit and then there are forms of humanity that are "less than" normal, that are less than they are supposed to be, which is very interesting. It's very interesting when you think in the context of Darwin's theories and the biggest criticisms of the uses of Darwin's theories. Essentially, when Darwin's theories first came out, people were using that theory to justify prejudice and discrimination towards a whole range of minority groups, and in fact, a whole range of other animal species, by saying, "This particular animal--in this case, this particular animal being an Asian, or this particular animal being a Negroid, or this particular animal being a dog or a cat--is evolutionarily behind humans, and we are somehow farther ahead. And for a long time that was a very accepted theory. Interestingly enough, it was pointed out that, if that were the case, then all species, all organisms, would be evolving towards humankind. Which means, given enough time, a horse turns into a human. Given enough time, a mouse

turns into a human. Heaven forbid that horses and mice have that kind of future in store for them. It's not true. It is a fallacy for us to assume that 1) there is biological perfection, and 2) if there is, that we know what it is.

Who justifies labeling handicappers as inferior? Who ultimately determines who is "handicapped" and who is not? Of course, it's inappropriate to place blame, but we will, for the sake of discussion--the American Medical Association. Who does the "disability determination?" The most powerful wing of the scientific community in this country: the AMA. Now think about that for a minute, and let's switch to a different context. Let's talk about some other minority groups. Of course, just for perspective, you do know that handicappers represent the second largest minority in the country; numerically, the largest minority in this country, second only to women as a minority. Just to give you a feeling for numbers: 25% of the adult population in this country, 15% of the child population in this country.

What was one of the things that were allowed to use 15 years ago to justify that women were inferior to men? What is one of the things that just recently has been refuted that was used to indicate that homosexuals were inferior to straights? What, until recently, was used to justify that Black individuals were inferior to white

individuals? What social institution? The good old sciences. For every minority group you can think of, we can find a time in our history, or a time in the history of humankind, when the scientific communities justified the attribution of inferiority towards those minority members.

How many know 15 years ago we had all these wonderful things that say that women were biologically inferior to man? You're familiar with Jensen's work and--was it Cyrus Byrd in England that recently died--the whole IQ stuff that indicated (scientifically, of course) that Black individuals were inferior intellectually to white individuals. Oh, but you're also aware that, right after Cyrus's death, they found out that, indeed, his data was forged, that indeed the other two contributors to all of his research never existed.

("Then it's not really science, is it?")

OK.

("I mean, if that's the definition you're going to use, you have to make that distinction.")

That's a fair point. And then we could say that the documentation used to indicate that women were inferior to men is not really science.

(It's within the scientific institutions, the so-called scientific institutions...")

Well, then we come to that paradox that every student

approaches in school, and that's the fact that perhaps the facts that you've been taught are not facts at all, and you never know until someone generates some new facts.

Not so much an attack on the credibility of science, but a criticism of the uses of science, that's what I'm talking about now. The fact that every minority group has been exposed to that kind of discrimination and biases, justified by existing scientific communities. The immigration laws: what was the basis of the immigration laws? The famous psychologists like (.....), famous individuals in our own state, like Kellogg, who had the race improvement center in Battle Creek, the purpose of which was to say, we need to purify our race, we need to keep out inferior European stocks, etc., because we can document, scientifically, that these people are inferior. And of course we look back historically and see those kinds of things and go "Oh wow--how did that happen?"

Handicappers are coming to a point that other minority groups have come to, or are currently (.....), and that's this: the majority has noted some criteria for seeing us as "different from" the majority. The majority has, on the basis of those characteristics, labeled us and considered us to be "inferior." For our own self-esteem, perhaps more importantly for our own preservation in many cases, we must do two things: we must number one say, yes, that difference is there, and we must say, no, that

difference does not make us inferior, that difference goes both ways. If I am different from you, you are different from me, to the same degree that I am different from you, and so I say "So what?" Difference does not mean "less than," though historically it's been used that way. Difference does not mean "less than" (.....); if difference does not mean less than, than I can talk about a concept of Black pride and Black power, and I can talk about gay pride, and I can be proud of the fact that I am a woman, etc. Now of course we see that in the context of any social movement. We see that that's not quite appropriate. We have people who are feeling inferior because of a particular characteristic, and, of course, taught to feel inferior, as you have been to a degree indoctrinated to make handicappers feel inferior. What do you do when you've been indoctrinated to feel inferior? You look to the other end of the continuum and you say (expletive deleted), I'm not inferior because of that characteristic; if anything, I'm better for it. And we develop those senses of pride, and those senses of comradeship, and of course all those free thinking pseudoliberals realize that the ideal is somewhere in the middle, that the ideal is neither to feel ashamed nor to feel pride. But more importantly, to allow ourselves some flexibility, when the situation is appropriate, to feel ashamed, and when the situation

is appropriate, to feel pride, and when the situation does not call a particular characteristic into question, not feel anything about that particular characteristic.

Now, every other minority group has come to that point somewhere along the line, somewhere in their literature. And we are coming to that point. We are coming to the point of saying, "I am not handicapped. I am not disabled." Those characteristics that I have that the scientific community insists on labeling imperfections, etc., are, in and of themselves, characteristics; not in and of themselves bad, not in and of themselves good, but simply there, to allow me the flexibility of deciding when the characteristic is good for me, when that characteristic is bad for me, right now, as a handicapper.

OK, let's digress for a minute and I'll present my credentials. This is really interesting because when you get within the movement, you talk about being "wise" to the movement, like you do for any other movement; you talk about outside ranking and ingroup ranking. Within the movement, then, I have my credentials: medically, I am documented to be legally blind in one eye. I have a fused back. I have minimal brain damage. I am flat-footed. I have three pins holding my left hip in place. I have medically induced arthritis, and I am a dwarf.

Legitimate as hell, within the movement. Each one of those characteristics I can use to my advantage in situations, right? Now you all know, from your background hopefully in rehabilitation or just from what you've heard growing up, that if I have a characteristic that is labeled a handicap or a disability, and I use that characteristic to my advantage, what is it called? It is called a secondary gain. I am not allowed to have anything positive accrue due to that characteristic, because that characteristic is given the value judgement, not the factual documentation but the value judgement, of being "wrong." And that's very interesting. Again I come to the question, what about the handicapper child attempting to develop a sense of positive self-esteem? How can you feel good about yourself if you must accept that part of you as "bad" all the time, irregardless? What you end up with is people into the trip of saying, "I may be inferior, but--that's no reason to treat me nasty." And if you're familiar with the movement in California and the D.C. area, that's essentially the kinds of things that are being said.

Now, let's go back to that T.A.B. rap. If society feels justified in labeling me, and puts me in a situation where I must function in those kinds of classifications, then the least I can do, if I must have a label, is to label myself. Agree? If someone's going to call you

something, then the least you can have is some input into what they call you. In Michigan, more importantly in the radical fringes of the movement, we have decided to call ourselves "handicappers" as opposed to "handicapped" or "disabled," the two most current forms of terminology, right? If you're on the West Coast or the East Coast and you're a handicapper, you call yourself disabled. If you're in the middle of the United States, you call yourself, in general, handicapped, or more importantly, an individual with a handicap. And if you're in Michigan, you call yourself a handicapper. What does handicapper mean? A handicapper is one who determines, and that should be sufficient in and of itself. One who determines, one who takes direction for self. A handicapper is one who determines the advantages and disadvantages in a situation or competition. If you must put us into a classification, then that's our classification. We are handicappers. We are individuals who have seen that now is the time for self-determination. We decide for ourselves what are advantages and disadvantages relative to our own characteristics. Now think about that: think about what that term allows you to do. Number one, of course, it's a noun, and not a value-laden adjective, as the "-ed" ones are, and that's interesting. It also limits you in this way: you cannot talk about a child who is a "multiple handicapper"--it doesn't make sense.

The terminology "handicapper" refers to individuals who share a common social class. Given all the different subgroups of handicappers, the one thing that we share in common--the only thing that we share in common at this point in time--is a shared social experience. That's it: we are members of a shared social class. As adults, we can expect to be in the lower socioeconomic class in this country. You are aware of that, right? That most handicapper adults are poor, are denied jobs, are denied access to education, access to housing, access to the judicial systems, and civil rights, etc. That's what we share in common.

And of course you've heard the stories where you can take one individual who has X characteristic and find another individual with the same characteristic, and one is very dynamic and involved and "successful" in middle class grading criterias, and the other individual is a complete washout. The same defining characteristics, entirely different approaches to life, different adaptations, and that's interesting. We go around classifying people according to that characteristic, when in reality what we need to do is classify people according to their common experiences, not their common characteristics. It makes much more sense.

OK, let's trace what we've talked about. I came in very quickly, played role reversal, exposed you to T.A.B.,

temporary able-bodied, which is really kind of--it's a fun game. It's a fun game to play on people, because it's not often that we're in a position to reverse those roles. It's not often that we're in a position to see those roles reversed. In reality, what temporary able-bodied means, it means that everybody, relative to their current lifestyle, is temporarily able-bodied, because that can change. So, I too am a T.A.B. in that sense, if you want to be logical about terminology, and to the degree in which you decide for yourself whether your characteristics are good or bad, you are a handicapper. So you can all be honorary dwarves with overactive pituitaries or however you wish to see yourself (.....), so you can appreciate this: the labeling and the value judgements placed on handicappers have been "justified" by the use of the medical deficit model, that there really exists biological inferiority in some true sense, and that that same kind of logic has been used against any other minority group you want to think of. And that, in the course of developing positive group identity, positive self identity, there comes a point at which those people say "different from" does not mean "less than," that the data used to document our inferiority is merely data to justify a value judgement, and it is not real. It is only as real as you let it be. The movement, now, in Michigan has developed its own

terminology, and of course, as any good (.....) I have my pamphlets of terminology, that I pass out at this point.[1]

Guidelines, things for you to think about, like why you never talk about an individual who is "confined" to a wheelchair. How many of you know somebody who is "confined" to a wheelchair, or have seen somebody who is "confined" to a wheelchair? Then I would say the chances are you don't know someone confined to a wheelchair and you probably haven't seen anybody confined to a wheelchair. Very interesting. A long time ago we found an individual who did not walk, and somebody gets the bright idea of putting wheels on a chair, and what does it do for this individual? It expands all sorts of life options. It allows you to do things that you couldn't do before or that you wouldn't do before. A wonderful adaptive device, like an automobile, and what do we say about individuals who use those kinds of devices? We say they're "confined" to it? Something that liberates them, we say they're "confined" to it? Where do we come off, saying that individual is confined to it? It's a very interesting value judgement, if you think about it. And I would say to you that in recent history the only person I've seen confined to a chair is Bobby Seele during the Chicago Seven trials. It's some interesting things we do with the terminology relative to handicappers. Hopefully, this will point some of that out. I'll run through

[1]See Appendix A.

things quickly (.....).

I'd like to paint a little picture that I think I've built the groundwork for. My interest, of course, is in children, and developing self-esteem in children. We live in a time where society has spent acclaiming, "We are concerned for the handicapped." We are about the business of improving the life of the disabled. We have all sorts of funding and various projects to increase positive attitudes toward the impaired. And, at the same time, we condone the March of Dimes. We allow them to use national media to raise funds--to do what? To wipe out birth defects in your lifetime. Now think about that. We socially condone that eugenics program. Wipe out birth defects in your lifetime. One of the easiest ways for the March of Dimes to wipe out birth defects in my lifetime is to kill me--because I am a birth defect; is to kill Lynette, my wife, because she is a birth defect. That's interesting. It is not unrealistic to expect in five years (knock) a rap on the door and say, "Mr. Sawisch," (and I'll correct them hopefully by then and say, "No, it's Dr. Sawisch") "we have come to confirm your sterilization appointment." And I of course respond, "Why--what's up?" "Well, we have good reason to believe that your children will be like you." And that's very frightening, and we never think about it that way. What does that really mean? What does it mean to grow up in

a society that says it likes you and at the same time says you shouldn't be born? You should not have been born. And now that you are born, we'd appreciate it if you didn't reproduce. Think about that, and think about how you develop a sense of positive self-esteem, a sense of self-actualization, given that kind of value structure.

Now, at this point, hopefully I've been able to impress some of you, and I would like to entertain questions if you have any.

("Have you done any research, knowledge of studies on the treatment of--I don't know what word you want to use--people not socially accepted, or however you want to say it, in other countries, in other kinds of societies that are set up differently from our own?")

There has been a fair amount of that research.

("Would you say that other societies might be friendlier or there wouldn't be that paradoxical, contradictory kind of treatment?")

In some places, they do what some of us would like to see here in America, where they decide either you are fit for living or you're not, and we'll kill you right off the bat. Many of us wish that this country would take that kind of stand. (Expletive deleted) or get off the pot. Decide either we're going to live as full human beings or you're going to kill us. Now, we'd

appreciate that kind of clarity. Because if we're going to live as human beings, let's get on with it, and if you're going to kill us at least we know who the hell we're fighting, and it's not all this covert prejudice. Some cultures do do that. What's very interesting, and this was something pointed out in a study by Hands and Hands in 1948, which was the first time there was a conglomerate of rehabilitation studies concerned with handicappers in general, where they attempted to do a wide range cross-cultural study, they came up with this: every culture has its handicappers. Well, for each of those places, it's different people who are the handicappers, and it's not necessarily the same characteristics that are considered handicaps or defects in each culture, which makes it difficult to make those kinds of comparisons.

I assume that most of you are in rehabilitation? Special education? Etc.? Then let me make this offer, given that my formal presentation is over, and that is, we are a new resource in town. I'm only like this when I give guest lectures, and we are looking for people who need to do volunteer and placement work, and want to be involved with a group of handicappers that are about the business of helping other handicappers. So if it's time to do placement or volunteer work, stop down and see us: 1026 East Michigan, corner of Bingham.

Session 1: Nonhandicapper Speaker

I think that, before we talk about handicappers, we should talk about T.A.B.'s. Does anyone here know what a T.A.B. is? [Comments] OK, that's right. It's also an abbreviation for "totally able bodied people." And, as a totally able bodied person, I think that we should all be aware of the specific characteristics that make certain situations very uncomfortable for us. I think that it has been scientifically proven, (.....), that because of the ability to concentrate being affected by visual distraction, we should be aware of it whenever we try to do any kind of job, we should think about that. (.....) and not taking a position that required as much concentration.

In addition, because of the hearing that we have, it's very important to realize that the noise pollution of today is going to affect the way we work and the job we choose. So it's very important, therefore, to choose a career which does not have very much noise. And I think that when we go to school and think about the different possibilities we have to work with, that we choose a (.....) environment, and also, try to keep our horizons acceptable (.....), less complications.

Now, since the medical evidence and scientific research has proven that these characteristics which we as totally able bodied individuals have makes it very

uncomfortable and unsatisfactory, even detrimental to us to experience such environments as I've just explained, we should remember that when we try to find a spouse--which is in the near or far future--that we choose a spouse which will remember thses specific characteristics and keep them in mind to make sure that they do not become a problem for him or her, especially if that spouse is a handicapper because, of course, handicappers might not be able to understand the problem that we have as T.A.B.'s. So, when we choose spouses I think it's probably better to stick with other T.A.B.'s as spouses, and definitely remember--remember--that if you do choose to marry, it's very important not to have children. Be ready for someone to come in and say to you such as, "Well, you know that you're "OK" and you know that there are certain positions for which you can be hired, but remember that to propagate others such as yourself is not really going to be very good for the society (.....)." So, do remember those particular facts about being a T.A.B. I think it's important before we go on and talk about handicappers.

As far as the possibility of becoming a handicapper, I think it's within our realm, at least for a few of us. I know that I've thought about it and I'm hoping some day to be able to be one. But, considering the facts, and the future that is a (.....), and I'm afraid that I'm going to have to stick with all that I have right now and do what I

can with myself as I am. So I suggest that we all accept it. Now, did you have any questions? [Laughter]

("I've heard of T.A.B.'s as being 'temporarily able bodied.' Is that the same thing?")

Yes, it is the same thing.

("Totally able bodied?")

Yeah, there are several different terminologies. In fact, now that I've said what I've said, (.....) that I've done a role reversal. In essence, I've probably made some of you aware of, maybe, some discomfort, maybe some discomfort that came out as laughing, or just in joke.

But the fact is that a lot of people do say exactly what I just said to others who have specific characteristics, such as the handicappers, and practically every minority that you can think of, just because the characteristics are "different." The fact is, however, that we try to make these different characteristics make the person who embodies them inferior, and that's not true. And yet we see the handicappers--and we say, well, you're disabled, or well, you're handicapped, or well, you're deformed--or any number of labels that we give them. Well, it's OK--you shouldn't feel bad about that, just because you're disabled. That's your lot, accept it. Don't feel bad about it. All this prejudice is really OK.

Well, it really isn't OK, and I think that as far as I'm concerned , these labels affect each and every one of our

identities, and identity is very important. I'm going to pass these out now, and I'd like for each of us to look to them.[1] There are some particular points about labels. We talk about the disfigured, the deformed, the disabled, the handicapped, and (.....) terms. Chronic illness, affliction, defect, cripple, deaf-mute, deaf and dumb, retarded, victim. All of these, if they were applied to each and every one of us, would probably not make us feel too good about ourselves. Our self-concept would not be "so neat." If you notice at the beginning they talk about "dis" and what the dictionary definition is: "the Roman god of the underworld, the dead, the lower world, Hades," then "dis." They talk about the disabled. That's an adjective: "deprived of ability, or power." Powerless. How would any of you like to be called--powerless. To be dead. They go on to talk about "handicapper." In number 3 it says, "the effects of general social or cultural stigmatizing of an individual because of certain physical or mental characteristics which are not recognized or accepted by one's society or cultures as normal, natural, or optimal aspects of humanity." Handicapped: "the state of being in which one experiences a social or cultural stigma or devaluation because of a physical or mental characteristic not recognized by one's culture or society as a normal, natural, or optimal aspect of humanity."

If any of you were told that you weren't "normal"

[1]See Appendix A.

because of the specific characteristics such as blue eyes or a beard or seeing or hearing--what about identity? If you look on page two, you'll notice at the top it talks about identity: "an important factor in how people relate to themselves and others. The identity associated with, or projected of, a person as an individual or as a member of a culturally defined group is to a great degree reflected, reinforced, and quite often shaped by the language and graphics we use in daily communication."

How many people here use the word "handicapper"? How many usually use the words "handicapped," "disabled," "crippled," "deformed"? Imagery is of critical import to all who seek to understand the basic nature of, much less eliminate, negative stereotypes. A stereotype of completely and thoroughly being negated. How would you like to have that stereotype attached to you: to be negated. Disabled means to be negated. Not to be. Not good. And it disables the entire person: not the limbs that might not be present, not the hands, not the face, not the ears, not the arms, but that term disables the entire, total person.

Then why so we have these labels? How can you support the use of such derogatory, disabling labels? Well, the medical professions, of course. Scientific research has indicated in the past that Blacks are inferior to whites, Jews are inferior to Gentiles, women are inferior to men, gays are inferior to straights. Oh, I take that back: in

1972 they actually "came out" and said that gays were not inferior as far as sickness is concerned. The American Academy of Psychiatry has now acclaimed that gays are no longer "sick". So, it's "OK" now.

Of course, in World War II, Jews were killed because they were inferior. Certainly. There was a good reason. I wonder how good, and I wonder what's happening now when I see the Blacks choose to say, "Wait. Maybe the things that everyone else has said are bad about me aren't bad. Maybe they're good. Maybe I'm good." And so we hear "Black is beautiful." In other words they're changing; they're swinging the balance from a completely negative viewpoint to a completely positive one, so that maybe in the end a good balance can be obtained.

As far as the handicapper movement, I think the same thing will happen, I hope. People can then decide for themselves what is good, what isn't good, and not allow their environment (and that includes the people around them) to dictate by use of terminology, labels, (.....), that's a word that (.....), OK? And each person, whether they be short, tall, thin, fat, without a leg, without sight, without (.....), can decide whether that's neat for him or her in whatever particular situation he or she might find him or herself.

I think that at this present time what we see in this society is a lot of ambivalence--ambivalence such as "Oh

yeah, we can give handicappers specific jobs just for them so that they can do what they can do. Nothing more than." "Sure, we'll be happy to make special arrangements for handicappers, but I think they need to be sterilized." "You're OK, but there's a lot of people who think that you shouldn't have any children." It's something I think we all need to think about.

Thank you.

Session 2: Handicapper Speaker

If I offend anybody in here, don't take it personally, take it to heart, for the simple reason (.....).

The situation I'm talking about, I'm going to start out with a joke, and it's probably the oldest joke in the world, but I think it explains what's happening right now (.....) out there because of a new law being put out: A little boy loves his dog, loves him very much, comes running home one day from school, comes in the door. His dad's sitting in the big easy chair reading the sports pages, the comic section, or something in the paper, and he says, "Daddy, daddy, can you answer a question?" And the father says, "Yes, son, I can answer any question you've got for me." And he says, "What's the difference between ignorance and apathy?" And the father takes a few seconds looking at his newspaper. Finally he closes it, lays it down beside the chair and says, "Son, I don't know and I don't give a damn." Think of it, OK? Worse than that--that's supposed to be a joke, but when you really consider it, it's not a joke, because a lot of us don't know the difference between ignorance and apathy. Now, what I'd like to do right now is get all of you in a little bit closer, and I'll tell you why. Legally, I'm blind, and I don't know if you're getting ready to throw a knife or what. At least, if you're closer, I'll be (.....).

So, could you move in just a little bit closer. [Subjects comply.] All right. Thank you very much.

What I'm here to talk about tonight is apathy. Now, correct me if I'm wrong, and I more than likely will be, because I have so many numbers floating in my head it's pathetic, (.....) there's been a new House bill passed--it's 405?

("I believe so; either that or 507.")[1]

She doesn't know either, but it sounds good. Anyway, that House bill says if you have a position open for hiring somebody, handicappers cannot be discriminated against. Well, this bill has caused a lot of trouble, and I truthfully can now explain the reason why in just a minute. It's caused trouble not only between, say, you and I getting a job, but it's caused trouble between myself and the person who is a quadriplegic who needs a job. Now, maybe some of you don't know what a quadriplegic or a paraplegic is. A paraplegic is what I am, almost, and I've got to throw an "almost" in there because I have multiple sclerosis. This is taking my eyesight away, but it's taking something a little bit dearer to me away: (.....) it's taking the inner ear functions away from my body. For those of you who have had chemistry or physics or some part of anatomy, the inner ear is where your balance is. I don't have it.

[1]It's 504.

And that's why I'm in a wheelchair, so I don't hurt myself and mainly so I don't fall on somebody else and kill them because I tend to have a weight problem. (.....) Anyway, getting back to paraplegics. A paraplegic has use of two limbs of his or her body. Some cases, it's both arms; other cases, maybe the legs; some cases, maybe an arm and a leg. OK, here, two of the limbs are knocked out. Quadriplegic, all four limbs, both arms, both legs, are out cold. Don't think they're helpless. They aren't. In either case. Because they still have something going for them that you have going for you: it's what's between your ears.

Let's think of that for just a moment. If you had one of your arms bound and you had to hop on one leg all the time, you know, you'd get tired, some of you would probably have a leg cramp. But, would that take something away from your ability to think? Think about that carefully: do you have to have arms, do you have to have legs, to think? No, you don't.

A reply from somewhere?

("No.")

Just shout out,

("No, you don't have to have arms or legs.")

because I might not be able to hit hands.

OK. You don't really need them, right? OK. I was a schoolteacher. Now, I don't know if she's told you this or not, but I had a little problem. My problem was not communicating with the kids. My problem was communicating with other teachers, with parents. They automatically thought: "handicapped, so must be a dud," you know. There's someone sitting there who can't do anything, but they can't fire him, because of the union. OK. I don't believe I was. I had, in the course of the time that I was in the wheelchair, I started teaching almost normal, and I'll say "almost" normal because I'm not what you would call a normal teacher. I believe in your reaction more than in the paperwork. Paperwork doesn't tell me a thing. Doesn't now, especially, because I can't see it, but at that time a lot of kids couldn't write, so I couldn't see it either. You know, when you have a piece of paper, 8½ by 11, and you have 50 problems and they crowd it into a space one inch by one inch, and they've got all 50 problems in there, you've got to use a microscope, that's just about it.

Anyway, those kids, as far as I'm concerned, grew up a lot better because I was in a wheelchair. I'm saying this for one reason: they were able to cope with their own problems instead of coping with mine. Now, that sounds like an oddball way of putting it. There were a lot of things I couldn't do. A lot of the kids in

elementary achool love to have me race them. Well, believe it or not I did race them, but it was on my own terms. Downhill. [Laughter] Going uphill was a real struggle. And I have to admit at one time it took 18 of them--I taught third grade--it took 18 of them to wheel me up over a hill, at once. And all the other teachers could say when we finally got up to the playground was, "Oh my God, here come Gearhart's Marauders." (.....) because they were thoroughly independent. Third grade. And they were doing a lot of things, figuring out the answers to a lot of problems that I would say maybe some of you could not figure out.

Now, can I ask a question: how many of you are undergraduates? OK, how many are graduate students, doctoral students? How many are just taking the course for the hell of it? OK, we've got an honest person. OK. Is there anyone here who's dealt with math, has a math background, (.....)? If you can multiply and add, I want you up here. Come on. [A volunteer comes up.]

OK, I'd like you to get a piece of chalk over there. I want you to print the letters "A," "B," and "C." OK, underneath "B," about four or five inches, put the letter "O." Now, go to the left of the "O" and write the word "Zed." (.....) we as people, and I'm not talking about me as a handicapper, how we title everybody. You know, gimpy, slow, dumb, Polak, don't get me started on those

(.....). Anyway, OK, A, B, and C are traveling salesmen, O is now a farmhouse. A, B, and C are salesmen, and they've gone hunting for the weekend. O is a motel-hotel they had to stop at because they're all dead tired. So will you put a dotted line from A to O, B to O, C to O. OK. Zed, the country bumpkin of the joke, does not know what the price of a room is for the night. So he says, "(.....) I think it's 30 bucks." A, B, and C said, "Great," and each coughed up a $10 bill. Put a $10 above A, B, and C. [Dialogue with volunteer] Now, A, B, and C pay their 10 bucks, they go and they sleep the night away. Next morning Zed's (.....) and he said, "Here's 30 bucks, I've rented a cabin," and the guy says, "But a cabin only costs 25 bucks." Write a 25 over here. OK, now, Zed is told: give back the money to the three guys. He scratches his head because the manager of the place has given him a $5 bill. He says, "Well, I think I'll change it into $1 bills and maybe that will work out." So he gets five $1 bills. He gives A one dollar, B one dollar, C one dollar. OK? Am I going too fast? Anyway, so that means each of them paid $9. Right? He has $2 left over. Zed is not the most honest guy in the world, so he shoves the $2 down in his pocket. Here's my question: A, B, and C paid nine dollars. Three times nine is 27, plus the $2 Zed kept. What happened to the other buck?

(.....) OK, whenever it's time to leave, those that are interested in that--that's a good game to win money by. Now, would you consider yourself handicapped because you cannot answer that problem? (.....) Any of you? OK. Don't. Because I've only had two people answer that question in seven years with the right answer. And I can see some smoke coming out of some ears, and somebody in here's going to try to prove that it would be a third person. Anyway, that does not prove that you're incompetent, that you don't know math, OK?

("I have a question. Is Zed the owner? You never made it clear who really owned it.")

OK, the owner doesn't matter. You can be the owner. The owner just kept the 25 bucks. Let me tell you something, you're getting close right now. Sometimes I'll tell things that confuse people. What Mary didn't tell you was I am also what they call in St. John's a professional agitator. I stir up people. Stupid little problems like this are what I use to stir up people with. Only I can turn this type problem into a humanistic problem.

Will you volunteer (.....)? It won't be for math, so don't worry. Anyone else (.....)? [Subject comes up.]

("Shall I sit down?")

No, just stand there [Speaker moves to another chair.]

(.....) You're going to become a paraplegic. Have a seat. [Subject sits in wheelchair.]

Now, I would like--these are the brakes--whenever you use a wheelchair, always pull (.....), you're always supposed to lock it (.....) you move to another area (.....).

What I want you to do with this group of diehards, as they stay the extra half hour, is arrange them so you can get to every one.

("To every one?")

Yeah, I want you to be able to go up and touch everyone's desk.

(..."Straight line?")

Whatever you want to do. [Dialogue with subject, interaction with others]

I'm going to say "Stop" right now. Were her instructions, from where you're standing, complete? Were they explicit? Did they tell you who was to be on this side? Who was to be on this side? (.....)

A lot of times a person who is handicapped has to give directions a little more explicitly. OK? Go on with your instructions.

("So that there's one single line, so I can go down front and have contact with each person, so if one continuous line from the wall to this wall...")

[Movement]

Touch his desk, without falling over and breaking your nose. OK, fine. You can walk it back.

Do I have another volunteer, for the (.....)? This is a splendid wheelchair; it's different from the average wheelchair.

("It's not as wide.")

No. (.....) Will someone else please come up and be a guinea pig for a second? Mary, could you get my tape? OK, I'll hold it (.....).

I want you to wrap the tape around your fingers and thumb, just a little. Both hands. [Subject complies.] What am I doing to her?

[Comments]

I'm making her a (.....), that's exactly it. I haven't got the leg rests on this because I don't use them, I hate them, they get in a lot of trouble. Meantime, you see a wheelchair, what I call the nubs, the little rubber things on the bottom (.....).

Now, what I want you to do is [Dialogue].

And if it means you've got to pull somebody out of your way, do it. [Dialogue]

But--we just ran into another problem: my first volunteer was able to use her thumbs. Quadriplegic is the same as not having thumbs. They use their hands just to push the nubs, that's how they get around.

Has anybody here been in the service, the Army or

Marines? OK, I'm safe--I don't want to insult anybody's integrity. When I was in the service, and it wasn't too long ago, only seven years ago, I was in tank corps. Now, in tank corps, I learned how to use one of those things before I ever (.....). How do you make a turn in a wheelchair?

("I don't know"..."Hold on steady to one while you're turning the other.")

OK, good answer. Now, do a complete circle right where you are.

("I really don't have enough room--if they move?")

No, you have enough room (.....).

[Subject complies.]

OK, it can be a little frustrating at times. This is one of the things a person in a wheelchair goes through. It's frustrating. You moved in the same space, didn't you. You can take the tape off--have that as a souvenir, if you want (.....).

Now, she said that she couldn't. What did she just prove?

("She could.")

OK. There's an old saying, "Never say die." And never say "don't," because you can be proved wrong. You proved yourself wrong. A handicapper has to look at everything and say, "Well, I can do it, but maybe I'm not gonna do it the same way you would," and the way

you would, or anybody else.

"Who is a handicapper?" is my next question. What distinguishes a handicapped person?

[Comments]

OK, now, you've heard the T.A.B. speech [Laughter], I can tell: temporarily able-bodied. OK, I have to admit when Mary was out at my house, it was the first time I ever heard that word, but I told her one that older people told me: T.Y.P.E., T--Y--P--E, temporary young person entity. We're all T.Y.P.E.'s. OK. A handicapped person, the way I see it, and I hope all of you see it this way, because you're going to have to deal with each other, is everyone. All of us are handicappers for some reason. How many of us here have claustrophobia?--besides me? OK. How many have hydrophobia--fear of the water? Aerophobia--fear of flying? How many of you have a phobia of some kind?

OK, is that a handicap? Does that exclude you from some things that other people can do? Does this problem make you a handicapped person?

I have to tell you (.....) I've got several degrees from here. I like to say B.A., M.A., and M.S., and that's both a joke to laugh at, and a reality. I have a Masters in science from State--you know, they pass anybody--I have (.....) I think they were just trying to get rid of me, and I have a B.A. by the skin of my teeth because I

think I graduated with the lowest grade point this school has ever seen: 2.012. I don't know if you can graduate now with that low an average.

("How did you get to graduate?")

I was a veteran. OK? That's how I got into grad school. (.....) I've got to tell you (.....) in my M.A. I had a 3.98. So, I partied a lot when I was going to undergrad school--I think I majored in it.

When you are dealing with anyone, always consider both their handicap and your handicap.

Now, I want to get back to what I told Mary I was going to talk on. That's what my wife says, once I get wound up you can't stop me (.....).

When a handicapped person goes to apply for a job, and I'll tell you this from personal experience, it happened to me: I applied for a job with the VA. Now, (.....) I applied for the job, I was interviewed for the job and they told me the job was mine. Right up to the point where the guy says, "Do you have to stay in the wheelchair?" I said, "Yes," he said "We can't accept you then." (.....)

[Comments]

OK, I was going to be a counselor, for veterans. It's an important job. They needed somebody who was (.....), OK? I fitted that. They turned me down because they did not have insurance to give me. Get this: I'm 100% insured

by the VA. But they turned me down because they couldn't insure me. Makes sense. OK, there is a guy working now, a very nice guy, but he cannot speak any language except English. I guess what I'm saying is, don't turn anybody down for anything until you get to know what's up here--and then you can turn him down. But know what's up here, don't use hands or legs or something like that for an excuse. The Blacks had the same problem I'm going through now: discrimination. OK, there is a House bill now that is being fought right now by handicappers, for the simple reason that it discriminates against other handicappers. Quadriplegic against paraplegic. Quadriplegic can't even get in to ride one of the buses they have for the handicapped people, because they can't get out of their houses most of the time. Where's the justice? That law was meant for all handicappers, but it settled down to the paraplegic.

Last word on the whole subject--anybody want to know the answer?

("No"..."Yeah.")

OK, I'll be here (.....). I have to tell you, it was a nine year old and a Ph.D. who got the answer to that problem, in seven years.

(.....) That wheelchair doesn't mean anything except an inconvenience. Things have to be arranged differently. I had to arrange my room at school differently,

so I could get to every kid. And you've got 30 kids in a room smaller than this. With 30 desks. It's tough in a wheelchair. (.....)

("Any other teacher would probably take the same freedom to arrange their classroom.")

Sure.

("You just had to fix it to fit your needs, just as any other teacher would.")

That's right. (.....) I had to meet a standard in the school system.

May I have my chair back, or do I have to send out the (.....)? That's not (.....), because I am a veteran, he supplies all this stuff. (.....) If you're curious, a little model like this, a 1974 Everest-Jennings, is $729. Being handicapped is not the cheapest thing to be. (.....)

Mary, could you get that pencil (.....). OK, in a hospital where I went through rehabilitation (.....), I had a little thing called a dexterity program where you had to take a peg and put it in a hole, and they timed you, to see how many you could do. I was going to have somebody do this in here, and I was going to tell you (.....). There was a guy in the hospital who was recovering from a stroke, with me. He was from Hungary, and his name was Peter. And Peter looked at what I was doing, and he saw I was having trouble, being I have no

feeling in my fingertips. And he said, "Stupid, use a hammer." Think of that--why not use a hammer to put pegs in a circle? (.....)

Now I've come at everything tonight "handicapper." That can go for the aged, the young, the handicapped, anybody. Than can go if you're bald, (.....).

Thank you.

Session 2: Nonhandicapper Speaker
(Anselmo Rodriguez)

I'd like to know the distribution of students. Are you undergraduates, graduates, doctoral students, or whatever? How many are undergraduates? Graduates? Doctoral? Any special programs? Did I miss any? Visitors? OK.

One of the things that we always tend to do, and which I'm here to (.....) a little bit on, is that we tend to label, and I've just done that to you. I've labeled undergraduates, graduates, and doctoral candidates, and so forth. And this kind of labeling is not necessarily negative. It could lead toward that, depending on the situation you found yourself in. There are a number of things that affect all us us when it comes to handicappers and T.A.B.'s which we, like myself, I'm a T.A.B., temporarily able bodied, I hope I'm always temporarily able bodied. But nevertheless, we don't always train ourselves to prepare for what might be different in our lives. We never consider the possibility of accidents that could disable us totally or partially. We don't realize what illness can do to us at times. We take life for granted, that we're always going to be able to do whatever that is which we want to do. Unfortunately, this isn't always true in many, many cases.

I'd like to start first by getting a volunteer, one person. Would you like to? OK. Great. Would you take

that chair over here, wheelchair? And I'll join you, and I want you to sit and--that's good--and I want you to put your hands together, like this. Now observe, this will come off, eventually. [Laughter. Speaker puts tape around subject's hands.] And your name is?

("S___")

S___. May I call you S___?

("Certainly.")

OK, thank you. Now, S___, one of the things I want you to know is that you are a wheeler, and I want you to mauenver around the place right now. [Subject complies.] OK, anyone want to make any comments? Did you observe anything?

("She.....")

OK, let's say that she's going to do something else. All right? Would you go out the door there?

("No," laughing.)

Oh, by the way, there's a drop there too, did you know that? [Laughter] Stop. Not bad for not actually--have you ever been in a chair before, a wheeler before?

("No.")

Friends or relatives? No? OK, I'm going to take this off, because you don't want to stay tied up all the time. OK, one of the things, the first thing, is that this wheeler is not geared for a quadriplegic, OK? Now, what I should have done is taken her feet and propped them up and

said, "Hey, your feet are immobile." So, one of the things is, being a paraplegic with the hands only, she is able to use the feet. But for a quadriplegic, he doesn't walk on the chair.

OK, the advantages and disadvantages of a handicapper in a chair: I don't know of any handicapper that says it's an advantage of any sort. The disadvantage is this: can anyone tell me of one disadvantage you can think of?

("Entering public buildings.")

Entering public buildings. OK. Something else?

("Maneuvering a car?")

OK. One very obvious one, which, if I show you this--my wallet--what does that tell you?

[Comments, laughter]

(.....) because, money. These are very expensive. This one, I'm not sure of the cost of this, but it's very expensive. Now, for a quadriplegic it's even more, because you have to maneuver differently. Now there are those that are electrical, or some kind of instrument where you push a button, it moves. Now, those are extremely expensive and unless you have special insurance or covered under VA or some other kind of plan, Crippled Children's Association or whatever, then you're able to get one, or rent one (.....) very expensive. But these are disadvantages that we don't always think ahead of time for.

Another disadvantage is that, although public places

are now providing entranceways for chairs, those entranceways are very, very dangerous, especially when the rains come and the ice forms and so forth. You know, some of the streetways, although a person can use a chair, in the wintertime, wow. You hit that ice and you're going out in the middle of the street, and that's a very delicate thing. Did you have a question?

("Did you know, many times in a ramp, such as is being built around campus, they cannot go up by themselves. Somebody has to push them.")

Very good. This is also--of course, a person really has to work their arms to get up where they're going, and if they're quadriplegics, then (.....) problems.

I'd like to tell you about a couple of people that I personally know who happen to be in chairs and who applied for jobs, and some of the negative attitudes towards very well-trained people in administrative positions. One particular person who is a manager in a bank was given a job away from the public eye, ao the public would not see him in his handicapped situation. And so they put him way out in the back--he's a manager, a bank manager. Which of course hurt the person personally, and I'm sure there's psychological problems that affected this individual. And mainly because these are kind of taboos in some societies. We can go back in history where people with crutches, you know, superstitions which said, "That's a bad omen," you

know, don't let a person like that--we used to call them "cripples"--don't let a cripple cross in front of you because that's a bad omen. You've got to be in front of him before he crosses you, or else something bad is going to happen to you. Those things are still existing in different societies currently. Another friend who applied for a job with the VA, very capable, trained, was turned down because the company said, "We cannot insure you." And that is constitutionally against the law because you may not use that against an individual because of that insurance. The man had insurance: 100% total coverage of anything that ever happened to him, anywhere. He had proof of this when he (.....) getting the job. That's still under investigation.

And another experience I'd like to discuss in the attitudes of young people, grade school youngsters. I'm recalling a third grade class that I happened to know very well with a very good friend of mine who's a wheeler. And this gentleman slowly lost his eyesight because M.S. took effect on him, and of course he also had a balance problem. (.....) were affected, and little by little his eyesight was getting away, and presently he's considered totally blind, although he can barely see this way. But (.....) he had some problems. He had--the attitudes of the third graders in his class were ones of kindness, of "You are you, and I am me, and it's great." And the attitudes

that they displayed, not only was evident in the classroom, it carried out beyond the classroom into other classrooms, into the staff, and into the community. The love that these people were showing in that one room was really projecting out, and you just felt it when you come into the building; it felt good. When you went into this one room, you felt tremendous. And I counseled in that room, doing affective education, and they gave me counseling, they gave me lots of warmth (.....) mainly because they accepted each other as they were, knowing that they had weaknesses and strengths, and in fact even made a song of it--just a beautiful, beautiful class.

I'd like to (.....) another volunteer? Would you like to come up here? Or maybe I'll come over to you, OK? This is a mask. Now, don't go (.....). Now, by the way, (.....). Can you see anything? I would like for you to stand, and I'm going to remove the chair away from you. Just stand there (.....). Now, your name please?

("L___.")

L___, I understand that you can't see a thing. Well, I would like for you to come and help me remove this chair, this green chair, but I would like for you to go away from my voice, around the table, and back to me please. [Subject complies.] Do you need some help, L___?

("No.")

[Muffled instructions to other subjects] L___, B___

just helped me take care of the chair, but thanks for coming anyway, and I do thank you for your effort, but B___ was very close and he's a pretty strong looking man there, and it is hard on you being a woman, you know.

("Yeah.") [Laughter]

And you might have dropped something and maybe cut yourself, (.....) OK? So do you want to take your thing, and--thank you--would you like to sit down? (.....)

What is your feeling about my comments?

("Anger.")

OK, how did some of you feel when I was talking that way?

("That you were very rude.")

Very rude? OK. [Comments, laughter]

(.....) isn't it. It's, you know, we do belittle and sometimes unconsciously do throw whatever gibes we can to make a person feel a little bit lower.

How about some of you people that L___ bumped into--how did you feel? Anything?

("...she needed to feel her way around. I didn't avoid her or anything.")

Are you missing your wallet, by the way? [Laughter]

("I'm not carrying one.") [Laughter]

(.....) your real feelings now, not just something because you want to react. But, did any of you feel that you wanted to go and help L___ move around? OK, why?

("Because it was difficult.")

You thought it was difficult for her. What was your feeling?

[Muffled comments]

How many of you did not look at L___? Did not? How many of you really looked at her, really looked at her? Some of you kind of looked and (.....) were unsure, right? Now, handicappers are the main focal point of most people, because they are different and in most situations are in the minority. And it's so easy to spot a handicapper and, you know, stare, even without wanting to. But sometimes one feels really bad because they think, "What am I doing," you know? So they move closer to them, a person with crutches, or a blind person with a cane. And then, when we do attempt to help, I think most generally we are very sincere in trying to help, but it's a dilemma. It's a dilemma, a stigma, of trying to help a handicapper, because immediately there's always people observing a would-be helper and there's another label, a "goody-goody" person, you know. And like, I think you (.....).

L___ did something for us, with the blindfold, of course. She did it without hesitation, OK? A true person, we do things without hesitation. We don't do it because we want to be a nice person or whatever; we do it because we sincerely feel we can handle it. L___ volunteered, she could handle it, she wanted to experience, and there's

some true feelings in there of trying to do something good. Secondly, she went through the action, and thirdly she gave me feedback, her feeling. Even though she wasn't blind herself, she put herself in the situation, which says to me, "Hey, you're hurting my feelings. I'm a real person, you know, there's no need for you to do that to me," OK?

This happens all the time to people. We sometimes are guilty of it without even knowing it. We could cite many examples. Perhaps yourself, have encountered an experience that you also could tell about.

("Yeah...just about two weeks ago, and I noticed a girl, that was, I think she was probably almost totally blind,...she was also somewhat physically disabled, or handicapped, too...way she walked. And I saw her walking and I...exposure to problems of handicappers...letting go... and I thought...didn't want to start being condescending to them. I thought, well, heck, I think I'll just go up there and say, 'How are you doing?' And I did that, and I think she really responded to me favorably,...I just talked to her like I would a regular person, and I think she really appreciated that, so I think that sometimes you shouldn't avoid people like that just because they are handicapped...little bit different attitudes...It wasn't so much that she needed help but...it came to me as quite a revelation...it's mainly a mental thing.")

(.....) How many of us have handicappers in our family?

[Comments]

All right. Now, we don't look at our own families as handicappers. Your name is?

("J___.")

You know, all my life, while my grandfather was living, I never considered him a handicapper. At that time, the terms were "disabled," "crippled," or whatever, you know, "hunchback," or whatever. Those were negative terms and yet they're still in use, but at the time those were really under (.....) use. My grandfather was a very able bodied person also when he was quite young. Of course, he never prepared himself, or he never thought that someday he wasn't going to be able to move about as freely. And he was one of these gentlemen that used to jump a train. And he happened to board a train, and while the train was moving there were some bandits that jumped on the train and held up the train. He jumped off a moving coach, and he caught a slug in his knee, and he gashed his ankle, and unfortunately it went right through that nerve and made his leg just like this, and after that he couldn't walk. And he walked the rest of his life with a cane, because we didn't have crutches in those days, didn't know about crutches (.....). He died a hundred years later, with that slug in his knee.

But one of the things I'm trying to say is that as temporarily able bodied people we do not think ahead of the

possibilities, with all the dangers around us, yet we're very critical of handicappers. And we do it very unconsciously. And some people do do it consciously. And it really hurts us when we're confronted by it, or when we're confronted about it, because we love those people, we know them well, and they love us, and there's no difference between them and ourselves. But when it's a total stranger, all right, you know, bingo--we really jerk, take a double look, say, "Wow, you know, poor guy, poor guy." No one likes to be felt poor, nothing. We like to feel that we do our best, and that we have some problems, and we're going to try to correct those problems.

I'm sure there are many examples that people can cite, but these four examples I gave you are because they are very meaningful to me personally, because I do know all these people, and (.....) affected by the attitudes people have (.....). They can still work, they have their mind, they have their friends, their relatives, and their ideas of being shared, and their ideas are being developed even more so by other people (.....).

You saw the example with the chair. There's many more problems with a wheel. If a person is not only a paraplegic or a quadriplegic, there's a chance that the person in a chair (.....). Something like that happens, and the person is moving, wow. Not only is that person going to have damage to themselves more, but there is

going to be other danger of damaging someone else too.

You know, it's hard to talk about one's thoughts being temporarily able bodied and a handicapper, because there is emotional strain, and it touches all of us. And you want to reach out and help every single person (.....) but you can not do that. You can only reach out as far as you can see or feel. But, if we do it 100% with sincere effort, the attitudes will change. The attitudes will change, the values that people have in their own minds about different people who are "different." It's one that we constantly have to fight, to eliminate that. We should do everything that we can in our power, through legislation, through legal means, through fair ways to any power that we can to eliminate negative attitudes that are had toward handicappers. And (.....) because we're all involved in the same problems, we associate together and something could happen to us, today, tomorrow, or next month. Are we ready for that? If something were ever to happen to us (.....), are we ready? Most of us are not. I think until recently, several years ago, I wasn't, myself. And each time I read more, I check it out more, I talk to my friends, and in fact, with the chair, being that my grandfather did have one, I'm able to use one rather well, but most of us can't.

One thing I'd like to leave you with, this thought, is remember if anything at all: love the unlovable,

because the unlovable could be ourselves. Are there any questions?

(".....?")

Respect for the other person, yes.

("When you were talking about, you know, not going up and trying to help somebody, I don't know if I agree with that or not, because, under certain, quite a few, circumstances, you just feel like, you know, people ask me, and I'm perfectly able, if they can help me do something, if something's too hard or if I can't particularly...somebody will say, 'Well, can I help you with that,' and I don't take offense. I have an aunt who has a hunchback; she had polio when she was little and they had to put bone from her leg in her back, and a lot of time she just can't do something and I don't think she takes offense when, if I'm over there spending the weekend or the week or something and I say, 'Well, do you need some help with that,' or 'Can I put that away for you?' and I think there are many times when you can ask somebody if they need help. If they don't want the help, they can always say, 'No, I don't need the help,' or 'I can do it myself,' or, 'I'd like to try,' or something.")

You're right. There are situations that lead to that, and frequently, and not only in our own families but with friends, and sometimes with strangers. However, sometimes the reception isn't there, (.....) other than that I agree

with you, definitely. Any other questions?

("...I just can't see that you can...really, totally prepare yourself.")

Perhaps you are right in that respect that to prepare yourself (.....). I guess I'm saying, we need to accept the fact that there are things that are happening to people, and we should do whatever we can to eliminate any negative that makes people's way of life even more difficult, because they're projecting what they know what they can do, as much as we are in the present condition which we find ourselves in. And we don't ask people to be extra special to us, we just want to be accepted as we are. And handicappers are no different than that: they want to be accepted as they are. But it is doubly difficult for them to project other wants, because (.....) to the situation they find themselves in, or, let's say they were born in a situation being handicappers. It's a very difficult life for all of them, and I think what I'm saying more than anything is that we need to recognize that there are many, many negatives that are not necessary. And if we can help eliminate those negatives, we're not doing it just for the handicappers--we're doing it for ourselves, for people in general, for persons. And this is a very difficult thing to do, because society, from the onset, from way back, has always had a negative attitude towards people who are different, other than physically

able bodied people. And this is one of the biggest ills prevalent presently, and it's going to take a long time to change it, but I think it can change, like a lot of other things that have changed. But we need the goodness of people to project, that's going to (.....) through whatever efforts we have, through the power and legislation and whatever. Many things have changed because of legislation and by the people, by both able bodied and handicappers, not by one single (.....). You had something else?

("Well, I was just going to say, I think a lot of this is called sensitivity for other people, that you can prepare yourself for a catastrophic event...this is not the end of the world...well adjusted people...I'm thinking of a paraplegic man...I hadn't thought of him as a handicapper either, until someone said something about a chair, and 'chair' makes him a handicapper, I guess. But he is in every other way a well-rounded, very healthy, well-adjusted individual.")

That's good. And, you know, temporarily able bodied people, we fear certain things. We fear to--myself, I fear falling off a ski slope because I love to dance and I don't want anything to happen to my legs. [Laughter] But you know, I'm being selfish too, but like I said, is (.....) love the unlovable, because it could be us, being unlovable. That's not to say that handicappers are unlovable. It's that if we feel ourselves, you know, as being shortchanged, you know, imagine what other people might feel like. So,

we need to respect ourselves; we need to respect ourselves in every respect, in every (.....), to respect other individuals.

I thank you very much.

Session 3: Handicapper Speaker

(.....) the topic of rehabilitation in relation to the mainstreaming of handicappers throughout the community and throughout the utilization of community services. And another of the subtopics that I'd like to deal with (.....) overall topic is the issue of rehab mainstreaming within education, within employment, within transportation, and architecture, within recreation, within social services, in general. From the issues that I identify as being relevant in the education area, both from my experience as director of a program which is attempting to facilitate the mainstreaming of handicapper adult students within the university setting, as well as my own personal experience in the educational system, elementary to secondary to post-secondary education, my position based upon that combination of experience is that mainstreaming is the most important thing that is happening--or should be happening--in the educational scene right now.

You may have more of an idea, based on your own academic work so far as well as your survey of what is really happening out in the community as far as whether mainstreaming is actually occurring out there. I suspect that it's not occurring to the degree that I want to see it. I want to qualify what my interpretation of mainstreaming is. Mainstreaming to me is not simply dumping

handicappers into a classroom and expecting them to survive physically, academically, and socially. I think inherent in my concept of mainstreaming is the supportive services necessary for the individual (.....) to achieve equal educational opportunity within a mainstreamed setting. I think, however, one of the most necessary things that has to occur, which I think we can bring right close to home, is that before you're going to have quality mainstreaming in the community, we have to eliminate the distinction, or the line, or the separation, or the segregation, of teacher training within the university, colleges of education. In other words, as far as I'm concerned, here at MSU and throughout the country there should not be a department of special ed training. There should not be teachers who are trained to teach handicapper children over here, and teachers over here that are trained to teach regular kids--whatever they are. Until special ed is mainstreamed into regular ed, or regular ed is mainstreamed into special ed, whichever way it goes, I don't believe you're going to actually have mainstreaming occurring out in the community, at least to the degree that I'd like to see it happen. At the university, (.....) education for handicapper students here, I realize the results of the elementary and secondary education systems, and that some of our students have experienced segregational education and some of them have experienced

mainstreamed education in various forms, and even to the limit, to the extent that mainstreaming has occurred, I definitely witnessed the negative aspects of segregated elementary and secondary education in relation to the potential of the handicapper to succeed at a university level. The fact is that segregated or separate school systems for handicappers are inherently inferior as far as the academic quality of the school as well as the social interaction, education that takes place in the educational setting.

The second issue I'd like to deal with is, as far as rehab and mainstreaming, is in the employment area. The traditional options of employment for many handicappers have been, in the past, quite limited to segregated, sheltered workshop type employment options unless somehow, someway you'd broken through that barrier or somehow escaped that channeling of your employment potential.

Within most rehabilitation agencies, the caseload that a typical rehab counselor has as far as having to deal with maybe several hundred cases with very limited budget, they fall into--whether it's intentional or not--they fall into having to play the statistical game of placing people somewhere and the local sheltered workshop just happens to become the easiest way to do that. Trying to track down more equitable employment options calls for a lot more innovation, a lot more resources as far as

contacting employers and really being assertive in dealing with the attitudes that you have to deal with, and seeking employment rights. Ironically, sheltered workshops in the first place--I've read up on the history of how they evolved or were initiated--ironically, they were initiated by the handicapper who got the idea that if a workshop or a setting was developed as a showcase for employers, to prove to employers that handicappers did have abilities, could perform work activity, that then employers could be brought to this showcase, shown the example of handicappers working, and then hire those individuals back into the factory or the work environment that the employer operated. Unfortunately, that didn't occur. The employers came and witnessed a cheap labor force--what ended up is that they started contracting with these local workshops, sending to the workshop a lot of nuts and bolts type work that would have cost them a lot of money had they had to hire individuals full time under union wages to come in and do the work at the shop. It became economical for them to ship a lot of this work to the local workshop, just as they do on some occasions, shipping on to prisons and other sources of cheap labor. So, workshops started springing up all over as far as providing a resource for employers or factories or whetever source to not only acquire cheap labor but to acquire a lot of positive PR in the meantime, because of course this was helping

handicappers, supposedly. In very few of those sheltered workshops were the handicappers actually receiving anywhere near the minimum wages. In fact, due to Federal legislation that exists, most workshops can apply for exemptions from paying the minimum wage, supposedly under the guise of it being a work training center rather than an actual employment center, and also again with the assumption that many of the individuals working there would probably not be able to compete equally as far as production is concerned in most factories, although there is never any requirement that evidence be shown that that be true in every individual situation. The other aspect of that is that most sheltered workshops were connected with factory type work, which tends to be primarily physical in nature, and at least for handicappers with physical characteristics, that was playing upon what was not their most positive characteristic, depending upon what their total characteristics are. In other words, it was forcing them to compete physically when that was not necessarily their greatest asset. In any case, more and more now, hopefully with civil rights legislation both at the state level and the federal level, equal employment opportunity is opening up, and with more handicappers being assertive and defining their own abilities and pursuing their own potential, the need for, and the support for, sheltered workshops hopefully will fall off, and greater options

will open up.

The third issue dealing with rehabilitation and mainstreaming is transportation and architecture, and of course this relates to any other issue I relate to. Without means of getting to an employment setting, getting to an educational setting, getting to recreational opportunities, all other efforts fail. Without the means of having an accessible environment once you get to it, and once the opportunity is opened up, at least for handicappers with physical characteristics, all efforts are of no avail if you cannot get to the places of employment, etc. But in the transportation area, many of you hopefully know that we, over the last couple of years and it's getting down to the wire now, on an extremely tense battle with the state legislature and the state highway department, as well as the federal level, on the transportation issue of whether handicappers have a right to access to public transportation. Since 1964, that right has been established in law at the federal level, and yet you still have administrators of public transportation avoiding that law or somehow dodging it, such that you don't actually see accessible transportation out there to be used.

On the mainstreaming concept, the active handicapper population is pursuing a combination of transportation services which includes accessible line haul systems as

well as accessible dial-a-ride or demand-response. We identify the fact that handicappers have a variety of transportation needs and need access to the same variety of transportation modes that everyone else has to use or requests. Therefore, such services as Spec-tran in the Lansing area, operated by CATA, is far from adequate in meeting the transportation needs that we have, a small minority of the handicapper population in the Lansing area. We are seeking access to the routed line haul system in addition to having a smaller system of demand-response available for those individuals or those situations that call for it.

Within architecture, and I know you will be hearing more detail on that next week I believe, I'll just mention that the same mainstreaming issue relates there, that we are seeking not the back door garbage-route entrance to buildings. We are seeking access to the same public entrances that everyone else uses. I'm currently living in a situation, supposedly a barrier-free apartment unit, which I moved into in February but which violates the state building code. The issue there being, what is a primary entrance. The state building code calls for at least one primary entrance to all public buildings, the buildings used by the public, to be accessible. To get into my "accessible" apartment unit, I have to enter a door that enters into a water boiler and meter room,

which would get me to my back door, which opens into bath and bedroom area and a hall, which then will get me into my apartment. I have a front door which is really beautiful, carpeted, and it's got the doorbell system where if anybody comes to the door they have to ring that and you have to let them in. It has access to the mail-boxes, for anyone who can get up and down the steps to deal with that. I don't have access to my front door, and none of my handicapper friends have access to even let me know that they're out there, because they don't have access to the call buttons, they don't have access to my mailboxes, plus the fact that I am segregated from everyone else using the apartment building. I'm segregated from my neighbors in the apartment complex. This is just one example of the concept of a builder, as far as accomodating handicappers, is not in the context of main-streaming, but is in the context of keeping, of protecting the rest of the world from my presence. Again, I filed a complaint with the state Building Division, I'm also in the process of filing a complaint using Public Act 220, the Civil Rights Act, because I don't see any difference in that and those signs saying, "Niggers, use the drinking fountain to the rear," or go to the back of the bus, or use the side door, or whatever.

Dealing with the issue of recreation, again, we've had a history of separate and segregated recreation

systems that they usually set up in a corner of the hospital or in a rehab center or in an Easter Seal center, which is a totally for handicapped only say, swim program, or chess and checkers program, or whatever rather passive activity, is programmed for individuals--more and more we're moving toward getting the cities, the communities, the counties, parks and recreation department to being responsible for making sure that any recreation that's programmed for the public in the community, that it become accessible and usable for handicappers, and they in fact set up an affirmative action program to encourage handicappers to utilize these programs that are set up for everybody, or the parks or whatever is available in the community.

Again, within social services or agencies that are set up to provide services to the general public or any segment of the public, they should be making sure that those services are accessible--in fact, by federal law now that's mandated, but again whether it's on paper or not as law, I don't necessarily see it happening in the community. I think there are a number of people who will have to play a more responsible role in making sure that mainstreaming does occur and that true "rehabilitation" can occur, and those include handicappers themselves, who have to, and who are, taking more and more of the responsibility and asserting their rights and making

sure that they assist the community in implementing laws and programs according to the mainstreaming process.

We have a new Center of Handicapper Affairs in the Lansing area, which if you all get home in time to watch Channel 6, on the 11 o'clock news, there will be a news spot about that center on the news. Again, its role is not to be a center or a shelter for handicappers to escape from the community, but it's to be a center to assist the community in providing services that are relevant to everybody, including handicappers. So their role is not to provide transportation for handicappers, but to make sure CATA is doing its job in relation to handicappers, etc. along the lines of every other issue I've dealt with.

Again, I perceive the need for rehabbing the rehabbers. As far as I think, you know, rehabbing the handicappers excellent to the degree that that is necessary, but with an elaborate system set up to do that, with all kinds of programs, money, systems set up to special ed the handicapper, to rehab the handicapper, but I don't see any mechanisms set up, or any resources set up, to rehab the rest of the world. And I think that's inevitably what the handicapper runs up against. I've experienced a handicapper's kind of experience, an excellent rehab counselor and counseling program or rehab restoration program, whatever, that supposedly,

if you follow the "I'm OK--you're OK" theory, will carry the handicapper through a process of where they initially, usually, feel very negative about themselves and are feeling, you know, I'm not OK; the rest of the world's OK but there's something wrong with me. And the counselor supposedly carries him to next phase where they say, "I'm OK, everybody else is screwed up. You're not OK." It's a bitter phase which you should identify, once you get somebody really feeling positive about themselves and then they start feeling angry about why they ever felt negative about themselves in the first place, and so they go through that process. And then eventually, supposedly, you get them to a point where they get past that phase and they can say, "I'm OK, you're OK, everybody's OK," and we go on and deal positively with my situation. In rehab, I'm going to go out and get a job ready or get that job, whatever. But then what happens, you release them from the rehab system, they go out into the community, and they come face to face with a world that's still saying, "Hey, I'm OK, but you're not OK." They come up against an educator who doesn't want to deal with them in the classroom. They come up against an employer who says, "Sure, you can do the job, But we just don't have an opening today." Or, that was filled yesterday, or whatever. And, gradually, in some cases a handicapper can go through just so much of that before they start reverting back to the

bitterness or the feeling that they're not OK again. So what I'm saying is there's nobody out there, there's no cadre that's out rehabbing the rest of the world, which is going to be necessary for the rehabbing of the handicapper not to have been wasted.

At this point, I would like to say--if there's questions or comments--

("When you were talking about rehabbing the world--do you have any concrete suggestions?")

Well, I think every individual, there are things we can do. If you are a rehab professional, you're going to have to be really committed to attitude change. The job is going to have to be more than 8 to 5. You're going to have to talk to your neighbors, even your fellow professionals. I know many rehab counselors that are not committed to the concept that handicappers have a right to public transportation. They need to get involved in the issues. They need to live with us. Many rehab people are special ed people, and not really been even close to what we've experienced. Frequently we get special ed students or rehab students coming to our office who went through their whole academic program never having the opportunity to meet or relate to a handicapper, formally or informally.

Again, I think something that this whole class could do is deal right here with the special ed curriculum, to

start mainstreaming happening right here. Again, I think that's vital. I think the Center of Handicapper Affairs is something that in Lansing is going to move us farther, at least in the local area, at least on the state level, because they're going to have some resources, again, out of a grant from Voc Rehab and out of a grant from the city of Lansing, especially to do some things in the media. The media has been one thing that has worked against us for so long, because it projects the tragedy image, especially with your fund raising campaigns, because of they concept that, the assumption that, in order to raise money you have to play upon the guilt, the fears, the tragedy of the situation, therefore (.....) with the public mind. Hopefully they're going to do some media things that will change that. I don't know if any of you watch much television or watch the news much, but I have noticed in the last couple of months, probably because of some of the activism that's happening, a number of factors across the country, that there have been some programs here and there, on television at least, that have taken a dramatic shift as far as what it presents. Through the movie called "Just a Little Inconvenience" a couple of weeks ago, which happened to star James Stacy, which in itself is something you need: here's a famous star who becomes a handicapper, and suddenly he becomes sensitized, and a section of the media becomes sensitized so that you have,

for one of the first times, a handicapper portrayed by a real handicapper, who is also a real actor, rather than a handicapper who they've tried to put into an acting role but really is not that good at acting, or the reverse of getting some actor to try and portray a handicapper. And, I have some problems with what the movie was projecting, but overall it was so much more positive and more real than anything that had gone on before, and I've seen a number of things like that happening recently.

("In organizational terms, do you think you're still in, say, the infancy stages, or have you gone beyond that?")

In comparison to the job we have yet to do, yeah, I think so. And especially as far as recruiting more than just handicappers to get involved and to be aware of the issues, because it's not going to be successful if it's just us working on it alone.

Thank you.

Session 3: Nonhandicapper Speaker

(Entire tape inaudible)

Session 4: Handicapper Speaker

What a change--I've just come from a meeting of engineers and architects--a pleasant change.

OK, how many are familiar with the term "barrier-free design?" Well, then the majority of you should take this in a relatively sound state of open-mindedness. Basically, there's two philosophies on design as per changes regarding handicappers: there's the medical philosophy and there's the civil philosophy. I happen to represent the civil philosophy, which deals with environmental design rather than barrier-free design. Barrier-free design is often seen as, quite frankly, counterproductive because it's mostly based on the needs of wheelchair users to circulate. That may sound funny, me being a wheelchair user, but my best interests don't lie in just purely self-interest, if you can understand what I mean. There are a lot of people in the same boat, and you row together, you get farther.

How many have ever seen this international symbol of the personage (myself? right side profile?)? We call that the toilet seat model. How many have seen Speedy, on the other hand? (.....) person leaning forward, right, (.....). That's a very graphic representation of the difference between the medical model and the civil model. The medical model is entirely based on disability. The problem that we have with that is because any time anyone

is to be mobile in society you have to concentrate on ability or you'll never get the job done, especially design-wise.

You've all seen ramps, I'm sure, and you're aware that ramps are usually built to get people into buildings. (Why don't you pass that around, take a look at some pictures.)[1] Ramps are a death trap in Michigan, not just for wheelchair users but for crutch users, people who are forced to walk, all kinds of people. Ramps are a definite drag, especially in the wintertime. So, under the civil model we do not concentrate on ramps, we build grade level entrances. Do you know what I mean by grade level entrances? Such as the main entrance to this building, where you simply come in, it's relatively level, no ramp, no hand-rails, right? That's a grade level entrance. Also, grade level entrances don't focus in on difference: everybody goes through essentially the same entrance, the same door, in relatively the same manner, depending on their sober condition, whereas with ramps that's a very clear and distinct "this is for you" type of architecture.

How many have ever used crutches or an appliance of some kind to get around with, maybe temporarily, right? Well, speaking of temporarily, by the way, I'm sorry, you know, that your situation is only temporary, but one of these days you'll make it, you'll probably become a handicapper; either permanently or temporarily, you'll

[1]See Appendix J.

have the honor of experiencing that challenge. Hopefully, this will go some distance towards helping you deal with that when it comes.

How many people run under water? Not a whole lot, right? Although some egotists claim to be able to walk on water, I don't know of any mortal that can, so what I'd like you to do is perceive that as just a way of perceiving the very simple fact that we're all subject to our environment. Your abilities are in direct proportion to the environment in which you live. Suppose, in this age of energy consumption, we decide that it takes an awful lot of energy to heat all this space. What have we got here, a 12 foot ceiling? Let's cut that (.....) down to four feet, bring it right down to the bottom here, maybe four and a half feet, right? Save energy. Well, who's going to be one of the "them?" Who's handicapped? All of you folks that are forced to walk, except for those who are fortunate enough to be short, puny, runts, whatever.

You could deal with a 4½ foot tall ceiling, right? So we can build a livable environment, or we can build a very restrictive environment. I wish that I hadn't had a mixup in communication and would have been able to present to you the slide show I had anticipated.

You all know what this is here? This little thing here, round thing? It's a doorknob. Americans are hung up on knobs, not just on doors, but particularly on doors--

that's all you ever see, door knobs, right? What a limiting device. That anticipates that no one ever carries anything in their hands, that you've always got your hands free all the time, and that you have great dexterity and strength in your hands so that when you're sweaty or the knob's wet or whatever, that you're still going to be able to apply enough pressure and torque to turn the thing open and open the door, right? How many have ever been in Europe and seen the lever handles, or how many have seen lever handles here in the States? Now they're a funny little thing that come out and go this way, and you grab them, hit them with an elbow, use your chin, your butt, whatever you've got, and the door opens, fantastic. You can have an armful of garbage or baggage, and you just hit it with the elbow and the door's open. So, the point I'm getting at is, you design environments for people or you design environments to meet some kind of arbitrary version of what is aesthetic.

You know, this terminology thing gives a great conflict between the medical model and the civil model. You've all heard the word "disabled" applied to people? You've also probably heard the word "nigger," "spic," "wetback," right? There's a great problem in applying the word "disabled" to people. "Disabled" has two meanings: in the medical field, it means a person has a part, member, appendage, limb, whatever, that does not function up to optimum. Unfortunately, in the civil world where most of

us live and work, "disabled" means permanently and totally unemployable. I find it ironic that most people in rehabilitation use the term "disabled." You're trying to rehabilitate someone, get someone back in shape to be employable, right? And you use the word "disabled." Fine. I sometimes wonder why people marvel at the low success rates of placements. But, anyhow, you do the same thing in architecture. You can label people. How many have paid any attention to street crossing signs, when you get to the corner? What do they say? What do they actually say? You know, the ones that are meant for the people, not for the cars, right? What's it say? It says, "Walk--Don't Walk," right? Well, I assume that you go when it says "Walk" and I go when it says "Don't Walk." It could be adventuresome being a wheelchair user at times. [Laughter]

It's that kind of constant reinforcement through architecture and facilities that helps to perpetuate attitudes, Spartacist attitudes. You all know what Spartacist is, you know what they used to do in Sparta, with especially female babies, babies that weren't up to optimum, male babies that weren't up to optimum? Put them on a mountainside and feed them to the wolves. That was their brand of population perfection. See, they needed them for the army: Sparta was a very militaristic city-state in Greece. Once upon a time, when I was younger,

I used to hear all about this. And they had this extremely elitist philosophy, and only the very cream of the crop, by their own definition, that meant the male baby at approximately two months old was already a jockstrap. Anything other than that didn't qualify to be a human being, and so was fed to the wolves.

We have today, although a somewhat more sophisticated and subtle attitude, it's much the same value in perceiving people. And that certainly is not dispelled or countered to any great degree by this perpetual architectural segregation.

How many here know that there's a ramp in front of the Admin Building? How many have ever seen the Admin Building? (.....) Well, you probably, if you went by the Administration Building and you didn't readily perceive a ramp, it's probably because the university spent about $8000 to make sure that you didn't see it. It's perfectly camouflaged. They built a stone wall in front of it about 10 feet high. And, of course, the reason for that is because ramps are repulsive, because they remind us of repulsive people who have to use them. That's what's taught to architects and designers. That undesirable element of society, those facilities for them, we've got to kind of tuck them away, 'cause that's not cool. Never mind the fact that they don't teach then how the hell to design a ramp. You ought to see that thing in the

wintertime. They've got these walls up on either side, right? You can't shovel it. You've got to shovel snow 10 feet in the air? No way. Especially with the unions--they'd never do that. So, the sun comes over for about two minutes, part of the snow melts, sun's gone, snow freezes. Ramp suddenly becomes a ski slide, and down at the end what do we have? A cement wall. Beautiful.

I just wish some of these turkeys would have to use some of their facilities that they design and build. But, anyhow...so that's another example. I'm trying to think of examples that you people can relate to. How many people in here are left handed? One? Doesn't it bother you that we don't make left hand desks? Except for that one over there? [Laughter] Same thing.

Women. That would be a good question. You know, I proposed to the State Construction Code Commission that we build women's toilet rooms a little bit different than we build men's, that we use just a little bit different set of specifications and standards. Why? Well, women are generally a little bit shorter than men, right? They are built different, I mean outside of the window dressing. In the bone structure, etc., there's a little bit of difference there. Consequently, they will not be able to use facilities that are designed for men with the same ease with which a male would be able to use those facilities. So why do we take specifications,

develop them for a men's room, and then build a women's room? It doesn't seem to compute to me. Well, they went right through the roof as usual. You know, that's a strange idea; we can't deal with that. Doesn't conform to standards. So the next time you have any difficulty in a women's room, using the facilities whatever they may be, you may wish to think about that a little bit. How many women here are less than 5' 6"? When you're seated on a water closet--you know what a water closet is? It's a throne, right? (.....) How many of you have your feet touching the floor? [Laughter] Why? Do you feel unbalanced at all (.....) Could be a reason for that, right?

And this is another thing. Take the kitchen. These chauvinists that design facilities for the 6 foot tall, 185 pound jockstrap--I've really got to crack up, because if they were really true chauvinists, wouldn't they design a kitchen for a woman? How many of you women that are under 5' 6" can reach all the shelves on the cupboard? Of course, because you're under 5' 6" we don't classify you as handicapped, disabled, (.....). But you're short persons, we can start differentiating right there. But that's just a humorous side, maybe, of how your environment can be designed to make you look like a real turkey. And you know what that does over time, when you go a year or two or three or four or five or six or 10 or 20

and you have to deal with that same environment, you know, after a while you start to think "something's wrong here." And other people think, "Oh, you've got a problem." You've got a problem, because you're limited by your environment, that's in parentheses, but they don't realize it. See, if you go in and you can walk and you have trouble using the old water closet, right, say it's 24 inches off the floor. You know, the atmosphere's a little thin up there, you're not used to that, right? So you feel a little uncertain and maybe as you come out you make a comment to somebody about how lousy that facility was. And they say, "Yeah, who the hell ever designed that?" But if a handicapper, someone with a perceivable characteristic, goes in and uses a "standard" facility and they come out and say, "Boy, what a lousy design, what a stupid...had a hard time," they say, "Oh, you've got a problem."

So after a while, if you're not an obnoxious person like myself, you start to believe that stuff. You actually start to think, well, it's me, you know, this whole world just can't conform to me.

So that's how we design people into inferiority, that's how we design them into second class citizenship and all that. I think that's about enough examples. I think that should definitely get the point across.

OK--questions?

("At this point, how many handicappers are there in the design or building profession?")

I really don't know. [Dialogue]

You know, like here tonight. Landscape Architecture, totally inaccessible. Urban Planning, totally inaccessible. Engineering Building, only accessible on the first floor. There's a freight elevator, big steel doors that open this way. Unbelievable.

Yeah, I would really love to see that, because I think that's where a lot of awareness is going to come from. Like coming over here, you know? Lousy half inch lift on a path ramp down there, but it was absolutely straight and vertical, and it was dark, I didn't really see it. I come trucking out of the parking lot there with complete reckless abandon, and I hit this thing, and the chair stops, right? (.....) So there's a lot of things that you have to be particularly careful about, you know, like a quarter inch in a door. Well, if you're shy a quarter of an inch in the width of a door, you're not going through. You can get a 40 mile an hour head start, and that may get you through, but that chair's going to really mess up that door, all right?

So it's that kind of awareness where you're dealing with this all of the time. You can't just expect to go in and say to a group of architects, "Hey, pay attention to this," and expect them to remenber everything over the

next 20 years (.....).

("Have you heard any complaints about some of the cities where they've put a ramp at an existing curb in front of a business building and they put two railings at each side but the whole thing is so narrow? Cincinnati's put a lot of these in front of the newer business buildings, they're putting in ramps at the curb, and I take my mother out in a wheelchair and I'm very conscious of that. But they're so narrow, anybody whose chair is a little bigger than my mother's I think would have a lot of trouble getting through, and I can't see what the point is, when we're spending all that money to start with...")

The National Institute on Vertical Transportation--that's a bunch of elevator manufacturers, right--to decide what was required in the way to accomodate a wheelchair user in an elevator, they took a wheelchair, measured it, got very precise measurements, I mean they got the angular measurement, they got 15 million measurements for that thing, and they specified the width in the elevator as 48 inches. That's all you need, because it's 48 inches from here to the tip of the footplates. What they forgot was that chair users have feet, usually. Which usually protrude a little further than the footplates. Which means that when you're sitting there it's not cool when the elevator door goes (crunch). It's things like this, you know, you just don't think. But it's coming, it's

coming. I think it's getting a lot better. And the more we get away from that protectionist, segregated, medical model I think, the more palatable it's going to be with the design professions. They (.....) design hospitals out on the street, or hospital facilities, they (.....) design things for the general public.

("If you could instrument some changes, which would you alter first: social attitudes or just like the physical environment? What obstructs you the most?")

I would alter--if I were God--I would alter attitudes first, because everything else proceeds from attitudes. You can change all kinds of physical things, but if people still think the same way, still have the value systems, those physical changes are going to waar out and die away, and new things are going to be built to replace them. So I would change the attitude first. [Dialogue] That would be the ideal. I don't think we're about to do that right off.

("...Handicappers who drive...are parking facilities any better? It's been atrocious, I know, the last few years. Can you park your vehicle where you can get off and get to a building and so forth?")

Yeah, it's getting better. The problem is it wasn't, you know, this enforcement thing on these handicapper slots, that wasn't mandatory until just October 1. You all see these signs, you know, "Them only?" [Laughter]

Until recently, it was just your Boy Scout honor that kept you out of that slot, and Girl Scout honor, too, thank you, a little reminder. But now, as of October 1, it's a misdemeanor, and the fine is left up to the local enforcement agency, but it can't exceed $100, because it is a misdemeanor.

("...open your door wide enough so you can move your chair through.")

They're coming. See, that's part of the construction code now. When you build buildings new. Of course, you may want to notice the State News today, there's a little blurb in there about how they're trying to dismantle the state Barrier-Free Design Board, which is the only agency in the state that tries to provide these things, through the construction code. But, when you build new buildings or when you rebuild buildings that have parking facilities involved, you have to provide a certain ratio of slots reserved for handicappers. And that's what this law that took effect October 1 is intended to protect. They were provided previously under the construction code, but there was no enforcement. Especially on private property, a law enforcement person from the city could not come on board and ticket or tow. But now the law's been changed and they can come on private property and tow, and it's all at the car owner's expense. If you don't have the ID from the Secretary of State, there's appropriate identification.

Any further questions? How about you, slim, what are you thinking? How painful has this been for you?

(".....")

You would? After all this? Well, if anybody ever wants a brew, you want to kick this idea around a little bit, or even without a brew [Laughter] , give me a call over at the office, we'll be happy to chirp with you a little bit.

("I'm sorry, I came in late. Where is your office?")

Well, I have two offices, actually. One is in the Library, fourth floor, Programs for Handicappers, and the other is in the Administration Building, Human Relations.

Thank you very kindly. You're very attentive, and I appreciate the opportunity to lay a few things on you.

Session 4: Nonhandicapper Speaker

My assignment tonight is to speak about environmental design so that the largest number of people in our environment can operate through it. (.....)

It's hard to get going without starting in the terminologies (.....): "barrier free design" is becoming a little less fashionable because it has implied a Band-Aid approach to solving problems of free access toward built environments. Replacing barrier free design, slowly, is the concept of environmental design, which means that in order to make our environment accessible to all of us whether we are in a wheelchair or on crutches or on our two feet, you have to start with sort of early ideas, designing around several principles from the very beginning (.....).

What I'd like to do is run through a very good article that appeared in Amicus, a periodical article that deals particularly with MSU's solution to access in environment. You may be familiar with the Rehabilitation Act of 1973. It's (.....) important ideas were finally brought to the legislative fruition in the Rehab Act of '73.[1]

[1](Note: the main body of this presentation consisted of reading, with scattered paraphrasing and comments, the following article:

Gentile, Eric. "Architectural affirmative action: A university with a new concept." Amicus, 1977, 2, No. 4, 31-36.

See Appendix J.)

— [Approximately 15 minutes of transcription omitted] —

I can't resist getting into the concept of "handicap." A handicap is situation-specific. I don't think of myself as a handicapped person except in certain situations. I happen to have (.....) vision. A contact lens fell out (.....), I couldn't see it out there (.....) I was kind of helpless. A handicap occurs, or a person appears to be handicapped in a certain setting. A person doesn't possess a handicap; a person experiences a handicap. You change the setting a little bit, the handicap goes away.

(.....) at some other sort of cornerstone on attitude change that we need to (.....). It's not going to happen on its own.

Curb cuts here at MSU: a curb cut is somebody coming in with a jackhammer and blasting out six feet of curb and then pouring in a slope. It's fine for a bicycle. Try it in a wheelchair: you'll wind up getting the wheels sort of caught in that little dip there, and it's aesthetically a second-rate way of doing it. A better way is think of a (.....) or if you're constructing new pathways, make a slope the whole width of the pathway, either build it anew or reconstruct it.

The lavatories (.....) cumbersome two-knob handles (.....) and replaced with unilever approach.

Reading rooms for the blind. They've been remodeled,

reequipped with the latest sort of high technology transcription equipment, and there are some high-class pieces of technology coming out for transcribing for the blind.

It shows up in lots of ways at MSU. Telephones. Pay phones. The standard height for a telephone is 60 inches. A slight concession was made that brought it down to 54 inches. A person in a chair--again I apologize for not having slides--a person in a wheelchair is reaching up this far to do it.

Nobody knows what it's like unless you try it. Get yourself a wheelchair and do it. Just handle one of your typical days and you'll know in short order how the environment was set up to exclude people in wheelchairs. You'll know it in 10 minutes. You'll know it the first time you want to get from point A to point B. You're not going to be able to get into your car very well, because your car is set up for people who don't have to get a wheelchair in. You will know it when you reach for a 6" or 4" sill on a door at a store, at school, anywhere. You'll know it when you approach (.....). You'll know it at the supermarket, (.....) way out of your reach.

There's a good illustration here, I'd just like to send it on, of the Band-Aid type approach, barrier free design, with add-on ramp. This looks like the same door, before and after. It's redesigned (.....) grade level

approach, and you can see that it's a lot prettier, safer, and easier to move on.

I'm all yours. I hope I've stimulated some questions, or some observations about how the environment where you live could be made better if it were redesigned to include more normal people.

("Does this law also include apartment houses and things like that?")

It includes any new construction that is accessible to the public. Yes, private. There's new legislation also that provides for handicapped parking. Handicappers now need to have identification on their cars in order to use that parking (.....) subject to fine (.....).

("Is there any way--I work at Meijer's out in Okemos, and I was working up at the front courtesy desk, and this girl came in, she was driving a friend of hers who was in a wheelchair, and they used her car. She got a $100 ticket on her car because she parked there. Now, she doesn't always drive him so she doesn't have a sticker on her car and she can't get one because she is not handicapped. So what can she do, what can a person like that do who is driving someone around? It's very inconvenient for her to drop him off, let him go into the building and everything, and then to drive and park someplace else and then go pick the car up.")

Very good point.

("And so she was going to try to fight it in court.")

That's good. I think it would be an easy case to win. [Dialogue]

You're caught between relying on people's good graces, honesty, and discretion (.....). The other way seems to be the only way to exclude people from handicapper parking places. A mechanism, to my knowledge, does not exist to alert a cop that the vehicle is being temporarily used for a handicapper. You would get a gold star if you came up with a workable method. There are two ways a car can be identified as a handicapper: special license plates, or a front windshield decal, sticker. It seems to me that such a sign could be issued to handicappers so that it could be used, you know, taken out of your wallet and stuck inside your front window. That, again, does not exist now, but I think you could make a try.

("...I'm now in the dorms, and there's some places you cannot get served....lunchroom, because of the stairs... there's no elevator...")

OK, I would imagine that the university would be found in violation of Section 504 if someone took them to task on it. It's hard to make the changes at once, overnight, in a facility of this size.

The initial concentration was to be on new construction and extension of old ones. If someone is going to add a new wing on to the Library, they'd better make that new

wing accessible (.....). Existing architecture takes a second seat, and has up to now. So, there is a concept of legislative intent for reasonable accomodation. That gets into affirmative action for employers in hiring handicapped persons, and it also applies to architectural design and redesign. In the long run, all we're asking is sensible, reasonable approach, and there's no cause for panic, but rather the (.....).

("Is this federal or state legislation?")

This is federal. There is, of course, state legislation that pertains to handicappers. In Michigan, it's called Public Act 220, the Handicapper Bill of Rights. I have it here:

> This act shall be known and may be cited as the Michigan Handicappers' Civil Rights Act. The opportunity to obtain employment, housing, and other real estate, and full and equal utilization of public accomodations, public service, and educational facilities, without discrimination because of a handicap, is guaranteed by this act, and is a civil right.

It's enforced by the Civil Rights Commission,

At Voc Rehab, I concentrate on employment (.....), so this Public Act 220 pops up when I see someone in my office who's been denied employment on the basis of a handicap. And for that kind of legislation, the definition of handicap is kind of interesting: it includes anyone who has a mental or physical characteristic which limits any of their major life functions. Someone who has a history of such limitations or impairment, or someone who

is regarded as having such a limitation. So, I'm handicapped, and I go seek a job, and an employer takes a back X-ray (.....) and calls me handicapped (.....), and that makes me protected by the civil rights legislation.

I think we're out of time.

APPENDIX D

Posttest Scores
(2x2 Analysis of Variance)

ANALYSIS OF VARIANCE: PART ONE BY PRETEST, SPEAKER

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
MAIN EFFECTS	1.797	2	.898	.089	.915
PRETEST	.300	1	.300	.030	.864
SPEAKER	1.539	1	1.539	.152	.698
2-WAY INTERACTIONS	31.240	1	31.240	3.090	.084
PRETEST, SPEAKER	31.240	1	31.240	3.090	.084
EXPLAINED	33.036	3	11.012	1.089	.361
RESIDUAL	586.383	58	10.110		
TOTAL	619.419	61	10.154		

ANALYSIS OF VARIANCE: PART TWO BY PRETEST, SPEAKER

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
MAIN EFFECTS	.437	2	.219	.011	.989
PRETEST	.011	1	.011	.001	.981
SPEAKER	.421	1	.421	.020	.887
2-WAY INTERACTIONS	18.767	1	18.767	.910	.344
PRETEST, SPEAKER	18.767	1	18.767	.910	.344
EXPLAINED	19.204	3	6.401	.310	.818
RESIDUAL	1196.232	58	20.625		
TOTAL	1215.435	61	19.925		

ANALYSIS OF VARIANCE: PART THREE BY PRETEST, SPEAKER

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
MAIN EFFECTS	143.961	2	71.981	.501	.609
PRETEST	130.581	1	130.581	.908	.345
SPEAKER	16.203	1	16.203	.113	.738
2-WAY INTERACTIONS	283.599	1	283.599	1.972	.166
PRETEST, SPEAKER	283.599	1	283.599	1.972	.166
EXPLAINED	427.560	3	142.520	.991	.403
RESIDUAL	8339.682	58	143.788		
TOTAL	8767.242	61	143.725		

ANALYSIS OF VARIANCE: PART FOUR BY PRETEST, SPEAKER

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
MAIN EFFECTS	902.973	2	451.487	.675	.513
PRETEST	155.191	1	155.191	.232	.632
SPEAKER	725.151	1	725.151	1.084	.302
2-WAY INTERACTIONS	98.761	1	98.761	.148	.702
PRETEST, SPEAKER	98.761	1	98.761	.148	.702
EXPLAINED	1001.734	3	333.911	.499	.684
RESIDUAL	38789.701	58	668.788		
TOTAL	39791.435	61	652.319		

APPENDIX E

Attitude Survey Scores
(Analysis of Covariance)

PART ONE (SOCIETAL INTERACTIVE NORMS)

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
WITHIN CELLS	168.33097	24	7.01379		
REGRESSION	168.83386	1	168.83386	24.07170	.00005
SPEAKER	15.38828	1	15.38828	2.19400	.15156

ESTIMATES FOR PART ONE
ADJUSTED FOR ONE COVARIATE

D.F.	COEFF.	STANDARD ERROR	T-VALUE	SIGNIF OF T	LOWER .95 CONF. LIM.	UPPER .95 CONF. LIM.
1	-.75823	.51189	-1.48122	.15156	-1.81472	.29827

PART TWO (PERSONAL HYPOTHETICAL BEHAVIOR)

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
WITHIN CELLS	234.74861	25	9.38994		
REGRESSION	500.72831	1	500.72831	53.32602	.00001
SPEAKER	11.65941	1	11.65941	1.24169	.27574

ESTIMATES FOR PART TWO
ADJUSTED FOR ONE COVARIATE

D.F.	COEFF.	STANDARD ERROR	T-VALUE	SIGNIF. OF T	LOWER .95 CONF. LIM.	UPPER .95 CONF. LIM.
1	-.64700	.58063	-1.11431	.27574	-1.84283	.54883

PART THREE (ATTITUDE TOWARD DISABLED PERSONS SCALE)

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
WITHIN CELLS	1559.58592	26	59.98407		
REGRESSION	1545.57598	1	1545.57598	25.76644	.00003
SPEAKER	244.89741	1	244.89741	4.08271	.05374

ESTIMATES FOR PART THREE
ADJUSTED FOR ONE COVARIATE

D.F.	COEFF.	STANDARD ERROR	T-VALUE	SIGNIF OF T	LOWER .95 CONF. LIM.	UPPER .95 CONF. LIM.
1	-2.93975	1.45491	-2.02057	.05374	-5.93036	.05086

PART FOUR (PARENTING SCALE)

SOURCE OF VARIATION	SUM OF SQUARES	D.F.	MEAN SQUARE	F	SIGNIF OF F
WITHIN CELLS	13493.39246	27	499.75528		
REGRESSION	5097.94087	1	5097.94087	10.20087	.00355
SPEAKER	384.00644	1	384.00644	.76839	.38845

ESTIMATES FOR PART FOUR
ADJUSTED FOR ONE COVARIATE

D.F.	COEFF.	STANDARD ERROR	T-VALUE	SIGNIF OF T	LOWER .95 CONF. LIM.	UPPER .95 CONF. LIM.
1	-3.67825	4.19615	-.87658	.38845	-12.28803	4.93153

APPENDIX F

Attitude Survey Scores
(Multivariate F)

(n=14)

EFFECT .. SPEAKER

MULTIVARIATE TESTS OF SIGNIFICANCE (S=1, M=½, N=9)

TEST NAME	VALUE	APPROX. F	HYPOTHESIS D.F.	ERROR D.F.	SIGNIF. OF F
PILLAIS	.20016	1.66837	3.00000	20.00000	.20576
HOTELLINGS	.25025	1.66837	3.00000	20.00000	.20576
WILKS	.79984	1.66837	3.00000	20.00000	.20576
ROYS	.20016				

ESTIMATES FOR SECTIONS ADJUSTED FOR 3 COVARIATES

	D.F.	COEFF.	STANDARD ERROR	T-VALUE	SIGNIF. OF T	LOWER .95 CONF. LIM.	UPPER .95 CONF. LIM.
PART TWO	1	-.83922	.60798	-1.38033	.18135	-2.10010	.42166
PART THREE	1	-3.42438	1.56502	-2.18807	.03957	-6.67004	-.17873
PART FOUR	1	-3.00769	3.40494	-.88333	.38661	-10.06911	4.05373

APPENDIX G

Posttest Scores, Groups III and IV (Analysis of Variance)

VARIABLE: PART ONE (SOCIETAL INTERACTIVE NORMS)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB.
BETWEEN GROUPS	1	5.7647	5.7647	.7557	.3912
WITHIN GROUPS	32	244.1176	7.6287		
TOTAL	33	249.8824			

VARIABLE: PART TWO (PERSONAL HYPOTHETICAL BEHAVIOR)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB.
BETWEEN GROUPS	1	12.4436	12.4436	.6082	.4418
WITHIN GROUPS	29	593.2983	20.4586		
TOTAL	30	605.7419			

VARIABLE: PART THREE (ATTITUDE TOWARD DISABLED PERSONS SCALE)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB.
BETWEEN GROUPS	1	46.1446	46.1446	.2691	.6074
WITHIN GROUPS	33	5658.8268	171.4796		
TOTAL	34	5704.9714			

VARIABLE: PART FOUR (PARENTING SCALE)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB.
BETWEEN GROUPS	1	890.0278	890.0278	1.2498	.2714
WITHIN GROUPS	34	24212.9444	712.4796		
TOTAL	35	25102.9722			

APPENDIX H

Speaker Ratings and Representative Comments

Session 1: Handicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
11	9	5	0	1	(107/26)

Mean rating: 4.12

Positive comments

--I gained a lot from (speaker)--a feeling.

--...it was great listening to someone who is a handicapper.

--I was very impressed with the speaker...I think the same talk should be given to all students and not just students in special ed.

--very interesting and informative.

--...very healthy, positive (attitudes).

--...excellent sequential presentation.

--I enjoy(ed) the speaker very much.

--GREAT SPEAKER! (speaker) was captivating...

--inspiring.

Negative comments

--(speaker's) manner of speaking...made me uncomfortable. I felt like I was being corrected--like a child.

Session 1: Nonhandicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
14	8	6	2	2	(126/32)

Mean rating: 3.94

Positive comments

--It was good to hear the mock because it was so absurd that it helped one to realize how silly the society acts toward handicappers.

--I feel people have to be ruffled sometimes to initiate thought.

--Good social commentary!

--I loved the speech--if you can call a talk that interesting a speech.

--I was impressed with the assertiveness of the speaker.

--Excellent speaker.

--Probably the most enlightening 10 minutes I've spent in a long long time.

--(the speaker) opened my eyes to things I really never thought about, as a special ed major.

Negative comments

--I felt (the presentation) was presented in a condescending tone...it came across as rather guilt inducing.

--The speaker did not appeal to me <u>at all</u>! I'm tired of labels. One thing that bugs me the most is that labels are constantly being changed.

Session 2: Handicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
11	9	1	1	0	(96/22)

Mean rating: 4.36

Positive comments

--very interesting and thought provoking.

--I hope (the speaker) gets...known to more of the community.

--very well presented. Good attitude. Interesting presentation. Thank you.

--It was great to hear someone who wasn't hostile but still got (the) point across.

--Made me think.

--This (speaker) has guts and something between the ears. I learned a lot.

Negative comment

--Slight "chip" on shoulder.

Session 2: Nonhandicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
9	8	1	2	1	(85/21)

Mean rating: 4.08

Positive comments

--very good and caring person. Brought out a lot of good points.

--this session was very good.

--(speaker's) examples very effective.

--what a beautiful person!

--a good all around speaker.

--GOOD PRESENTATION

--speaker was very good and seemed warm and loving... (speaker's) attitude was one of unusual insight and humaneness.

Negative comments

--redundant

--(speaker) is empathetic but not very sincere.

Session 3: Handicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
12	0	2	0	0	(66/14)

Mean rating: 4.71

Positive comments

--I was made more aware of many things I wasn't aware of before.

--I thoroughly enjoyed this topic--(speaker) really seemed to be concise and clear in...thoughts.

--The speaker seems to be a very intelligent person.

--Well done--thank you!

--(speaker) got...ideas across very effectively without turning me off...

--Speaker's dynamic quality is apparent and attractive.

--(speaker) has motivated me to become involved in some activism.

--It made me feel very selfish that I haven't done more to help handicaps (sic)

Negative comments

--started off boring.

--fairly dry but interesting.

Session 3: Nonhandicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
2	4	3	2	1	(46/12)

Mean rating: 3.83

Positive comments

--enjoyable, dedicated person.

--speaker was a warm and comfortable person...fair in assessment of contrasting points of view.

Negative comments

--more opinionated than knowledgeable

--wasn't realistic in...plans for some changes.

--I found the speaker rather boring. I could find or detect no enthusiasm.

Session 4: Handicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
15	8	4	3	3	(128/33)

Mean rating: 3.88

Positive comments

--(speaker) talked on a very personal and straight level.

--(speaker) was articulate and...humorous interjections eased the possibly uncomfortable atmosphere (speaker) might have created (i.e. guilt reaction).

--brought up a couple of things I hadn't thought of before.

--good speaker---expressed...views in a persuasive manner--not obnoxiously.

--some positive ideas and thought-provoking ones.

--has an excellent idea of what is needed for field/area of "handicappers"--tremendous sense of humour.

--seemed really realistic about the problem and has seemed to not allow it to build into a crusade which can sometimes turn me off...I enjoyed this.

Negative comments

--We aren't all at fault!

--manner of presentation, although funny, seemed quite bitter...a bit exaggerated.

--seemed very biased.

--shows an example of a lot of handicapped people--anti-society.

--showed as little understanding of all people as (speaker) was complaining of most people's attitudes toward handicappers.

--a lot of personal discontent injected in the talk.

Session 4: Nonhandicapper Speaker

Ratings

5 strongly positive	4 mildly positive	3 neutral or mixed	2 mildly negative	1 strongly negative	(Total/n)
11	13	5	1	2	(126/32)

Mean rating: 3.63

Positive comments

--speaker expressed (self) real well...seemed to know material intensely.

--informative--wish we had more time.

--truly informational.

--very favorable attitude.

--good thinking!

--well expressed...made me realize many things I hadn't noticed.

--did a good job.

Negative comments

--I do not think (speaker) was prepared.

--I didn't really think (speaker) had an attitude.

General Comments: Handicapper Group

Positive comments

--In general, the speakers have all made me open my eyes and see what a tremendous job it it to rehabilitate society in order to encompass all its number.

--It has been good and somewhat enlightening.

--I thought it was very interesting and I think a couple of individuals would be interesting, fun, and generally nice to know better.

--It was a very good experience listening to the speakers.

--The speakers were extremely interesting.

--Has been enlightening/learning experience--will help me on a daily basis with all kinds of people. Thanks.

--I thought the guest speakers were excellent. I'm sure they informed a lot of people about things they never knew. It is great to get it from a first hand source.

Negative comments

--The whole 4 weeks on handicappers has been very interesting...But the whole attitude of the people talking has been a little too aggressive for the people they talk to. We are all planning to work with handicappers, not people who are trying to oppress the movement. Being attacked is not my way of being convinced about something. I would have been more open and responsive if I was talked to as another human being and not someone who has shot down handicappers.

--I resent being part of this since I paid for a 3 credit class and time was taken from the class time. I believe this is against university policies.

--I would like to know how you can justify our paying money for a research or whatever program. I want to know why.

General Comments: Nonhandicapper Group

Positive comments

--I very much enjoyed the guest speakers!!

--I do enjoy these speakers, their (sic) most beneficial.

Negative comments

--I don't like being forced to attend these sessions-- I feel it's unfair. It should be an individual decision.

--I felt the ones I attended were prepared, but only by reading the material on the spot.

--I would like to know the purpose of this research... I also think the attitudes of people would have been better if the whole thing was not left such a big secret!

--You made us feel very uncomfortable. I did not enjoy it all (sic). It was worthless.

APPENDIX I

Comparison of Special Education Students with Introductory Psychology Students

Comparison of Special Education Students with Introductory Psychology Students

During the planning stage of this study, it was suggested that the results of the proposed research might be inconclusive, due to the belief that persons who choose rehabilitation or special education as a major would most likely already possess positive attitudes toward handicappers, and so perhaps it would be more fruitful to use a more heterogeneous sample as subjects. This argument is certainly not without merit. However, plans to use this specialized sample were in the end carried out for several reasons, chief among them the already mentioned educational value of the project to the participants. Also, the question of how the attitudes of special education students compare with those of students in other curricula was seen as another issue which could be evaluated.

In order to investigate the assumption that students in special education would already possess attitudes significantly more positive than those of a more heterogeneous group, an additional sample was obtained consisting of 36 students enrolled Fall term, 1977, in an introductory psychology course at Lansing Community College. The pretest (see Appendix B), along with two questions regarding type and frequency of

contact, was administered to this comparison group, which did not participate further in the research.

Results

No significant differences were found between the special education students and the introductory psychology students on Measures Two, Three, and Four, using an analysis of variance (see pages 201-202). A graphic comparison of The ATDP scores of both groups is presented on page 203. In this study, special education students were not found to have more positive attitudes toward handicappers than did students in a more heterogeneous group.

Measure One of the attitude survey, which deals with opinions regarding the attitudes of other people toward handicappers, produced a mean score of 25.03 for special education students and 26.80 for the introductory psychology students. Using an analysis of variance, scores of Measure One were found to differ significantly ($p < .029$), indicating that special education students had a lower opinion of other people's attitudes toward handicappers than did students in a more heterogeneous sample.

VARIABLE: PART ONE (SOCIETAL INTERACTIVE NORMS)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB
BETWEEN GROUPS	1	54.0671	54.0671	4.986	.029
WITHIN GROUPS	67	726.5706	10.8443		
TOTAL	68	780.6377			

VARIABLE: PART TWO (PERSONAL HYPOTHETICAL BEHAVIOR)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB
BETWEEN GROUPS	1	13.7713	13.7713	.700	.406
WITHIN GROUPS	66	1298.3463	19.6719		
TOTAL	67	1312.1176			

VARIABLE: PART THREE (ATTITUDE TOWARD DISABLED PERSONS SCALE)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB
BETWEEN GROUPS	1	237.1856	237.1856	1.001	.321
WITHIN GROUPS	68	16119.6144	237.0532		
TOTAL	69	16356.8000			

VARIABLE: PART FOUR (PARENTING SCALE)

ANALYSIS OF VARIANCE

SOURCE	D.F.	SUM OF SQUARES	MEAN SQUARES	F RATIO	F PROB
BETWEEN GROUPS	1	1830.9143	1830.9143	3.187	.079
WITHIN GROUPS	68	39065.0286	574.4857		
TOTAL	69	40895.9429			

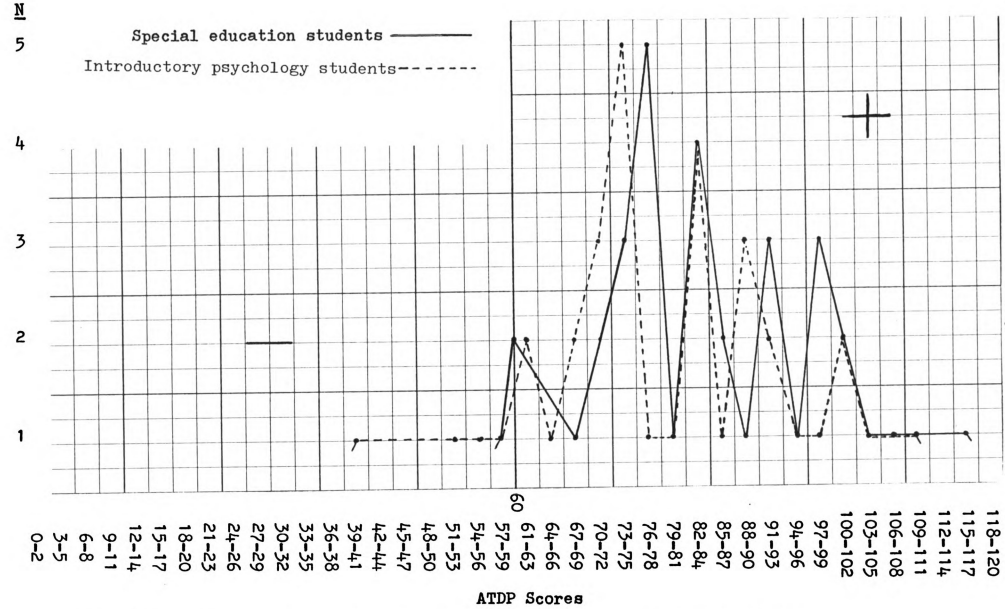


Figure 2. **Attitude Toward Disabled Persons Scale: Distribution of Scores**

Correlations existing among the four measures in the attitude survey were determined (see Table 3, below). Significant correlations were found to exist among Measures Two, Three, and Four, all of which deal with personal attitudes and hypothetical behavior. Measure One, which deals with societal interactive norms, did not correlate significantly with any of the other measures.

Although correlations among Measures Two, Three, and Four were significant, they were not high enough (.26, .33, .50) to be expected to vary together and so were analyzed on a univariate rather than a multivariate basis.

Table 3
Correlation Matrix, Attitude Survey Sections
(Special Education Students
and Introductory Psychology Students)

Survey Division	Measure One	Measure Two	Measure Three	Measure Four
Measure One (societal inter-interactive norms)	--	.09	-.11	.05
Measure Two (personal hypothetical behavior)		--	.33**	.50***
Measure Three (Attitude Toward Disabled Persons Scale)			--	.26*
Measure Four (parenting scale)				--

*$p < .016$
**$p < .004$
***$p < .001$

APPENDIX J

Gentile, E. Architectural affirmative action: A university with a new concept. Amicus, 1977, 2, No. 4, 31-36.

(used with permission)

Amicus

National Center for Law & the Handicapped VOL. 2 NO. 4 • JUNE 1977

Opening the Classrooms: Assuring the Right to an Appropriate Education

Architectural Affirmative Action: A University with a New Concept

by Eric Gentile

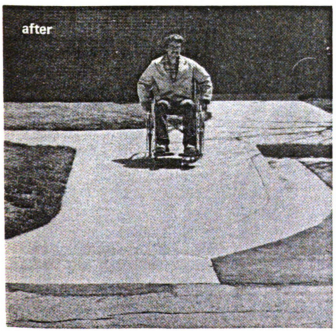
No more graphic illustration exists of the difference in values between the medical/rehabilitation model, in this case, the individual confined to a wheelchair, and the civil model of the wheelchair user.

By now, the Section 504 regulations to the Rehabilitation Act of 1973, mandating that educational facilities must be readily accessible to handicapped persons, have probably increased the heartbeat of college and university administrators several fold.

These regulations do not "require a recipient to make each of its existing facilities or every part of a facility accessible to and usable by handicapped persons," but they do mandate and require the development of a plan within 6 months of the effective date of the regulations that will provide totally effective program access "in the most integrated setting appropriate."

Due to the limited knowledge of most college and university administrators of the possible architectural solutions to these regulations, and the generally poor quality and high expense of national standards such as barrier free design, attention has been focused on the difficulties of compliance, rather than the benefits. This article will explain how one campus has redesigned its facilities in order to integrate handicapped students into the total university environment.

Curb cut. Path ramp. What's the difference? Curb cuts were originated and intended for bicyclists; path ramps are intended for everybody. Ramps increase the safety and mobility of the entire public and allow for winter maintenance.



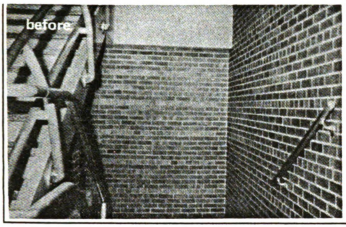
For several years, Michigan State University (MSU) has been actively preparing its facilities for students who are Handicappers. Considering the implications of mainstreaming handicappers into such a vast and complex institution, one might reasonably expect something less than aggressive initiative. Yet quite the contrary has been and continues to be the case at MSU. Why? MSU's enthusiasm on Handicapper issues surrounding reconstruction since 1972 has been a product of:

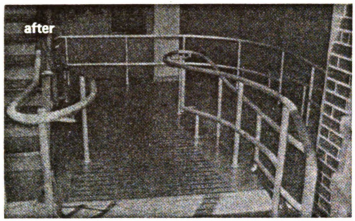
1) the university's tradition of commitment to, and innovation in responding to human rights
2) the development on campus of a cadre of highly motivated, independent and competent Handicapper professionals, and
3) the adoption of a civil rather than a medical model in response to Handicappers and use of environmental design rather than barrier free design.

This last item is extremely important and provides a basis for understanding the aggressiveness of the university on Handicapper issues — issues which unavoidably center around changes in the built environment.

The centerpiece of the civil model for social response to Handicappers is the certainty that a Handicapper is a whole person *and* a citizen with rights — specifically, the right to freedom of movement and the full use of the built environment. Obviously, this model is diametrically opposed to the medical/rehabilitation model which is based on the notion of disability and the delivery of "special" services to "care" for the "disabled" persons, because they cannot be mobile in, nor utilize, the built environment. This model assumes that the environment is designed and built for use by "healthy," "normal" or "whole" people.

MSU had to make a choice. It could choose the medical model and be prepared to provide on a continuing basis with ever rising costs, all manner of special, supportive, and personal aid services, and separate facilities or additions to existing facilities. Or it could choose the civil model and be prepared to encounter a brief period of adjustment as changes in policies, programs and curricula are implemented to accommodate Handicappers in the mainstream. Necessary environmental design changes are made in the built environment which





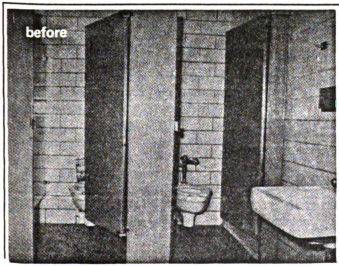
On the left the old and on the right the "new" entrance to the MSU Kellogg Center. Access and esthetics mix in a pleasing way.

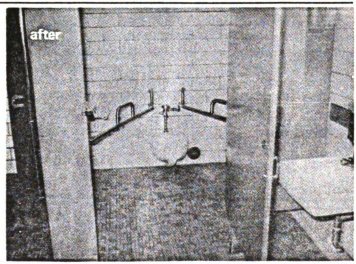
liberate both the individual who is or may become a Handicapper and the University from the yoke of programmed dependence. The choice was clear. The civil model, with its concept of environmental design was the winner. Over the last four years this choice, as a rule, has allowed MSU to enhance more of its built environment for Handicappers to a higher level of quality and at less cost than would ever have been possible under the medical barrier free design model.

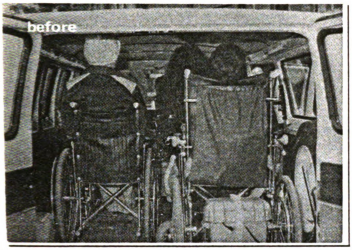
Unlike barrier free design, environmental design is based on, and adheres to, the following principles and criteria:

1) Does the design provide for maximum independent and efficient use, equally, by as many people as possible regardless of their physical characteristics?
2) Does it provide greater safety for the entire population?
3) Will subsequent operational and maintenance costs be reduced?
4) Is the design appropriate for the age and type of facility?
5) Is the design appropriate for the climate involved?

A good example of the simple and economical improvement of toileting facilities. Two stalls are made into one "super-stall" and equipped with handrails.







Transportation has come a long way – note the headroom.

6) Is the aesthetic appeal equal to, or greater than, that presently in existence or of conventional design?

As an example of how these principles and criteria have been able to provide more and higher quality changes than barrier free design at reduced expenditures, consider the MSU approach to building.

Civil Model Considers Total Environment

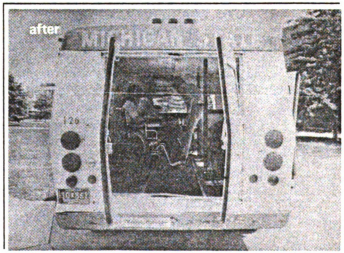
The barrier free design standards call for ramps at entrances which are not currently accessible. The cost of four such ramps, with requisite handrails, was low-bid for $3,600 at four typical sites on the MSU campus. By using environmental design to relandscape the entire approach at each of these short rise entrances to make them grade level without steps or ramps, the actual reconstruction costs were reduced a whopping 62 percent. The actual price tag was only $1,354! This represented a savings of $2,246 on these four sites alone, and MSU has redesigned numerous entrances in the same manner.

In addition to the savings in reconstruction, the university has also reaped the benefits of an annual savings of over $1,000 in snow removal on these four entrances alone. The separate barrier free design ramps would have required hand shoveling; the new environmentally designed full-width, grade-level approaches allow for snow removal by modern automated equipment. These monetary savings are over and above the attitudinal enhancements that such designs create in the mind of the public. By mainstreaming Handicappers through architectural design, the stigma of "special" facilities is replaced with that of full social acceptance.

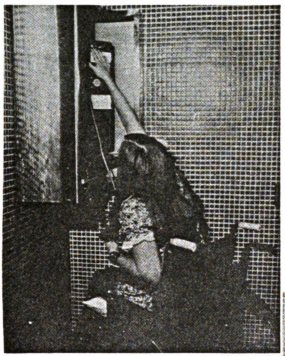
There are other examples of the extent and quality of environmental design changes at MSU. Signs on doors, intended to welcome people inside, have been changed from "walk in" to "come in;" round door knobs have been replaced with lever handles; difficult to operate dual knobs on lavatories and sinks have been replaced with easily manipulated single lever water mixers; curbs, sidewalks, and curb cuts have been ripped out by the dozen to accommodate new path ramps; reading rooms for the blind, once sparten indeed, have been remodeled and re-equipped with the latest developments in information transcription.

In fact, it seems almost everywhere at MSU there is the unavoidable evidence of change – physical, attitudinal and social.

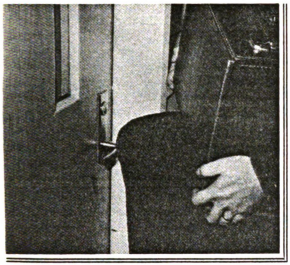
The new series of smaller, or pocket buses, represent vast improvements in the quality of special transportation.



Eric Gentile is assistant director of Programs for Handicappers at Michigan State University. Programs for Handicappers originated in 1973 under the direction of Judy K. Taylor, who is now director of the program.



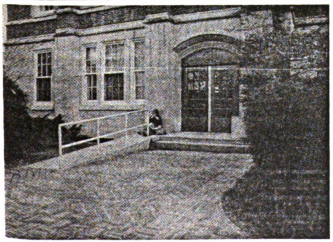
Not everybody can use a 60" or even a 54" high coin slot, but no one has difficulties with the use of a 48" slot. The dial, however, rather than a touchtone, could be a problem for some.



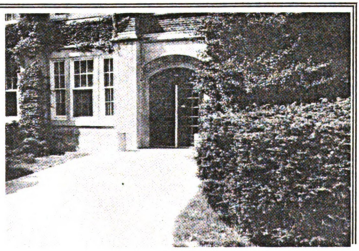
This is a fine application of a design for use by all sorts of people under all sets of circumstances. Try doing this with a round doorknob!

In conclusion, this MSU experience provides solid evidence that the challenge of compliance with the Section 504 Regulations need not be a burden. The methods and concepts for that compliance are here. The actual implementation process can be effectively and economically facilitated when based on the civil model. Any other method of compliance is sure to be heavily laden with special rescheduling of classes or relocation, separate and frequently unnecessarily individualized services, etc. Such efforts, so complex and difficult to coordinate and maintain, should be utilized only as last resorts or as temporary stop-gap methods while other, more permanent solutions are being "geared up."

Cost of segregationist ramp and handrail over $1,000.



An example of architecture projecting societal values. The brick and mortar difference between the "mini-mentality" of barrier free design versus the mainstreaming of environmental design. Cost of new grade level approach — $400.



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