

PHYSICAL HANDICAP AND SOCIAL
PARTICIPATION

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Edwin A. Christ
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By

Edwin A. Christ

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CHAPTER ONE

INTRODUCTION

The Problem of the Social Participation of the Handicapped

There have been whole libraries written on social problems. Shelves of books have been produced about the problems and treatment of the physically handicapped of all types--the blind, deaf, crippled, mentally subnormal, speech defectives, undervitalized, cardiac, tubercular as well as the socially handicapped, the last classification comparatively modern and provocative of interest and study.

The confining quality of physical limitations is conducive to social maladjustment which may assume the proportions of the pathological, but which at least is a problem to the individual and to society. An orthopedic cripple moves within boundaries of his physical limitations. On the basis of these limitations alone, the cripple may not deviate significantly from the norm of participation of the nonhandicapped. But he is still restrained in his activity by subjective attitudes which have their particular basis and origin partly in the fact of his handicap; but even more in the restrictions placed upon him by society. His participational hierarchy is an empire of vague and sprawling proportions which he nominally rules from the confines of societal exile, primarily because he is interpreted on the basis of his greatest liability and not his total assets.

This paradoxical balance sheet excites some curiosity and a possible explanation. The limits to which the

handicapped participate can be discussed quantitatively as well as qualitatively. The handicap alone is not responsible for the nature and degree of participation. Identical handicaps may produce a beggar or a Roosevelt. Subjective attitudes and the fact of the handicap together do not answer the problem of participation. The interacting tri-onym of factors of limitation--the physical, the subjective, and the societal--might more closely approximate the possibility of generalization.

Handicapped adults can be conveniently categorized, sub-grouped, and studied in terms of social participation, attitudes, problems, and in terms of the socius according to the purpose at hand. In terms of attitudes, for example, the handicapped may be conveniently considered by an arbitrary yet natural division of the attitudes of the "born cripples" as opposed to the attitudes of the accidental cripples; or in terms of the degree and nature of physical limitation--by studying aspects of the participation of the deaf mute in comparison to the spastic or the kyphotic, or the poliomyelitic. In terms of problems, the handicapped may be considered and classified in terms of educational attainment, group membership, number and kind of social activities, and the like; or more definitely in terms of specific obstacles to participation--marriage, financial status, and similar indices which may conveniently serve to measure the scope of the participational pattern of the individual as well as of the group. In terms of the socius,

certain correlations might be found which indicate causal relationship: In such instances, some positive and significant correlation might be found between marriage and degree of physical disability; education and physical disability; attitudinal pattern and disability, and the like.

To what extent these factors are important, and to what degree they can be found to have a limiting influence on the social participation of the handicapped, can be studied objectively and dispassionately. By considering the inter-relationship between covert attitudes together with the physical handicap and the social implications and restrictions, the extent and nature of participation might become more apparent. From such a study there might be derived a closer and more searching insight into the social participation of the handicapped from the standpoint of sociology and of social work.

The social worker dealing with delinquent, dependent, and neglected children has often had foisted upon him the notion that physical handicap might be considered a priori a factor which contributes directly to, and is placed as in positive correlation with, delinquent behavior, dependency, and neglect. Many authors have shown that physical limitations very often indicate parallel social isolation or quantitatively low social participation;¹ with the conclusion drawn that such abnormal participation is an index of social

¹ Cf. Queen, Stuart Alfred, and Gruener, Jeanette Rowe, *SOCIAL PATHOLOGY*, 1940, pp. 3-25

pathology. It is certainly true that the physically handicapped in our society constitute a social problem. We cannot deny that at least qualitatively their participation is in some instances different than those without physical limitations. It would be useless to suppose that the kind of participation available to the physically handicapped is identical to that available to the physically normal. Rather, however, than say that a low index of participation in terms of an acceptable norm is an evidence of pathology or even disorganization, it would seem more conservative to say, simply, that such limited participation constitutes a social problem.

The adult handicapped individual may conceivably be considered to differ from the nonhandicapped individual in the kind of participation which he finds possible to him; but it is probably stretching a point to assume that the quantity of his participational activities is lower than that of the nonhandicapped.

Historically and traditionally certain societal influences at work have sifted down through the generations to modern times and our contemporary culture. These influences, with regard to society's attitudes toward the handicapped, have been the chief factors in determining the nature and extent of their social participation.

Historical Background of the Physically Handicapped in Society

Twenty centuries have passed since Aristotle, the Greek philosopher said, "Let it be a law that nothing deformed shall be permitted to live."² Among primitives, through the time of the Greeks and the era of Roman dominance, exposure and torture of the handicapped was an accepted although not a complete universal practice. Generally speaking, only in comparatively modern times has the social status of the cripple and his acceptance by society been such that he is no longer considered an outcast. In 1934 Franklin Delano Roosevelt stated, "I have felt very strongly that one of the outstanding accomplishments of this century has been the new understanding of the rehabilitation of crippled children."³

Yet, even in ancient times there were flashes of an almost modern viewpoint: The Hebraic law, as expounded in the Old Testament, asks aid for helpless classes but reflects something of the feeling of the times in excluding such classes from sacred places. We have here, therefore, some evidence of societal limitation of the extent of social participation to which the handicapped could aspire! The principles of vocational guidance and workmen's compensation acts are revealed as of ancient origin with the Code of Hammurabi setting up a schedule of payment for injuries.

² Burgum, Leland S., FROM OBSCURITY TO SECURITY, 1923, p. 10
³ ibid., p. 19

The Egyptians practiced vocational guidance in training the blind to be professional mourners, still another early indication of societal limitation. In the Middle Ages, cripples were not encouraged to live, but when they did, it befell them to amuse the members of court of the petty kings and rulers. Fiction has made dramatic the lives of the handicapped in Rostand's Cyrano de Bergerac, exemplifying the pathetic plight of the facially deformed--while Hugo's The Hunchback of Notre Dame, shows rare insight into the entire hierarchy of participation of the deformed, the societal obstacles, the subjective viewpoint, and the physical limitations.

Through all the ages, there were exceptions to the general rule that the deformed merited only social ostracism and public ridicule. Thus blind Homer was honored as a poet in Greece, and Moses and Aesop, both suffering speech defects, were leaders.

But it took the French Revolution, with its new appreciation of the essential dignity of all men, to bring society to recognition of its responsibilities to the handicapped."⁴

Tracing the crippled legions back to their savage ancestors, the crippled or deformed child naturally did not live long; the elements and the living conditions were too harsh to permit it, so that by a process of natural selection and survival of the fittest, the weak were eliminated. "The

⁴ Frampton, Merle E., and Rockwell, Hugh Grant, EDUCATION OF THE HANDICAPPED, 1941, Vol. I, p. 89

savage child, whether crippled or not, must struggle for existence. If he could not, he perished."⁵

The civilization of the Greeks, with their physical and spiritual goals modeled around perfection, eliminated the crippled scientifically and without sentiment. "To the Greeks deformity presented not a religious or moral, but a rational problem."⁶ But even in the days of darkness for the crippled, a few brilliant figures were prominent in the care of the crippled. Hippocrates, in the 4th century B. C. laid the basis for the developement of modern orthopedic surgery. "For his operations, he had devised a special table (the Scamnum Hippocrates) and his descriptions of the operating room with regard to lighting, the placing of the patient, the position of the assistants, and the care of the operators hands reads wonderfully modern."⁷ His hospital instituted clinical observation, hygienic treatment, and the use of the healing power of nature.

After the fall of Rome in the fifth century, the Dark Ages began. Information about the condition of the crippled child is scant, but it is doubtful if many weak children survived. If they did survive to adulthood, they could demand a high price if their deformities were grotesque enough to attract the attention of a king or baron in

5 Watson, Frederick, CIVILIZATION AND THE CRIPPLE, 1931 p. 1

6 Abt, Henry, CARE, CURE, AND EDUCATION OF THE CRIPPLED CHILD, 1929, p. 8

7 Jones, Arthur Rocyn, "Historical Review of Orthopedic Surgery," Cripples Journal, 10:322, 1935

need of a court jester. Today, the handicapped who find it possible to solve their financial needs in no other way may still be found capitalizing on the fact of their deformities as beggars, while the more grossly deviational may find the livelihood of the carnival not too meagre a source of revenue! Thus we have the negro microcephalic in a carnival advertised as, "a Congo pigmy whose head was bound from infancy according to tribal custom."

We find in old documents evidence that children were deliberately maimed in the Middle Ages so that they could eventually fill the part of "poor unfortunate beggars or court jesters."⁸ We still have occasional rumors that such practices occur. The Great Barnum was several times accused of maiming the already deformed "freaks" in his side-shows in order to present an even more grotesque body to the paying public.

In terms of the societal limitations which shaped the participational pattern of cripples, Watson states,

"Centuries of isolation and contempt naturally entrenched in the conscience of the common people the creed that a cripple was a disgrace to his parents and himself."⁹

During the Reformation it was usually the crippled who were accused of witchcraft. He was "a man cursed by God, hence he must be an Evil doer."¹⁰

⁸ Hare, Helen, "A Study of Handicapped Children," Indiana University Studies, 1932, p. 67

⁹ op. cit., p. 59

¹⁰ ibid.

In the period of the French Revolution and the rise of modern industrialism, humanitarianism awoke with the writings of Voltaire, Rousseau, Blake, and Goldsmith, but with this rise in humanitarianism came the extensive use of child labor.

"The use of child labor in home industries led to the distortion of children's spines, premature blindness and chronic ill-health. In the 18th century, orthopedic study was still in the experimental state--a combination of the bone setter and the magician's craft."¹¹

The Industrial Revolution brought many social abuses with it.

"Children used in the mines and factories often worked fourteen hours or more a day and either died at an early age or became crippled in health and limb. These conditions of child exploitation were especially pronounced in England and Scotland but prevalent throughout Western Europe"¹²

Humanists like Dickens, Lord Shaftesbury and John Stuart Mill attacked the situation and gradually the industrial condition of English children improved with the passage of the First Factory Act of 1802, publication of Peel's Report on Factory Children in 1816, and the establishment of the Royal National Orthopedic Hospital in 1838. The Royal Bavarian School and Home for Crippled Children was founded in 1832 by Johan Nepimack. From those early beginnings the

¹¹ Watson, op. cit., p. 5

¹² Heaton, William, ECONOMIC HISTORY OF EUROPE, 1938, p. 272ff.

movement spread to France, where the first hospital for crippled children opened in Paris in 1853, and from thence to New York's Hospital for the Ruptured and Crippled, opened in 1863. The Home of the Merciful Savior, established in 1884 was the first American home for the exclusive care of crippled children. It is apparent that medical interest in the crippled was not aroused seriously until the eighteenth century, and the development of treatment to prevent much of the crippling following infantile paralysis--the cause of one-third of our crippling today--is largely a development of the last decade ("the causes of crippling according to various surveys are three diseases--infantile paralysis, bone tuberculosis and rachitis, together with congenital deformities account for seventy-four percent of the crippled children."¹³)

The aim of the White House Conference Committee was three-fold:

- "1. To give to every child the best physical condition it is possible for him to attain.
2. To give him the best education it is possible for him to assimilate.
3. To help him to find his place in the world's work."¹⁴

Hospitals and institutions for the crippled child developed greatly after the beginning of the twentieth century, and by 1914 fifty-two institutions and hospitals in the United States

¹³ "White House Conference on Child Health and Protection," THE HANDICAPPED CHILD, Vol. IV-B, The Crippled, p. 136; See also, Ober, Frank R., "The Crippled Child" Hygeia, 15:796-97, May, 1937; Phelps, Winthrop M., "What Can Be Done for the Birth Injured," Hygeia, 11:398, May, 1933

¹⁴ White House Conference, op. cit., p. 139

were giving special attention to nearly 3,000 crippled children. In 1924, the institutions for crippled children numbered 242, and cared for nearly 9,000 patients, and by 1930 there were 325 institutions caring for over 11,000 children. Such a prenomenal rise is due to state activity and to the work of civic, service, and fraternal agencies.¹⁵

The clinic or dispensary is an important crippled children's agency. The Public Health Nurse, the social service worker, the Rotarian, The Elks, and the like report the children to the agency, and the child is referred to the hospital, convalescent home, or sanitorium for treatment.

A great amount of convalescent and after care can be provided in the crippled childrens' schools. In larger communities trained physiotherapists give treatment which consists of muscle training, massage, corrective exercises, gymnasium work, directed rest and recreation, ultra violet treatment, surgical dressings, coordination of classroom and shop activity, supervision of feeding, rest and general health.

¹⁵ See, for example, "White House Conference," op. cit., p. 141; SOCIAL WORK YEARBOOK, 1939, p. 103ff; "Health and Happiness for Crippled Children," Literary Digest, Dec. 29, 1934, p. 21; Abt, op. cit., p. 18; SOCIAL WORK YEARBOOK, 1937, p. 114; "Social Security Act," Title V., Part 2.

Previous Studies of the Crippled

Most of the few studies which have been made of the crippled were written in recent years--indeed, very few are as old as the present century, and these are usually physiological in nature.¹⁶ Studies made in the last decade which have been published have been largely psychological, emphasizing testing neuroses of the handicapped, personality, intelligence, and the like,¹⁷ while most contemporary studies emphasize the importance of securing a greater knowledge of the institutionalized handicapped of various types, for the purpose of expediting and increasing the efficiency and scope of social welfare planning and administrative organization.¹⁸ The greatest quantity of these studies made in late years have been fostered by state and national offices, and their chief interest has been in surveying the incidence of the different kinds of handicaps and the available re-

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- 16 Cf. Brockway, A., "The Problem of the Spastic Child," J. Except. Child., IV;3 (Dec., 1937), 64-69; Gordon, R. G., and Roberts, J. A. F., "Does Poliomyelitis Affect Intellectual Capacity?" Brit. Med. J., II (1939), 803-5; Lord, E. E., Children Handicapped by Cerebral Palsy, (Commonwealth Fund, N. Y., 1937)
- 17 Cf. Bradway, K. P., "Social Competence of Exceptional Children," J. Except. Child., IV;3 (Dec. 1937), 64-69; Kammerer, R. C., "An Exploratory Psychological Study of Crippled Children," Psychol. Rec., IV (1940), 47-100; McGrew, J. W., "Emotional Adjustments of the Hospitalized Child," The Crippled Child, XVIII (1940), 7-9; Rosenbaum, B. B., "Neurotic Tendencies in Crippled Girls," J. Abn. and Soc. Psych., XXXI (1937), 423-9; Witty, P. A., and Smith, M. B., "The Mental Status of 1480 Crippled Children," Educ. Trends, I (1932), 22-24
- 18 Cf. California, State of, Census and Industrial Survey of the Physically Handicapped in California, Dept. of Ed. Bull. No. 9 (1935); Michigan Crippled Children Commission, 1932-1934, Report, (Lansing, Mich., 1934); New Jersey State Crippled Children's Comm., Report, (Trenton, N. J. 1932)

sources for purposes of treatment and rehabilitation.

Although some of these previous studies have been forthcoming with suggestions pertinent to the present study, none have attempted a similar treatment, nor have any of them used a similar frame of reference, sociologically or otherwise. Some recent theses of a sociological nature have been written, but none have proceeded parallel to the present treatment.¹⁹ Some sociological texts include references to the handicapped of all kinds, particularly those dealing with pathology, personality disorganization, social work (historical, case records, and the like); but none have a compatible viewpoint or proceed from a similar framework.²⁰ These will be recognized in the study wherever reference is indicated.

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- 19 Cf. Berry, Edna L., Convalescent Care of Crippled Children Hospitalized in the Los Angeles Area, University of Southern California, Masters', 1941; Buck, Muriel Sproat, Speech Therapy for Children with Congenital Cerebral Palsy, University of Washington, Masters', 1938; Cotton, Carol B., Study of Reactions of Spastic Children to Certain Test Situations, University of Chicago, Doctors', 1939; Hickox, Louisa S., An Appraisal of Educational Provisions in Berkeley, Oakland, and San Francisco, California, on the Basis of Findings and Recommendations of the White House Conference, University of California, Masters', 1934; Parkill, Adelaide, An Investigation of the Possibilities of Developing an Educational Summer Camp for Physically Handicapped Children, University of Southern California, Masters', 1937; Sheridan, Jennie A., Principles Governing the Education of Crippled Children, University of Chicago, Masters', 1940; Wallace, Dora J., Educational Opportunities for Crippled Children in England, France, Germany, and the United States, University of Cincinnati, Masters', 1933
- 20 Cf. Queen and Gruener, op. cit., Frampton and Rockwell, op. cit., Hare, op. cit., Pintner, Rudolf, Jon Eisenson, and Mildred Stanton, THE PSYCHOLOGY OF THE PHYSICALLY HANDICAPPED, 1941, especially pp. 362-381

CHAPTER TWO

PURPOSE AND METHODS

Objectives of the Study

The author had four general purposes in mind in making this study. (1) To classify the handicapped in terms of their social participation on the bases of natural groupings, (2) To discover what factors if any, influence or limit the social participation of the handicapped, (3) To discover in what manner the overt attitudes of the handicapped differ from the "average attitude" of the nonhandicapped, and to attempt to find correlations between these attitudes and the fact of physical handicap as well as the degree of participation, (4) Generally, to ascertain whether or not handicapped adults participate more or less in social groups than persons without handicaps, and, to what extent the handicapped make use of their participational opportunities.

Specifically, in this regard, it was the author's purpose to ascertain to what extent crippled adults participate occupationally; to what extent occupational status and occupational adjustment contribute to the financial problem; and in what ways do the physical, the societal, and the subjective limitations influence and condition such participation.

It is assumed that the handicapped can be grouped conveniently and naturally on the basis of sex, age, and

most important to this study on the basis of physical limitations. Also, the handicapped individuals crippled at birth can be distinguished from those handicapped by accident or disease at some time after birth.

It is hypothesized further that the handicapped are restricted in their social participation on the basis of physical limitation, societal limitation, and subjective attitudes. It was the purpose of this study to determine from a norm of participation to what extent the handicapped deviate in their participational patterns, and to determine qualitatively how the handicapped differ in their participational pattern and attitudes from that norm.

It can be said that the handicapped as a group have certain common problems which they can and do recognize and rank in their importance to the individual as well as the group. It was the writer's purpose to discover, if possible, the underlying causes of these problems as well as the nature and extent to which they exist.

By comparing the handicapped with a control group of approximately the same size, it was hoped to discover what attitudes the handicapped express on specific questions, dealing chiefly with occupational adjustment and participation; and how these attitudes differed, if they could be said to do so, from the attitudes of the nonhandicapped control; and to determine also what parallelisms could be found between certain given attitudes covertly expressed and other factors influencing participation.

Finally, it was the purpose to discover whether the handicapped participate more or less in social groups of all kinds than the nonhandicapped, quantitatively and qualitatively by discovering their membership activities in social groups, the nature and extent of their avocational activities, participation in games and the like, and to discover to what extent the handicapped realize or fail to realize their participational objectives, and to what extent they recognize or fail to recognize their participational opportunities.

Methods of Securing Data

In the summers of 1939 and 1940 the author personally interviewed 112 males and 1 female who were handicapped, with whom he was acquainted. A schedule was used to obtain uniform information (see Appendix I) which was completed after the interview. Only when absolutely necessary was the questioning of a direct, specific nature, and no information was requested which was already known to the author or which could be obtained from other sources.

The interviews, which were often mere informal meetings in nature, were so designed as not to acquaint the interviewee with the process. In addition to the information obtained from the informants for the schedule, the interviewer also rated each crippled individual in terms of emotional adjustment, noted particular mannerisms, habits, attitudes, and the like which might have some relevance to the common material gathered. Discussion was generally initiated during these interviews (which were often obtained from several individuals simultaneously) in order to discover what attitudes toward various problems these individuals admitted.

In the spring of 1942, eighty-nine handicapped adults volunteered to answer a questionnaire submitted to them by mail (see Appendix II). Of these, forty-one were males, and forty-eight were females. All except two were victims of orthopedic handicaps of one type or another. The average age of both sexes was approximately 31 years, and the volunteers resided in eighteen different states including an

almost equal division between rural and urban areas.

The questionnaire included specific requests for information as well as general opinions. A portion of the same questionnaire (see Appendix III) was submitted to ninety-five college students, of whom twenty-six were men, and sixty-nine women. All of these students were enrolled in college courses above the freshman level. The individual items included in the questionnaire were identical to those in the questionnaire submitted the handicapped group. The tabulated results were used as a norm of experience and opinion to which the handicapped group was compared.

In addition to the information obtained from the schedules and the questionnaires, a third method was used in securing data; namely the "own story" method. These "own stories" were neither verbatim nor were they life-histories, but merely reportorial accounts of incidents and experiences handicapped individuals recalled from their dramatic or traumatic impressions. Most of these "own story" accounts related to vocational experiences which the narrator had had. Supplementary information was obtained from teachers, neighbors, employers, and friends of the individual in question. Some information was obtained from school records and the like, but mainly each case study was a composite of several points of view, each with its nucleus existing in the "own story" methodology. This latter data is used in the study only as a source usually referred to as the observations of the author, in order best to present this type of material.

Analysis and Interpretation of Data

The chief purpose of the writer, in interviewing by schedule the 113 crippled individuals of the first sample discussed, was to obtain some necessary insight into the subjective attitudes which they expressed, and to discover those things in common which they seemed to have among them. Arbitrarily, the men in the sample were grouped on several bases; first on the basis of physical handicap by employment status, marital status, educational attainment, and the less easily measured adjustments; secondly on the basis of economic and "class" background; thirdly on the basis of attitudes and opinions most explicitly expressed; and fourthly on the basis of specific adjustment patterns--vocational, educational, occupational, and the like. The data, thus roughly classified, were examined to determine chiefly whether any notable patterns existed which might warrant further investigation and study.

In the by and large, certain patterns were evident which exhibited the presence of social problems mainly arising out of various aspects of social participation, both in degree and kind, which seemed to have some bearing on the individual's own subjective attitudes as well as the attitudes of society toward him, and toward the handicapped as a whole.

From many of the respondents in this initial sample the author was able to secure case-studies in the form of life-histories supplemented by school- and case-records, interviews with neighbors, teachers, friends, and the like

which to some extent supplied the raw data for the case analysis of a few individuals who were more or less typical, or at least indicative of trends and processes. These data, together with those uniformly secured from each of the 113 handicapped individuals, served as an orientational sample, and pointed the way for a more scientifically refined study of the problem in terms of social participation with its natural emphasis on the problems of more importance subjectively to the crippled adult.

The sample which included eighty-nine handicapped, and ninety-five nonhandicapped persons were surveyed in an attempt to isolate some of the participational problems, evidence of the existence of which accrued from the first study. The nonhandicapped control group was used merely, as stated, in order to establish some kind of norm of participation to which the study group could be compared. The data were tabulated and studied in comparing the two groups from the standpoint of averages and average differences, by simple statistics, to determine both the quality and quantity of participation. In addition, the data were analyzed from the standpoint of the extent to which subnormal degrees of social participation constituted a social problem, if such could be shown in that regard. By comparing nature and degree of handicap, per se, with various indices of participation, in the light of the hierarchy of participation previously mentioned, the data were interpreted with emphasis on the most apparent problems of the handicapped as they

themselves stated them to be.

The data were examined in terms of the hierarchical pattern of participation; assuming that the physical handicap sets the first rough limitation; that society in a more or less stereotyped fashion of response and reaction to the cripple further defines his participational realm; and that lastly the physical deviate himself through his own subjective attitudes which have accrued from physical and societal limitation, the latter of which is assumed to be the most restrictive, participates according to the extent of freedom or confinement allotted to him by the physical and societal barriers.

Major Hypotheses and Assumptions

It has already been suggested that social participation is restricted by three elements, namely, the physical, societal, and subjective. The handicapped by virtue of their physical obstacles to participation, may be studied in terms of nature and kind of participation. It is also generally supposed that most handicapped adults recognize certain individual problems which can be considered individually as well as in terms of the group; and that these problems probably differ in kind and degree from those of the nonhandicapped. Since the fact of physical handicap exists, it is reasonable to suppose that it exerts an influence on the emotional stability, attitudes, and drives of the individual so restricted; and that such aspects of social adjustment differ in all probability in terms of the group from those of the nonhandicapped in the same terms.

If it can be shown that the handicapped because of lower indices of participation deviate significantly from the norm of participation which has been suggested, such a deviation hypothetically accrues from the hierarchy of restrictions noted and generally speaking may be said to constitute a social problem.

The main hypothesis of this study is that if society's definition of the role of the handicapped could be altered significantly, the status of the handicapped in terms of his social participation would also alter as a result, because his attitudes toward himself and such status and role

depend on society's definition of his limitations. Hence it would follow as a corollary that the nature and extent of his participation in social life, particularly in occupational activities, would be different, since such participation has its limits ultimately in the social attitudes arising out of the fact of physical limitation or deviation, which only indirectly and incidently is a determinative factor in his participational hierarchy.

Bias of the Author

The author has been an orthopedic cripple since 1923. It is probably significant, in terms of the formative period of the author's life, that a total of more than three of the first twelve years were spent in hospitals and health farms as a patient; that four additional years in this period were spent confined at home. The author had but two years of formal elementary school education beginning at age twelve, in the years 1929 to 1931. These two years were spent attending a school exclusively designed for handicapped children up to and including the age eighteen. Until the author's entrance to high school in 1931, his differential associations had been limited to the family group and to the groups comprised entirely of handicapped children and young adults. In the period 1931 to the present, the author has not associated frequently with groups of handicapped individuals except in the years 1939 and 1940, when he made an effort to renew old contacts with his former school fellows for the purpose of obtaining the information already discussed.

As a result of his own experience, the author does not believe that there are any more or less permanent patterns of reaction assumed by the cripple with regard to his handicap. The author believes, on the contrary, that such attributes are very often assigned to the crippled individual on the basis of expected behavior rather than on the basis of any personality trait which may be designated as accruing from the fact of handicap. Briefly, the average handicapped individual exhibits

no more indication of personality disorganization than the average normal healthy individual. The handicapped individual cannot, therefore, in terms of patterns of reaction be designated as "rebellious," "overcompensating," "substituting," and the like. These labels are more often given to the cripple undeservedly than reasonably--primarily because the individual unaccustomed to dealing with a handicapped person believes that he must find some evidence in behavior which will indicate the manner in which the handicapped subject reacts to his disability.

Since it is primarily in terms of occupational participation that this study proceeded, this bias is stated so that a reasonable discount may be made for it in the appraisal of those findings which proceed from observed phenomena rather than from statistical data. It may also be possible that because of the author's handicap, he may feel that things found to be "unique" to the handicapped group cannot also be found to be true of the nonhandicapped. The author has, in such instances, attempted to point out such instances in the text, where such possibilities might occur.

CHAPTER THREE

THE HANDICAPPED AND HIS PROBLEMS

Classification of Physical Handicaps in General

The handicapped may be classified into eight convenient and mutually exclusive sub-groups, namely: (1) the deaf, (2) the hard of hearing, (3) the blind, (4) the partially sighted, (5) the crippled, (6) the defective in speech, (7) speech involvements of special types, and (8) other physically handicapped groups--which include the "internally handicapped," namely, the allergic, cardiac, diabetic, the encephalitic, the epileptic, the malnourished, and the tuberculous.

The fifth sub-group, the crippled, includes all the orthopedic handicapped as well as other special classes of crippling diseases. Chiefly among the kinds of crippling diseases, as distinguished from amputates, are (1) infantile paralysis, (2) bone tuberculosis, (3) spastic paralysis, (4) arthritis, (5) congenital deformities, (6) osteomyelitic, (7) curvature, and the like. In addition to these, certain ill-defined classes of handicaps exist, originating from accident, infection, and birth injury, including various types of os and muscular atrophy and deformities arising from nutritional, endocrine, and other systemic deviations and imbalances--embracing also the rachitic and the cephalic deviates. If we exclude the structural deformities which are multiples of other kinds of handicaps--those associated with

the mental, such as the microcephalic, hydrocephalic, and macrocephalic, we must also exclude certain other causes of crippling which are merely parts of a larger syndrome of abnormality--the Mongoloids being an example of such instances.

Just as the crippled evolve into certain definite as well as indefinite sub-groups, so do each of the major sub-groups enumerated above almost always merit particular classification. The os tuberculous themselves, for example, fall into three major groups--the victims of (1) femoral or tibial os tuberculosis, (2) the spinal tuberculous, and (3) the victims of tuberculosis of the arms. Still further categorizing might be done: In addition to the aforementioned sub-sub-divisions, tuberculosis might impair the pectoral and/or pelvic girdles, the rib-basket, and even the individual phalanges. Likewise, the spastics can be categorized in terms of degree of locomotor ability; degree or absence of speech involvement, and the like. An ad infinitum classification would ensue were we to attempt, further, to classify the victims of multiple handicaps, if only by pairs.

The result is, of course, that almost as widely different handicaps exist as there are handicapped people to be afflicted with them; so that were we to split hairs in our grouping of any given number of handicapped individuals, we would have to have as many groups as we have individuals--precluding the possibility of many kinds of correlations which we might attempt to make between nature of handicap and

the various aspects of behavior, attitudes, opinions, and, of course, participation.

Conveniently, of course, and without prejudice or lack of due care and consideration, the eight chief sub-groups previously enumerated serve the purpose of gross classification admirably, since perhaps three-fourths of the crippled qualify for position under one only of these sub-groups.

Classifications of the Physical Handicaps
of the Groups Studied

The handicapped individuals who submitted the completed questionnaire on a voluntary basis were first of all almost equally divided according to sex, there having been forty-one males and forty-eight females; from the sampling standpoint a distribution and number conducive to comparisons of sexes which could not be made in the schedule survey of the earlier handicapped sample of 112 males and but 1 female. The chief differences between the two groups, excluding the sex distribution, were the facts that in the first group studied,

1. No individual was confined to home, hospital, or institution, because of his disability.
2. All individuals had attained at least an eighth grade education, and most had additional formal education.
3. All were residents of the same metropolitan area and all were urbanites.
4. None were dependent on social service or public relief of any kind.
5. All were alumni of the same public school, with the resultant stratifications of having membership in a socio-economic group of average or better on the basis of the metropolitan universe.
6. All employed were full-time employees or self-employed.
7. None of the unemployed were dependent upon self for financial maintenance. Some were still attending school.

In terms of the nature and extent of handicap of this group of 112 males and 1 female of the first study, fur-

ther refining on (1) above, every individual had sufficient locomotor ability not to require compensatory devices more restricting than braces, crutches, artificial limbs, or other orthopedic devices; that is, none required the use of wheelchair, wheel-frame, or other more limiting locomotor device.

Enlarging on attainment of formal education (2), at least 40 percent, roughly, had completed twelfth grade, while some had partial college educations, and some were still attending. Since all were residents of the same urban area, no geographic comparisons could be made; since none were on relief, or dependent on service agencies, their attitudes and opinions on the group basis are not representative, and this fact is likewise true owing to socio-economic status. Further, this first group represented fewer types of cripples: A disproportionate number were victims of infantile paralysis and spastic paralysis; with consequent differences of participational opportunity on the physical basis alone.

The second sample, being more equably distributed according to sex, can be more reasonably expected to yield significant data capable of generalization, than can the first; since this second group was also characterized by the following:

1. A typical number were confined to home, hospital, or institution.
2. The average degree of education more nearly approached the expected attainment on the basis of norms of the population as a whole.
3. Not only were the members of

the second group more equably distributed in terms of rural and urban residence and environment, but a large number of states were represented.

4. Some few were, or had been, recipients of relief or public service.
5. No single socio-economic level predominated in this group, or was disproportionate; although the evidence is not conclusive, and could not be ascertained from the data.
6. A more or less "expected" number were unemployed or part-time employed; considered from the standpoint of nature and extent of handicap, which further evolved from items (1), (4), and (5) immediately above.
7. A usual or normal number were dependent entirely or partly on self for financial maintenance. Only one or two was attending school.¹

In this group, surveyed by questionnaire, in terms of the limitations imposed by handicap itself, several were in the so-called "shut-in" category; several others were confined to hospitals or institutions; a few were entirely bed-ridden, and some were dependent on the more restrictive orthopedic devices, including wheel-chairs, wheel-frames, and the like. This group had a lower average of formal education than the earlier group studied, and in terms of the geographic distribution of the sample most regions were represented and therefore the likelihood of greater significance of data in terms of the various social processes could be assumed, which is probably likewise a valid assumption in consideration of the wider base of socio-economic distribution, in general, including employment status, dependency, and the like.

¹ While no attempt was made statistically to prove the fact, the author feels that the sample was representative on the basis of his personal knowledge of the handicapped.

In this group, the term "cripple" includes a wider range of kinds of handicaps. Whereas the first group studied was disproportionately distributed among a few kinds of handicaps, the second group included all of the sub-groups of crippling handicaps--infantile paralysis, bone tuberculosis, spastic paralysis, arthritis, congenital deformities, osteomyelitis, curvature, and in some instances multiples, as well as examples of those handicaps which have been discussed as "ill defined" types.

Some Aspects of the Relationships between Physical
and Societal Obstacles to Vocational Participation

Data obtained from the questionnaire study of 1942 reveal some very pertinent and significant information concerning the relationship between the nature and extent of physical handicap and employment status; as well as the relationship between vocational training, if any, vocational ambition, if any, and actual employment status.

Of those who were employed, and who had some special vocational training or experience, there seemed to be no correlation between such training or experience, job currently held, and vocational ambition. To show the diversity between the actual employment, ambition, and training, the table on page 40 will illustrate the point.

The average employee in this group had completed 11.2 school years; whereas on the basis of the entire male handicapped group, the average formal education was completion of 9.5 school years. The average age of this employed handicapped group was 30.1 years; the average age of entire male handicapped group reporting was 31.2 years.

It is apropos to point out that among the physically normal, we may expect to find a closer relationship between occupational training and/or skill and occupational status. Although the sample shows that only five of the twenty crippled adults were employed in a capacity resembling their training or skills, representing 25 percent; approximately 50 percent or more of the nonhandicapped at large

TABLE I

Relation Between Vocational Training or Experience,
Actual Employment Status, and Vocational Ambition, by
Present Age and Schooling

(20 males, questionnaire study)

AGE GRADE TRAINING			STATUS	AMBITION
32	11	Chemistry	Sales Work (PT)*	Librarian
41	9	Bookkeeping	Petroleum Agent	Pet. Agent
34	17	Law	Lawyer (PT)	Writer
26	12	Sales Work	Sales Work (PT)	Industrial
29	7	Farmer	Salesman (PT)	Writer
26	6	Mathematics	Advt. writer (PT)	Writer
26	8	Farmer	Clerk (PT)	Sales Manager
27	12	Teacher	Tutor (PT)	Writer
33	11	Sales Manager	Editor (PT)	Politician
25	14	Industrial Arts	Photographer (PT)	Inventor
29	12	Draughtsman	Mailing Clerk (PT)	Draughtsman
30	8	Journalist	Mailing Clerk (PT)	Poet
32	16	Divinity	Lutheran Minister	Minister
22	11	Musician	Photo-retoucher (PT)	Band Leader
27	9	Industrial Arts	Tavern Keeper	Salesman
28	17	Literature	Newsboy (PT)	Librarian
24	11	Draughtsman	Shipping Clerk (PT)	Architect
33	6	Bookkeeping	Insurance sales (PT)	Sales Manager
44	5	Shoemaker	Shoemaker (PT)	Artist
29	12	Tinsmith	Draughtsman (PT)	Photographer

*(PT) indicates part-time employment

will be found to be employed in positions resembling their training or skills, on the basis of existing information.

A popular vocational ambition among the employed handicapped males was that of writing, authorship, "writing of technical books," as one individual reporting chose. Also interesting is the fact that many ambitions were in the professional class of employment while few had the vocational training or experience anywhere near the possible realization of their ambitions.

Parenthetically, and at length, in substantiation of the above findings, the author in his observations of 112 handicapped males in the first study discovered that few of those who were employed were "satisfied" with their positions, and that most of them had no training for the positions in which they were employed. The average age of this group was 24.6 years, however, all had completed the eighth school year, and 46, or 41.0 percent had completed high school and had graduated. Eleven had entered college, constituting 10.1 percent, but only one had completed four years of college at the time the study was made, with eight still attending as of August, 1940.

The following data resulted from this 1940 study: The author obtained material for 76 partial case-histories; and in all of the 113 cases tabulated data on a schedule (see Appendix I) as a matter of routine investigation. In 113 cases, certain data was obtained which have been combined in tabular form (see Figures 1, 2, 3, 4, 5, and 6) and a control group utilized to compare the findings with the study

group.

In the matter of family incomes of the 226 families, it was found that the study group exhibited a bimodal distribution. If error due to sampling can be dispensed with for the mement, the evidence is interesting, and should be capable of explanation. In a statistical comparison, from Figures 1 to 6, the following data may be refined:

	FAMILY INCOME	
	<u>Handicapped Group</u>	<u>Control Group</u>
Mean	\$1,772.00	\$1,610.00
Median	2,125.00	1,675.00
Mode	1,400.00 and \$3,000.00	1,400.00

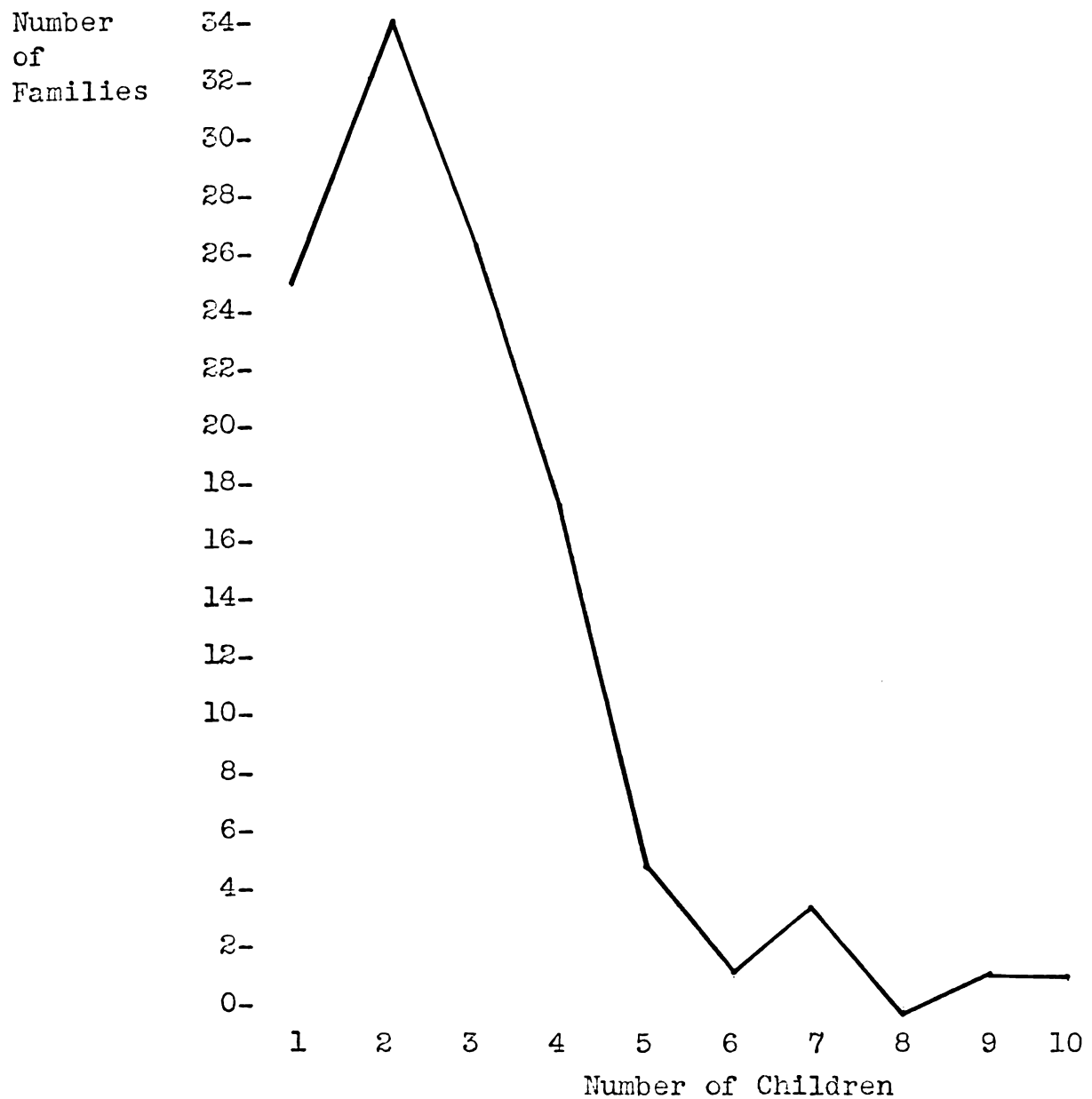
The explanation for the wide differences is more than a matter of conjecture as previously outlined, although some allowances should be made for sampling and other statistical errors.

The families in the control group represented a similar residential source, and numbered among its members children of elementary and junior high-school age, and in general had many other similarities to the study group except that no family in the control group numbered among its members any child having an orthopedic defect.

Among the possible reasons why the study group was found to have an average family income greater than that of the control group may be advanced the following:

1. The elimination from enrollment in the school of those children coming from families of lower income levels because of the fact that other social agencies were

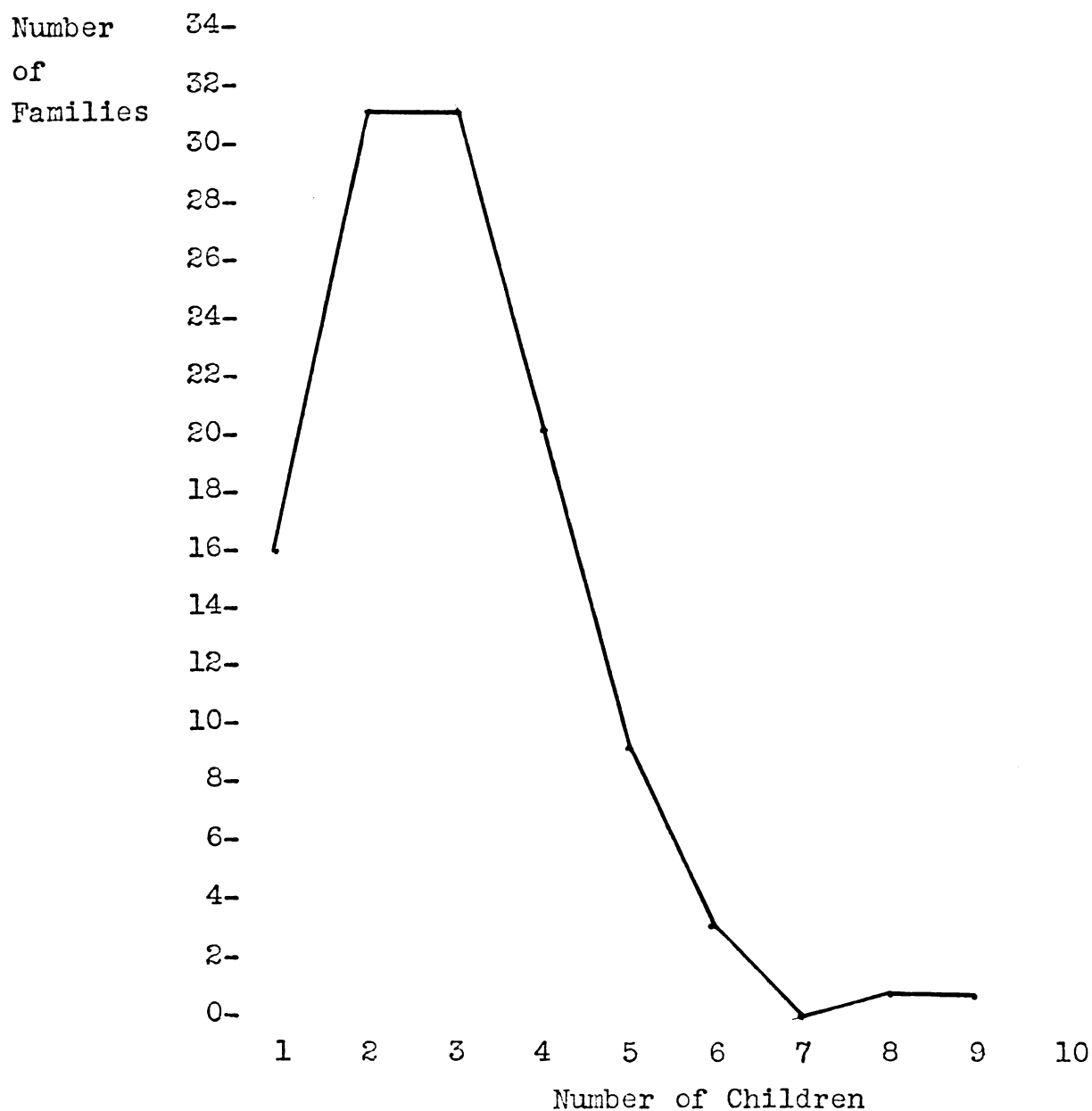
FIGURE 1



Distribution of total number of children in families of 113 orthopedic handicapped school-age children. Experimental group.

Mean number of children = 2.75

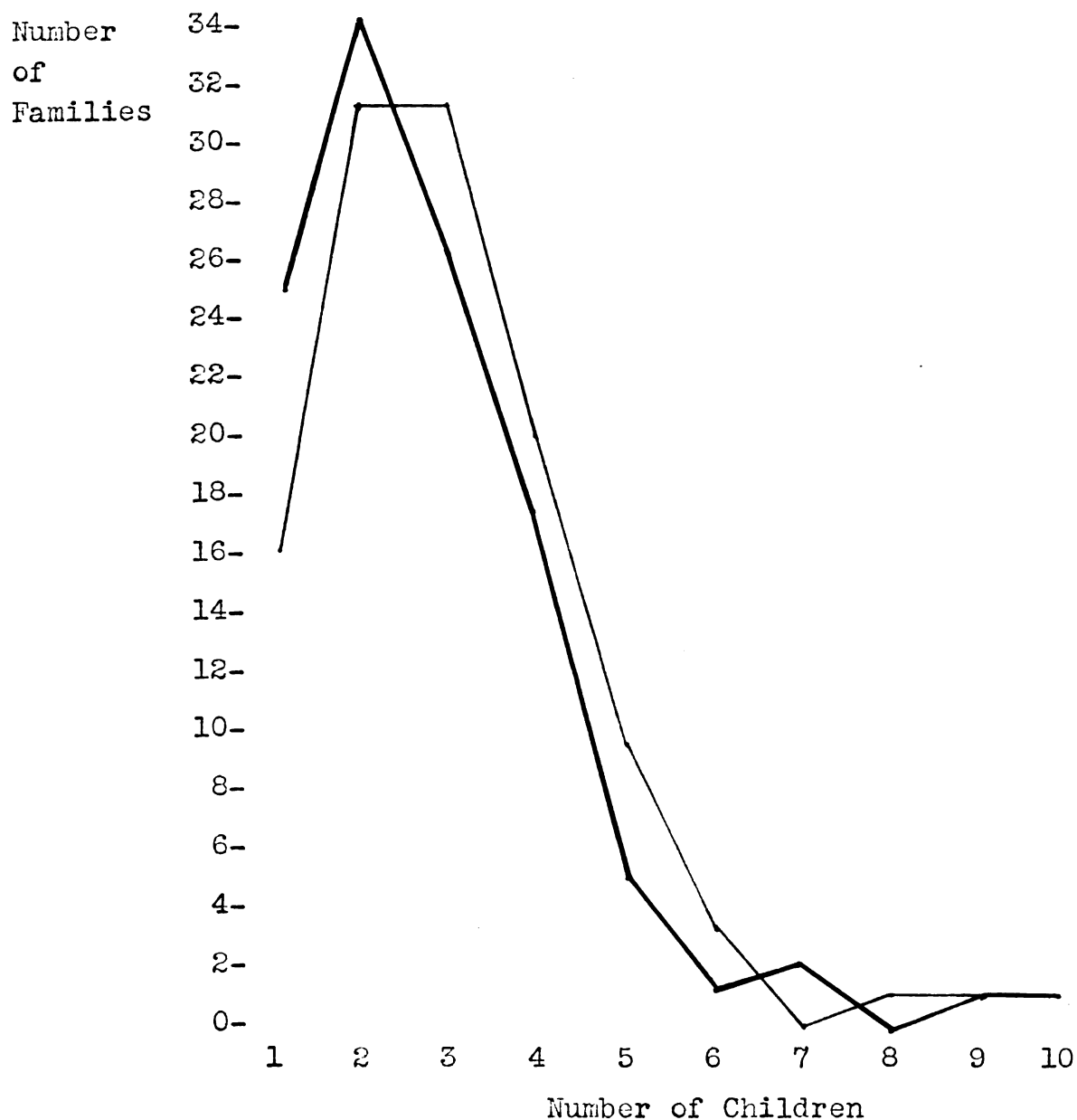
FIGURE 2



Distribution of total number of children in families of 113 children of school-age who were not themselves handicapped, nor had handicapped siblings. Control group.

Mean number of children = 2.93

FIGURE 3

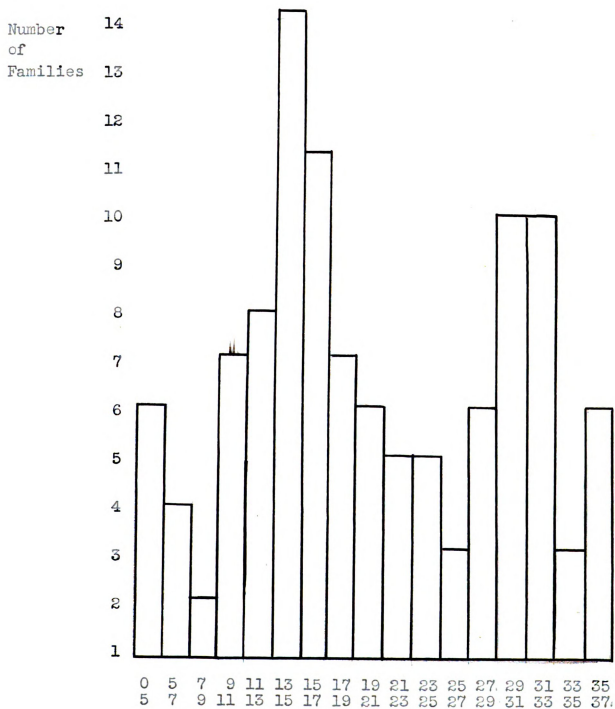


The experimental and control groups plotted together to show distribution and differences in the two scatters (see Figures 1 and 2)

Legend:

- Experimental group
- Congrol group

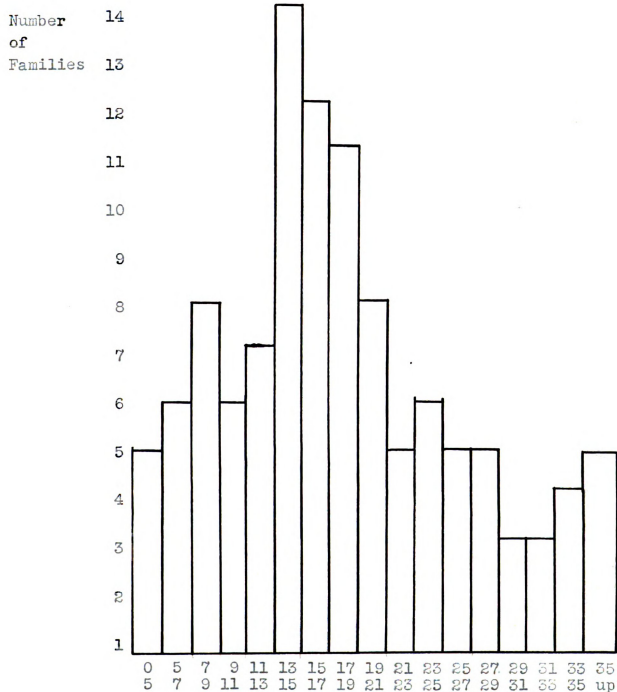
FIGURE 4



for 113 non-relief families of handicapped children, based on income-tax reports, 1959.

*Each interval actually based as for example, \$500 to \$699.

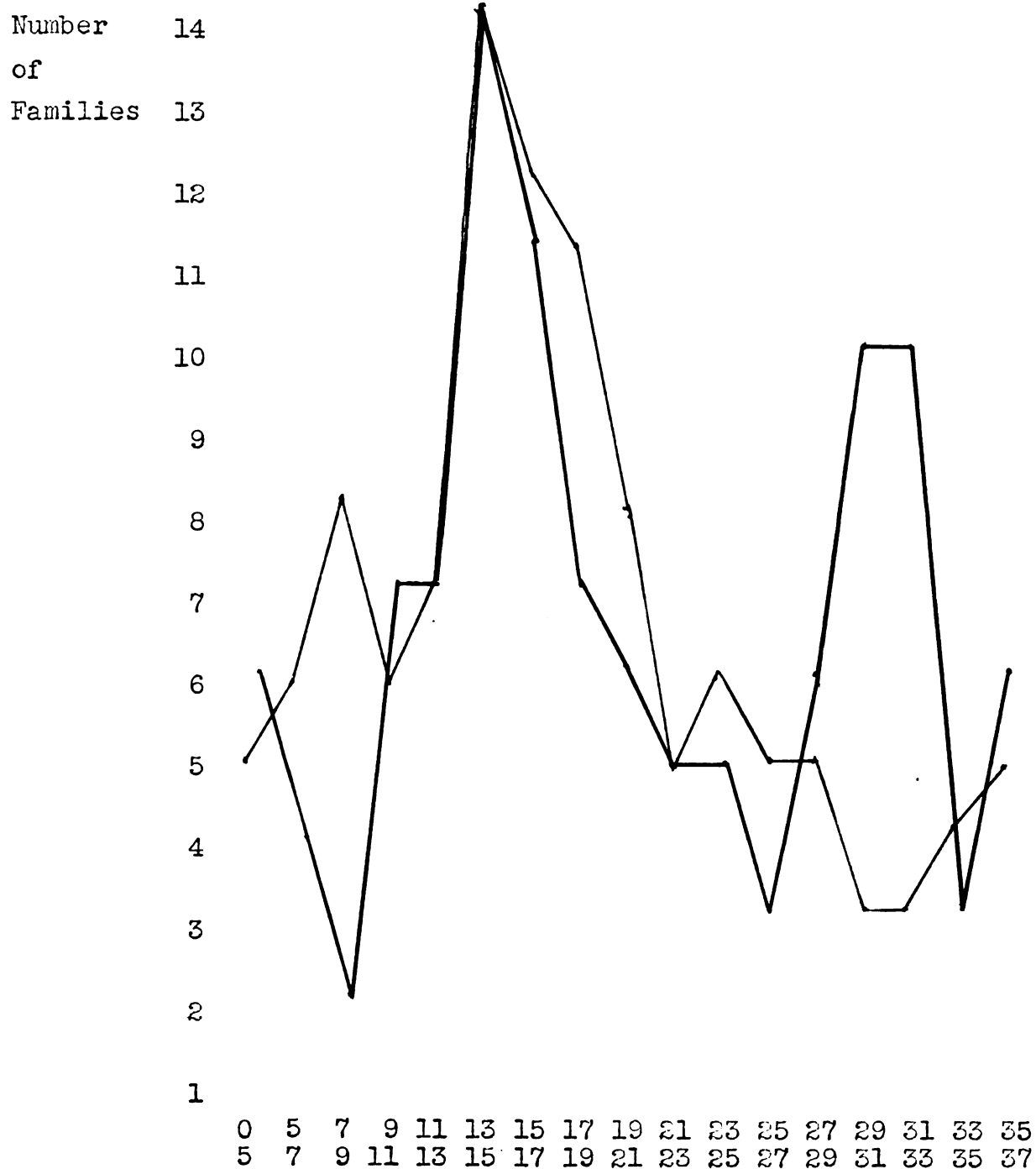
FIGURE 5



for 113 non-relief control families with no member handicapped, based on income-tax reports, 1939 (see Figure 4)

*Each interval actually based as for example, \$500 to \$699.

FIGURE 6



Family income in 100's of dollars*

Comparative frequency curves showing the difference between the experimental and control groups with reference to family income (see Figures 4 and 5).

*Each interval actually based as for example, \$500 to \$699.

caring for and administering educational facilities, notably the visiting nurses and visiting teachers.

2. The elimination from enrollment in the school for the handicapped of those children from families in the lower income group, who were attending no school by reason of their handicap and for other reasons.

The bimodality of the distribution in Figure 4 showing a large number of families in the upper income group not only contributes materially to substantiate (2) above, but itself is due to the fact that the school for the handicapped facilities better than private schools to which the handicapped children from families in the higher income group might otherwise be sent.

The lack of children enrolled in the school representing families in the \$1900.00 to \$2699.00 income bracket is really not an indication of representativeness, but a characteristic of the distribution. When the frequency curves are plotted together (Figure 6), it will be noted that with the exception of the \$1400.00 mode common to both groups, the curves most nearly coincide in the \$1900.00 to \$2699.00 range.

The Family Milieu as a Contributory Factor
in the Problems of the Handicapped

In Figures 1, 2, and 3, the author has depicted the number of children in the 113 families of both groups according to the individual family, and in the latter figure has graphed the distribution of both. Except that the family of the nonhandicapped child (siblings only) included himself, and is .18 units larger; and there are fewer "only child" families, no very great differences exist, and the author hesitates to draw any conclusions from the data because of the small number in the sample, and because of the lack of large or significant differences. However, it does seem possible, that because an appreciable number of orthopedic cripples are so congenitally, it follows that the number of "only child" situations exist, where parents have centered their interest in the crippled offspring and called a halt to the growth of the family, or have as an alternative possibly found their congenitally crippled child "too expensive" to permit enlarging the family; both of which surmises the author from his interviews with parents of "only child" cripples has found repeatedly hinted at, if not openly discussed.

The above should be considered only as suggestive. Note, however, that a tabulation of the causes of handicap in 208 children enrolled in the school in 1939 shows an appreciable number of congenital cripples, and furthermore, of the 25 cases of "only children," 15 were congenitals; a much larger percentage than one would possibly find on a chance ratio.

TABLE II

Distribution of Handicaps by Nature of Origin
(208 School-age Children)

NATURE OF HANDICAP	NUMBER OF CASES	PERCENT
<u>Fully or Partly Congenital</u>		
Spastic Paralysis	57	28.3
Lordosis	5	2.7
Talipes equinus varus*	3	1.4
Cleft Palate	1	.5
Harelip	1	.5
Other Congenital**	9	4.3
Total Congenital	76	37.7
<u>Non-Congenital</u>		
Poliomyelitis***	56	25.9
Surgical Tuberculosis	22	10.6
Diplegia	11	5.2
Hemiplegia	1	.5
Paraplegia	6	2.9
Flat Foot	3	1.4
Torticollis	4	1.9
Other Non-Congenital****	29	13.9
Total Non-Congenital	132	63.3
Totals	208	100.0

* A variety of club foot

** Including birth-injury

*** Infantile paralysis

**** Including accidental and amputates

Actual Employment Status, as an Index of Participation

Referring again to the study made by questionnaire in 1942 in an attempt to show the relation of physical handicap to employment status, we may quite easily prove that all other things being equal, the physically handicapped individual's chance for vocational participation is less than that of the physically normal.

The data show that of forty-one handicapped males reporting, thirty-three were employed; and of the forty-eight handicapped females reporting, eleven were employed. It is difficult, in any case, to define employment, or to set up suitable categories of employment. In Table III, however, on the basis of the reports, the author has attempted to show the employment status of the handicapped group.

Even at the height of the economic depression, when it was estimated that between 11,000,000 and 13,000,000 were unemployed, this figure pales into significance proportionately when we realize that scarcely eight percent of all employed men in the handicapped group enjoyed the full-time, on job status, while more than fifty percent of those who were employed were self-employed!

It will be noted, even from this simple classification, that of the entire group of eighty-nine handicapped of both sexes, only 3, or 3.4 percent, had full-time employment status. All employed females, representing but 22.9 percent of their sex, were self-employed part-time workers. Most of these reported themselves as earning amount of \$1.

to \$3. per week "crocheting," "making children's clothes," "making and selling greeting cards," and the like. The three full-time employed males were: Agent for a petroleum company, minister, and tavern owner.

Employed also in a wide diversity of vocational positions, although part-time, were the remaining "on-job" handicapped, who reported themselves as shown in Table I. In terms of the correlation of the physical handicap or limitation, and the position held as employed, there seemed to be almost no relationship. Table I, which shows the age, educational attainment, vocational training and/or experience, employment status, and vocational ambition, can be broken down further to show the relationship, or lack of it, between vocational status and nature of handicap, (see Table IV).

There is no indication of any relation between physical limitation and vocational choice or vocational participation. The author observed, in the earlier study of handicapped residing exclusively in the large metropolitan locality, that physically handicapped individuals severely limited in locomotor ability, finger dexterity, clarity of speech, and the like, were engaged as employees in positions requiring, by the usual standards, maximum physical efficiency in the very physical qualities which these handicapped individuals had impaired. For example, a spastic with a severe speech impediment, was engaged in door-to-door sales work. An arms amputate was engaged in auto-parts storekeep-

TABLE III

Distribution of Employment Status by Sex

(89 handicapped adults, questionnaire study, 1948)

EMPLOYMENT STATUS	MALES		FEMALES	
	Number	Percent	Number	Percent
<u>Unemployed</u>	8	19.5	37	77.1
<u>Employed</u>	<u>33</u>	<u>80.5</u>	<u>11</u>	<u>22.9</u>
Self-employed	<u>21</u>	<u>63.6</u>	<u>11</u>	100.0
part-time	17	48.1	11	
full-time	4	12.1	0	
On-job	<u>12</u>	<u>36.4</u>	<u>0</u>	
part-time	9	29.9	0	
full-time	3	9.9	0	
Totals	41 33 33	100.0	48 11 11	100.0

7

TABLE IV

Employment Status by Nature of Handicap

(20 Employed handicapped males, questionnaire study)

NATURE OF HANDICAP	VOCATIONAL STATUS
Arthritis deformans	Petroleum agent
Arthritis deformans	Sales work
Arthritis deformans	Lawyer
Surgical tuberculosis, spine	Sales work
Pulmonary Tuberculosis	Mail order sales work
Pulmonary Tuberculosis	Sales work
Osteomyelitis	Writing advertising
Broken back--paralysis	Insurance salesman
Broken back--paralysis	Editor
Arms amputate	Minister
Poliomyelitis	Tavern owner
Poliomyelitis	Draughtsman
Poliomyelitis	Teacher (tutor)
Poliomyelitis	Mailing clerk
Poliomyelitis	Newsboy
Spinal curvature	Photo-retoucher
Spinal curvature	Photographer (itinerant)
Legs amputate	Insurance agent
Legs amputate	Shoe repair work
Leg amputate	Mailing clerk

ing, in a small garage. A victim of locomotor ataxia and paralysis agitans was engaged in distributing circulars. An arthritic whose hands, wrists, and elbows were severely affected, was engaged as a draughtsman.

Just as there is no relationship between training, status, and ambition, so is there no relationship between physical disability and employment. Considering participation in terms of physical handicap, its nature and extent of limitation in each individual case, it was further evident that little or no vocational placement work had been accomplished with regard to the employed handicapped. In the questionnaire, individuals were asked how they obtained their jobs. Of the 33 males employed, 12 of whom were "on job" employees, all stated that such "on job" employment was obtained through their own efforts, or through the help of a friend. None was placed through public or private employment agencies. Too, no jobs in the "on job" category were obtained through "want-ads" or through labor unions or similar organizations.

Despite the fact that the average age of the male handicapped reporting was 31.5 years, and despite the fact that the average length of handicap of the 41 males reporting was 12.1 years, 28 individuals, or 68.2 percent reported having done sales work. A possible explanation for this large percentage--considered on the bases of physical limitation--is the fact that physically handicapped individuals reporting themselves self-employed, either part-time or full-time, were engaged largely in sales of hand-made articles--

novelties, gadgets, and the like--or were engaged in selling by mail-order various merchandise, or were engaged in selling newspapers and magazines, or were venders of one kind or another, types of employment not usually considered as "sales work" under the ordinary meaning of the term.

Sales work, for the handicapped, is permitted because there is less societal pressure against the handicapped participating in this occupational field. It is, however, certainly not true that the handicapped are best fitted for this kind of work.

Vocational Assistance

The handicapped individuals were asked, in the questionnaire, if they had ever been assisted in obtaining a job by the American Red Cross. 20.5 percent of the males answered in the affirmative. None of the females reporting had ever been so assisted. The following facts, pertaining to this seemingly significant difference, must be taken into consideration: Six of the eight males reporting assistance by the American Red Cross resided in a metropolitan area in which the Rehabilitation Department of the American Red Cross was particularly active (Saint Louis, Missouri), and in which, by the intricate pattern of inter-referral between schools and hospitals for the handicapped, and social welfare agencies, the possibility of the individual coming into contact with the Red Cross was great. No females reported from the same area, as ascertained from the post-marks on the envelopes containing the questionnaires. On the basis of rural-urban distribution, a larger percentage of females than males resided in rural areas, villages, and small towns, as well as rural farm-market areas, suggesting the possibility that fewer of the female handicapped in the sample were as near to Red Cross placement centers as were the males.

1

Business College Attendance

On the basis of 41 males reporting, in the handicapped group, eight or 19.5 percent stated that they had attended a business college. Six of these were employed, or 75 percent, five of them in "on job" positions, one of them employed full-time by self. On the basis of the data contained in Table III, attendance at business college seemed to have no relationship to employment status except that those who were employed were proportionately largely employed in "on job" positions, compared to the number of male handicapped reporting themselves in "on job" positions who had had no business college training. Seven women reported themselves having attended business college. None of these were employed. None of the males, and three of the females became handicapped following business college attendance, which although not significant suggests the possibility at least that the employment situation and opportunities of the women was altered following business college training, while that of the men was not altered.

Vocational School Attendance

No females, and only one male reported attendance at a vocational school. It is not possible from this information to draw any conclusions.

Actual Earnings of the Handicapped

Of the group studied by questionnaire in 1942, consisting of 41 males and 48 females, a total of 89 individuals answering, 44 were unemployed, or 49.4 percent. Of these, 19.2 percent of the males earned nothing. Of the females, 75 percent were unemployed. A breakdown of the wages earned shows that of the entire group, only 9 individuals--all men--earned more than \$12.50 per week; and their average earnings were only \$13.25. The women, on the other hand, were even less self-sufficient in terms of earnings, having a weekly average wage of \$4.25 of those employed. If the unemployed in both sex groups were included, the men would be found to have a mean wage of \$8.20, and the women \$1.06.

Of the unemployed handicapped, 6 were bedridden. Of the employed handicapped only 1 was so restricted. This is a significant difference, indicating only, however, and very obviously, that the bedridden handicapped are more apt to be unemployed. Table V shows the average weekly earnings of employed handicapped males and females, and vividly illustrates the extent of the financial problem to the handicapped. It goes without saying that the average wages mentioned above are only fractions of the average wages of the male and female population as a whole. It is evident also that the financial problem is not an unsolvable one, for previous information tends to show that no particular class of handicapped are, or can be considered, as "unemployable." Even bedridden severely handicapped individuals have been known to be self-supporting.



TABLE V

Average Weekly Earnings of Employed Handicapped
Males and Females

AVERAGE WEEKLY EARNING	MALES		FEMALES		TOTAL	
	No.	Percent	No.	Percent	No.	Percent
\$0.01 to \$5.00	4	12.1	9	75.0	13	28.0
5.01 to 7.50	9	27.4	3	25.0	12	26.7
7.51 to 10.00	9	27.4	0	0.0	9	20.0
10.01 to 12.50	2	6.0	0	0.0	2	4.4
12.51 to 15.00	1	3.0	0	0.0	1	2.2
15.01 to 20.00	5	15.1	0	0.0	5	11.1
20.01 to 25.00	0	0.0	0	0.0	0	0.0
over 25.00	3	9.0	0	0.0	3	6.6
Totals	33	100.0	12	100.0	45	100.0

The Relative Subjective Importance of the Problems

The participational problems of the handicapped today have in part grown out of the ancient traditional patterns, but with the "enlightenment" of contemporary "civilization" the problems while still outgrowths of the systematic pattern of society are more commonly recognized.

Subjectively, the handicapped individual measures his social participation in terms of several cause-and-effect yard sticks. There is an unending chain of circumstances drawn across the road to his participational "wishes." He wishes that he could get married, and he wishes that he had a job paying enough to allow him to marry, and he wishes that he had the vocational training that would allow him to get the kind of job that would enable him to support a wife, and he wishes that he had had the financial wherewithal to pay for the vocational training which would enable him to qualify for the job which would permit him to marry!

The handicapped individual rationalizes his plight in terms of "for want of a horse-shoe nail." He builds his participational empire on a series of "if" clauses, starting from an a priori "foregone conclusion" that this or that aspect of participation is denied him because of these and those prerequisites. Some of the pieces in his jig-saw pattern of participation are missing because of his physical limitations. Other pieces are missing because of his subjective attitudes. Finally, still others are missing because of the limitations society imposes upon him.

Although this wishful dreaming and rationalization is also true of the nonhandicapped in their attitudinal processes, it may be safely said that by comparison the process is more intense with the handicapped. For the crippled, their physical deviation is always a convenient catch-all to which they may lay the blame for some of their shortcomings in participational adjustment.

The problems which the handicapped face are numerous. The relative importance of these problems to the individual depend not only on the specific handicap from which he suffers, but on such physical factors as age, sex, and the like.

In the questionnaire, for example, the following was asked: "Considering the handicapped as a group, what do you think is the greatest problem or series of problems confronting them?" The answers ranged all the way from problems of "life philosophy" to the more material ones of employment, marriage, education, and the like, as well as the more general questions of competition, gregariousness, and the like. Individual answers indicate that some serious thought had been given the question, as evidenced in the following sample replies taken at random from questionnaires submitted by the informants:

"As a whole, I believe that the greatest problem of the handicapped is; to associate with others and to find suitable employment."

"Competing with those without handicap."

"Facing reality of position without bitterness or self pity. Then to fit

their limited abilities into a "normal" world.

"Inability to lead a fairly normal life, such as inability to support oneself and marry if that is one's desire."

"The indifference of the general public. The public is inclined to overlook a handicap's capabilities."

"Those who need part time or restricted employment should have it; they should not be required to do all and anything that a non-handicapt (sic)* person can do, or remain unemployable."

"The lack of competent leadership and being banded together to get the most of their dues."

"They are apt to develop an inferiority complex."

"Money problems."

"Perhaps some of them are lonesome, altho' that does not apply here in a broad sense of the word, tho' I do feel an "alone-ness." Keeping out of a rut and not becoming a fossil, keeping up mentally after a period of "years." Money problems. Much is not needed, but very gratifying to know you have enough to last--until you no longer need it."

* It is interesting, that the individual giving this answer had formulated a system of simplified spelling. He was self-employed, part-time, and complained strenuously that because the members of his family were strict Christian Scientists he was not receiving any semblance of medical care which might enable him to be cured of his physical ailment--a crippling disease of long standing and with many complications which he claimed might be alleviated and cured with medical care. This individual also was the "discoverer and founder" of a new religious "sect" which he had named ILHALSA, an anti-Christian Science theology which he promoted and advertised by mail.

He also gave the author of the present study the information that he had himself written a "book" dealing with the problems of the handicapped which he had sent to several publishers with no success. The present author sought to find the MS which was claimed to have been "lost," but was not successful in locating it, although the last "publisher" was contacted.

"Employment--ability to adjust themselves to the social world emotionally"

"Probably the greatest problem is economic, except in the case of those who give in to self-pity."

"Inability to forget they are handicapped--and figure out ways of doing the same thing the unhandicapped do--and taking part in normal living. If a normal person sees a handicapped person trying he will help and not pity."

The author has attempted to classify these opinions according to the various kinds of problems logically categorized under eight headings; and in Table VI has shown the relative importance of these problems by sex of the individual answering.

The informants were asked to rate their most important individual problems from a list of eight factors from which problems might arise. This list was the same as that under which the "problems of the handicapped as a group" were classified. The question was asked, "On the basis of YOUR experience, what has been your greatest problem: Choose from the list below, and rate the items in the order of 'importance' of your problems." (see Appendix II)

Many individuals rated only the first three or four choices. "Lack of Pleasure, or Experience" was the least marked in any position, possibly because it was confusing to some. "Inability of others to understand me" probably suffered the same defeat. From Table VI it is interesting to note that for the males and females combined, in stating their

TABLE VI

Rating of the Relative Importance of Eight Problems
for Handicapped Groups
by Sex

(89 handicapped, questionnaire study)

PROBLEM FACTOR	MALES	FEMALES	TOTAL
HEALTH	6	11	17
MARRIAGE	6	10	16
FINANCIAL	13	3	16
HAPPINESS	4	9	13
UNDERSTANDING*	5	3	8
HELPLESSNESS**	1	6	7
EDUCATIONAL	1	5	6
EXPERIENCE***	5	1	6
	<u>41</u>	<u>48</u>	<u>89</u>

TABLE VII

Choice of Handicapped Group
of Own Chief Problem

(89 handicapped, questionnaire study)

PROBLEM FACTOR	<u>Rating of Importance</u>							
	1	2	3	4	5	6	7	8
HEALTH	22	14	10	8	4	1	3	1
FINANCIAL	20	14	14	11	6	1	0	0
HAPPINESS	11	16	11	10	5	1	0	1
HELPLESSNESS**	12	10	10	11	10	4	2	1
MARRIAGE	7	14	18	10	4	0	1	0
UNDERSTANDING*	6	10	0	1	2	6	1	0
EDUCATIONAL	9	5	7	10	4	0	1	0
EXPERIENCE***	2	5	1	1	0	1	0	0

* "Inability of Others to Understand Me"

** "My Helpless Position"

*** "Lack of Pleasure or Experience"

opinions as to the chief problems of the handicapped as a group, the four problems noted highest were:

HEALTH (17)
 MARRIAGE (16)
 FINANCIAL (16)
 HAPPINESS (13)

But for themselves as individuals, on the basis of first and second choices combined, the rating of the first five problems was:

HEALTH (36)
 FINANCIAL (34)
 HAPPINESS (27)
 HELPLESSNESS (22)
 MARRIAGE (21)

Thus, the handicapped seem to consider that marriage is more of a problem to the handicapped as a group than it is to them as individuals. Too, the individuals were willing to admit that their individual "helplessness" was probably more of an individual problem than a group problem. In both instances, problems revolving around vocation were included with FINANCIAL, its most logical place in the tabulation. It was unfortunate that in the questionnaire "vocational problems" was not given a position separate from the other items to be rated.

Certain trends are evident, however, which might be viewed in terms of participation. From the results, it seems apparent that problems of health (physical limitations) and financial problems (physical limitations partly dependent on the factor of societal limitations) accounted for a large proportion of the "problems" indicated.

The most reasonable answer that suggests itself as

to why MARRIAGE is rated by the informants in a higher position as a problem factor of more importance to the group than to the individual answering, is that the individual is more sensitive about the problem as it concerns him, deigning not to admit its importance in this respect.

Ninety-five college students* in the age group 18-32 given the opportunity to rate the choices as a control check on the handicapped study group, evidenced quite different emphasis on the various personal problems, as shown in Table VIII.

This group of nonhandicapped ranked its problems in the following order of importance, based on the combined first and second choices:

FINANCIAL (37)
HEALTH (23)
UNDERSTANDING (20)
HELPLESSNESS (17)

The handicapped are more concerned with HAPPINESS and MARRIAGE as problems: The nonhandicapped with UNDERSTANDING and HELPLESSNESS. However, it must be taken into consideration that the control group was limited to college students above and including the sophomore level, and that the preponderance of votes for UNDERSTANDING and HELPLESSNESS probably resulted more from their temporary status than would

* The nonhandicapped group of ninety-five college students: is not presented in this study for any other purpose than as a check-group against which the experimental or study group was compared in terms of norms of participation and/or attitudes and opinions. In no way was the "control" group matched on the bases of accepted statistical factors with the experimental group. The author admits that this check-group has many shortcomings which a more careful selection of control might have eliminated.

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TABLE VIII

Choice of "Control" Group
of Own Chief Problem

PROBLEM FACTOR	<u>Rating of Importance</u>							
	1	2	3	4	5	6	7	8
HEALTH	12	11	6	6	6	8	7	5
MARRIAGE	6	6	4	5	6	6	7	16
FINANCIAL	27	10	7	4	1	5	2	2
EDUCATIONAL	7	6	3	6	6	8	9	8
HAPPINESS	5	7	9	9	8	7	7	4
EXPERIENCE*	7	6	9	10	10	3	6	1
HELPLESSNESS**	8	9	2	3	6	9	4	7
UNDERSTANDING***	6	14	12	8	5	3	5	1

* "Lack of Pleasure or Experience"

** "My Helpless Position"

*** "Inability of Others to Understand Me"

be true of the handicapped sample. It is possible also that the "control" group interpreted the terms differently because of their very difference of environment. Most interesting, perhaps, is the fact that handicapped and nonhandicapped alike chose FINANCIAL and HEALTH problems in the first two positions, although in reverse order.

For the handicapped, health and financial problems seemed of equal importance; in the case of the nonhandicapped the FINANCIAL problem predominates by a wide margin. The fact that the control group also chose FINANCIAL problems more frequently than any other might be explained by the facts that the "control" group members were (1) reluctant to be dependent upon parents for their finances, (2) were uneasy about the fact that their parents might be undergoing privations in order to supply finances, or (3) were actually restricted in their activities because their financial resources were limited.

The 1940 study of 113 handicapped individuals in the age-group 21 to 32, indicated that this group closely agreed with the group surveyed by questionnaire in 1942 in ranking the various personal problems:

PROBLEM FACTOR	<u>Rating</u>		
	1	2	3
HEALTH	35	29	17
MARRIAGE	25	36	39
FINANCIAL	19	11	10
EDUCATIONAL	6	2	10
HAPPINESS	6	11	3
EXPERIENCE	3	8	0
HELPLESSNESS	9	7	0
UNDERSTANDING	10	7	7

These handicapped young adults ranked their problems in the following order of importance, based on the combined first and second choices:

HEALTH (64)
MARRIAGE (61)
FINANCIAL (30)

with the other choices rated much lower but about equal to each other. In this sample, there were 112 males and only 1 female, all of whom had had at least a twelfth grade education. Only eighteen were jobless, none was confined to home or institution, and the average age was twenty-four. It is interesting to note that MARRIAGE which is not only a personal problem but also one which involves social participation was uppermost in their minds and was of equal concern to them as HEALTH. Since all were unmarried, perhaps the MARRIAGE problem seemed paramount, although the sample was representative (except with regard to sex) of alumni of a school for the handicapped.

From these studies, we may assume that problems of health, finances (including economic status, vocational status, earnings, and the like), and marriage constitute the greatest problems in the minds of the handicapped. These problems reach across the framework of the hierarchy of influence affecting participation and are interdependent aspects of participation. For the sake of convenience and clarity, they will be studied analytically and in terms of their separate manifestation, and then synthetically in terms of their linkage together, with a particular emphasis on the

vocational problems of the handicapped since these problems largely if not entirely determine their economic status and involve all of the participational factors around which this study was framed.

CHAPTER FOUR

ATTITUDES OF THE GENERAL PUBLIC TOWARD THE HANDICAPPED

The handicapped individual whose physical deviation is marked and obvious is generally assumed to have a corresponding actual or potential emotional instability. The fact of handicap seems to offer the explanation for anti-social behavior, and the superficial parallelism is accepted dogmatically without quibbling. The pat phrase often met with is, "Well, why shouldn't he be a spoiled brat? He's crippled, isn't he?"¹ Or, "He gets by with murder. He hides behind those crutches of his and cooks up one kind of devilment after another, knowing nobody will whale the tar out of him because he's crippled."²

The general public, including even those who have had some experience as teachers or as social workers dealing with the handicapped, often assume that the pathological behavior of the handicapped individual can only directly result from his physical abnormality. This attempt to explain the behavior of the handicapped in terms of his defect seems, in part, to arise out of that which Stephen Vincent Benet recently called, "the natural distaste of the hale man for the maimed." Sociologically, the phenomenon is an old story. Noel P. Gist pointed out that a disproportionate linear space of news matter of an antisocial nature was given to the Negro

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- 1 Personal document. Interview with neighbor of F. B.
 - 2 Personal document. Interview with school teacher, C. B.
 - 3 "The Negro in the Daily Press," Social Forces, Vol. X, 3:409, March, 1932

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in the daily press, and pointed out that one result of it was that,

"a continuous panorama of Negro crime spread out before the newspaper reader might be a factor in engendering racial antipathies and prejudices, or at least in bolstering up the prejudices already existing."

The Negro and the handicapped are alike in that they both constitute deviational minorities, the Negro in terms of his color and the status resulting therefrom; the handicapped in terms of his abnormal physique and the assumption very often resulting that his conduct is explained in terms of his physical deficiency.

As an experiment to discover what parallelisms might be drawn from the similar social situations of the Negro and the handicapped, the author selected at random a thirty-day period of publication of the metropolitan daily newspaper, THE SAINT LOUIS STAR-TIMES, and searched the news columns to answer the question, "Do news items concerning antisocial behavior by handicapped people tend to emphasize the physical abnormality with the apparent purpose of explaining such antisocial behavior by the stereotyped notion of the criminal nature of the handicapped in general?"

In the thirty-day period, the author found eleven accounts of "antisocial" behavior having been committed by handicapped individuals, exclusive of "follow-up" articles of previous accounts. The headlines introducing these accounts were interesting, and are reported herewith:

- (1) LIFE AS CRIPPLE
INSPIRED CRIME
JACK SCOTT SAYS
- (2) CRIPPLE IS 'BRAINS'
BEHIND NAZI GESTAPO
- (3) DEAF MUTE SLAYS
AGED LANDLORD
- (4) CRAZED CRIPPLE SLAYS
E. SIDE FAITH HEALER
- (5) CRIPPLED BEGGAR ROBS
DOWNTOWN SMOKE SHOP
- (6) ST. LOUIS CRIPPLE HELD IN SLAYING
CLAIMS HE WAS DENIED EXCITEMENT
- (7) CRIPPLE HELD
ON RAPE CHARGE
- (8) POLICE FIND LOOT
IN CRIPPLE'S ROOM
- (9) CRIPPLED GANG LEADER
RELEASED TO PARENTS
- (10) CRIPPLE HELD
ON FIFTY-FIFTH
DRUNK CHARGE
- (11) CRIPPLE SHOOTs FATHER,
SISTER, IN FAMILY ROW

Although this does not represent an elaborate investigation, it does substantiate the point that the physical deviate is assumed also to be a behavioral deviate. Note the manner in which the handicap is "played up" in the headline to fulfill the stereotype! It should also be pointed out that the average number of column inches devoted to accounts of antisocial behavior of cripples was approximately double that of similar crimes committed by physically normal individuals. This brief investigation merits a more detailed study,

but the above analysis should serve to give a hint regarding society's expectations for the crippled.

There is a certain aspect of public conscience which, in its function with reference to the handicapped, exhibits itself in a manner well understood by the social psychologist. The public contributes part of its resources for charitable purposes directly in person-to-person contact with the crippled newsboy, vendor, hawker, or common beggar primarily because of the attendant "guilt feeling" of the donor who seeks to ease his conscience and at the same time exalt his Ego through the monetary gift. The individual finds the "guilt feeling" dissipated at the cost of a few cents. The small number of mendicant cripples because of being thrust often in the public line of vision become the public symbol for cripples as a whole. The term "cripple" becomes synonymous with all that which the general public associates with "charity," "public relief," "emotional instability," "exhibitionism," and the like. The occasional crippled beggar, or the crippled street vendor who makes capital of his handicap because of the fact that it has use in arousing the public conscience, and calls forth sympathy, becomes the symbol of indigency, pauperism, and the like; and thus comes to be associated in the public mind with the financial troubles of mankind.⁴

⁴ See, for example, Warner, Amos G., Queen, Stuart Alfred, and Harper, Ernest B., AMERICAN CHARITIES AND SOCIAL WORK; Devine, E. T., THE PRINCIPLES OF RELIEF; Henderson, C. R., MODERN METHODS OF CHARITY; Watson, Frank D., THE CHARITY ORGANIZATION MOVEMENT IN THE UNITED STATES

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Consequently, the public has come to assume that economic dependence is a necessary attribute of physical disability. "The common assumption that the cripple's industrial difficulties are insurmountable is his most serious handicap."⁵

Although it is probably true that "the crippled boy without means is apt to grow up as an object of charity with a handful of pencils as an excuse for taking money,"⁶ it is also probably true that many physically normal boys without means seek to become objects of charity with a woe-begone expression as their alternative "asset" to being crippled. The author cannot agree that crippled youths and young adults who are aware of their handicaps and have them continuously referred to in their daily associations necessarily become retiring, shy, and nongregarious. Such reference is unavoidable but does not necessarily produce abnormal behavior.

For a period of eleven months, a group of more than one hundred physically handicapped young adults enrolled in a school for the physically handicapped were observed to engage in schooltime recreational activities with an equally large group of physically normal young adults attending an adjoining school for physically normal children. In no case, and at no time, although competition was grossly one-sided, could it be said that the groups were not entirely mixable.

⁵ Richmond, Mary E., SOCIAL DIAGNOSIS, Russell Sage, New York, 1917

⁶ Fish, John E., NATIONAL CONFERENCE FOR SOCIAL WORK, 1920, 225ff

This in the face of Fish's contention that,

"One rarely sees a cripple playing, working, or studying with well children and enjoying himself, his handicap is too obvious. The cripple is made continually to feel this handicap and is apt to become selfish, vindictive, and revengeful. Either that, or he learns to pander to his superiors in physique and very quickly finds that it is easier to be waited upon and to excite sympathy than it is to make the necessary effort for himself."⁷

Cripples become chronic paupers frequently enough to attract public attention, and when they do it is certain that they exhibit not only a-social but also antisocial attitudes. The question naturally arises, however, as to whether a disproportionate number of cripples become chronic paupers; what is the relation between pauperism and physical handicap; and what is the probability that a cripple will become a chronic pauper? Deleting the fact of handicap from the consideration of pauperism and public charity, we may say in general, that "so far as economic conditions produce discouragement, despair, and the feigning of social virtues in order to get a living, those conditions produce pathological relationships."⁸

It is true that a belief exists in the public mind that behavioral deviation is a direct result of physical deviation, and that economic dependence is a correlate of physical disability. It is also true that the public distaste of close association or personal contact with the han-

⁷ ibid.

⁸ Gillin, John Lewis, SOCIAL PATHOLOGY, rev. ed., 1939, p. 467

dicapped arises from abhorrence of the unusual in general, and that this abhorrence is related to feelings of self-consciousness engendered in the minds of the physically normal when in the presence of a cripple. In his associations with the handicapped, the physically normal individual is apt to be a bit chary because he is afraid of the manner in which the cripple will behave. This cautiousness and fear results from the stereotype which he has formed concerning cripples in general.

There are several other ways in which the non-handicapped may react toward the cripple. The crippled are often pitied. The crippled are often scorned. The crippled are often objects of derision. The crippled often stimulate feelings of guilt in the minds of the physically normal, and the particularly sensitive physically normal individual is often "upset" at the sight of a cripple whose handicap is one of gross deformity.

The "guilt feeling" probably arises out of the beliefs that physical deviates are also behavioral deviates, that physical disability is a correlate of economic dependence, that the cripple is an individual to be feared and abhorred, that he is a subject for derision. All of these factors symbolize the cripple as indigent, a misfit, and an object of charity; and all of these labels usurp the serenity of mind of the general public, impress themselves upon their conscience and consciousness, and cause them to think, "There, but for the Grace of God, go I." As a result, be-

cause they have come to bear a heavy emotional charge, the complacency of the nonhandicapped individual suffers upset, and the alleviation of the distress is paid for by dropping a nickle or dime into the tin cup of the next crippled beggar one meets.

CHAPTER FIVE

ATTITUDE OF THE EMPLOYER TOWARD THE HANDICAPPED

It is not entirely the employer's fault that he avoids adding handicapped workers to personnel. In the labor market where the supply is greater than the demand, the employer whose chief consideration is the economics of industrial management must necessarily consider that the employment of a handicapped worker constitutes a "risk" which he knows that he can avoid--merely by not taking it. The personnel manager with this valid generalization in mind, takes the pat attitude that "all other things being equal" the physically sound worker is superior to the handicapped worker.

In a brief exploratory survey made in Saint Louis in 1939, of 46 employers seeking various types of workers, some interesting attitudes of the employer toward the handicapped job-seeker were noted. The jobs open varied in their nature from night watchman to metallurgist. The firms seeking employees ranged from a photographic printing and supply house, employing seven workers, to a huge chemical industrial manufacturing plant employing thousands of workers. The question asked of the individual in charge of hiring personnel--in some instances the owner of the firm, in others a specific executive who was usually the personnel manager, was--

"Will you consider a qualified individual who has a physical handicap which will not impair his efficiency for the position

open?" The results were interesting, if only exploratory in their nature.

Nineteen answered "No" without giving any explanation for the refusal, constituting 41.4 percent.

Eleven answered "No" stating that it was the policy of the firm not to hire handicapped workers; 23.9 percent.

Ten answered that handicapped job-seekers were given applications which were given consideration on a competitive basis; 21.7 percent.

Six answered "Yes" without stating any condition; 13.0 percent.

A total of 65.3 percent of the employers or personnel managers answering the question gave "No" answers. It is notable that less than half of this combined sample gave explanatory reasons for the firm's policy in rejecting handicapped applicants. These, representing 23.9 percent of the employers surveyed, cited various reasons:

"...the work will not be done as well by a handicapped person as by a sound man with the same general abilities."
(United Drug Co.)

"We have found by experience, time and time again, that crippled workers have a hard time shifting from one job to another. A crippled worker costs more to train. He's just a poor risk, that's all."

(Proctor & Gamble)

"Our hands are tied. The Workmen's Compensation Act prevents employing handicapped workers in the plant. They can't pass the physical examination."
(Monsanto Chemical Co.)

"Well, we advertise for men, and they come in. Once in a while a handicapped

fellow comes in, and we show him the job. Usually he decides for himself that he can't handle it. That saves us the trouble of turning 'em away. I don't like to do it, but we got to."
(Blanton Cleo Co.)

"We've got a hospital service in this plant. Enough workers get banged up on the job without taking on somebody who starts out that way. I'm not hard-hearted. It's just business."
(Merck)

"I'm going to give you the straight dope. A man's got to stand on his feet eight hours a day, five days a week. He's got to take it week after week. If he can't take it, why let him start?"

(Thomure Co.)

Briefly, the reasons given by employers in answer to the question stated, can be categorized and summarized as follows:

1. Fear that the work will not be done well.
2. Feeling that employee cannot shift from one job to another efficiently.
3. Higher accident costs (prejudice of insurance, etc.).
4. Greater risks in sick benefits.
5. Higher rate of sick leave.
6. Locomotor limitations.
7. Workmen's Compensation Act limitations. Failure to pass physical examination.
8. Peculiarities of handicapped employees (personality, adjustment, and training problems).

It was significant to note that of the 30 personnel managers or employers, comprising 65.3 percent of the total, 29 were the owners of, or represented, establishments employing large numbers of workers. The small manufacturer or business man is less prejudiced against

the handicapped job-seeker. The six employers who answered "Yes" to the question all employed fewer than twenty persons. Of the ten employers or personnel managers who stated that applicants for positions were given applications which were then considered on a competitive basis, six employed more than 20 workers, one employed more than 100 workers (Famous Barr). Regarding the selection of the firms seeking employees, all were chosen at random from advertisements appearing in the "help wanted" columns of a local daily newspaper, appearing over a five-day period. Table IX illustrates the type of business and the answer given to the question.

The heavy industries, as shown in the table, included manufacturers of chemicals, drugs, auto parts, processed lumber, hydrogenated oil and oleomargarine, rubber products, cardboard and fiber boxes, baked goods, fire brick and tile, and the like. The large business firms were department stores, photographic houses, dry goods wholesalers, and the like. The small manufacturers were engaged in manufacturing patent medicines, tin products, boilers and furnaces, and auto batteries. The small retail business firms were "super markets," chain liquor stores, and bowling alleys. The jobs available were for draughtsmen, chemists, vat swipes, tool designers, pin boys, night watchmen, retail clerks, delivery boys, etcetera, in a wide range of salary, expected duties and experience, and physical ability.

Those who answered "No" stating that this was their policy in dealing with handicapped applicants, did so irre-

TABLE IX

Distribution of Consideration given Handicapped
People who might Apply for Jobs,
by Type of Industry or Business.

TYPE OF INDUSTRY OR BUSINESS	Employ Handicapped?				Total
	No		Would Consider Application	Yes	
	No Expla- nation	Matter Policy			
LARGE INDUSTRIAL	10	4	4	1	19
SMALL INDUSTRIAL	0	1	1	3	5
LARGE BUSINESS	7	6	4	1	18
SMALL BUSINESS	2	0	1	1	4
Totals	19	11	10	6	46
Percents	41.4	23.8	21.7	13.0	100.0

spective of the nature of the position, no matter whether the job available was that of a window washer or janitor or night watchman or some other unskilled or semi-skilled position, or whether the position available was requisite of great skill or training, such as chemist, or shop foreman.

We find also, for example, two exactly opposite points of view of employers engaged in the same industries: While on one hand Henry Ford, and Ford Motors hold the facts to be self-evident that loss of an arm does not prevent a man from being employed in a job where his feet only are required; Oldsmobile (General Motors) on the other hand under no circumstances will consider employment of a crippled individual; holding that the latter is comparatively inefficient, an undue employment hazard to himself and his fellow workers, and generally a poor risk. While small business firms and small industries tend to hold the more sympathetic and humane point of view, the adamant employer who turns a deaf ear to the crippled applicant far outnumbers the less prejudiced employer.

These facts probably bear out the statement made by Louise Odencrantz:

"Changing of the attitude of employers toward the handicapped must at last analysis be done largely on the individual basis. Unfortunately there are few employers who select an employee entirely on the basis of his fitness for the job for which he is applying and who pay no attention to any phys-

ical defect the man may have. General publicity as to what the handicapped have accomplished is helpful For this reason, agents in state bureaus of rehabilitation, vocational counselors and placement secretaries in placement bureaus for the handicapped, and others who have direct contact with individual employers, have the best opportunity to provide this aspect of enlarging the opportunity for the handicapped child."¹

The problem of the participation of the handicapped in the labor market as an aspect of his social participation in general, is sometimes met by subterfuge. Sometimes cripples seek to cover up their handicap when they apply for a job. The handicapped individual may know that he is capable of filling the position adequately and satisfactorily. If he has become wise to the ways of the employer he may make use of several devices to obtain the employment he seeks. If his deformity is slight, it may pass unnoticed. If he is deaf or partially sighted, he may hope that a direct lie or evasiveness may cover it up, and that the physical examination may be cursory or nonexistent--even that the doctor may be "bought." The obvious orthopedics, however, must use more personal tactics. They may play upon the sympathy of the employer, minimize the handicap in some way, or divert attention away from it. The attitude toward the cripple is often adverse or hostile. When the hostility reaches open conflict, as it often does when the crippled job-seeker presses his point, the incident often creates a bad impression on the employer, and strengthens his initial adverse attitude. The word "cripple" itself is ill-defined. It has

come to have symbolic connotations which by traumatic experience are fortified or exaggerated in the public mind.

CHAPTER SIX

ATTITUDES OF THE HANDICAPPED

Toward Himself and His Handicap

In earlier chapters we have indicated the attitudes of the general public, and specifically the attitudes of the employer. The handicapped individual himself, of course, cannot continue to live oblivious to these attitudes, but in turn has deep and far-reaching reactions to them.

Contrary to "human nature," and contrary to the opinion that the "grass is always greener in the other fellow's pasture," the handicapped individual looks upon his own disability as comparatively insignificant in terms of the handicaps from which others suffer! The fellow without legs thinks blindness is the most damnable curse of all humanity. The fellow who is blind thinks it must be torture beyond the reach of the imagination to suffer from arthritis!

One of the most surprising things about the handicapped is the fact that in spite of their handicaps they maintain an optimistic, cheerful attitude. There are few who admit that they are at the end of their tether because of limitations imposed upon them by their disability. Instead of being beaten they are generally indomitable, instead of admitting defeat, they take the offensive, and often because of their persistence--a persistence sometimes born of desperation, if you will--rise to heights undreamed of.

In eighty-nine reports of handicapped individuals

when asked to select from a list of thirteen serious handicaps (see Appendix), the one which they considered "most severe", no individual chose the handicap by which he was himself limited, or from which he was himself suffering. All individuals reporting had handicaps which were classifiable under at least one (and in case of multiple handicaps reporting, under two or more) of the designated choices, so that a direct and complete correlation could be made between the actual handicap and the handicap chosen as "most severe."

Although "arthritis" was chosen as "most severe" by ten handicapped individuals of both sexes, none of these were victims of arthritis. On the other hand, of eleven female and eight male handicapped individuals reporting, all afflicted with arthritis in one of its various forms, none chose "arthritis" as the "most severe." Thus there is a seemingly perfect negative relationship between the type of handicap with which afflicted and the handicap selected as most severe for the arthritics reporting, as well as of the entire handicapped group. Of a total of thirty-four males and females handicapped either by amputation of arm or arms, legs or legs, poliomyelitis, or paralysis from the waist down, only twelve, or less than one third, chose "most severe" handicaps from similar, but in no individual case identical, handicap (see Figure 7). Table X shows, significantly that nonhandicapped females do not regard arthritis or surgical tuberculosis as severely handicapping as the handicapped females believe them to be. Conversely, the

handicapped females consider poliomyelitis less severe than the nonhandicapped females. The nonhandicapped females regard spastic paralysis as "most severe" in nine instances, or 13.2 percent of the group reporting; while no single individual regarded this handicap as "severe" among the handicapped females.

There were differences between the male handicapped and the male nonhandicapped which were similar to the differences of the opposite sex. Whereas the handicapped males considered arthritis as "most severe" in 30.8 percent of the cases, not a single nonhandicapped male chose this affliction as "most severe."

Lesser differences existed in other kinds of handicaps. The nonhandicapped males more often chose a form of paralysis as "most severe," than the handicapped males; and 8.3 percent of the nonhandicapped male group chose severe curvature as "most severe" while none of the handicapped males made this choice.

In the handicapped group itself, comparing the females with the males, the former considered surgical tuberculosis more severe in 8 instances, or 17.8 percent while no female made the choice. Table X also illustrates the fact that the nonhandicapped males and females showed no significant difference in their choice of "most severe", except in the case of "cancer" which was considered "most severe" by 31.0 percent of the females as compared to 8.3 percent of the males, a significant difference.

TABLE X

Distribution of Choice of "Most Severe"
Physical Handicap, made by Handicapped
and Control Groups, by Sex *

HANDICAPS LISTED FOR CHOICE	MALES				FEMALES			
	Handicap.		Nonhandic.		Handicap.		Nonhandicap	
	#	%	#	%	#	%	#	%
AMPUTATED ARM(S)	0	0.0	0	0.0	3	6.4	0	0.0
AMPUTATED LEG(S)	0	0.0	0	0.0	0	0.0	0	0.0
TOTAL BLINDNESS	16	41.3	10	41.8	15	33.6	21	31.0
TOTAL DEAFNESS	0	0.0	1	4.2	0	0.0	0	0.0
PARALYSIS	0	0.0	2	8.3	0	0.0	3	4.4
POLIO MYELITIS	1	2.5	4	16.6	0	0.0	8	11.8
ARTHRITIS	12	30.8	0	0.0	8	17.8	1	1.4
LUNG TUBERCULOSIS	1	2.5	0	0.0	0	0.0	1	1.4
BONE TUBERCULOSIS	0	0.0	0	0.0	8	17.8	1	1.4
SPASTIC PARALYSIS	3	7.6	3	12.5	0	0.0	9	13.2
SEVERE CURVATURE	0	0.0	2	8.3	0	0.0	3	4.4
DIABETES	1	2.5	0	0.0	0	0.0	0	0.0
CANCER	5	12.8	2	8.3	11	24.4	21	31.0
Totals	39	100.0	24	100.0	45	100.0	68	100.0

* 2 males handicapped; 2 males nonhandicapped; 3 females handicapped; 1 female nonhandicapped, gave choices not included in the list. These other choices included INSANITY (seven times), and HEARTH DISEASE (one time).

FIGURE 7

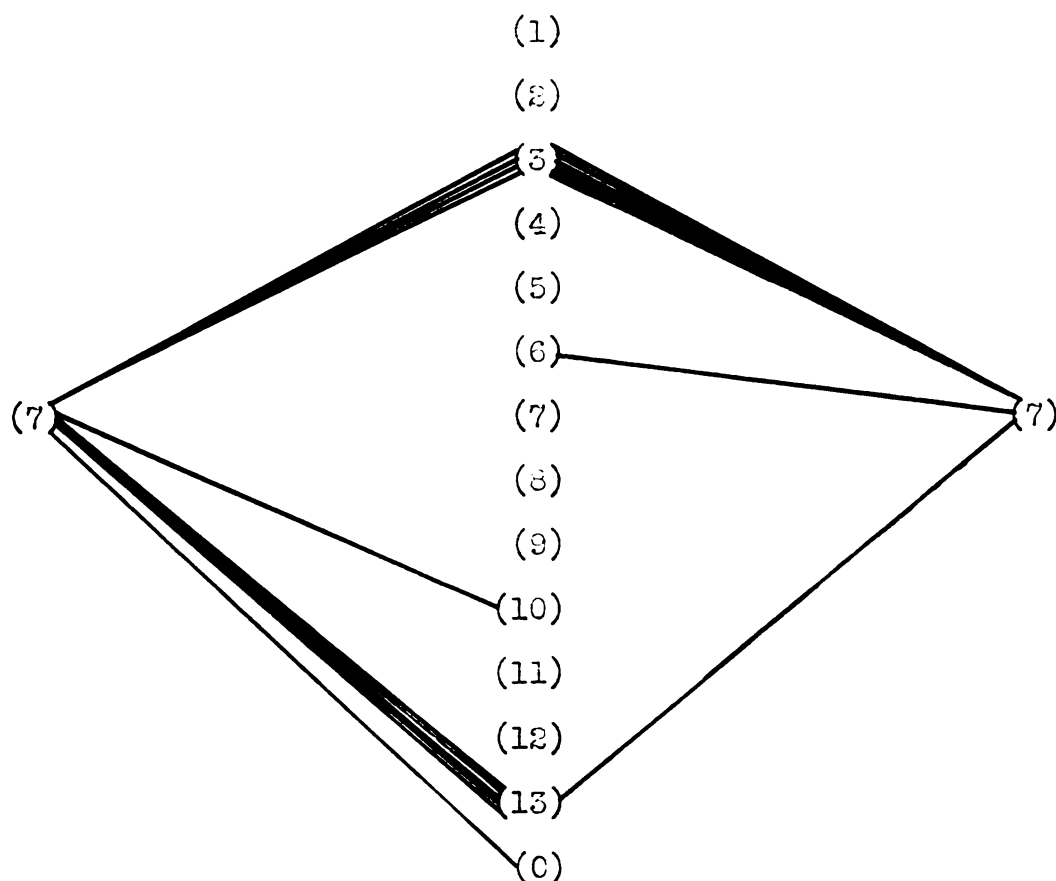
Choice of "Most Severe" Physical Handicap
by Arthritics to show Deviation
of Choice Away from own Handicap.

(11 females and 8 males)

CHOICE OF ELEVEN
HANDICAPPED FEMALES

HANDICAP

CHOICE OF EIGHT
HANDICAPPED MALES



* (1) Amputated arm(s); (2) Amputated leg(s); (3) Total blindness; (4) Total Deafness; (5) Paralysis from waist down; (6) Poliomyelitis; (7) Severe and advanced arthritis; (8) Pulmonary tuberculosis; (9) Surgical Tuberculosis or Osteomyelitis; (10) Spastic Paralysis; (11) Severe curvature; (12) Diabetes; (13) Cancer; (0) Other (Insanity and Heart Disease).

Summarizing these data, both groups and both sexes agreed that BLINDNESS as the "most severe" of all handicaps; the nonhandicapped females dividing their first and second choices of "more severe" equally between CANCER and BLINDNESS, which, however, shows no appreciable difference between the groups or sexes.

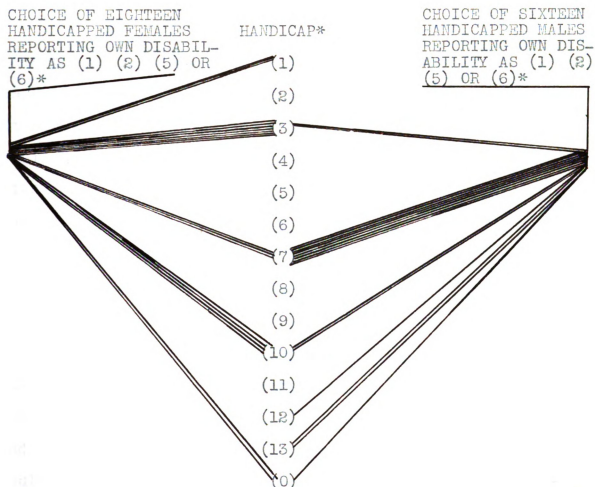
The handicapped, more familiar than the nonhandicapped with the limiting qualities of various handicaps, both in terms of the physical as well as the societal opportunities which they include considered "most severe" those handicaps which were permanent: AMPUTATION, PARALYSIS FROM THE WAIST DOWN, POLIOMYELITIS, and most significant of all, ARTHRITIS, for which no cure is known. On the other hand, the nonhandicapped, influenced more by hearsay than by experience, chose the handicaps which have received more public attention than others.

Among the nonhandicapped women, CANCER, which has been much-discussed in recent years was named frequently. Too, the nonhandicapped females seemed to believe that disfigurement, although placing no physical limitations, constituted a greater handicap than those handicaps which are confining, and which impose strict physical as well as societal limitations. It is interesting to note, in considering this possibility, that POLIOMYELITIS was very often chosen as "most severe" by the nonhandicapped group, while practically ignored by the handicapped group. Although POLIOMYELITIS in its most severe instances imposes great

FIGURE 8

Choice of "Most Severe" Physical Handicap
by those whose Handicap was Complete Disability
or Amputation of Limb or Limbs,
excluding Arthritis

(16 males and 16 females)



* (1) Amputated arm(s); (2) Amputated leg(s); (3) Total blindness; (4) Total deafness; (5) Paralysis from waist down; (6) Poliomyelitis; (7) Severe and advanced arthritis; (8) Pulmonary tuberculosis; (9) Surgical tuberculosis; (10) Spastic paralysis; (11) Severe curvature; (12) Diabetes; (13) Cancer; (0) Other (Insanity and Heart Disease)

physical limitations, it is not often confining enough to impose societal limitations to marriage, educational opportunity, and the like. On the other hand, POLIOMYELITIS victims having paralyzed limbs are considered by the non-handicapped to be deformed.

Summarizing these differences in choices by the two groups, and the probable reasons for such differences, the handicapped first of all are more generally acquainted with the limiting factors of the various handicaps which were listed for choice than the nonhandicapped group, which latter, although superior in educational experience, had no basis for comparison and no particularly close acquaintance with any one of the handicaps. The handicapped individual, participationally limited, has a basis for judgement, and takes into consideration primarily the "limitation" factors rather than the factors of popular belief, disfigurement, and the like.

It is important to remember, if all else seems of little account, that if it were possible to isolate the physical handicap from the attitudinal factors (both societal and individual), adjustment to the physical handicap alone would be relatively easy for the handicapped person. It has been demonstrated that no relationship seems to exist between employment status and nature and extent of handicap among those who are employed. It has also been shown that severity of handicap in itself has a limiting quality which may not necessarily exclude the individual from per-

forming vocational duties which by normal standards of job analysis would seem physically impossible to him. It should therefore be emphasized, that with regard to vocational participation, the quality and quantity is very largely a product of societal restrictions--a result of the lack of a proper connection between policy and practice in public attitudes and in dealing with this social problem. There is also no evidence to show that a low norm of vocational participation among the handicapped indicates a form of social pathology. The handicapped are not mentally incapable, they are not apathetic, they are not resistant to participational opportunities: It merely devolves that the dictates of a cultural milieu--a cultural philosophy with regard to the permissible activity of the handicapped--require that he be so limited and so confined. As an example of social inequality of opportunity the status and role of the handicapped as a participant in society is ultimately and finally defined by society itself, rather than by subjective inclination or physical barriers.

Attitudes of the Handicapped Toward His World

The handicapped are talkative enough about their problems. They have definite opinions concerning those things which they recognize as excluding them from normal participation. To some extent, they have attempted to influence legislation in their behalf--but not as an organized group. Certain crusading organizations manned by the handicapped have gone far to "lobby" for social welfare for the handicapped. Outwitting Handicaps, the official organ for We, The Handicapped, Incorporated* has thousands of subscribers, not only among the crippled, but among persons in the fields of social work and public administration.

In the questionnaire study, certain questions were asked relating to definite subjects closely related to the problem of vocational participation. Freely, in almost every instance of reporting, the handicapped expressed themselves in no uncertain terms. Rather surprisingly, they appeared not to be radical or rabid, or eager for sweeping reform or anarchy. The answers were calm enough, carefully couched, largely allied to actual experience. Analyzing the opinions expressed on the basis of actual status as an employee versus status as unemployed, some general information results concerning the group studied as a whole, as well as studied in terms of comparisons of the employed as against the unemployed.

* This organization, with Headquarters in Detroit, Michigan, is staffed by handicapped individuals exclusively. Membership, which is not limited to the handicapped, is approximately 20000

The following question was asked the handicapped sample: "On the basis of your education and training, check below what you would consider a "fair salary" in a JOB OF YOUR OWN CHOICE. Choose on the basis of what you think you are worth to an employer annually."

The employed male handicapped considered on the average that they were worth at least \$1,250.00, while the unemployed handicapped subjectively rated their annual worth to an employer at a similar figure. All of the female employed, however, conservatively estimated their worth to the employer as less than \$500.00 annually (see Table XI). Statistically significant is the fact that of the unemployed females, 70 percent represented themselves as worth more than \$500.00 annually to the employer, with the average falling around \$725.00.

As shown by Figure 9, only two individuals of the 29 thought they were "worth" less to their employers than they were actually receiving. One individual, earning \$12.50 weekly (\$625.00 annually, computed on a 50-week working-year), placed himself in the "to \$500.00" class. One individual, earning "an average of \$100.00 weekly" (\$5,000.00 annually), thought he was worth \$2,001.00 to \$3,000.00 annually. Of the 27 remaining employed males, only 5 thought they were earning approximately what they were "worth."

The remaining 20 employed males considered themselves "worth" from \$250.00 to \$2,000.00 more, annually, than they were receiving. In answering the question, several sug-

TABLE XI

Estimate of Annual Worth to Employer
 (real or potential)
 by Sex and Employment Status
 (Questionnaire Study)

ESTIMATE OF "WORTH" TO EMPLOYER	M A L E S				F E M A L E S			
	Employed		Unemployed		Employed		Unemployed	
	#	%	#	%	#	%	#	%
to \$500.	2	6.9	0	0.0	11	100.0	9	30.0
\$500.-\$750.	4	13.8	0	0.0	0	0.0	8	26.8
751.-1000.	2	6.9	0	0.0	0	0.0	7	23.3
1001.-1250.	5	17.2	3	37.5	0	0.0	2	6.6
1251.-1500.	3	10.3	3	37.5	0	0.0	3	10.0
1501.-2000.	4	13.8	2	25.0	0	0.0	1	3.3
2001.-3000.	9	31.1	0	0.0	0	0.0	0	0.0
3000.-up	0	0.0	0	0.0	0	0.0	0	0.0
Totals	29	100.0	8	100.0	11	100.0	30	100.0

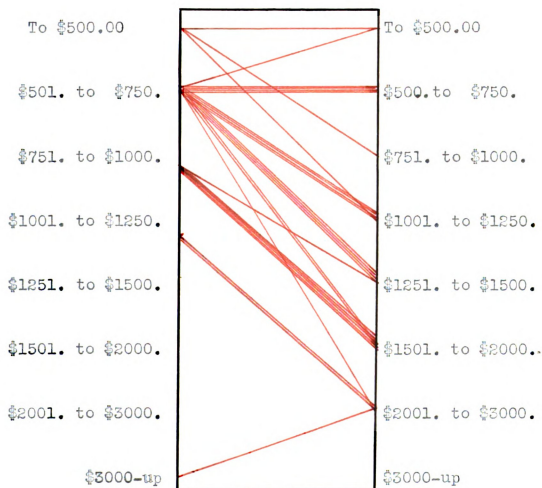
FIGURE 9

Relation of Actual Annual Earnings to Estimate
of Own Worth to Employer,
29 Employed Handicapped Males

(Questionnaire Study)

ACTUAL EARNINGS OF
TWENTY-NINE EMPLOY-
ED HANDICAPPED*

ESTIMATE OF OWN
WORTH OF TWENTY-
NINE HANDICAPPED



* Based on fifty times reported average weekly wage.

gested that what they considered themselves to be "worth" depended on the area in which they lived; in other words, they tried to take into consideration not only what they were worth, but what they considered adequate and sufficient for living. Twenty of the twenty-nine individuals who answered both questions, (i.e., "average weekly earnings" and "estimated worth to employer"), were actually earning less than \$750.00. Twenty-one of the twenty-nine estimated they were worth more than \$750.00; and at least half of them believed they were worth more than \$1,250.00 annually. Evidently, there is a high degree of dissatisfaction among the handicapped relative to their actual earnings, since but 27 percent were contented with their actual earnings. Since they were asked to rate their worth to the employer on the basis of education and training which they had received, and since the option of vocational choice was given them, perhaps too many uncontrolled factors ruled the results obtained.

The unemployed females, who had no "actual earnings" basis on which to judge their choice of a "fair" annual salary varied greatly in their estimates, but seemed to think they were worth less annually than the unemployed males; while for the group as a whole, the unemployed handicapped rated themselves worth a trifle over \$750.00 annually, conservatively, on the basis of the evidence that those who had actual earnings on which to base a "fair" estimate rated themselves at better than \$1,000.00 by comparison.

Another influence was the fact that many of those who had previously been employed, tended to take into consideration former earnings which they used as bases for computing their "worth;" and especially was this fact notable among those who had had steady employment of some kind prior to the limitations of physical handicap which occurred some time after a period as a wage-earner.

The "cripples from birth" unemployed, most of whom had scant employment experience if any, tended to be satisfied with estimating their worth at a lower figure than those who at one time had been physically normal wage-earners. Another important aspect to be taken into consideration, is the fact that most of the employed wage-earners, both male and female, were either part-time employed, employed by self, or both. All those employed, however, received monetary consideration for their labor; thus those who were employed at home (for room and board), were not considered as employed in the tabulations.

It is not true only of the handicapped that they think themselves worth more money than they get. The dissatisfaction is universal. The nonhandicapped are also grumblers, egotists, and apt to consider their employers in the same category with Scrooge. The handicapped, however, may have more reason to grumble, because it is generally true of those employers who do hire handicapped help, that the handicapped employee is considered because of his disability to be worth less than the physically normal individual.

Attitudes with Regard to Workmen's Compensation Act

Businesses and industries operating under the restrictive provisions of the Workmen's Compensation Act are sometimes forced to regulate their hiring policy to conform strictly to the administrative provisions of the Act. As a result, handicapped individuals applying for jobs often have pointed out to them that their physical disability and the physical examination required by industries under federal and local as well as individual industrial regulations are in conflict.

Despite this evidence, which the handicapped might consider discriminatory, only five male handicapped individuals (12.1 percent) answered affirmatively the question, "Do you think the Workmen's Compensation Act should be repealed." Among the females, only three individuals, or 6.3 percent also answered the question affirmatively, but since a large proportion of them had had no job application experience involving the restrictive aspects of the Act, it is not surprising that fewer should desire repeal.

On the whole, the handicapped group evidences no radical ideology toward federal, state, local, or individual industrial restrictions from employment of the handicapped. Rather, the handicapped frequently offer constructive criticism, seeking to increase their vocational opportunities through some well-ordered plan of placement, training, or guidance. Despite the fact, therefore, that financial limi-

tations imposed upon them because a lower degree of vocational participation is open to them than is afforded the physically normal individual, they are not eager to foment unrest, or to assert discontent with their vocational status by a radical process of nonconformist attitudes and organization, but rather desire greater efficiency in the general scheme of organization and planning for their increased vocational opportunities.

Attitudes with Regard to Child Labor

In answer to the question, "Do you think that children under 16 should be permitted to work in factories, or in mines, or do hard labor for wages in order to support themselves?" 9.7 percent of the males reporting answered in the affirmative. It was interesting to note that the 4 males and females were agreed, since only three, or 6.2 percent of the latter also answered in the affirmative. It was even more interesting, however, to note that all those answering in the affirmative lived in rural communities, or in communities under 2,500 in population. As it was pointed out earlier, crippled children as street-pedlars and vendors are frowned upon by society in general. The handicapped are no exceptional group to the consensus. Two individuals reporting, both male, were of the opinion that some children under the age of sixteen should be permitted to work, but no qualifying statement accompanied these opinions.

Attitudes with Regard to Employment Preference
to Handicapped Employees

The question was asked the handicapped group, "If you were an employer, would you give preference to other handicapped people as your employees?" Of the males, 34 or 82.9 percent answered in the affirmative. Of the females, 29 or 60.4 answered in the affirmative, a proportion significantly lower than the males. The reason for this difference is obscure, but again may be explained by the supposition that since handicapped women are less familiar with the employers' resistance to handicapped labor employment, it is probably that their attitudes with regard to employment of other handicapped individuals are less sympathetic ones. At any rate, they are less strongly opinionated or biased in favor of the handicapped as employees, perhaps in an effort to render a universally fair group attitude.

Another explanation of this difference is the fact that, while the handicapped males seeking employment were looking for on-job placement and positions, the unemployed females desired their own businesses, or at least self-supporting status on a self-employment classification. Many women, to whom the problem of self-support was explained, wished they might find some way to earn a living by crocheting, doing hand work of various kinds. Several wished they could find it possible to open novelty stores, newsstands, "Candybars" and the like. To them, with self-

employed status, the question of employing other handicapped individuals may well have been answered from a viewpoint peculiar to their sex, on the basis of wished-for status in the vocational field.

Since, on the basis of their vocational "wishes" realized, the problem for them might become a real one, it is possible to hypothesize that their attitudes on the question might be more similar to that of the general public. Further, when we consider that the same comradeship or close association of handicapped individuals among women is not as great as it is among men who are handicapped, as the author has observed to be generally true among the handicapped groups, this hypothesis seems to be further supported.

Attitudes with Regard to Retained Employment
of Disabled Workers

The question was asked the handicapped group, "Do you think a law ought to be passed forbidding employers to discharge physically handicapped persons if those persons became crippled or diseased while 'on the job'?" Of the males, 18 or 43.9 percent answered in the affirmative; and of the females, 16 or 33.3 percent answered in the affirmative. This difference in percentage points, while not significant, tends also to find its explanation in the facts stated above treating the question of employment preference, by handicapped individuals, to handicapped employees . Ex-

cept that it seems to corroborate the previous finding, the answers to the question are probably more interesting in that they substantiate a tendency than significant to fact-finding purposes.

If we were to ask the nonhandicapped at large the question, "If you were handicapped would you give preference to handicapped applicants for jobs?" we might expect a result different from the above, and a smaller percentage of affirmative answers. The reason that this would probably be so is the fact that the nonhandicapped have very much less an understanding of the occupational problem of the handicapped, and usually exhibit amazement when informed that the occupational problem of the handicapped is a serious one.

In conclusion, the attitudes of the handicapped toward his world are infrequently ones of self-pity or resentment; rather their attitudes and concerted actions are ones which tend to make them compensate for their handicap by consciously striving to prove their employment worth in spite of their physical condition and society's limitations. Thus it sometimes occurs that it is a curse not without a compensating blessing that society imposes its restrictions and so induces this latter attitude. The handicapped, constituting a minority, are agreed that they are not getting what they are worth as employees. In paying the price for their handicap they must consciously exhibit to the employer that they are more capable in other ways than the pure phys-

ical in order to hold the same job at the same salary. Just as it has been stated that a Jew in upper New York state must be at least 25 percent better than his Gentile brothers; and as the Catholic in Protestant environments must be at least 15 percent better; so it follows that the handicapped in order to compensate for his obvious physical defect must be anywhere from 25 percent to 100 percent better than his more fortunately endowed nonhandicapped fellow worker.

CHAPTER SEVEN

PARTICIPATION OF THE HANDICAPPED

Relationship between Physical, Subjective, and Societal Obstacles to Participation

The fact that societal limitations are the most largely limiting in their participational implications receives further emphasis when the occupational records of the handicapped are examined. In itself, the handicapped individual's disability is of minor importance and places the most elastic limitations to his participational opportunities. When the society in which the cripple lives responds to him in a stereotyped fashion because of his physical deviation, the bounds of these limits more closely bind him.

It is to these stereotyped attitudes that the cripple must perforce respond with his own pattern of attitudes toward society; and it is from these stereotyped attitudes that his own arise. As a final result, he must adjust and accommodate himself to the whole pattern. Despite the ultimate narrowness of his participational allowance, the handicapped individual shows a remarkable diversity in the extent and nature of his participation. This diversity, this vitality, and this scope of his participation are perhaps most remarkable in his actual occupational participation, and his actual occupational pursuits.

Vocational Participation: Occupational Records

The group studied was asked to give a complete employment history since leaving school, whether or not they were presently employed. Of the 8 males who listed themselves as "unemployed," only one stated that he had "never been employed in his life." Others, instead of giving specific information, tended to summarize their employment history in the space provided, as, for example, of the males,

"None of my jobs were for specific times or wage. Magazine subscription agency, telephone relay of grain markets, local reporter on city paper are present jobs. I have also sold various things, kept simple books, written a few feature stories for city newspapers."

"Employed in Filing (sic) Station owned in partnership with my brother and one other fellow. Also took odd trips driving ten ton trailer trucks Inter-State. Possibly two or three trips a month. We were born and brought up on a farm and came to Boston when Dad was ill and we thought it best to sell the farm. Younger life and work was that of the usual farm lad."

Females in the handicapped group showed very little in the way of previous employment records. Again, much of the specific information asked for was lacking, and summarized instead, as, for example,

"I am not employed."

"I never attended school, and only have a few subscriptions a week. Wish I could find a way to "stand on my own feet."

"I 'chased cure' for tuberculosis from Sept. 1927 to July 1935. Entered high school and School of nursing for ex-

patients. Graduated as T. B. nurse June 1937. 'Chased the cure' again until June 1940. Worked until July 1941, and have been on the cure since then."

"For a few months I helped in a Business College where a relative teaches. I marked papers, answered the telephone, sold school supplies, helped some of the pupils. In return, I obtained lessons in Shorthand and Typing. In my home I gave lessons at night for a few months to a young foreign-born chap."

Only 24, or 50.0 percent of the questionnaires returned by the female handicapped contained any information at all in the space provided for the information; and of these 24 only 2 contained the specific information asked for.

Of the males, who were more inclined to give detailed information, although only a few did so, it was apparent among those who had been employed at one time before a crippling accident or disease, and were employed at present, none were earning wages equivalent in amount to their wages received before their handicap, and none were employed in the same, or a similar capacity. Although the data secured has no statistical significance because of the small sample, the tendency, augmented by the author's observations in other studies, indicates markedly lower wage-earned status than the average for nonhandicapped persons, due principally to the fact that most of the reported employment positions of the handicapped are part-time jobs. There was a tendency for decreasing income on successive jobs because skilled workers crippled on the job or during such employment rarely are able

to return to the same employment status because of their physical limitations, or because of employer restrictions.

Vocational Participation: Occupational Ambition

Males and females alike in the study group were asked the question, "What are your present occupational ambitions?" The answers indicated that the individuals were not so much concerned with kind of employment as they were concerned with employment per se. Sample answers from the males indicate that the chief ambition was to obtain a position remunerative enough to allow self-support of the individual:

"To obtain a self-supporting job of any kind."

"Just to be able to make a few odd dollars to help out with my room and board."

"Just a job where I won't have to be a burden on anybody, and enough to keep body and soul together."

Those who had definite ambitions in mind, twenty in number among the males as illustrated in Table I on page 40, generally were hopeful of a change for the better, either in terms of prestige, remuneration, or both. Indicative that remuneration was not always uppermost, possibly, was the ambition of several who were gainfully employed whose ambition was authorship of books. It is generally known that authorship success is infrequent! Several enlarged on their choice of ambition in this regard:

"Writing many experiences, but tire so

easy, emotional life in past, bad, getting better. Grief, fear, hate, instead of love and joy."

"Would like to become a writer."

"I'm training in law, trained in accounting, mathematics, advertising--and so I want to write books, and am writing books. I plan to continue to tackle everything that's loose. Hope to get set in a larger city (100,000 or better) before this war is over, and to continue there to look for opportunities. Why plan anything, really?"

The latter individual, living in a small Oklahoma village, overemphasized his "training" in terms of his actual experience and education. He had not held any position in which his "training" was actually put to use. This case is illustrative of the tendency for handicapped males to choose fields far away from their actual training or experience. Many assume that because of having read a few books on a particular subject, they may enthusiastically claim "training" in that subject. Most of those who wished to enter the professions or the arts had no educational or experiential background for their choice.

In the case of the females, the ambitions were less optimistic and much more conservative:

"to run my own gift shop."

"to continue Tuberculosis nursing."

"gift shop tho' health doesn't permit. Just a day dream!"

"Homemaking for some woman doing defense work."

"Nothing I can now do, in my field (speech work--radio broadcasting) and have no idea of what could be done with my handicaps."*

"To write stories and sell them."

"Just to be able to earn enough each week for my needs. If I had a definite thing to do instead of depending on just what comes in."

"Anything I could learn to do that would be a help to myself and others."

"Good housekeeper, since I'm engaged."

"Lovely handwork, Designer of dresses or hand work, also plain sewing, especially children's clothes."

"Home teaching."

Probably the most extreme ambition expressed by a woman, considering her physical handicap (born without hands and feet), was stated as follows:

"Social worker, radio minister, announcer, entertainer."

It is not peculiar to the handicapped alone that such a large number of them aspired to authorship. It is perhaps as true of all of us that at some time in our lives we hope to write the Great American Epic. In this regard, however, one aspect of the ambition to write may be said to be particular to handicapped groups in general. Writing offers an escape from reality--as much an escape, possibly, as the reading of romantic novels and adventure stories. It is certainly not true of the handicapped that they were more

* This young lady, 22 years of age, a college graduate, had majored in speech and dramatics. Shortly after graduating, an illness deprived her of hearing, and a nervous disorder also affected her speech and muscular coordination in general.

capable of becoming successful or even mediocre writers than the general population. Writing is a natural inclination of the introvert, an escape for the repressed, a way to build air castles when more prosaic adobes are less satisfying.

In general, there was little relationship between physical handicap and vocational ambition in the case of the 41 males reporting, just as there was little association between job held and physical handicap. In the case of the women, however, most of them had ambitions more closely related to the fact of physical limitation; most of them chose "ambitions" which did not involve a great deal of physical activity and which centered chiefly around the household arts. The males, more desirous of active participation in vocational and professional fields, plunged whole-heartedly in their choice, unmindful of physical restrictions, educational or vocational background or experiences.

Since, however, a greater proportion of males were employed, and as previously stated quite often in positions which would seem to be physically impossible for them to hold, they no doubt had this feeling of lack of limitation--that physical handicaps overcome, educational and experiential limitations could likewise be overcome. The females, on the other hand, more timid in their ambitions, had had no valid argumentative rationalization to present themselves with when considering the question--few "career women" were among them, although the interest in writing was somewhat evident, but not so much as among the men.

Vocational Participation: Assistance from Others

The handicapped individuals were asked, "Can you count on any financial assistance from others in obtaining vocational training or in entering business?" Of the males, thirty, or 73.1 percent, answered in the negative, while the remaining eleven individuals, comprising 26.9 percent gave affirmative answers with qualifications. Most of this latter group stated that they could expect "small assistance." One individual had an 86-year-old aunt, whom, he stated, "hasn't any heirs."

The females, however, were more hopeful of assistance from others. Of the 48 individuals in the group, 41 answered the question in some way or another, 21 or 51.2 percent answering in the affirmative, stating, "parents would," or "relatives." Others, less sure, answered, "perhaps," or "not sure," and were not included in the 51.2 percent who definitely stated they could expect assistance. Of the remaining 20 individuals reporting, 6 or 14.3 percent were uncertain of assistance, and 14, or 35.5 percent stated they could expect no assistance, as compared to 73.1 percent of negative answers from the males, a significant difference. One female reporting stated, "My parents don't expect me to work."

The difference in expectations of financial assistance between the sexes is difficult to explain. Whether parents, relatives, and friends are more constrained to offer

financial assistance to females handicapped than to males is not the object of study; however, it is important in terms of the societal limitations to participation facing the handicapped males. Interestingly, the males who stated they could expect assistance, included all those who reported themselves "unemployed," while the remaining three individuals who stated they could expect assistance were self-employed part-time. The offer of assistance might have been given as a stimulus to greater endeavor. The females, all of whom were self-employed part-time as previously noted, showed no such relationship.

Marriage and its Relationship to the Financial Problems

For others, who are handicapped, the handicapped individuals reporting rated the "marriage problem" as second only to health, believing a normal sexual life and marital status was equally as important a problem as health and the financial (see Tables VI and VII, page 66). For themselves, the handicapped rated marriage as of fifth importance. An explanation of this difference in position of choice of marriage as a problem has already been proposed. The marital status of the 41 males reporting, associated with other factors, exhibits interesting features. Five categories of status were used in the questionnaire, with the results as shown in Table XII.

From the report of nature of the handicap, wages earned, and occupational status, it was of interest to note

TABLE XII

Marital Status of 41 Handicapped Males Between the
Ages Twenty-one and Fifty-two

(Questionnaire Study)

MARITAL STATUS	NUMBER	PERCENT
MARRIED	7	17.0
SINGLE	34	83.0
DIVORCED	0	0.0
WIDOWED	0	0.0
SEPARATED	0	0.0
TOTAL	41	100.0

TABLE XIII

Marital Status of 48 Handicapped Females Between the
Ages Nineteen and Fifty-two

(Questionnaire Study)

MARITAL STATUS	NUMBER	PERCENT
MARRIED	2	5.2
SINGLE	45	92.8
DIVORCED	0	0.0
WIDOWED	0	0.0
SEPARATED	<u>1</u>	<u>2.0</u>
TOTAL	48	100.0

that the seven married males were all employed in on-job positions, three full-time, four part-time. All were earning above \$20.00 weekly; one reported himself earning "average of \$100.00 weekly." Three had married handicapped females. Two, who were spastics, married spastic women; one who was arthritic married a girl who was a victim of poliomyelitis. One male, although the information was not asked for, volunteered the information that he was "engaged." It is assumed that all married males were handicapped at the time of marriage, since all were handicapped at age sixteen or younger.

The forty-eight handicapped females indicated their marital status as shown by Table XIII. From the report of nature of the handicap, wages earned, and occupational status, it was of interest to note that the two married females listed no present occupation or earnings. The "separated" female reporting was earning an "average of \$5." weekly. One married female was handicapped from birth (spastic paralysis). Another, who was a victim of arthritis, did not state whether she became handicapped before or after marriage (age 41, handicapped 17 years). The female reporting her status as "separated" actually reported herself as "deserted," the desertion having occurred one year after handicap was incurred (age 36, handicapped 16 years, deserted 15 years, crippled by amputation of leg). Two females reported themselves "engaged." There are no significant differences in marital status between the males and females. The range of age in

both sex groups was approximately the same, and the average age of both groups were practically identical.

Summarizing, the examination of the occupational records of the handicapped indicates that they are employed in positions where we would not expect to find them; that their ambitions are not entirely opposed to their capabilities; and that the relationship between their occupational training and skills bear little resemblance to their actual occupational status--less resemblance, in fact, than we would expect to find in the population as a whole.

Men who are handicapped tend to consider not only their physique but also their financial status as factors of equal importance in placing restrictions to their marriage possibilities. The author from his observations of the handicapped tends to believe that the factor of physique is exaggerated out of true proportion in the minds of many of the handicapped males.

Handicapped women, from the author's observation, tend to be more greatly concerned with the physical obstacles to marriage. Traditionally, women in general consider the financial problem of less importance as it relates to marriage. Although it is true that fewer women than men handicapped are married, their opportunities for marriage are probably not less than those of the men, on the physical basis alone.

1

CHAPTER EIGHT

SUMMARY AND CONCLUSIONS

Summary of the Data

In summarizing the foregoing data and findings, it has been the particular concern and hope of this study to determine to what extent the handicapped participate socially, in what manner they participate, and in what ways they seem to differ from the nonhandicapped in terms of participation. Considering their participational problems en toto as a social problem, much emphasis has been given to the financial aspect which is closely related to vocational, education, and general social problems. It has been pointed out that the handicapped are limited physically, and to some extent this initial and basic difference between the cripple and the normal individual has been dismissed en passant as relatively insignificant in its importance as an obstacle to participation.

The participation pattern of the handicapped individual is a function of his physical handicap, society's definition and attitude, and his own subjective attitude arising from the societal definition as well as his personal reactions to the situation in which he finds his status and role already greatly confining and in instances almost without exception repugnant to him.

It has been found that the physical handicap with its consequent limiting qualities seems to have little bearing on the nature and extent of vocational participation

among those who are employed. On the other hand, certain types of handicaps in themselves are conducive to particular kinds of participational endeavor. While we would not expect to find legless truck drivers,¹ we do actually find them. Although we cannot normally conceive of a bedridden traveling salesman,² one individual was actually so employed in that vocational field. Like the proverbial one-armed paperhanger, handicapped adults are not excluded by their disability from vocations normally defined as capable of being filled only by physically normal persons.

Although wages paid to employed cripples seemed substandard on the basis of comparisons with almost any occupational group of wage-earners, the fact must be taken into consideration that a great percentage of the crippled employed were either self-employed, employed part-time, or both; which greatly lowered the average. The false conclusion should not be drawn that crippled employables are "worth" less on the labor market. Handicapped individuals frequently argue that their efficiency on the job is greater, that their work is of better quality, and that they are less apt to create labor problems, simply because they are less secure and realize that they are in no position to prejudice their employment status since their chances for other employment are very poor.

In the earlier study, made in 1939 and 1940, it was

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- ¹ Personal document. D. E. was a victim of paralysis of the lower extremities and was employed as a truck driver. Not self-employed.
- ² Personal document. H. S., from observation, conducted his sales campaigning by driving a specially constructed auto.

found that handicapped individuals tended to have fewer siblings than physically normal individuals; and the possible explanations were advanced that the parents found the support of a crippled child so expensive that they couldn't afford additional children; were "afraid" that subsequent offspring might also be defective; or found the care of one handicapped child so time-consuming that they feared that other children might perforce be neglected.

In some instances, it was found that physical handicap itself was a barrier to educational opportunities--but chiefly this was true for those who even had they been physically normal, could not have afforded an education. In the first sample surveyed, all persons had completed the eighth grade, and over 40 percent had completed the twelfth grade, indicating that the education of the handicapped is far from being impossible. Most handicapped individuals, from observation, are making as much of their educational opportunities as society will allow, not only because their other participational opportunities, being limited, allow more time for educational endeavor, but because the cripple more than the normal individual realizes the importance of education. Many adult cripples realize very clearly that an advanced degree of formal education is one compensatory asset tending to equalize the liability of physical incapacity.

It was perhaps surprising, as brought out by the study, that the personal problems of the handicapped were not very different from those of the control group. Although the

handicapped tend to identify their financial problems more closely and particularly with their limited vocational opportunities, whereas the control sample was more vague in defining its financial problem, the basic fact still exists that the two groups were very similar in assigning chief importance to the financial problem. As a problem, "health" could be expected to be of more important concern to the handicapped than to the normal individual. Too, because of fact that the health problem has its effect on other forms of participation, it was undoubtedly emphasized.

Because it is more difficult for the handicapped to solve, the problem of marriage might also be expected to concern the crippled more than the physically normal. Again, the problems of health and finances are closely allied to the problem of marriage. Some handicapped desire marriage because they feel that such status is a way of asserting the longed-for equality which they desire--a way of proving to themselves that their handicap, after all, need not be considered so much of an obstacle to normal participation.

The traditional attitudes of the public are the greatest limitations to the participation of the handicapped. Largely, these attitudes have their roots in old world social treatment of the handicapped, as well as in certain psychological roots--the "guilt feeling," the "rationalization" and the "stereotype" processes; and, as may bear repetition, Benet's terse but apt summary, the distaste of the hale for the maimed.

A good deal of controversy exists among the general

public as to how the handicapped should be dealt with in society. In the educational systems of the United States, a classic controversy centers around the segregation versus non-segregation policy--should crippled children be permitted to attend normal public schools, or should special schools be provided? Largely, the public adheres to the notion that physically handicapped individuals are mentally retarded, or emotionally unbalanced, "difficult," "problem children," "spoiled," and the like. The public argues for segregation on the basis that these "spoiled" handicapped children will be bad examples for the physically normal.

The social worker who has dealt with the handicapped has a different point of view, and, while not offering a Utopian solution, at least approaches the problem more sensibly--arguing that if segregation takes place, the segregation should be made in the crippled group itself--that the slightly handicapped otherwise normal individual should be separated from the mentally retarded handicapped individual, all other things being equal; that the fact of physical disability should not be the only criterion for the segregation; and that other factors should be taken into consideration to determine what shall or shall not be done to and for the cripple in terms of his educational opportunities and participation.

Since the financial problem was uppermost in importance to the handicapped, and since this general problem more specifically depends on vocational participation--or the lack of it--the attitude of the employer was important in con-

sidering societal limitations to participation in general. (The study seems to indicate that a good deal of social work must be done with the employer, and not all of it with the handicapped individual!)

In their attitudes, the handicapped view their participation as a function not so much of their physical handicaps as of society's definition and attitude. Of immediate importance to them is the fact that their own attitudes have been previously determined for them by society's limiting definitions. These attitudes, of course, differ somewhat with sex, degree of education, employment status, marital status, and so on.

Regarding his own handicap, the individual tends to think of himself as perhaps not as "bad off" as he might be, or as severely handicapped as "the other fellow." His attitudes toward his status and role in society are not irrational and radical and do not indicate a significant pathological outlook, for the most part. It is true, as found from the data, that the handicapped would favor modifying the Workmen's Compensation Act in such a manner as to facilitate their greater vocational participation. Also, it is true that most of them, if they were employers, feel that they would be more sympathetic to handicapped labor and more likely to give them preference for jobs over the nonhandicapped. Finally, most handicapped persons believe that in general the cripple is entitled to a better "break" in the labor market than he receives, and is inclined to feel that

employers should in some fashion be controlled in changing the employment status of workers crippled or disabled on the job. These are not radical viewpoints, certainly, and they do not indicate anything of pathological significance. Rather, they are parts of the general social problem which the participation of the handicapped constitutes, as such participation deviates from the more or less ill-defined "norms" which can be utilized for purposes of comparison.

It seems that in the main, it is society and not the handicapped individual who is at fault if the cripple finds himself participationally isolated. The handicapped agree almost universally that something can be gained by a thorough study of their problems, and they agree that the limitations to participation placed upon them by society are more irksome than those imposed upon them by their disability.

Conclusions from the Study

The relationship between social participation and physical handicap creates a social problem in that the situation is remediable. It is a social problem too, because the relationship is a function principally of social attitudes which oppose maximum adjustment of the cripple to his social situation, and in so doing limit and define the degree and nature of his participation. No particular clique of persons is responsible for the results of limited social participation which are injurious to the social welfare of the handicapped; likewise, it is beyond the ability of any single segment of society alone to devise a workable solution which would alter the situation.

On the other hand, the relationship between social participation and physical handicap is not in its function pathological or indicative of disorganization. The extant situation is not one which involves cultural breakdown. It is not a situation which is due to any disintegration of cultural patterns, ideas, attitudes, or anything similar which can be said to indicate disorganization when measured against a norm of culture or behavior. The handicapped have traditionally constituted a minority group of social deviates on the basis of deviation physically, as has been indicated. The physically handicapped people in our society are not particularly concerned with their handicap per se, but they are certainly not participating socially in a subnormal fashion

because of any inner conflict between competing impulses which they possess which might arise out of the fact of handicap alone. The cripple is not incapable of organizing his life for "efficient, progressive, and continuous realization of his fundamental interests."³ Rather, he is organizing his life as efficiently as he can to satisfy his interests and is opposed in so doing by the situation in which he finds himself.

Explaining participation of the handicapped as merely a social problem rather than as an index of social pathology necessitates the analysis of several sociological aspects of the situation. Although disorganization does not always involve a direct conflict between social traditions, attitudes, folkways, and the like and the individual's wishes as a matter of personal interest, the fact of his participational deviation still may not be in any way identified with pathology because there is no evidence, from the study at least, to show that the cripple is in any way disorganized personally as a result of the socially claustrophobic situation with which he has to contend. Nor is there any mechanical breakdown in society which forbids or prevents society from serving the handicapped group in such a way as to increase the quantity and quality of his participation--the problem is merely social, and a social problem resulting out of a controversy over policies which must be established before that problem can be solved and its causes eradicated.

Traditionally, the cripple has been the object of

³ Thomas, W. I., and Znaniecki, THE POLISH PEASANT IN EUROPE AND AMERICA, II, 1927, pp. 1128-1129

charity. Traditionally, the cripple has been associated with beggary, delinquency, criminal behavior, feeble-mindedness, and the like. Historically, the cripple has been a social blight, an object of scorn, a freak, an amuser of barbaric princes, an industrial non-productive liability, a social burden, impossible to educate, impossible to rehabilitate, incapable of being trained. In the societal reaction, the cripple has been a misanthrope, a marital nonentity, a brat, a problem child, unruly, maladjusted, perverse, perverted, incapable, hypocondriac. These are the traditional, habitual, pervasive attitudes which have grown strong because of the length of their temporal existence and because of the fact of popular subscription.

No study of the handicapped--and by that is meant the crippled classified in the groups already mentioned--has ever conclusively shown that physical handicap and social maladjustment are causally associated, although this hypothesis has frequently been suggested. There is no evidence to show that cripples are not as capable, sans handicap, of participating educationally in terms of intelligence as are the physically normal. It is a joint relationship and not a direct causal one; that is, social maladjustment is not caused by the physical handicap but is caused by societal limitations and attitudes resulting from the perception of the handicap.

Fernald and Arlitt's study shows that crippled children tend to resemble their siblings in intelligence,⁴ and

⁴ op. cit., p. 265ff; also a study by the same authors at an earlier date, "Psychological Findings Regarding Crippled Children," Sch. and Soc., XXI (1925), pp. 449-52

that there is no significant relationship between type of crippling and intelligence (which coincides with the findings of this study). Other studies which have previously been made indicate strongly that the degree to which participation is attained by the handicapped is largely a function of society's definition and attitude. Strauss⁵ pointed out, that in classroom situations crippled children seemed to lack initiative, and that alumni of the school were enthusiastic enough about their associational program and were tractable to suggestion, but seldom offered suggestions of their own. Strauss suggested, as a possible explanation, that three factors may be responsible for this lack of participational fervor; i.e., the cripples' lack of experience, oversolicitude of parents, and the possibility that a disproportionate number of the individuals might have feeling of inferiority. It is interesting to note that at least two of the suggested factors, and possibly all three can be interpreted in terms of societal attitudes to which the individuals have reacted in forming their own attitudes in the situation.

In considering the personality of the handicapped, in terms of sociological concepts, with regard to the groups studied, no evidence resulted which would indicate that the handicapped were socially incompetent in the larger sense. Locomotor difficulties, self-help difficulties, and the like would be expected to engender adjustment problems which might leave their mark on personality.

⁵ Strauss, Marian, "Initiative and the Crippled Child," The Crippled Child, XIII;6 (1936), pp. 164-65, 182

The author has observed that male crippled are often aggressive and more single of purpose, less observant of convention, less amenable to discipline, and more of an independent nature. Again, because society reacts to the stereotyped cripple, these aspects of the cripple's personality are often attributed as factors in a pattern of emotional instability! The cripple, however, has these traits of personality because he is reacting to social attitudes--he doesn't have them because of the fact that he is handicapped.

The females, on the other hand, although there was less opportunity for an equal amount of observation, tend to be more mature emotionally than noncrippled females of the same age. Seriousness, of course, may well be considered as a coincident factor in subnormal participation.

From the findings in this study, the question might naturally arise, "How do the handicapped adjust in their participational problems?" From the standpoint of the individual, any answer that might be offered would have to be amended by qualifications. It was shown that a fewer number of handicapped than nonhandicapped were employed in fields for which they had had similar training. From such information alone it is not possible to generalize that in terms of adjustment the handicapped are less satisfied with their occupational status. It is possible, however, to point out that if satisfaction results more frequently when individuals are placed in fields in which they have had previous experience and/or training, the handicapped are at a disadvantage, and are apt

to find a satisfactory adjustment more difficult.

It was shown that other things being equal in terms of marital status, more handicapped than nonhandicapped were unmarried. It is not reasonable to assume that individuals are more adequately adjusted when married than when unmarried. If, however, it can be shown that the unmarried status of an individual occupying that status unwillingly tends to produce frustrations and consequent forms of dissatisfactory adjustment, then the handicapped are again at a disadvantage.

Generally speaking, however, and considering the handicapped as a group, very little evidence was found to indicate a less adequate adjustment of the handicapped than the nonhandicapped. If such maladjustment does exist, it certainly does not exist to the degree of disorganization or pathology.

The concept of accommodation presents a different viewpoint to the same picture. Whereas individual cripples adapt to their situation continuously, and this situation is unique with the individual, accommodation is the natural issue of competition. Since social attitudes define most strictly the cripple's status and role as well as his participational limitations, the handicapped must fit himself to the environing social condition. "Born cripples" here have an advantage, since in a sense they have been accommodated from birth. Accidental cripples and post-natal cripples, however, must learn to change habits, sentiments, and ideas to conform with the character they play in their new

role.

The study shows that the congenital cripple has no advantage over the accidental cripple in terms of accommodation. It is a characteristic of human nature that humans quickly take up the slack of personal disorganization resulting from traumatic incidents. The average individual who loses his legs under a locomotive may suffer a severe shock which is not entirely physiological, but by no means does he spend the rest of his natural life running about like the proverbial chicken with its head cut off. By a sequence of adjustments which vary in difficulty with the individual, the amputate reconciles himself to his loss. His attitudes and habits are surely changed, but it is just as surely the exception rather than the rule that such a person exhibits disorganization or evidences of pathology.

It is often his family which bereft of a provider, finds accommodation more difficult. Again, social attitudes seem to be more important in this process than subjective ones. Mothers often pitiably lament the curse Fate has seen fit to bestow upon them in giving birth to a cripple. As a result, they often consider that only by some manner of atonement to the crippled offspring can they "make it up to him:" To the obvious disadvantage of the cripples' adjustment which might more easily be made without the added obstacle of undue solicitude of a parent. The protective instinct of the mother extends further in that she is a factor in influencing the behavior and attitudes of friends toward the cripple. The

stereotype again results, and in terms of accommodation it is to these attitudes that he must respond.

Despite limits to social participation of a vocational nature which have been brought out in the study, and which were attributed largely to employer attitude, a greater social problem exists when we consider further that there are certain difficulties in the placement of crippled workers which bind the employer as well as the crippled applicant, as well as other obstacles of an economic nature. Not only does the employer have his attitudes restricting the vocational participation of the handicapped, but society has been unable, legislatively, to solve the problem of the use of the physical examination in eliminating prospective employees--which strikes hardest, of course, at the disabled individual. The social problem extends, too, to that obstacle of economic importance which under the Workmen's Compensation Act⁶ increases the contributory tax of the employer when he hires physically subnormal workers; and in addition, the problem extends economically to the added cost and difficulty of transporting handicapped individuals to and from their place of work.

From its various faces, then, the degree and kind of participation of the handicapped shapes itself into a social problem which must be attacked from every strategically possible point of offense. Concern should not be too great for pathological evidences, because they do not seem to exist. Rather,

⁶ Reference to the provisions of the Act should be made. Also, reference should be made to various treatments of individual industrial and business firms method of insuring the worker.

the problem should receive attention from the constructive viewpoint of social welfare planning which, with a sound blue-print derived from an analysis of the studies of the handicapped already made which might well constitute some of the building materials for the foundation, a well-organized program might normally ensue, and progressively bring about better participational opportunities for the handicapped through attention to the various indices which have been dealt with here, as well as indices which may additionally be discovered in the course of synthesis and further investigation.

CHAPTER NINE

RECOMMENDATIONS

The vocational, occupational, and financial problems of handicapped adults as well as adolescents can be alleviated best by an integrated system of planning and organization by service agencies cooperating with already existing social resources by setting up distinct and separate departments within their administrative machinery. In communities over 25,000 in population, a system of inter-agency referral and cooperation is needed and possible, with no increase in available resources except additions, where necessary, to staff.

Each state in the Union has a different welfare and service scheme administering to the handicapped. In many states, these functions are subsidiary ones, while in others departments for the handicapped are divorced from the general welfare set-up and administer through separate departments. Regionally, it may be stated in general that the welfare and service resources for the handicapped are most satisfactory in the east, the north central, and the north midwestern regions, the less satisfactory services are to be found, generally, in the deep south, the southwest, and the Rocky Mountain states, excluding California, Oregon, and Washington in that region, and Texas in the southwest.

In the first mentioned group, Michigan's plan is typical in the scope and completeness of its services; and it is also typical that such services are more satisfactory

where public, rather than private agencies function, the latter performing with greater coordination of resources and with greater inter-agency cooperation.

In Michigan, for example, the county division of the Michigan State Employment Service is one of fifty-two full-time offices. In addition, 108 communities in rural areas receive part-time service from neighboring branch offices. The services afforded the handicapped to enable them to participate to a larger degree and with greater satisfaction vocationally, is a function of the Occupational Adjustment Services Section of the Michigan State Employment Service, Department of Handicapped Placements, in its third year of operation (1942). In 1940, this section placed 1,252 handicapped individuals in private employment. In the period January 1 to October 30, 1941, the state-wide placement was over 4,000, and the total expected for 1941 was 4,750.

In the metropolitan area of Lansing, a total of seventy-seven individuals were placed in 1940. The department, under Mr. Harold Hayes, state supervisor, has set up five categories of handicapped:

NATURE OF HANDICAP	NUMBER PLACED (1940)
Amputation	8
Impairment of limb	8
Internal disorder	34
Disfigurement	0
Impairment of senses	<u>27</u>
Total	<u>77</u>

The department, in its administrative function, overlaps many other county agencies, and that of private agencies in the area. The departmental supervisor plans

shortly to issue a directory of the social resources for the handicapped in Michigan. Temporarily, there exists "A Directory of Adjustment Services in Michigan for Exceptional Children," a revision shortly to be published because of the recent elimination for the agency coordinate plan of the state's Department of Labor and Industry for the Deaf. The extant directory is merely a guide to show how the employment agency functions as a composite whole, and what community organization of agency resources can hope to accomplish. The composite picture shows the function of the employment agency is administratively divided into five placement subdivisions:

1. Junior, age group 16-24, with no previous employment record.
2. Negro, foreign-born, color groups.
3. Service veterans
4. Farm laborers.
5. Handicapped.

According to Mr. Harold Hayes, there are three minor subdivisions under the "Handicapped" division:

1. Physically handicapped with background and training of previous employment (i.e., not requiring vocational training or referential services before placement).
2. Physically handicapped, potential placement group (i.e., those who before placement need and will receive whatever is necessary of the following:
 - a) training in specific vocational field, or augmented training.
 - b) orthopedic appliance.
 - c) pre-placement occupational referral--to N.Y.A., C.C.C., W.P.A., and other training centers.
 - d) referral to other public or private social welfare resources.
 - e) other services
 (Any or all of the above are offered with employment as the end-point goal).
3. Physically handicapped with vocational

SECRET

he "Handicapped" division:

...all of the ... as ...
...other service ...
...state social w ...
...referral to ...
...and other traini ...
...C. C. ...
...pre-placement occu ...
...orthopedic appliance ...
...field, or augmented tr ...
...training in specific voc ...
...necessary of the followi ...
...ent need and will receive wh ...
...oup (i.e., those who before ...
...ally handicapped, potential pla ...
...ant).

handicap caused by one or more of the following:

- a) mental disorder
- b) age
- c) color
- d) previous employment record replacement not feasible because of subsequent disability.¹

Group 1, above, is directly entered on the record with no distinction from other regular nonhandicapped review records for immediate availability. Group 2 applicants are referred to other agencies cooperating for previously agreed upon services. No applicant is referred without agreement of agency cooperating to render needed service. These services include vocational therapy, training, rehabilitation, medical services, and the like. This process is gone through with employment in mind as an end-product. The collaboration of agencies is designed to bring the services to the client, rather than to bring the client to the services. The department operates closely with all other state and federal agencies state-administered.

The system of referral is designed to bring about the elimination of buck-passing. A refusal by a collaborating agency does not throw out the possibility of prior needs being fulfilled. Arrangements are made by telephone or letter through the department; and a check through the Social Service Exchange records. The client does not leave the office until the required service is approximated, and the assistance secured (e.g., if the applicant is tuberculous, he is referred to not only the Ingham County Tuberculosis Society, which secures treatment at the sanitorium, but also to other agencies

whose function may provide him with supplementary services, all services designed to lead toward employment as an end-product. The chief purpose is to give service through county and state resources, and it is a functional compilation of data with incorporated "follow-up" procedure. (The department is in the process of establishing an all-coverage inter-agency organizational blue-print for more efficient administration).

Prior to the organization of the Occupational Adjustment Services Section in which department the Handicapped Placement Division falls, Michigan provided for the original training or retraining of the handicapped through the Division of Rehabilitation of the Department of Public Instruction. "The activity involves vocational counseling, guidance, training, and placement. Its purpose is to assist persons who because of physical disabilities are not employed and to provide for their return to remunerative employment."²

In Michigan, the program was supported by congressional appropriation under Act 317 of the 71st United States Congress, second session of 1929, approved June 2, 1930. The state supplemented the authorization by Act 311 of the Public Acts of Michigan of 1921.

Under the present plan, Figures 10, 11, and 12 serve

¹ Personal document. Data from interview with Mr. Harold Hayes, State Supervisor of Handicapped Placements, Michigan Unemployment Compensation Commission.

² Unson, Lent D., and Matson, Opal V., Crippled Children in Michigan, p. 171

to illustrate the referral of the three minor subdivisions of handicapped and the administrative machinery and departmental division as a whole.

Under the direction of a specialist in the problems of the physically handicapped, employers are encouraged to hire handicapped workers, who are qualified for specific jobs, and handicapped workers are advised to the types of employment which they can handle effectively. Pioneer representative of capital and industry who pointed out the possibility of efficient placement of the handicapped according to the requirements of job analysis, was Henry Ford, who stated,

"Society can absorb all of its disabled and pay them full wages without charity. It can use all its blind and more in positions where eyes are not needed.... An efficiency study of my factory showed that we can use nearly 1,400 men with only one leg, an equal number with one arm, several men without legs, and thousands who were feeble-minded, pay them six dollars a day and have them earn their money. All that is needed is a job analysis to set the legless man at the job where legs are not needed."³

As was pointed out by Mr. Hayes, the job of the placement specialist dealing with the handicapped, is to sell the employee on the basis of his capabilities and limitations rather than on the basis of his handicap. Studies are being made of the physical requirements of defense jobs in order to determine which of these jobs workers with specific handicaps can perform. At the time these studies were begun, labor con-

³ ibid.

FIGURE 10

Method of Referral for Group One Handicapped
Applicants at Handicapped Placement Division
(Michigan State Employment Service)

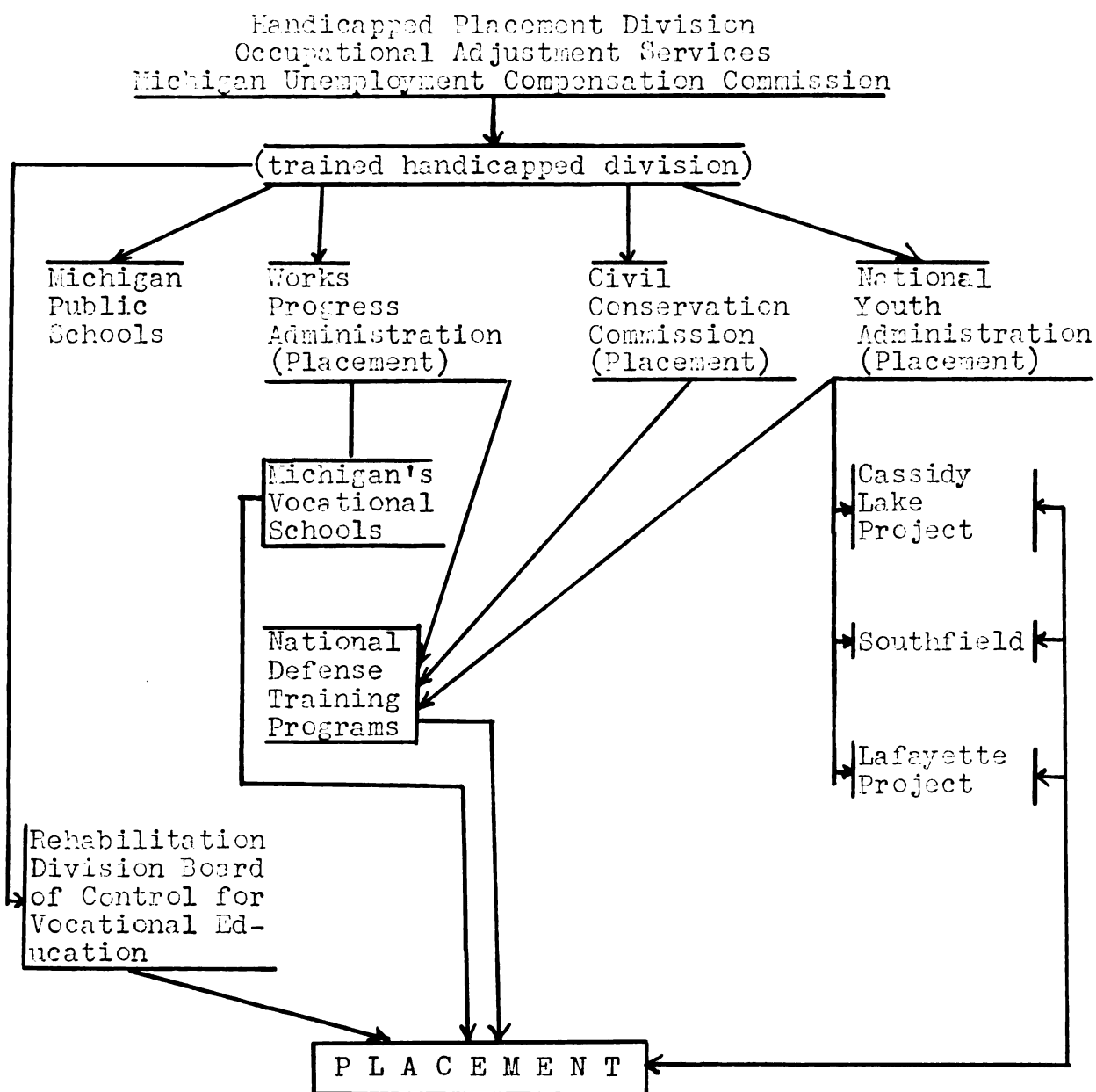


FIGURE 11

Method of Referral for Group Two Handicapped
Applicants at Handicapped Placement Division
(Michigan State Employment Service)

Handicapped Placement Division
Occupational Adjustment Services
Michigan Unemployment Compensation Commission

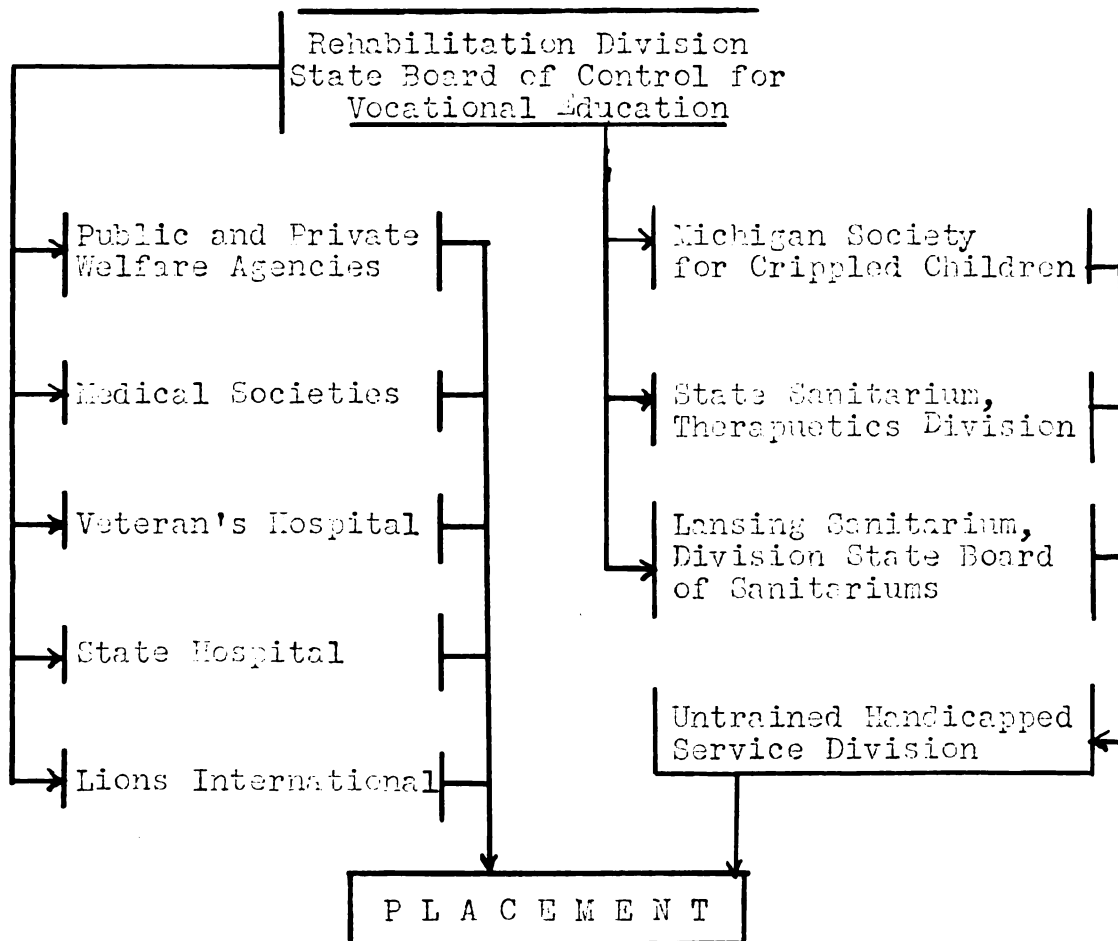
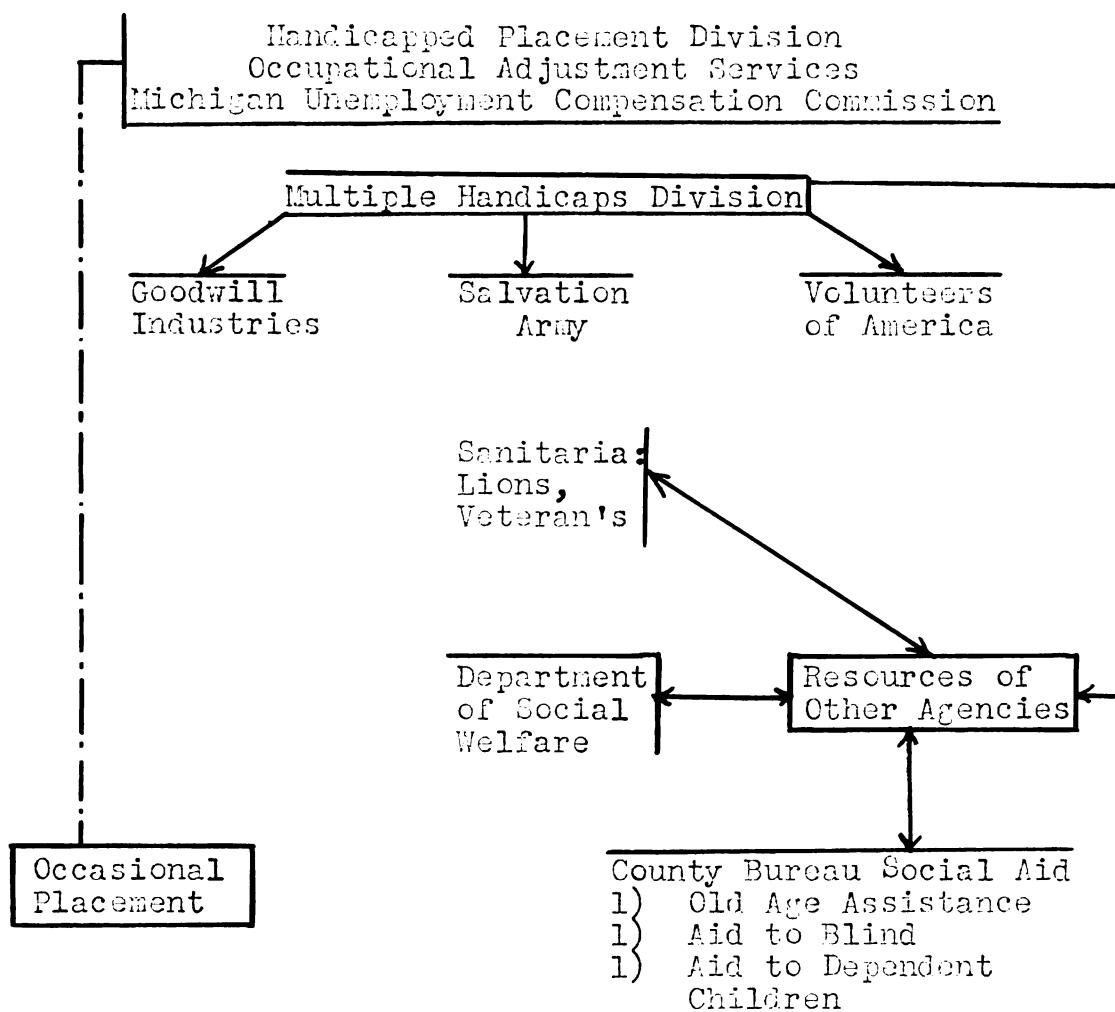


FIGURE 12

Method of Referral for Group Three Handicapped
Applicants at Handicapped Placement Division
(Michigan State Employment Service)



version on a large scale had not yet been foreseen. It is interesting to note, that because of the increased demand for labor as a result of the national defense effort which began more rapidly to get under way after February, 1942 with the greater regulation of defense industry by the various government bureaus--the Office of Production Management and the like--government Civil Service physical requirements lowered their minimum standards and raised the maximum age limits to admit erstwhile "unemployables," while private industries began to remove able-bodied men from the ranks of the non-productive corps of their personnel to shift them to the production line, and filled their positions with these "unemployables" considered only a few months previous to be sub-standard in terms of efficiency and the job analysis, including women, the aged, and the handicapped.

These workers have been used to fill the gaps, chiefly in non-productive personnel, which selectees and volunteers to the armed service in 1941 and 1942 left open. Increased vocational participation of the handicapped, as a result of social change in periods of disorganization as an aspect of the larger pattern of social participation, can be expected at least temporarily to remove some of the prejudicial obstacles which the handicapped formerly met in his vocational pursuits. An increased draught upon the facilities of vocational and rehabilitational services is to be expected in times when labor conversion assumes large proportions. Techniques of the counselors in their clinical procedure should

serve to stimulate participation of the handicapped.

".....the use of a varied test battery has often a marked tonic effect on imagination and initiative especially desirable in the lethargy which sometimes follows bad treatment for some chronic illnesses. Frequently, such subjects continue after testing to take stock of themselves and their experience, of their contacts, and of possible fields of employment. That counseling is most successful in which the counseled plays a dynamic role."⁴

The handicapped have received external retardation in the quantity as well as the quality of their vocational participation chiefly as a result of the factors of an adverse labor market, the restrictions of legislation (e.g., The Workmen's Compensation Act), the prejudicial attitudes of employers, the symbolic content and connotation of the term "cripple," their lack of organization, and their consequent failure to present a unified front to effect the changes necessary. Their only ally to their vocational desire and vocational realization are the still embryonic service agencies who attempt an intermediary function between the handicapped and the employer.⁵

⁴ Hudson, Holland, and van Gelder, Rosetta, COUNSELING THE HANDICAPPED, 1941, p. x

⁵ See, for example, "How Rehabilitation Service Helps the Adult Disabled Become Self-Supporting," Voc. Rehab. Bull. No. 2 (Michigan State Board of Control for Vocational Education, Lansing, Mich., 1938); "Mobilizing Michigan Manpower for National Defense," Ed. by Edw. L. Cushman, Chief, Occupational Adj. Serv., Michigan State Employment Service, Detroit, 1941; "Michigan's Program, Vocational Rehabilitation for the Disabled," Bull. No. 251 (revised) Published by the State Board of Control for Vocational Education, Lansing, Michigan, 1941; Annual Report of the Division of Special Education (Dept. of Pub. Instr., Lansing, Mich., 1935-36; Statistics of Special Schools and Classes for Exceptional Children, (U.S. Govt. Ptg. Office, Supt. of Documents, Washington, D. C.)

In exemplifying Michigan as one of the more progressive states in administering to the welfare and service needs of the handicapped, in which the vocational and employment services were emphasized, it should not be assumed that such functions of state and private agencies alone are responsible for increasing the extent of participation in general of the handicapped. The handicapped tend to be rather sociable. Whether this is true because of any "we feeling" which they might have, or whether outside stimuli prompt such reactions which tend them to fraternize is a question requiring special attention and study. However, the handicapped considered by the layman to have time on their hands make wholesome use of it rather than seclude themselves from social contacts.

Organizations of the Handicapped

One rather striking example of the sociability of the handicapped is evidenced from the fact that one group of handicapped adults studied by the author belonging to a common alumni association as graduates of a twelfth-grade school for the handicapped tended to remain in close contact with each other, and formed an association holding monthly meetings which were attended by a large proportion of members.

Handicapped individuals in the "shut-in" category tend to foster sociability by participation in "pen pals" organizations. A great proportion, in attempting to solve their various participational problems find amateur radio an

outlet, others find satisfaction and a means of participation in joining various organizations, social and semi-social, limited to handicapped individuals. We, The Handicapped, Inc., and the national Fraternity of the Wooden Leg are examples of intermediate groups in the latter category; while secondary groups such as alumni associations, "polio" clubs, and the like also function and are many in number. "Polio" (polio-myelitis) clubs, for example, organized exclusively for members stricken with infantile paralysis are several in number throughout the United States, and although comparatively new in origin show to some extent the ways in which the handicapped find their participational problems solved:

National Poliomyelitis Organizations in U.S.

NAME	ORGANIZED MEMBERSHIP		PLACE
Midwest Polio Association	1934	140	St. Louis, Mo.
Chicago Polio Swim Club	1938	102	Austin Town Hall
(No Title)	1939	15.	Chicago Y.W.C.A.
St. Paul Polio Swim Club	1940	20	Y.W.C.A.
Keystone Arrow Club	1940	22	Harrisburg, Pa.
Portland Polio Swim Club	1940	26	Jewish Community Center, Portland.

An intense interest in participation, not only from the standpoint of sociability, but from the standpoint of health, is exemplified by the statement of purpose of the Midwest Polio Association:

"It is our earnest hope that each member of the group, regardless of his handicap, will come to feel himself, not a spectator watching the procession of life pass by--but a doer, an achiever, a successful worker, a particular participator in a full and

rich life, with complete realization
of life's joys and life's blessings.
That is the final goal of our program.
We shall not rest until it is achieved."6

General Recommendations

The examination of various state plans of organization and planning for the social welfare of the handicapped should not be considered without some insight into the organizations which the handicapped have themselves undertaken to establish for their own benefit. When this examining process is completed, the general recommendations suggest themselves.

The ecological basis for recommendations is important. Communities of different sizes and locale have different resources which might be utilized in a program designed to provide the needed services.

Rural communities especially require more attention than urban centers where resources are more diverse and more readily available.

The economic basis for recommendations is important, secondly, for in order to establish a well rounded system designed to give a maximum of services to the handicapped, a fund-raising campaign is a necessary prerequisite to actual program planing. This is, of course, a factor which must receive prior consideration where little or no resources already exist which can be reallocated to cover the additional needs of such a program.

Generally speaking, the most valid recommendations

can be made where resources can be assumed already to exist, and where other welfare programs are already in operation, whether or not they adequately cover specifically the needs of the handicapped. In communities over 25,000 in population, assuming the prior existence of the usual resources, the following recommendations might be considered:

- 1) Training centers operating in normal schools or public vocational schools with special classes for the handicapped pre-employed youth might be established within the regular operation of such facilities.
- 2) Clinical Vocational Guidance with specialized services for the handicapped and a well-ordered system of referral might be established for orientation in vocational possibilities of the handicapped.
- 3) Agency-employer cooperative plans might be set up whereby the handicapped youth might receive training on the job in various positions--earning while learning. (Such systems are already in operation in many cities, where employers, usually in the industrials, agree to train handicapped youths to the job, and after a period of such training find a permanent position for them).
- 4) State control of private work-relief agencies such as the Salvation Army, Goodwill Industry, and the like, where handicapped and aged workers receive remuneration incompatible with a decent subsistence level of living.
- 5) State employment of handicapped workers in non-productive positions of government (such as clerks, typists, card-punchers, etc.), or at least a civil service preferment rating to handicapped individuals. This recommendation, in effect, would remove thousands of handicapped individuals from public and private direct relief rolls, increase their morale, and give them positions in the "light work" class which would not be incompatible with health or physical restrictions and limitations.
- 6) Federal enactment of legislation providing fees for education, or free education to all indigent

handicapped individuals through the college level, including vocational guidance and training where indicated.

- 7) Federal modification of the Workmen's Compensation Act to permit less strict imposition upon the private employer in the hiring of handicapped workers.

APPENDIXES

APPENDIX I,	PAGES 157-157
APPENDIX II,	PAGES 158-166
APPENDIX III,	PAGES 167-168

Date: (a) Jan. 1940 (b) Feb. 1940 (c) Mar. 1940
 Date: 1940 (d) 1940 (e) 1940 (f) 1940
 Date: 1940 (g) 1940 (h) 1940 (i) 1940
 Date: 1940 (j) 1940 (k) 1940 (l) 1940

VEILON.

Self-Op. Sex. _____
 Remarks: (Eng.) (H.A.) (Wre-Comp.) (Other) _____
 Chief Insp. Active _____
 Chief Insp. Active _____

Pennsylvania station

Accession# Date received Disposal#

Future Plans: None

Requires: 7 Man: 500 1000000

Vocational ambition? _____

Possible? Present India? _____

Chief obstacle to prog. and _____ (1944)

Chief obstacle to prog. _____ (1944)

Further Ed. Aug. 7 _____ Year? _____ In another? _____ Year? _____
 Voc. Used? _____ Manual? _____ Underplanned? _____ Overplanned? _____

0.2's 0.2's

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Figure 1. The effect of the concentration of the *Agrobacterium* strain on the transformation efficiency of *Agrobacterium* strain.

Wenn es sich um die Ermittlung eines Schadens handelt, so ist die

1

1. *Chlorophyll a* (Chl *a*)

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Abstract—The purpose of this study was to determine the effect of a 10-week training program on the heart rate (HR) and energy expenditure (EE) of sedentary, middle-aged women. The subjects were 10 women, 40 to 50 years of age, who were sedentary and had no cardiovascular or pulmonary disease. The subjects were randomly assigned to either a control group or a training group. The control group continued with their sedentary lifestyle, while the training group participated in a 10-week training program consisting of three sessions per week of aerobic exercise. The HR and EE were measured at rest and during exercise at the beginning and end of the 10-week period. The results showed that the training group had a significant decrease in HR and a significant increase in EE compared to the control group. The results suggest that a 10-week training program can improve the cardiovascular and metabolic health of sedentary, middle-aged women.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

1. Date of birth: _____
2. Place of birth: _____
3. Number of living brothers: 1. { } 2. { } 3. { } 4. { }
4. Number of living sisters: 1. { } 2. { } 3. { } 4. { }
5. Are any of your brothers or sisters physically handicapped? If so, explain briefly below: _____

6. Are your father and mother both living? Yes () No ()
- If answer is 'No', explain: _____

7. How many years have you been handicapped? _____
8. In what way are you handicapped--describe your handicap briefly: _____

9. Check in the proper space below: Check only one item:
- | | | | |
|--------------------------|----------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | I am married | <input type="checkbox"/> | I am a Protestant |
| <input type="checkbox"/> | I am single | <input type="checkbox"/> | I am a Jew |
| <input type="checkbox"/> | I am divorced | <input type="checkbox"/> | I am a Catholic |
| <input type="checkbox"/> | I am widowed | <input type="checkbox"/> | I am not a member of any church |
| <input type="checkbox"/> | I am separated | | |

10. Check in proper space below:
- | | |
|--------------------------|---|
| <input type="checkbox"/> | I attend church more than once a week. |
| <input type="checkbox"/> | I attend church not more than once a week, and not less than four times each month. |
| <input type="checkbox"/> | I attend church "once or twice" each month. |
| <input type="checkbox"/> | I attend church less than once a month. |
| <input type="checkbox"/> | I don't go to church at all. |

11. Do you belong to any social organizations? Yes () No ()
12. Are you a member of any lodge or fraternal organization such as Elks, Moose, Odd Fellows, Masons, etc? Yes () No ()
- If your answer is 'yes,' specify membership: _____

13. Have you ever taken a STATE or FEDERAL civil-service examination? Yes () No () If so, specify: _____

14. Do you use tobacco? Yes () No ()
15. Do you use intoxicating beverages? Yes { } No { }
16. Do you play any musical instrument? Yes { } No { }

- If your answer is 'yes,' specify: _____
17. Are you employed NOW (answer yes if employed by self) Yes () No ()
18. If you are NOW employed, how did you obtain your job? Check below in proper space:
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Job was obtained through a private employment agency. |
| <input type="checkbox"/> | Job was obtained through a public employment agency. |
| <input type="checkbox"/> | Job was obtained through the help of a friend. |
| <input type="checkbox"/> | Job was obtained through my own effort. |
| <input type="checkbox"/> | Job was obtained through a 'want-ad'. |
| <input type="checkbox"/> | Job was obtained through a labor union, or organization. |
19. Have you ever done sales work? Yes () No ()
20. Have you ever been assisted, in obtaining a job, by the American Red Cross? (answer yes if you were assisted even if you didn't obtain the job, and explain below): _____

Summarize your education in the spaces below:

	<u>Circle last year completed:</u>								Year	Did You Graduate:
1.	Grammar School	1	2	3	4	5	6	7	8	_____
2.	High or Prep School					1	2	3	4	_____
3.	College					1	2	3	4	_____
4.	Did you go to business college?	Yes () No ()								_____
5.	Did you go to a vocational school?	Yes () No ()								_____
6.	What subjects did you enjoy most in school? _____									

7. What subjects did you dislike most: _____

8. What subjects would you have liked to have had that you were not able to take? (Indicate reasons why you did not take them) _____

9. Rate the specific study subjects listed below in the order of their interest to you. (For example: If 'Chemistry' interests you most, place a figure '1' before that subject; figure '2' before second choice, etc.)

()	Philosophy		
()	Chemistry	10.	If you had the opportunity to attend school again, would you go?
()	Mathematics		Yes () No ()
()	Foreign Languages		
()	Literature		
()	History		
()	Biology	11.	Do you consider that the years you have spent in school have been worth time and effort?
()	Bookkeeping and Accounting		Yes () No ()
()	Social Sciences		
()	Manual Training, Shop Science		

10. Rate below the KINDS of books and magazines you like to read in the order of their appeal to you (just as you did in question 9)

()	Magazines such as LIBRARY, COLLECTORS, SATURDAY EVENING POST,
()	'Best Seller' Fiction, such as CHARLES OF SWATH, ONE WITH A WIND, MAIN STREET, GOOD EARTH, etc.
()	Murder Mystery Novels
()	Biography and Autobiography
()	News Magazines, such as LIFE, TIME, NEWS WEEK, etc.
()	Scientific Texts (What subject?)
()	Novel 'Classics' such as DAVID COPPERFIELD, FRANKO, TALENTED MR. FAYE, ROBINSON CRUSOE, etc.
()	Poetry, such as by Keats, Shelley, Wordsworth, Pope, Byron,
()	Magazines such as TRUE STORY, LOOK, SIXTY SIXTH STREET, etc.
()	RAVE, POLICE GAZETTE, etc.

11. On the average, how many BOOKS do you read each month: _____

12. On the average, how many MAGAZINES do you read each month: _____

13. Have you failed to gain promotion or to attain your desired position on account of an inadequacy in your education or training? If so, indicate the training in which you were lacking and how you intended to do the work you wanted to do: _____

1. Do you think that a handicapped person should marry? YES () NO () WHY? _____

2. All other things being equal, do you think that handicapped people should marry OTHER handicapped people rather than a physically normal, active person? Yes () No () WHY? _____

3. Would you marry whom you found congenial and companionable, but whom you did not love? Yes () No () WHY? _____

4. Do you think the married handicapped person tends to attach more importance to the partnership aspects of marriage MORE than the physical, sexual aspect? Yes () No () WHY? _____

5. Could you marry anyone as severely handicapped as yourself? Yes () No () WHY? _____

6. Have you, because of disfigurement, wished that you were dead? Yes () No () WHY? _____

7. Do you believe in benevolent dictation, or (if only a small part) that the power of a nation should result in better living conditions? Yes () No () WHY? _____

8. Which of the following do you admire most? Enter in the space your choice, thus: place a '1' to the left of the name of the person whom you admire MOST; place a '2' to the left of the name of the person whom you admire NEXT MOST, and so on thru '12' for the name of the person LEAST admired.

- | | | | |
|-----|----------------------|-----|---------------------------|
| () | Clark Gable | () | Franklin Delano Roosevelt |
| () | Charles A. Lindbergh | () | Abraham Lincoln |
| () | Henry Ford | () | John D. Rockefeller Jr. |
| () | John L. Lewis | () | Eleanor Roosevelt |
| () | Josef Stalin | () | General Douglas MacArthur |
| () | Wendell L. Willkie | () | Adolf Hitler |

Comment on your choice of MOST ('1') and LEAST ('12') admired: _____

Answer the following questions after due consideration. If you cannot answer 'YES' or 'NO', place a circle around the question-mark at the right.

- | | | | |
|---|---------|--------|---|
| 1. Have you ever gone to a fortune-teller? | Yes () | No () | ? |
| 2. Have you ever seen a ghost? | Yes () | No () | ? |
| 3. Do you read the Bible? | Yes () | No () | ? |
| 4. Do you have a favorite Bible verse? | Yes () | No () | ? |
| 5. Do you know of anyone who has been cured of disease by faith? | Yes () | No () | ? |
| 6. Do you like to 'day dream'? | Yes () | No () | ? |
| 7. Have you ever voted in a political election? | Yes () | No () | ? |
| 8. Do you like to travel? | Yes () | No () | ? |
| 9. Do you know of anyone who has had a 'curse put on him' by someone? | Yes () | No () | ? |
| 10. Have you ever had a vision? | Yes () | No () | ? |

Answer the questions by checking YES or NO. Most of your answers will be YES. You will have to check in only ONE of the three spaces provided in the right-hand column. The third space in the right-hand column, headed '?', means, 'I don't know, or I can't check it, that you cannot answer the question 'Yes' or 'No'.

- | | YES | NO | ? |
|--|-----|-----|-----|
| 1. When you were in grammar school, were your <u>classmates</u> on the average OLDER than yourself? | () | () | () |
| 2. When you were in grammar school, did you strive to excel your classmates in class work? | () | () | () |
| 3. Did you ever have the feeling in class work in grammar school, that the teacher 'left you out' of regular class activities? | () | () | () |
| 4. In grammar school, did you find your classmates pleasant and congenial companions? | () | () | () |
| 5. Did you ever actually fight with your classmates while you were in grammar school? | () | () | () |
| 6. Did you associate frequently with your class-mates in grammar school after classes, or during play periods? | () | () | () |
| 7. Did you ever brood a good deal over the failure to pass a course entirely to your satisfaction? | () | () | () |
| 8. Did you 'date' in high-school? | () | () | () |
| 9. Do you think that you enjoy the company of persons two or three years older than yourself MORE than you enjoy the company of those the same age or younger than yourself? | () | () | () |
| 10. Did you ever feel, while in school, that BECAUSE of your handicap you <u>had</u> to get the most possible out of your educational opportunities? | () | () | () |
| 11. Do you like to associate with other physically handicapped persons? | () | () | () |
| 12. Do you think a law ought to be passed forbidding employers to discharge physically handicapped persons if those persons became disabled or diseased while on the job? | () | () | () |
| 13. Do you think the Blackmore Compensation Act should be repealed? | () | () | () |
| 14. Do you think that crippled children should be sent to special schools for the handicapped rather than be sent to 'regular' schools? | () | () | () |
| 15. While you were attending grammar school or high school, did you feel that your teachers were <u>unkind</u> to you, or 'didn't understand' you? | () | () | () |
| 16. If you were an employer, would you give preference to other handicapped people as your employees? | () | () | () |
| 17. When you were in grammar school or high school, did the 'rules' and discipline irritate you a great deal? | () | () | () |
| 18. Do you consider that while in school you were a 'problem child' to your teachers? | () | () | () |
| 19. While in high school, did your companions seem to shun you, or avoid you, or try to keep you from participating in their play activities? | () | () | () |
| 20. Do you feel, from your school experiences, that handicapped people should go to schools exclusively for handicapped people? | () | () | () |
| 21. Do you think that children under 18 should be permitted to work in factories, or in mines, or in hard labor for wages in order to support themselves? | () | () | () |
| 22. Do you think there should be a law forbidding boys and girls under age 18 to smoke, or drink alcoholic beverages? | () | () | () |
| 23. Do you drive an automobile? | () | () | () |
| 24. Have you ever been in an airplane? | () | () | () |
| 25. Do you like to wear glasses? | () | () | () |

- | | | | |
|--|-----|-----|-----|
| 1. Do you think that sex-education should be taught in high schools? | () | () | () |
| 2. When you were in high school, did you think that there was a great deal of 'moral looseness'? | () | () | () |
| 3. Did you ever indulge in 'petting'? | { } | { } | { } |
| 4. Do you think petting is immoral? | { } | { } | { } |
| 5. Do you think that intimate sex relations should be re-
stricted to those who are married? | () | () | () |
| 6. Do you think that persons should postpone marriage
until they are able to afford it? | () | () | () |
| 7. Do you think that 'mixed marriages' (for example,
marriage between Catholic and Protestant, between
Jew and Gentile, etc) have less chance of being suc-
cessful than marriages between persons of the same
religion? | () | () | () |

[illegible]

1. If you feel that you were NOT entirely successful on some of the jobs, to what do you attribute that fact? _____
2. What, if any, occupations have been a frequent occurrence in your family? _____
3. Have you been urged or influenced to follow some other vocation than your present one? _____
4. WHY? _____
5. BY WHOM? _____ CO. WITH? _____
6. Can you count on any financial assistance from others in obtaining vocational training or in entering business? _____ Specify _____
7. What are your present occupational ambitions? _____

to you would be to be able to do the things that you would like to do. Do you think you will be able to do these things? What is the chance of your getting the things that you want? What is the chance of your getting the things that you want? What is the chance of your getting the things that you want?

1. _____ 2. _____
3. _____

With the training and experience you NOW have, what are your present occupational ambitions? _____

Below are listed some of the things all humans strive for, or hope to attain. Read them over carefully, then rate them in the order of their importance to you. For example, if you find that you would rather have 'New experiences' more than anything else, place a '1' in the corresponding bracket at the left. Be sure to rate ALL items, in the proper order according to your wishes.

- | | |
|--------------------------|---------------------------|
| () "Power" | () "Will Power" |
| () "Respect" | () "Response of Others" |
| () "Happy Married Life" | () "Recognition" |
| () "New Experiences" | () "Toleration" |
| () "Wealth" | () "Religious Salvation" |
| () "Happiness" | () "Physical Health" |
| () "Education" | () "Knowledge" |
| () "Wisdom" | () "Pleasure" |
| () "Clear Conscience" | () "Dignity" |

Mention any others not listed above _____

On the basis of your education and training, check below what you would consider a 'fair' salary in a JOB OF YOUR CHOICE. Choose on the basis of what you think you are worth to an employer actually.

- | | | |
|-----------------------|-----------------------|-------------------------|
| () Less than \$500. | () \$1251 to \$1500. | () \$5001 to \$7500. |
| () \$501 to \$750. | () \$1501 to \$2000. | () \$7501 to \$10,000. |
| () \$751 to \$1000. | () \$2001 to \$3000. | () "Over \$10,000" |
| () \$1001 to \$1250. | () \$3001 to \$5000. | () "Over \$10,000" |

Do you think the Federal Government should 'take over' all private industry, regardless of war or national emergency? Yes () No ()

Do you think that the Federal Government should prohibit labor unions from operating during time of war? Yes () No ()

Do you believe that the Federal Government should pass an Act to enable physically handicapped persons to obtain free education? Yes () No ()

On the basis of YOUR experiences, what has been your greatest problem? Choose from the list below, and 'rate' the items as you did exercise #1 above in the order of 'importance' of your problems.

- | | |
|------------------------|--|
| () Health Problems | () Inability to be Happy |
| () Inability to Marry | () Inability of Others to Understand Me |
| () "Money Problems" | () Lack of Pleasure, or "Excitement" |
| () Lack of Education | () My Helpless position |

List others, here, that do not appear above, and include them in your ratings:

- () _____ () _____
() _____ () _____

What do you think of your FUTURE future? Do you feel perfectly satisfied to 'go on' as you have been? Do you wish that some thing would 'happen' to change your circumstances? Use separate sheet for answers.

Considering the handicapped as a GROUP, what do you think is the greatest problem or series of problems confronting them? Answer briefly.

Do you think that anything can be gained in improving the circumstances of the handicapped by making studies of their problems; to discover what these problems may be, and how relatively important they are, and what means may be taken to combat them? Answer briefly, and make suggestions.

Did you enjoy filling out this questionnaire? Yes () No ()
Where, in this questionnaire, did you find questions or information which for which you thought was 'silly,' or inappropriate, or seemingly unimportant?

Which of the handicaps listed below do you think is the most serious?
Check ONLY ONE

- () Amputated arm (or arms).
 - () Amputated leg (or legs).
 - () Blindness in both eyes.
 - () Complete deafness.
 - () Paralysis from the waist down.
 - () Severe infantile paralysis (Polio).
 - () Severe and advanced Arthritis.
 - () Pulmonary Tuberculosis ('Consumption').
 - () Osteomyelitis or Surgical Tuberculosis of any limb.
 - () Spastic Paralysis.
 - () Severe curvature of the spine.
 - () Diabetes.
 - () Cancer.
- _____ name of any other not included here

Do you think that any of your handicapped friends would like to have a copy of this questionnaire, and cooperate in answering the questions?
Yes () No () Could you consider writing them, or talking to them about this questionnaire and suggest that they write for a copy?
Yes () No ()

1. Name () Family ()
 2. Age on last birthday _____ Years
 3. Do you use tobacco? Yes () No ()
 4. Do you use intoxicating beverages? Yes () No ()
 5. Do you play any musical instrument? Yes () No ()
 If answer is yes, specify _____

II-9 Rate the specific study subjects listed below in the order of their interest to you. (For example: If 'Chemistry' interests you most, place a figure '1' before that subject; figure '2' before second choice, etc.)

- | | | | |
|-----|-----------------------|-----|-------------------|
| () | Philosophy | () | Chemistry |
| () | Mathematics | () | Foreign Languages |
| () | Literature | () | History |
| () | History | () | Biology |
| () | Bookkeeping | () | Social Sciences |
| () | Manual Training, etc. | | |

II-10 Rate below the KINDS of books and magazines you like to read in the order of their appeal to you (just as you did last question).

- | | |
|-----|--|
| () | Magazines such as LIBRARY, COMING, SATURDAY EVENING POST |
| () | 'Best Seller' Fiction, such as CHARLES OF WRATH, GONE WITH THE WIND, MAIN STREET, GOOD MAN, etc. |
| () | Murder Mystery Novels |
| () | Biography and Autobiography |
| () | News Magazines, such as LIFE, TIME, NEWS WEEK, etc. |
| () | Scientific Texts (What subject?) _____ |
| () | Novel 'Classics' such as DAVID COPPERFIELD, IVANHOE, VICTOR HUGO, ROBINSON CRUSOE, etc. |
| () | Poetry, such as by Keats, Shelley, Wordsworth, Pope, Byron, etc. |
| () | Magazines such as FISH STORY, LOOK, LILL STOCKING TALK, etc. |
| () | J.C.S., KODAK MAGAZINE, etc. |

III-11 What are your three favorite magazines? (1) _____
 (2) _____ (3) _____

III-1 Do you like to gamble? Yes () No ()

III-2 When you play games (such as card games, 'Monopoly' etc.) do you play 'just to pass the time' or, are you a serious player, 'out to win'? Explain: _____

III-3 When you play games, would you prefer to play with persons of the same sex as yourself exclusively? Yes () No ()

III-4 Have you ever bet money on a race horse, or on the outcome of a football game, etc.? Yes () No ()

III-5 Do you like to play 'slot machines' or 'pin ball' machines? Yes () No ()

III-6 Do you like to bet on the 'under dog' even when common sense tells you that you have less chance of winning? Yes () No ()

A-0-7 Which of the following men do you admire most? Number in the order of your choice, that is, place a '1' to the left of the name of the person whom you admire MOST; place a '2' to the left of the name of the person whom you admire LEAST MOST, and so on thru '12' for the name of the person least admired:

- | | | | |
|-----|--------------------|-----|---------------------------|
| () | Clark Gable | () | Franklin Delano Roosevelt |
| () | Chas. A. Lindbergh | () | Abraham Lincoln |
| () | Henry Ford | () | J. D. Rockefeller Jr. |
| () | John L. Lewis | () | Eleanor Roosevelt |
| () | Josef Stalin | () | Gen. Douglas MacArthur |
| () | Wendell L. Willkie | () | Adolf Hitler |

AFO-5 Do you like to day-dream
 AFO-6 Do you know of anyone who has had a curse put on him by someone?

EAO-10 Have you ever had a vision?
 26. Do you think that sex-education should be taught in high-school?
 27. When you were in high school, did you think that there was a great deal of 'moral looseness'?
 28. Did you ever indulge in petting?
 29. Do you think petting is immoral?
 30. Do you think that intimate sex relations should be restricted to those who are married?
 31. Do you think that persons should postpone marriage until they are able to afford it?

32em. (Consider this question from the personal standpoint) Do you think that you could be entirely happy in a mixed-marriage with a Jew (that is, Jew-Gentile, or Catholic Protestant, etc.)?

E. Below are listed some of the things all human beings strive for, or hope to attain. Read them over carefully, and then rate them in the order of their importance to you (as in previous questions of this type):

"Power"	"Will Power"
"Happiness"	"Respect of Others"
"Happy Married Life"	"Acquisition"
"New Discoveries"	"Education"
"Wealth"	"Religious Beliefs"
"Happiness"	"Physical Health"
"Education"	"Knowledge"
"Fame"	"Pleasure"
"Clear Conscience"	"Unity"

F. On the basis of YOUR experience, what has been your greatest problem? Choose from the list below, and 'rate' as question 'E' above.

Health Problems	Inability to be happy.
Inability to marry	Inability of others to understand me.
'Money Problems'	Lack of pleasure, or 'satisfaction.'
Lack of Education	
'My helpless position'	

G-5 Which of the physical handicaps or disease listed below do you think is the most severe? Check ONE ONLY!

() Amputated arm (or arms)
 () Amputated leg (or legs)
 () Blindness in both eyes.
 () Complete deafness
 () Paralysis from the waist down (or, broken back)
 () Severe infantile paralysis (Poliomyelitis)
 () Severe and advanced Arthritis
 () Pulmonary Tuberculosis ('Consumption')
 () Osteomyelitis or Surgical tuberculosis of any limb.
 () Spastic Paralysis.
 () Severe curvature of the spine.
 () Diabetes
 () Cancer

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