ATTITUDES TO DISABILITY

(OUTLOOK AND BEHAVIOUR OF PHYSICALLY HANDICAPPED (AND NON-HANDICAPPED) PEOPLE IN RELATION TO DISABILITY)

VOLUME TWO

A Thesis submitted for the Degree

of

Doctor of Philosophy

at

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1980

by

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VOLUME TWO

Chapter V (Cont'd)

(Parts 'C' & 'D')

Outlook of Physically Handicapped and Non-Handicapped (Able-Bodied) People as Indicated by the Results of the Study

Sub-Chapter 'C' - Supporting Services

Statement Nos:-	
	05
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Statement No. 05

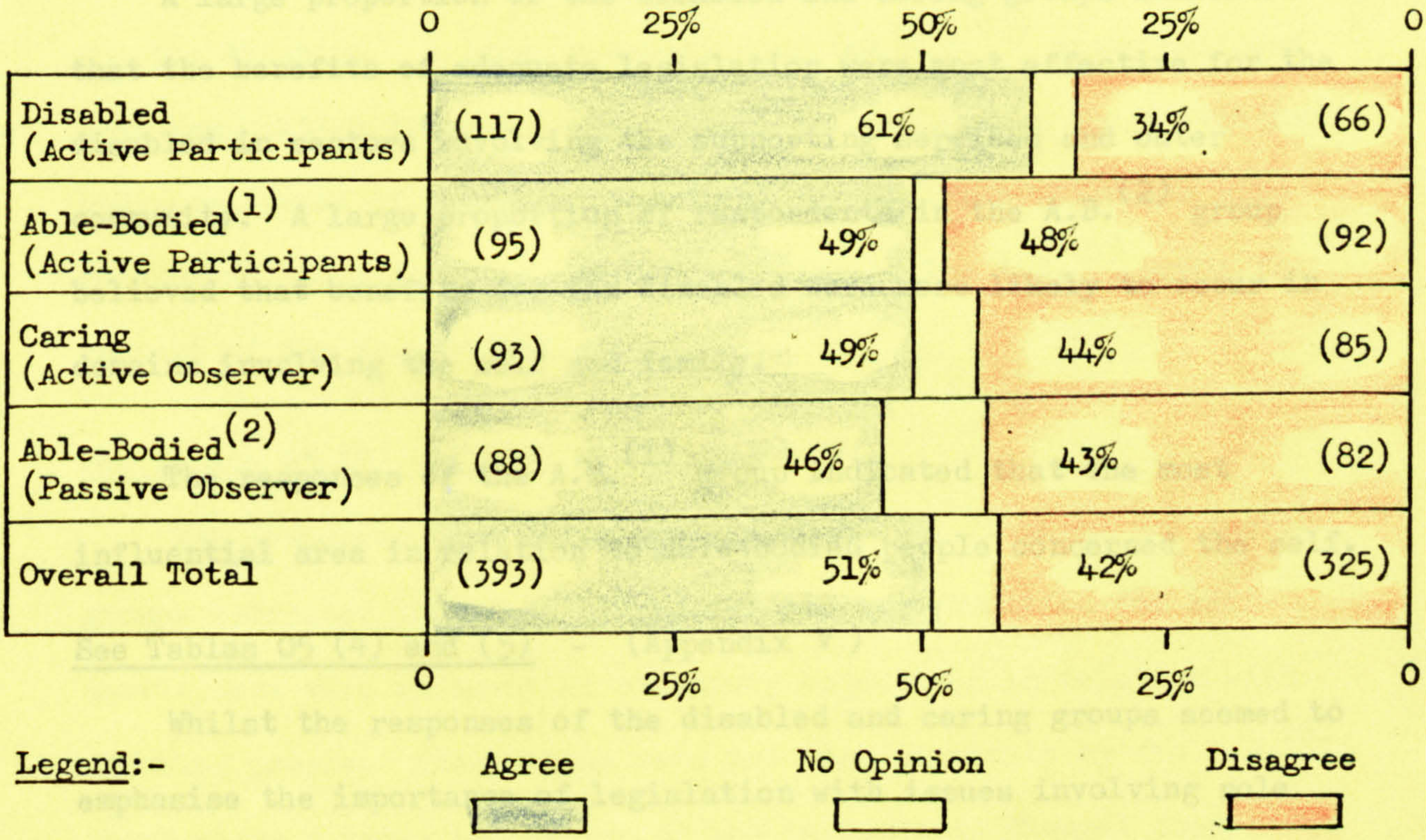
Disabled — Many social problems which have confronted me since I became disabled would not have arisen if adequate provision had been made by legislation.

Able-Bodied(1) — Many social problems which have confronted me would not have arisen if adequate provision had been made by legislation.

Caring — Many social problems which have confronted the disabled person would not have arisen if adequate provision had been made by legislation.

Able-Bodied(2) — Many social problems which confront disabled persons would not arise if adequate provision was made by legislation.

Table No. 05 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 05

1. Group Responses to Main Statement

See Table 05 (1)

The table shows that a large proportion of the disabled group believed that the provision of adequate legislation would have prevented them encountering many social problems following the onset of disability. Agreement with this opinion was evident by smaller proportions of the responses of the caring and A.B.(2) groups.

The responses of the A.B.(1) respondents in respect of able-bodied people did not produce a clear judgement about the statement.

2. Answers to Supplementary Questions

See Tables 05 (2) and (3) - (Appendix V)

A large proportion of the disabled and caring groups indicated that the benefits of adequate legislation were most effective for the disabled in sectors involving the supporting services and outer community. A large proportion of respondents in the A.B.(2) group believed that benefits for the disabled were more likely to occur in domains involving the self and family.

The responses of the A.B.(1) group indicated that the most influential area in relation to able-bodied people concerned the self.

See Tables 05 (4) and (5) - (Appendix V)

Whilst the responses of the disabled and caring groups seemed to emphasise the importance of legislation with issues involving role development, education and employment, such issues received less recognition by the A.B.(2) group. A large proportion of respondents in this group believed that the benefits of statutory measures for the disabled were mainly associated with financial benefits and

physical aids. The responses of the disabled and caring seemed to point to the closeness of housing facilities, adaptations, role development, education and employment with the family and supporting services. Statutory issues concerning financial benefits, physical aids, mobility, access, leisure and integration appeared to be inter-related with the self and outer community.

A large proportion of the A.B.(1) group indicated that statutory measures for the able-bodied were most important in connection with issues involving financial benefits and physical aids.

<u>See Tables 05 (6) and (7)</u> - (Appendix V)

The tendency for legislation to lag behind the need for change and its susceptibility to individual interpretation were seen by a large proportion of the disabled and caring respondents to be particularly negative issues associated with the introduction of statutory measures for the disabled. A large proportion of the A.B.(2) group believed that legislation imposed a restrictive influence upon the initiative and development of growth of the disabled; an issue which was also considered important by a large proportion of the A.B.(1) group in respect of the able-bodied.

<u>See Tables 05 (8) and (9)</u> - (Appendix V)

The responses of a large proportion of the disabled and caring groups indicated that self-dependence and opportunities for self-development were influential statutory objectives in relation with disabled people. These views were not seen similarly by the A.B.(2) group where a large proportion of the respondents thought that protection from insecurity was a much more important statutory issue for the disabled.

The responses of the A.B.(1) group were near to those of the disabled and caring respondents.

3. Comparative Agreements between Different Secondary Groups

See Table 05 (10) - (Appendix VI)

The responses indicate that those who were visually handicapped or handicapped by hearing difficulties were more likely to encounter restrictions imposed by inadequate legislation than those handicapped by other disabilities.

The caring respondents showed general agreement with the opinion of those handicapped by deafness but a smaller proportion of those who cared for the visually handicapped expressed similar agreement. The responses of the A.B.(2) group were nearer to those of the caring group than those of the disabled.

Whilst the provision of legislation appeared to have assisted many disabled and caring respondents, there seemed to be a number of cases where inflexibility and strict adherence to the statutory provisions reacted adversely on the disabled individual.

4. Summary

It was clear from a large proportion of the disabled and caring respondents during the interviews that over the years legislation had assisted to improve the quality of life for a wide range of disabled and caring people. However, it was also clear that as the widening of definitions about disability and associated needs developed the roles of many disabled and their supporting benefits became more diffuse and complicated.

In the opinion of a large proportion of the disabled and caring respondents, many problems connected with daily living activities,

education, employment and social integration remained unaffected by statutory measures because of the negative attitudes of able-bodied people. In addition, the interpretation and application of provisions frequently appeared to differ between those who used them with responsibility and those who merely anticipated the benefits. This situation appeared to be particularly evident with issues in the supporting services and outer community domains.

Despite the relative ease with which statutory provisions could be associated with practical problems such as those connected with physical aids and facilities, many disabled residing within the same area seemed to have been refused needed assistance. It was subsequently discovered that others with less impairment had received help and often this was believed to have been in excess of what was sought. Such situations might have occurred because official assistance frequently involved two or more different departments as, for example, with housing needs and physical adaptations and where the list of priorities for the different departments differed. Nevertheless, it seemed from the views of many respondents that a common policy for investigation and decision-making, known to all administrative staff and consumers, would prevent much unnecessary stress and frustration.

Although legislation was considered generally by the respondents to be an authoritative pronouncement of the will of society and an effective means for introducing supporting services, benefits to the disabled were frequently seen to vary both in quality and effectiveness. To many of these people, legislation indicated an overall lack of understanding of the problems of disabled people and an ignorance which they believed retarded the growth of human dignity and respect.

Statement No. 05 Main Group Statistical Information

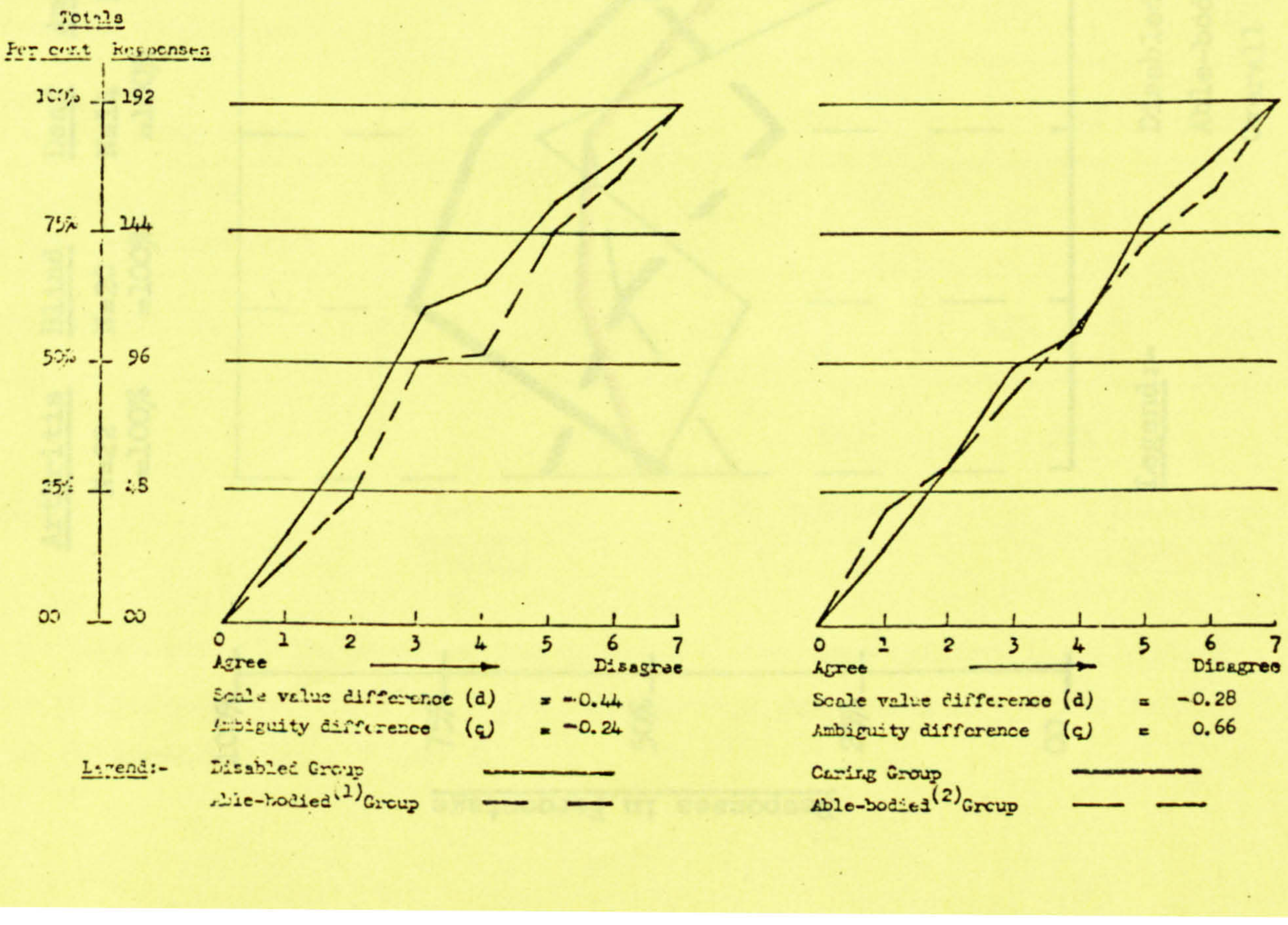
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.484	1.903
Able-Bodied(1)	4.005	1.902
Caring	3.854	1.933
Able-Bodied(2)	3.869	2.136

The distribution of the respective groups gave:-

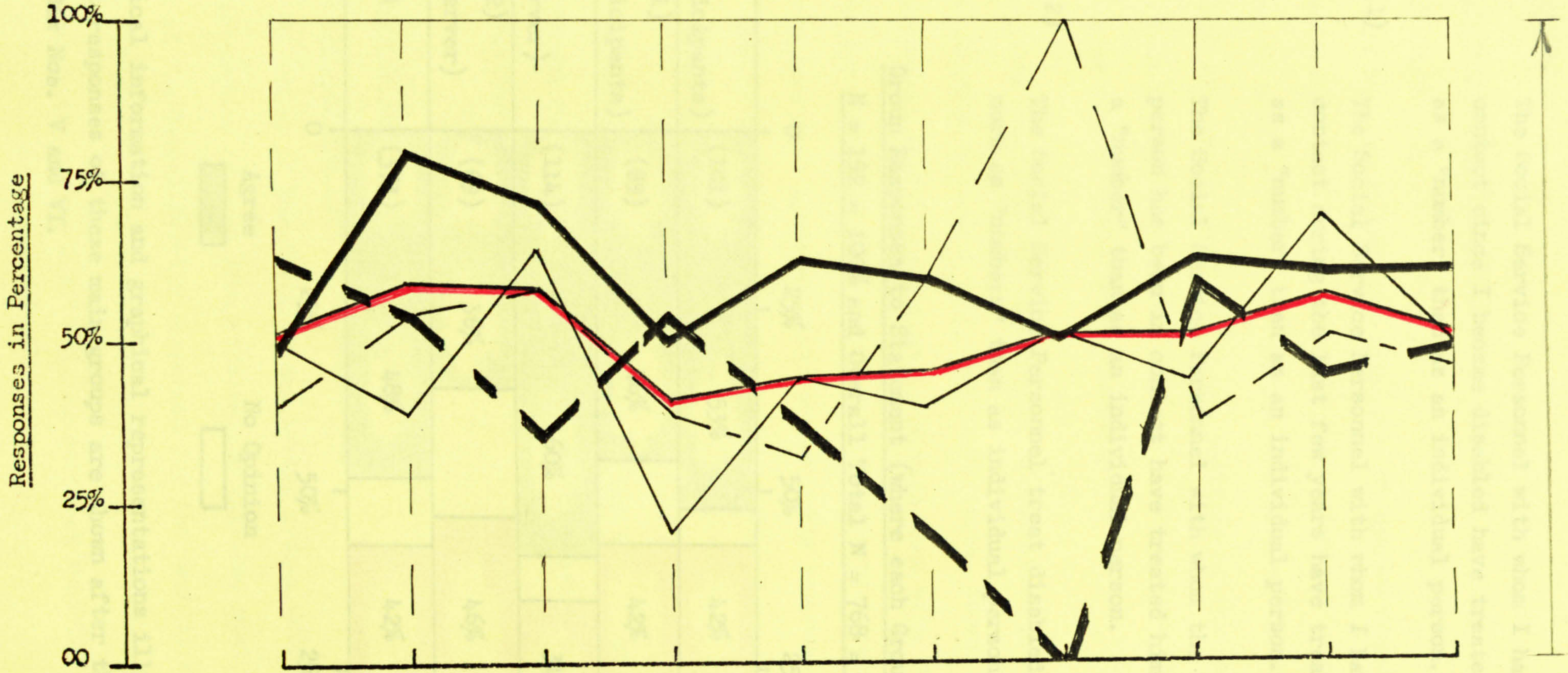
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.56	Disabled	-3.20
Able-Bodied	3.00	Able-Bodied(1)	-2.96
Group Diff. (d)	-0.44	Group Diff. (d)	-0.24
Caring	3.14	Caring	-3.17
Able-Bodied(2)	3.42	Able-Bodied(2)	-3.83
Group Diff. (d)	-0.28	Group Diff. (d)	0.66

Statement No:- 05 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 05 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

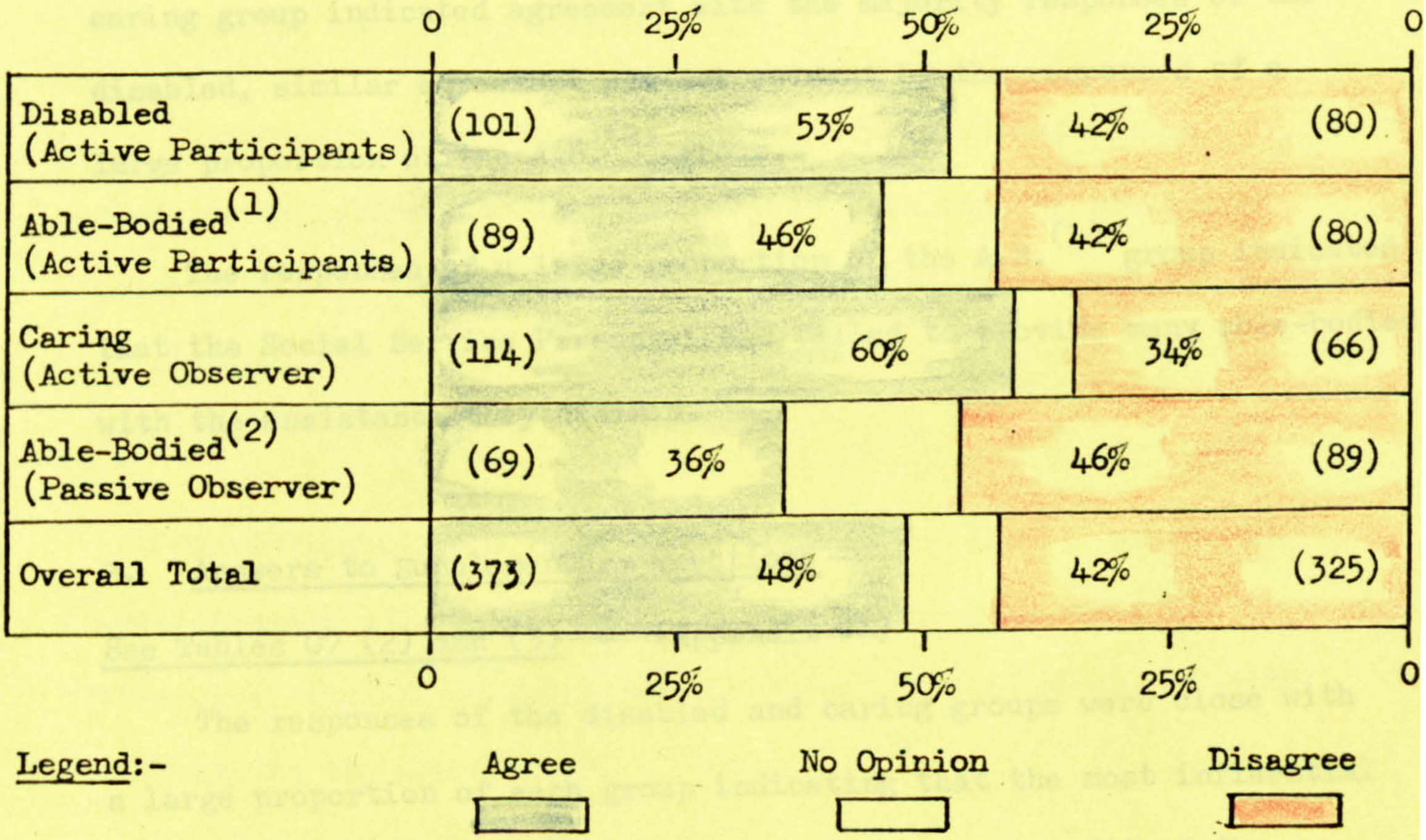
Caring Group

Able-bodied(2) Group

Statement No. 07

Disabled	The Social Service Personnel with whom I have made contact since I became disabled have treated me more as a "number" than as an individual person.
Able-Bodied(1)	The Social Service Personnel with whom I have made contact during the last few years have treated me more as a "number" than as an individual person.
Caring	The Social Service Personnel with whom the disabled person has been in contact have treated him more as a "number" than as an individual person.
Able-Bodied(2)	The Social Service Personnel treat disabled persons more as "numbers" than as individual persons.

Table No. 07 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 07

1. Group Responses to Main Statement

See Table 07 (1)

It should be appreciated that responses to the statement from the disabled group were from respondents not confined to resident institutions or similar places of care and who were not receiving treatment and care as "in patients". The opinions of the respondents were given from people with varying degrees of ability to integrate and participate freely in the outer community.

The results show that the majority of the disabled group believed that Social Service Personnel (i.e. Health Visitors, Nurses and other para-medical staff) had failed to provide them with the desired standard of personal attention. Whilst a large proportion of the caring group indicated agreement with the majority responses of the disabled, similar agreement was not evident by the responses of a large proportion of the A.B.(2) group.

The responses of a large proportion of the A.B.(1) group indicated that the Social Service Personnel had failed to provide many able-bodied with the assistance they desired.

2. Answers to Supplementary Questions

See Tables 07 (2) and (3) - (Appendix V)

The responses of the disabled and caring groups were close with a large proportion of each group indicating that the most influential function of the Social Service Personnel for the benefit of the disabled was associated with issues concerning the outer community. A large proportion of the A.B.(2) group believed that the disabled

were mostly concerned with personal issues connected with the self and the family.

A large proportion of the A.B.(1) group indicated that attention by Social Service Personnel to issues relating to the supporting services and outer community were of most importance to the able-bodied.

<u>See Tables 07 (4), (5), (6), (7), (8) and (9)</u> - (Appendix V)

The responses in the various tables indicate that large proportions of the disabled and caring groups were particularly concerned about issues involved with counselling and guidance; issues which the A.B.(2) group believed the disabled would rank in low priority. The need for the presentation of clear and frank statements, the use of continuous assessment profiles and the establishment of personal relationships were seen to be issues of great importance to the disabled and caring respondents.

Relatively large proportions of the disabled and caring respondents referred to the influence of accurate information in connection with issues associated with administration and the provision of physical aids; an issue which received insignificant attention from the A.B.(2) group.

As indicated by a large proportion of the A.B.(1) group, the establishment of personal relationships appeared an important item in the counselling and guidance role of Social Service Personnel with respect to the able-bodied.

3. <u>Comparative Agreements between Different Secondary Groups</u>

<u>See Table 07 (10)</u> - (Appendix VI)

Responses in the table indicate that those who were handicapped by multiple sclerosis were more likely to be treated as a "number"

by Social Service Personnel than those who were handicapped by other disabilities. The responses of those who cared for the disabled suggested that people handicapped by arthritis or heart trouble were more likely to receive inadequate service than people handicapped by other disabilities.

The responses of the A.B.(2) group frequently differed from those of the disabled and caring respondents.

The restrictions imposed by individual disabling functions seemed to provide an important influence on the attitudinal components of many disabled.

4. Summary

It was evident from a large number of responses during the interviews that wide variations occurred between different authorities responsible for the needs of and allocation of services to disabled people.

Although the importance of assistance with daily living problems was frequently mentioned by the disabled and caring respondents, many more problems seemed to arise because of a lack of assistance with issues concerning the supporting services and the outer community. Problems appeared conspicuously amongst those disabled who had little activity outside the home. A large proportion did not know the existence of specific social services and related benefits and many disabled indicated that little attempt had been made by Social Service Personnel to assess their personal needs or to refer them to other appropriate supporting services for practical assistance.

It was generally appreciated that the provision for many of the needs depended upon the availability of financial resources.

Nevertheless, it was apparent from the statements of many disabled and caring respondents that support from some social service agencies was often minimal and ineffective, as for example, those associated with the issue of special adaptations and physical aids.

An important factor emerging from the opinions of many respondents appeared to be the need for a positive and effective counselling and guidance service. The Social Services were frequently seen by many disabled and caring people to be a bureaucratic organisation lacking in personal feeling and offering little scope for confidence and trust.

Whilst it may be generally recognised that most organisations define their fundamental priorities and values, particularly those with a professional dominance, many respondents believed that the Social Services did not always do so. Priorities relating to specific needs or wants were frequently seen to vary disproportionately to apparent natures and degrees of handicaps, particularly in method and quality of approach. As the delivery of a service contributes to a correction of a perceived defect in values carried by clients, it would appear that any service associated with disabled people cannot be effective if the client is considered simply as a "customer".

Statement No. 07 Main Group Statistical Information

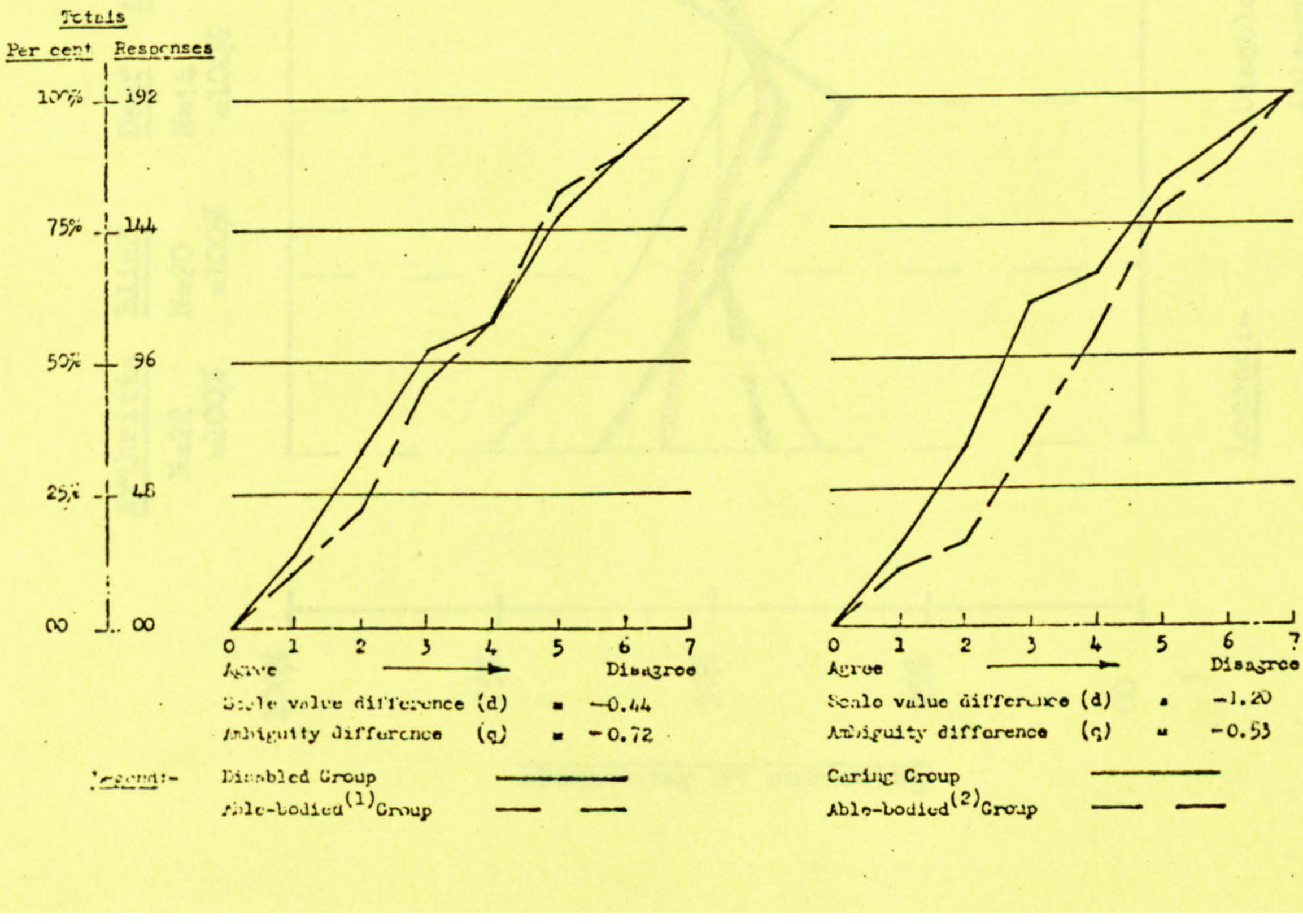
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.750	1.939
Able-Bodied(1)	3.901	1.771
Caring	3.526	1.815
Able-Bodied(2)	4.151	1.776

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.89	Disabled	-3.29
Able-Bodied(1)	3.33	Able-Bodied(1)	-2.57
Group Diff. (d)	-0.44	Group Diff. (d)	-0.72
Caring	2.63	Caring	-2.95
Able-Bodied(2)	3.83	Able-Bodied(2)	-2.42
Group Diff. (d)	-1.20	Group Diff. (d)	-0.53

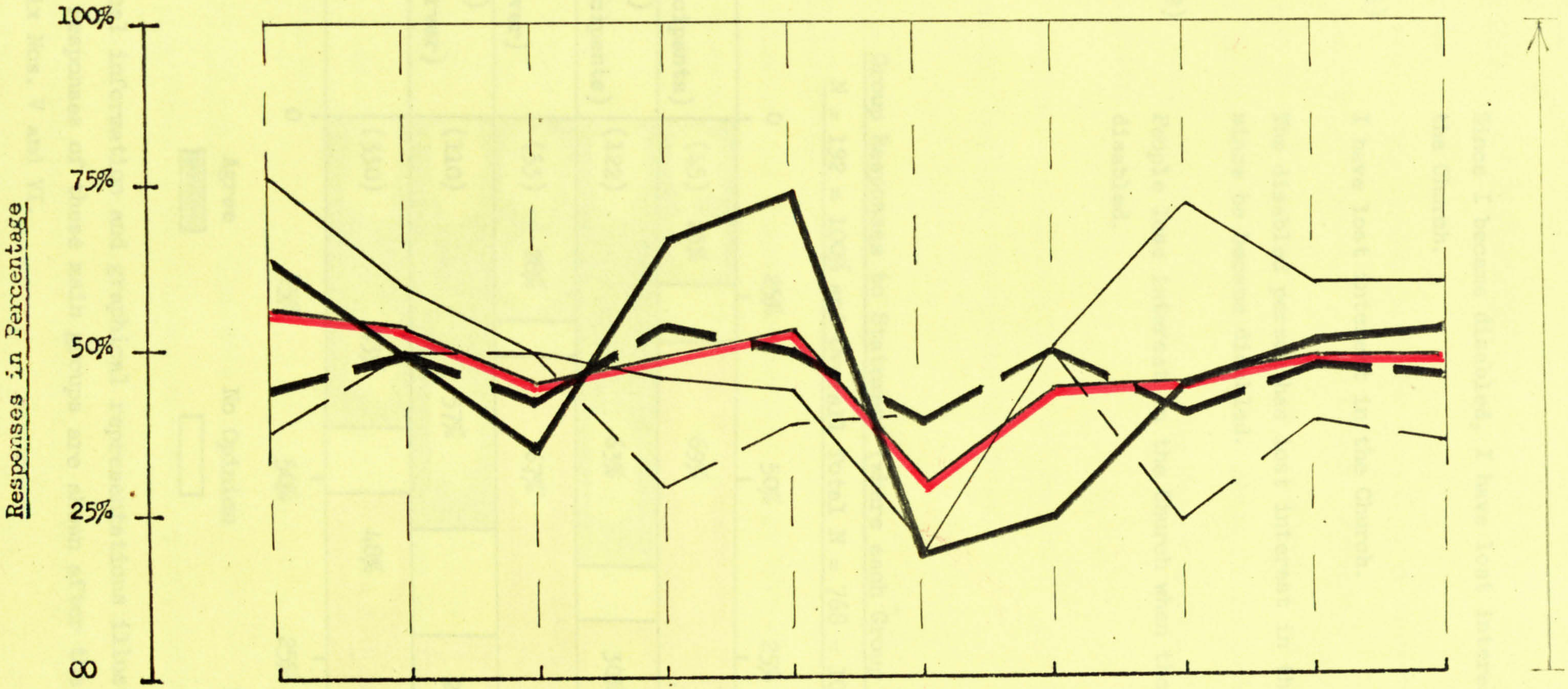
Statement No:- 07 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 07

Comparative Agreement between Different Secondary Groups of People

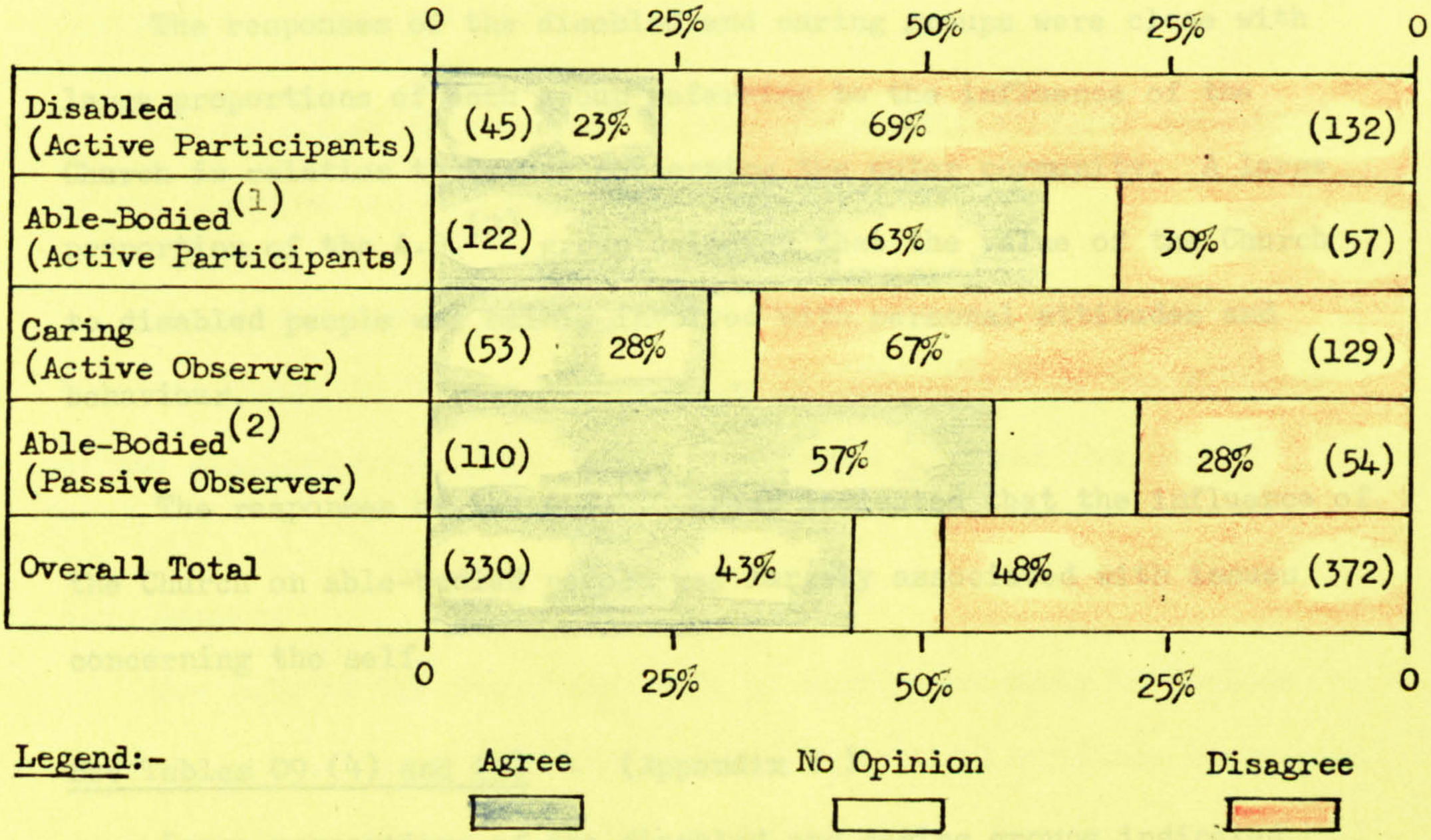
Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Statement No. 09

Disabled	Since I became disabled, I have lost interest in the Church.
Able-Bodied(1)	I have lost interest in the Church.
Caring	The disabled person has lost interest in the Church since he became disabled.
Able-Bodied(2)	People lose interest in the Church when they become disabled.

Table No. 09 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 09

1. Group Responses to Main Statement

See Table 09 (1)

An inspection of the results indicates that a large proportion of the disabled had not lost interest in the Church. Agreement with this opinion was seen by the responses of a large proportion of those who cared for the disabled. The majority of respondents in the A.B.(2) group believed that people lost interest in the Church following the onset of disability.

A large proportion of the respondents in the A.B.(1) group indicated that they had lost interest in the Church.

2. Answers to Supplementary Questions

See Tables 09 (2) and (3) - (Appendix V)

The responses of the disabled and caring groups were close with large proportions of each group referring to the influence of the Church in relation to issues concerning the outer community. A large proportion of the A.B.(2) group believed that the value of the Church to disabled people was mainly involved with personal attitudes and behaviour.

The responses of the A.B.(1) group indicated that the influence of the Church on able-bodied people was largely associated with issues concerning the self.

See Tables 09 (4) and (5) - (Appendix V)

Large proportions of the disabled and caring groups indicated that an understanding of the effects of disability and relevant social attitudes were strong influential issues which frequently influenced the degree of interest of the disabled with the Church. In the opinion

of a large proportion of the A.B.(2) group, the effects of spiritual guidance and assistance were most important in determining the relationship of the disabled with the Church.

The responses of a large proportion of the A.B.(1) group indicated that understanding social attitudes was the most influential issue in determining the relationship of the able-bodied with the Church.

3. Comparative Agreements between Different Secondary Groups

See Table 09 (6) - (Appendix VI)

Responses in the table suggest that those people who were handicapped by deafness or paraplegia were less likely to lose interest in the Church than those who were handicapped by other disabilities. Large proportions of the caring group expressed agreement with the opinions of the disabled, especially those who cared for persons handicapped by deafness or paraplegia.

The responses of the A.B.(2) group frequently differed from those of the disabled and caring groups.

In general, neither the onset of disability nor the degree of handicap seemed to have a particularly adverse effect on the attitude of the disabled in relation to their interest with the Church.

4. Summary

The role of the Church was seen by many respondents to include both the provision of spiritual needs and practical guidance concerning social needs to disabled and able-bodied people. This was particularly so in the case of many disabled and caring respondents with whom the psychological effects of handicap were thought to be more handicapping than the physical disability.

As a primary agent in the development of attitudes concerning the disabled, many respondents thought that the Church should play a leading part in the acceptance of handicap, strengthening family unity, acquiring maximum independence, establishing practicable and realistic goals and helping the disabled to integrate more readily into the community. This belief was made in spite of the feeling of many respondents that some clergymen set a poor example in relation to assisting disabled people to overcome their problems.

Patronising attitudes and many "fund raising" activities for the Church were frequently seen to do little towards solving problems of the disabled. Both disabled and caring sought guidance concerning misconceptions about themselves, the supporting services and the outer community. In this, they were disappointed and many contended that the Church had made little attempt to assist them to cope realistically with the limitations and restrictions of their physical disabilities or to help them to gain status as an accepted member of the community.

Statement No. 09 Main Group Statistical Information

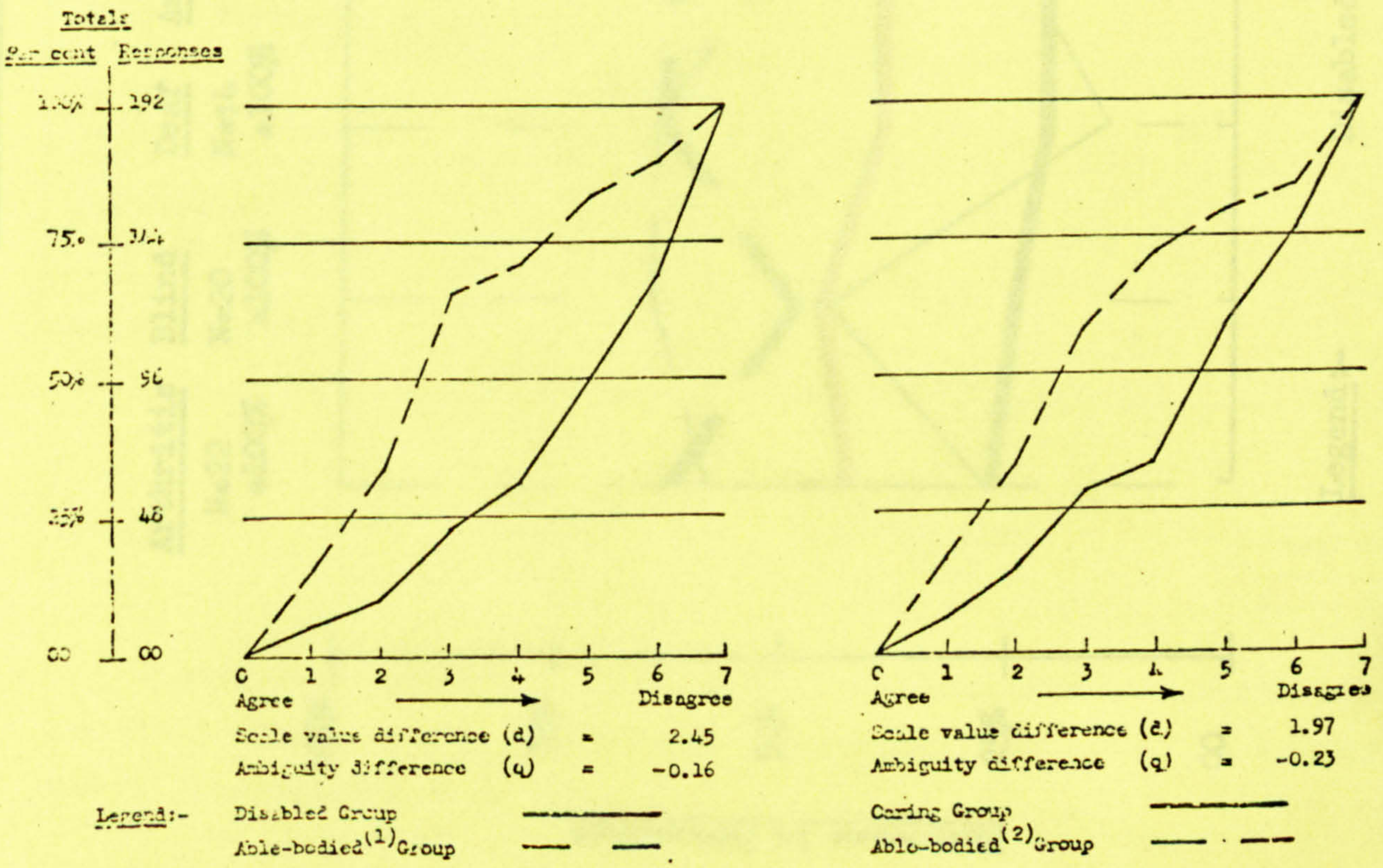
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	5.094	1.820
Able-Bodied(1)	3.448	1.869
Caring	4.859	1.863
Able-Bodied(2)	3.552	1.978

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	5.00	Disabled	-2.94
Able-Bodied(1)	2.55	Able-Bodied(1)	-2.78
Group Diff. (d)	2.45	Group Diff. (d)	-0.16
Caring	4.68	Caring	-3.16
Able-Bodied(2)	2.71	Able-Bodied(2)	-2.93
Group Diff. (d)	1.97	Group Diff. (d)	-0.23

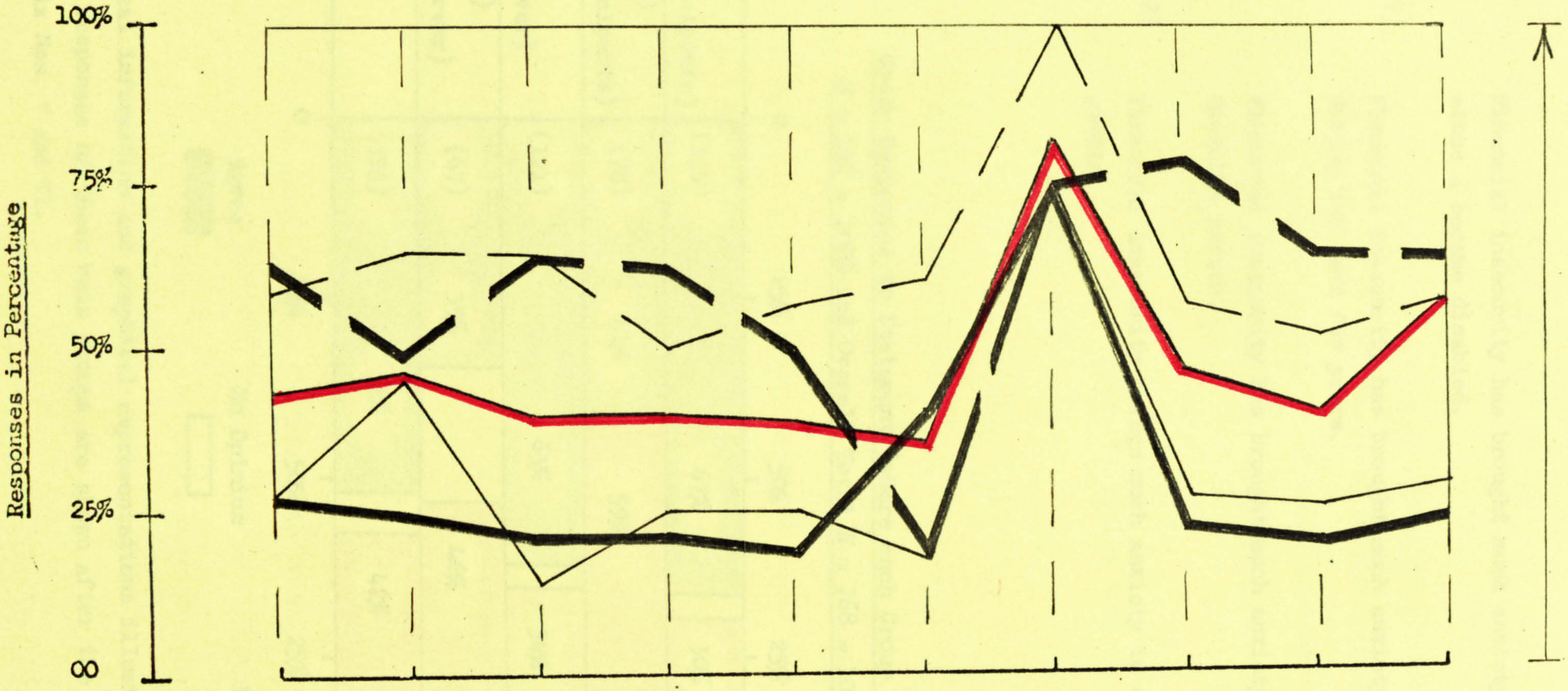
Statement No:- 09 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 09

Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

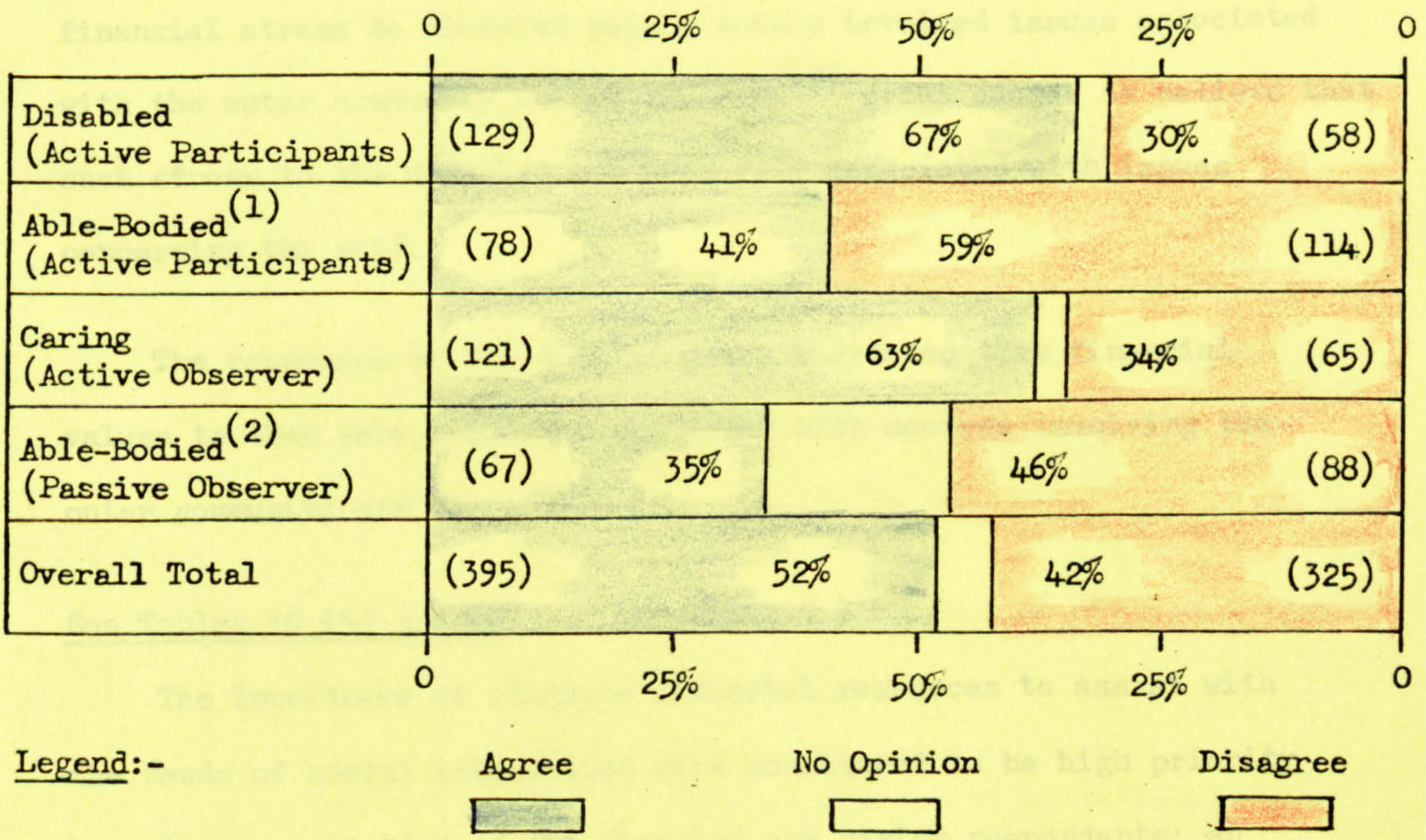
Caring Group

Able-bodied(2) Group

Statement No. 10

Disabled	Financial insecurity has brought much anxiety to me since I became disabled.
Able-Bodied(1)	Financial insecurity has brought much anxiety to me during the last few years.
Caring	Financial insecurity has brought much anxiety to the disabled person.
Able-Bodied(2)	Financial insecurity brings much anxiety to disabled people.

Table No. 10 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 10

1. Group Responses to Main Statement

See Table 10 (1)

About two-thirds of the disabled group indicated that financial insecurity had brought a great deal of anxiety to them following the onset of disability. Agreement with this opinion was expressed by a substantial proportion of those who cared for them but not by the majority of respondents in the A.B.(2) group.

A large proportion of the A.B.(1) group indicated that they had not been unduly troubled by financial insecurity.

2. Answers to Supplementary Questions

See Tables 10 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that financial stress to disabled people mainly involved issues associated with the outer community whilst the A.B.(2) group seemed to believe that such stress to the disabled was primarily associated with issues concerning the self.

The responses of the A.B.(1) group indicated that financial values to them were primarily concerned with sectors involving the outer community and the self.

See Tables 10 (4) and (5) - (Appendix V)

The importance of adequate financial resources to assist with the needs of social integration were considered to be high priority by a large proportion of the disabled and caring respondents; an aspect which was not generally perceived by respondents in the A.B.(2) group to be so important to the disabled as issues relating to personal care and hygiene.

The value of financial resources within the outer community was considered important to a large proportion of the A.B.(1) group.

See Tables 10 (6) and (7) - (Appendix V)

The responses of the disabled and caring were closely related in connection with issues which had an adverse influence on the disabled. Although appreciable proportions of the disabled and caring groups referred to problems involving different interpretations of disability and their relationship with personal needs and other problems associated with equivocal or ambiguous situations, these issues were not seen by respondents of the A.B.(2) group to be so important to the disabled. The influence of unemployment was evident by the responses of all groups.

The responses of the A.B.(1) group were seen to be near to those of the disabled and caring respondents.

3. Comparative Agreements between Different Secondary Groups

See Table 10 (8) - (Appendix VI)

The results reveal that those who were handicapped by multiple sclerosis were more likely to experience financial stress than people handicapped by other disabilities. Agreement with this opinion was evident by the responses of those who cared for them.

The responses of the A.B.(2) group were frequently different from those of the disabled and caring respondents.

It seemed that many able-bodied respondents failed to recognise the importance of several issues which contributed to the phrase, often quoted by the disabled and caring, "disability costs money".

4. Summary

Although the disabled drew attention to the financial stress imposed personally upon them as a result of disability, the effects were perceived to be far-reaching and to involve the family, supporting services and outer community. Financial expenditure involved with accommodation, heating and lighting, adaptation, maintenance, additional furnishings, access and mobility were seldom seen by the able-bodied as necessary additional costs incurred by disability.

An underlying factor in the responses of those who agreed that the disabled experienced financial stress was the problem of distinguishing desert from social expectancy. To many respondents it seemed that some fundamental reforms were necessary to rectify anomalies where people with similar handicaps received vastly different financial benefits.

Statement No. 10 Main Group Statistical Information

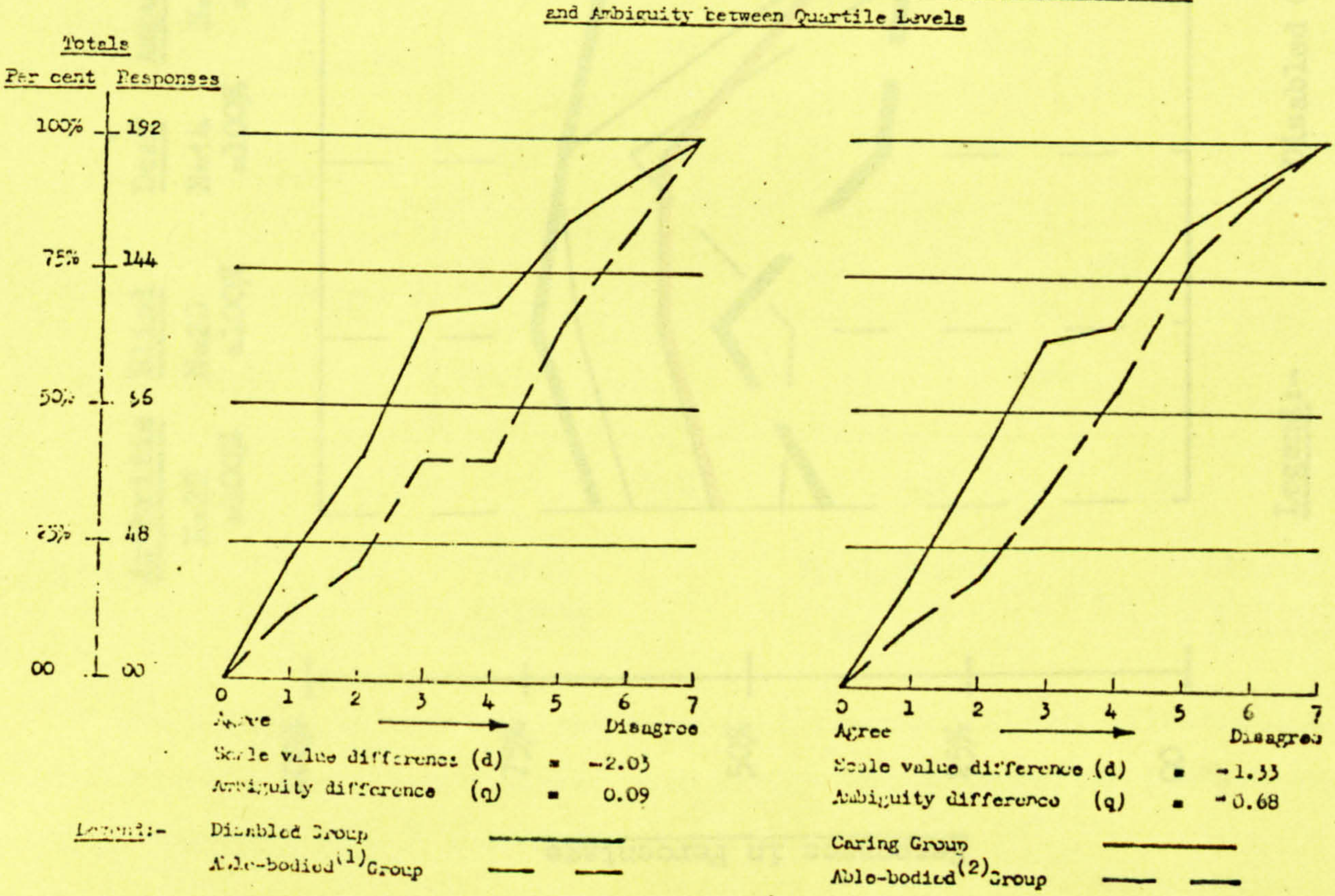
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.182	1.863
Able-Bodied(1)	4.365	2.003
Caring	3.359	1.895
Able-Bodied(2)	4.108	1.748

The distribution of the respective groups gave:-

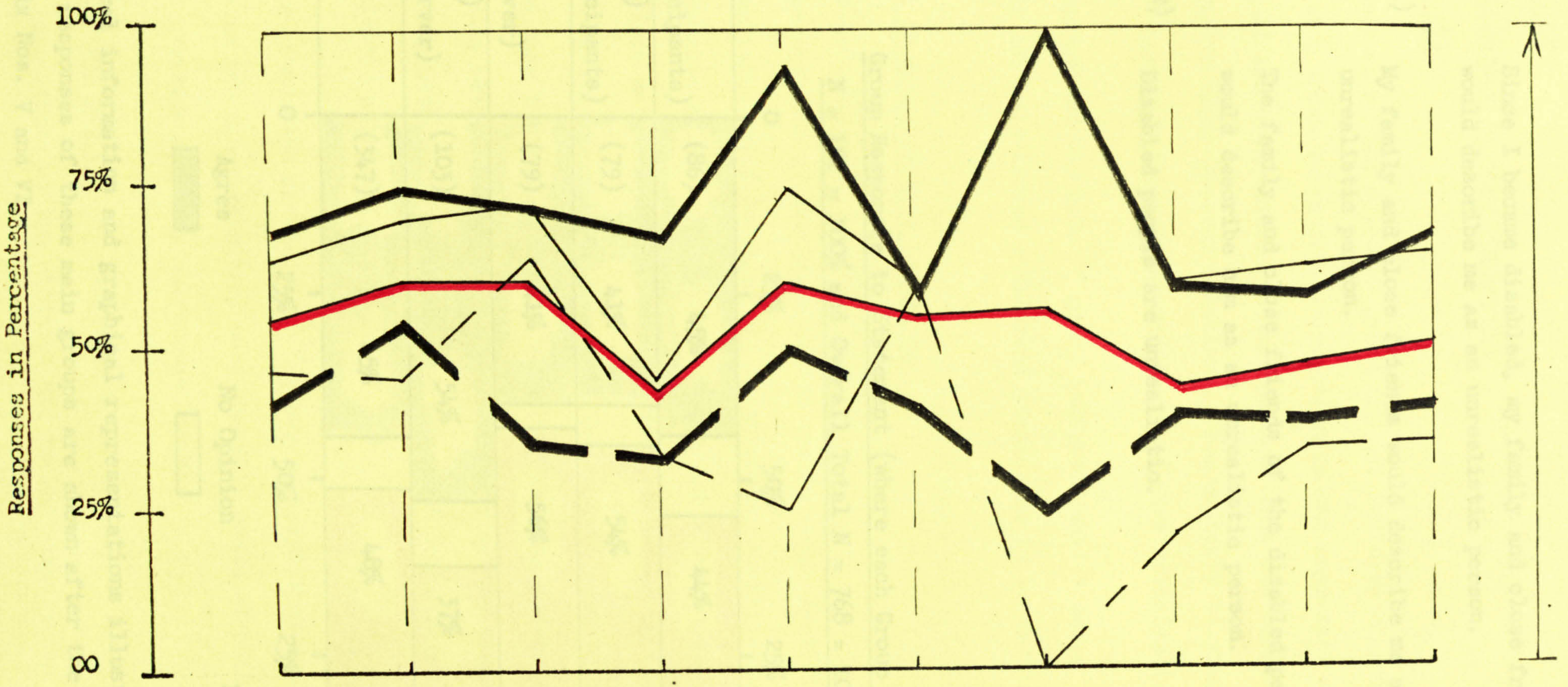
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.35	Disabled	-3.26
Able-Bodied(1)	4.38	Able-Bodied(1)	-3.35
Group Diff. (d)	-2.03	Group Diff. (d)	0.09
Caring	2.46	Caring	-3.23
Able-Bodied(2)	3.79	Able-Bodied(2)	-2.55
Group Diff. (d)	-1.33	Group Diff. (d)	-0.68

Statement No:- 10 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 10 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

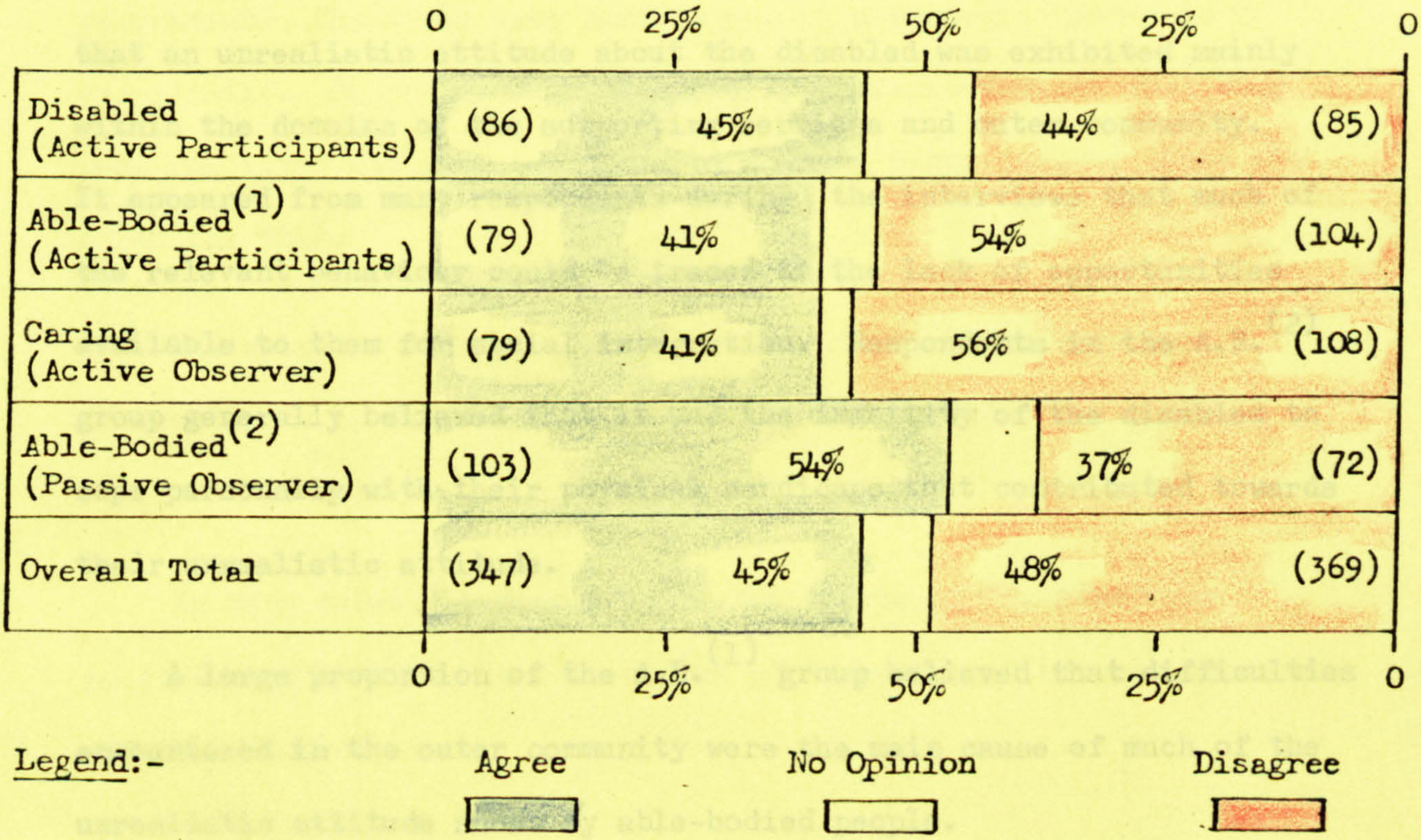
Caring Group

Able-bodied(2) Group

Statement No. 18

Disabled	Since I became disabled, my family and close friends would describe me as an unrealistic person.
Able-Bodied(1)	My family and close friends would describe me as an unrealistic person.
Caring	The family and close friends of the disabled person would describe him as an unrealistic person.
Able-Bodied(2)	Disabled people are unrealistic.

Table No. 18 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree — No Opinion — Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 18

1. Group Responses to Main Statements

See Table 18 (1)

The responses of the disabled group did not indicate clearly a specific opinion about their general reaction to the statement although the majority of those who cared for them thought that the disabled were realistic in their general behaviour. . The majority of respondents in the A.B.(2) group believed that the disabled were unrealistic people.

The responses of the A.B.(1) group indicated that a large proportion of the able-bodied considered themselves to be realistic.

2. Answers to Supplementary Questions

See Tables 18 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring respondents indicated that an unrealistic attitude about the disabled was exhibited mainly within the domains of the supporting services and outer community. It appeared from many respondents during the interviews that much of the relevant behaviour could be traced to the lack of opportunities available to them for social integration. Respondents in the A.B.(2) group generally believed that it was the inability of the disabled to cope personally with their physical handicaps that contributed towards their unrealistic attitude.

A large proportion of the A.B.(1) group believed that difficulties encountered in the outer community were the main cause of much of the unrealistic attitude shown by able-bodied people.

See Tables 18 (4) and (5) - (Appendix V)

Large proportions of the disabled and caring respondents indicated that the provision of adequate financial benefits and opportunities

for education, employment and social integration were important influential issues in the formation of realistic attitudes. A large proportion of the A.B.(2) group believed that the basis for a realistic attitude by the disabled developed mainly from their own abilities to cope with physical handicap.

Activities within the outer community seemed to be of great importance in the formation of attitudes in respect of a large proportion of respondents in the A.B.(1) group.

3. Comparative Agreements between Different Secondary Groups

Table 18 (6) - (Appendix VI)

The table indicates that those who were handicapped by multiple sclerosis considered themselves to be more unrealistic than many people handicapped by other disabilities. In the opinion of the caring respondents, those who were handicapped by paraplegia tended to be unrealistic. Respondents handicapped by deafness thought that they were realistic and were supported by a large proportion of those who cared for them.

The opinions of respondents in the A.B.(2) group were seen frequently to be different from those of the disabled and caring respondents.

In many cases, it seemed as if the degree of "realism" was related to the differences in degree of "expectancy" between disabled and able-bodied.

4. Summary

It often appeared during the interviews that the image of disability as presented to the disabled and caring by the able-bodied, and the reality of the problems associated with disability, were widely

different in concepts. This seemed to originate from a dearth of information and a lack of understanding about the issues involved with disability. Consequently, matters relating to education, employment, leisure and other elements in the social interaction structure were frequently seen to create distress, frustration and social injustice.

Apart from unidentifying many social issues which caused distress to the disabled, a large proportion of the able-bodied appeared during the interviews to be more concerned with "explaining away" why remedial action could not be taken rather than attempting to suggest appropriate remedial action. This negative approach by the able-bodied did not appear to contribute either to social integration or to improving the role of disabled people.

Statement No. 18 Main Group Statistical Information

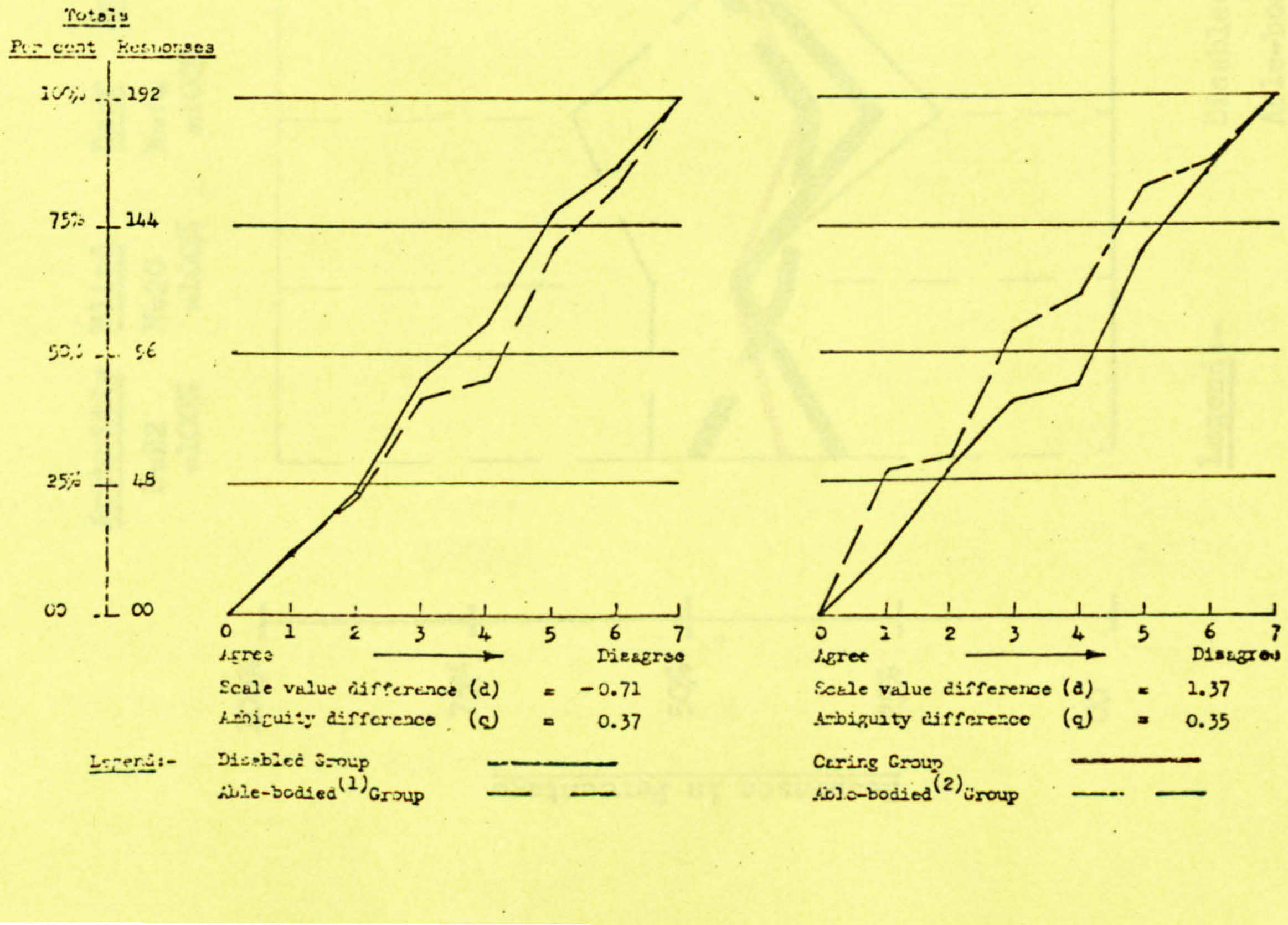
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.027	1.860
Able-Bodied(1)	4.250	1.963
Caring	4.191	1.971
Able-Bodied(2)	3.593	2.028

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	3.45	Disabled	-2.85
Able-Bodied(1)	4.16	Able-Bodied(1)	-3.22
Group Diff. (d)	-0.71	Group Diff. (d)	0.37
Caring	4.25	Caring	-3.34
Able-Bodied(2)	2.88	Able-Bodied(2)	-3.69
Group Diff. (d)	1.37	Group Diff. (d)	0.35

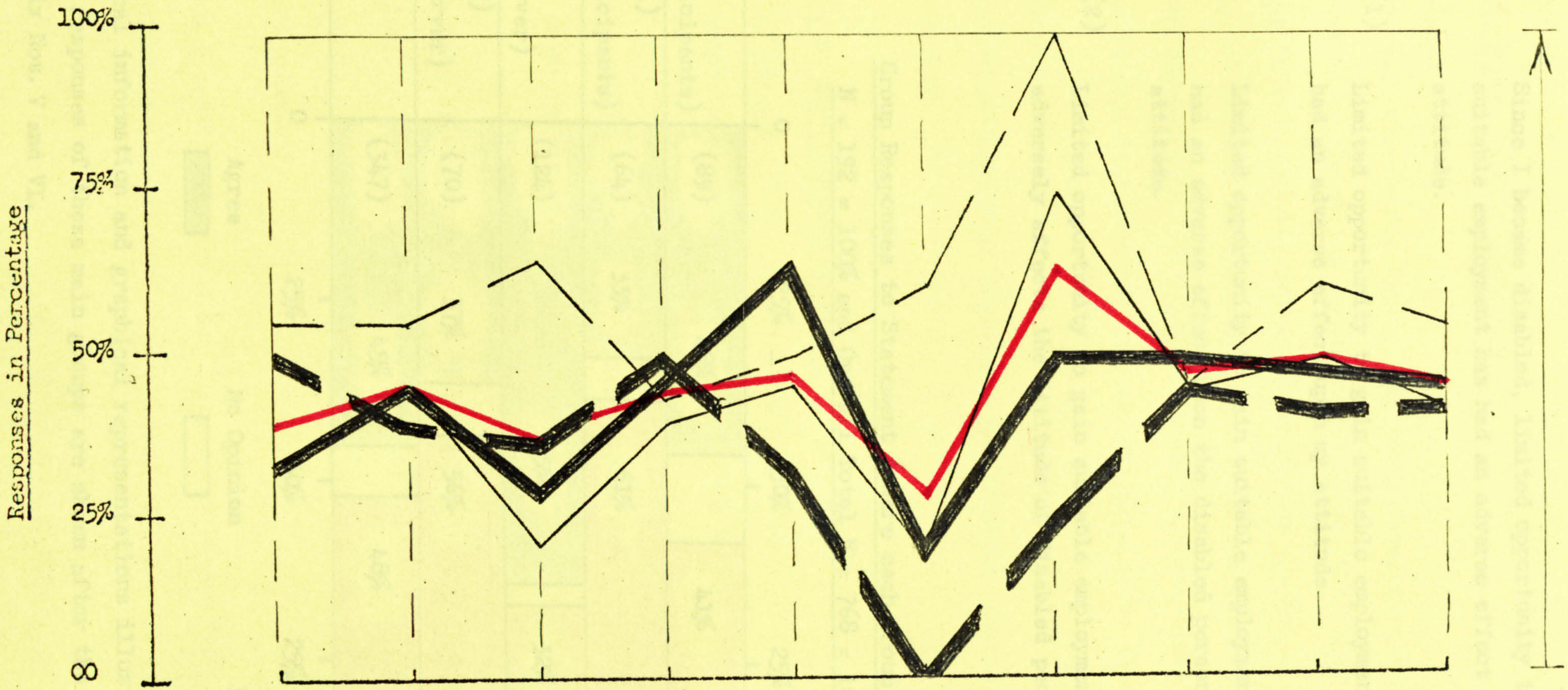
Statement No:- 18 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 18

Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

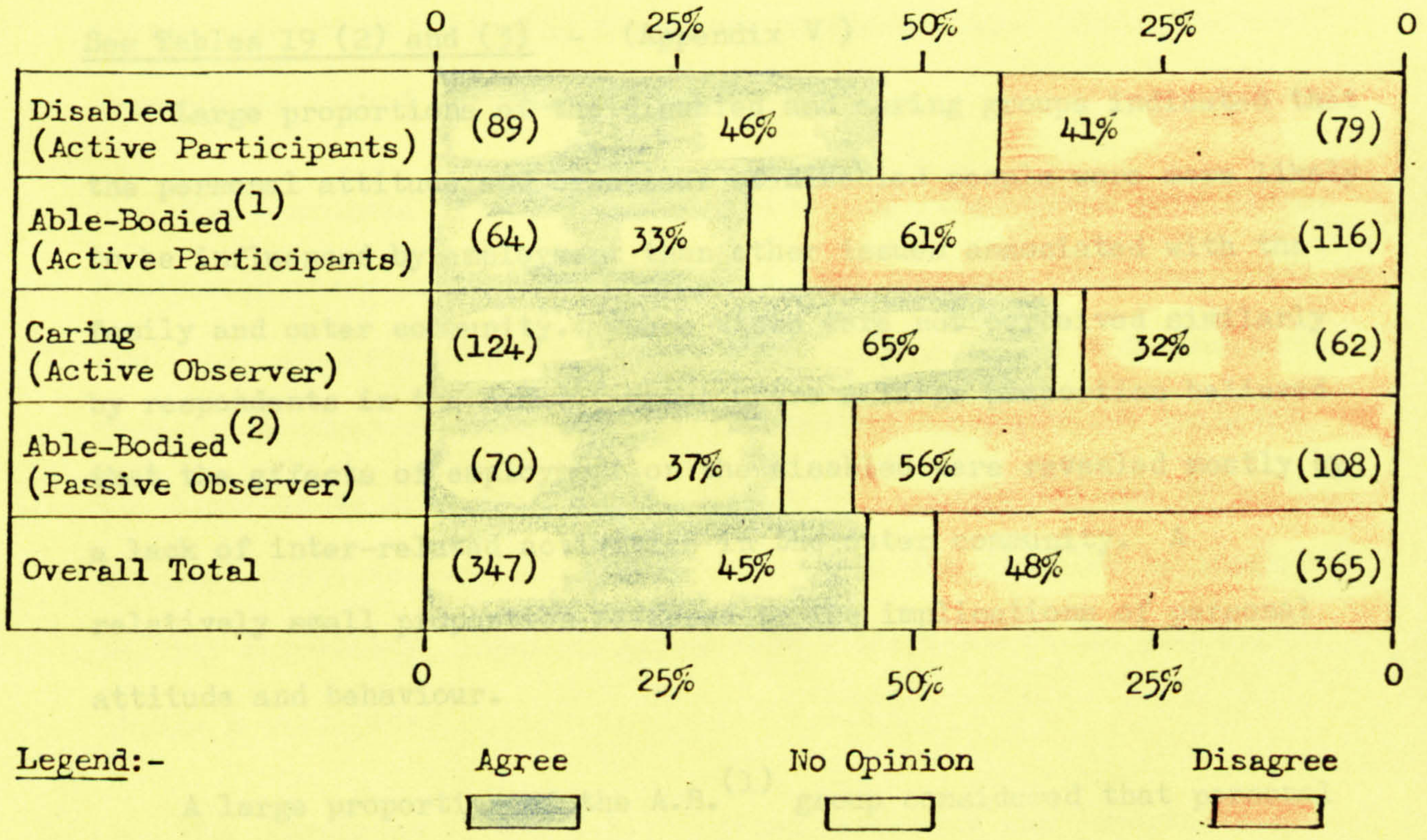
Caring Group

Able-bodied(2) Group

Statement No. 19

Disabled	Since I became disabled, limited opportunity to gain suitable employment has had an adverse effect on my attitude.
Able-Bodied(1)	Limited opportunity to gain suitable employment has had an adverse effect upon my attitude.
Caring	Limited opportunity to gain suitable employment has had an adverse effect upon the disabled person's attitude.
Able-Bodied(2)	Limited opportunity to gain suitable employment adversely affects the attitude of disabled people.

Table No. 19 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 19

1. Group Responses to Main Statement

See Table 19 (1)

Compared with the disabled group, the table shows that a much larger proportion of the caring respondents believed that limited opportunities to gain suitable employment caused an adverse effect on the behaviour of disabled people. The majority of respondents in the A.B.(2) group thought that limited opportunities for employment had little or no adverse effect on the general attitudes ofthe disabled.

A large proportion of the A.B.(1) group indicated that limited opportunities to gain suitable employment had no major adverse effect on the able-bodied.

2. Answers to Supplementary Questions

See Tables 19 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that the personal attitude and behaviour of disabled people were more likely to be influenced by employment than other issues associated with the family and outer community. These views were not perceived similarly by respondents in the A.B.(2) group where a large proportion believed that the effects of employment on the disabled were revealed mostly by a lack of inter-related activities in the outer community. A relatively small proportion referred to the implications of personal attitude and behaviour.

A large proportion of the A.B.(1) group considered that personal attitudes and behaviour of able-bodied people were greatly influenced by employment.

See Tables 19 (4) and (5) - (Appendix V)

Responses by the disabled and caring suggest that personal achievement, the feeling of being "needed", independence and a sense of purpose were important influential issues deriving from employment. A large proportion of the A.B.(2) group believed that financial support for the family and environmental changes were more likely beneficial issues to occur from employment for the disabled.

The responses of the A.B.(1) group were similar to those of the disabled and caring respondents.

See Tables 19 (6), (7), (8) and (9) - (Appendix V)

These tables show the responses of the various groups in relation to issues considered important both in obtaining employment and during employment, respectively. Responses were made by those disabled who were employed and those who had endeavoured but failed to obtain employment following the onset of disability. Their "matched" respondents formed the able-bodied groups.

The responses of the disabled and caring respondents were close. Relatively large proportions indicated that previous employment with an employer, academic qualifications, physical appearance & disposition, personal & other contact were all influential issues which assisted the disabled to gain employment. The A.B.(2) group did not think that personal contacts were of such importance to the disabled as physical ability & mobility, physical appearance & disposition and practical skills & abilities.

The responses of the A.B.(1) group indicated the importance of physical ability & mobility and practical skills & abilities as issues which frequently influenced employment opportunities for the able-bodied.

Social relationships and ease of access & mobility were important issues in the actual job situation as indicated by large proportions of the disabled and caring respondents. In addition to these issues, a large proportion of the A.B.(2) group thought finance & personal security were important to the disabled.

Social relationships and finance & security were important to a large proportion of the A.B.(1) group respondents.

See Table 19 (10) - (Appendix V)

The responses of the disabled and caring groups indicate the various issues which were believed to have prevented the disabled from obtaining opportunities to gain employment. Restricted physical skills, mental skills & abilities, and limited academic qualifications were seen by a large proportion of each group to be influential preventive issues. A large proportion of the "matched" respondents in the A.B.(2) group believed that "disability risk" was the most important issue concerning potential employment opportunities for the disabled.

See Table 19 (11) and (12) - (Appendix V)

The responses of the disabled and caring groups indicated that the costs incurred by essential transport, medical care, laundry, heating and other financially handicapping features often made severe inroads into the income of the disabled. The "matched" respondents in the A.B.(2) group did not appear to relate much importance to costs incurred by medical care, laundry and heating.

See Table 19 (13) - (Appendix V)

The table shows that 146 (76%) respondents were initially employed in each of the disabled and able-bodied(1) groups.

At the time of the interviews, 47 (32%) disabled respondents had been able to resume employment whilst all their "matched" respondents in the A.B.(1) group remained in employment - indicating a difference of some 68% (99). The table also illustrates the proportionate decrease in job status suffered by those disabled respondents who were able to resume employment following the onset of disability.

3. Comparative Agreements between Different Secondary Groups

See Table 19 (14) - (Appendix VI)

The results indicate that those who were disabled by deafness, amputations or multiple sclerosis were more likely to experience the adverse effects of unemployment than people handicapped by other disabilities. Agreement with the disabled was evident by the responses of those who cared for them.

The responses of the A.B.(2) group were frequently seen to be different from those of the disabled and caring respondents.

In many cases it seemed as if disability engendered a strong "stigmatising" influence against the disabled by potential employers.

4. Summary

A large proportion of the disabled and caring respondents recognised employment as the key to an improved self-concept and to a measure of independence. "Work" was perceived by them as a major source of a disabled person's drive and positive outlook. In contrast to this belief, the benefits of "work" as a therapeutic tool did not appear to the respondents during the interviews to be fully appreciated by all employers and other supporting agencies.

It was also evident from several disabled and caring respondents during the interviews that some educationalists had given the impression of not wanting to know about educating disabled people for employment - as also had a number of employers in relation to the training of disabled people. Some resettlement and training agencies had given the impression of being concerned with "work" only as a means of occupying the time of the disabled or at best used as a supplementary issue in a basic rehabilitation programme. Thus there seemed little appreciation that failure to fulfil an important contributory role within society tends to produce an additional handicapping feature which can also express itself by anti-social characteristics.

Statement No. 19 Main Group Statistical Information

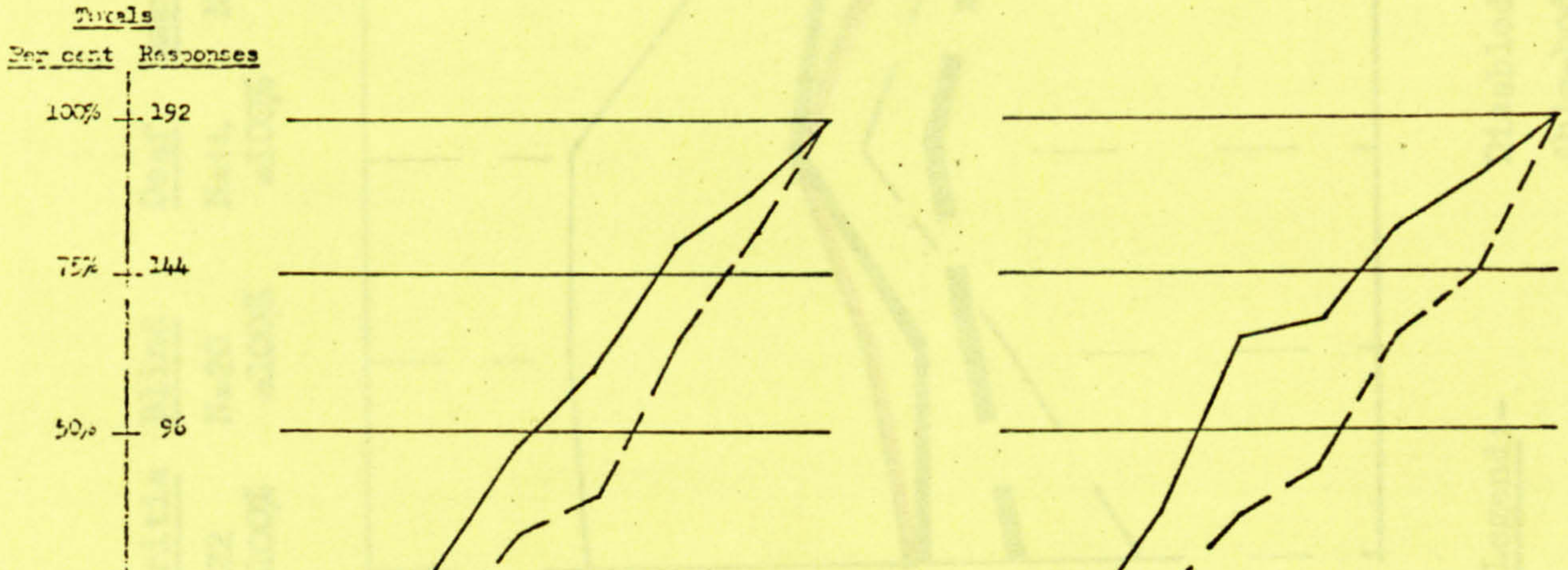
The mean and standard deviation values of the respective groups were:-

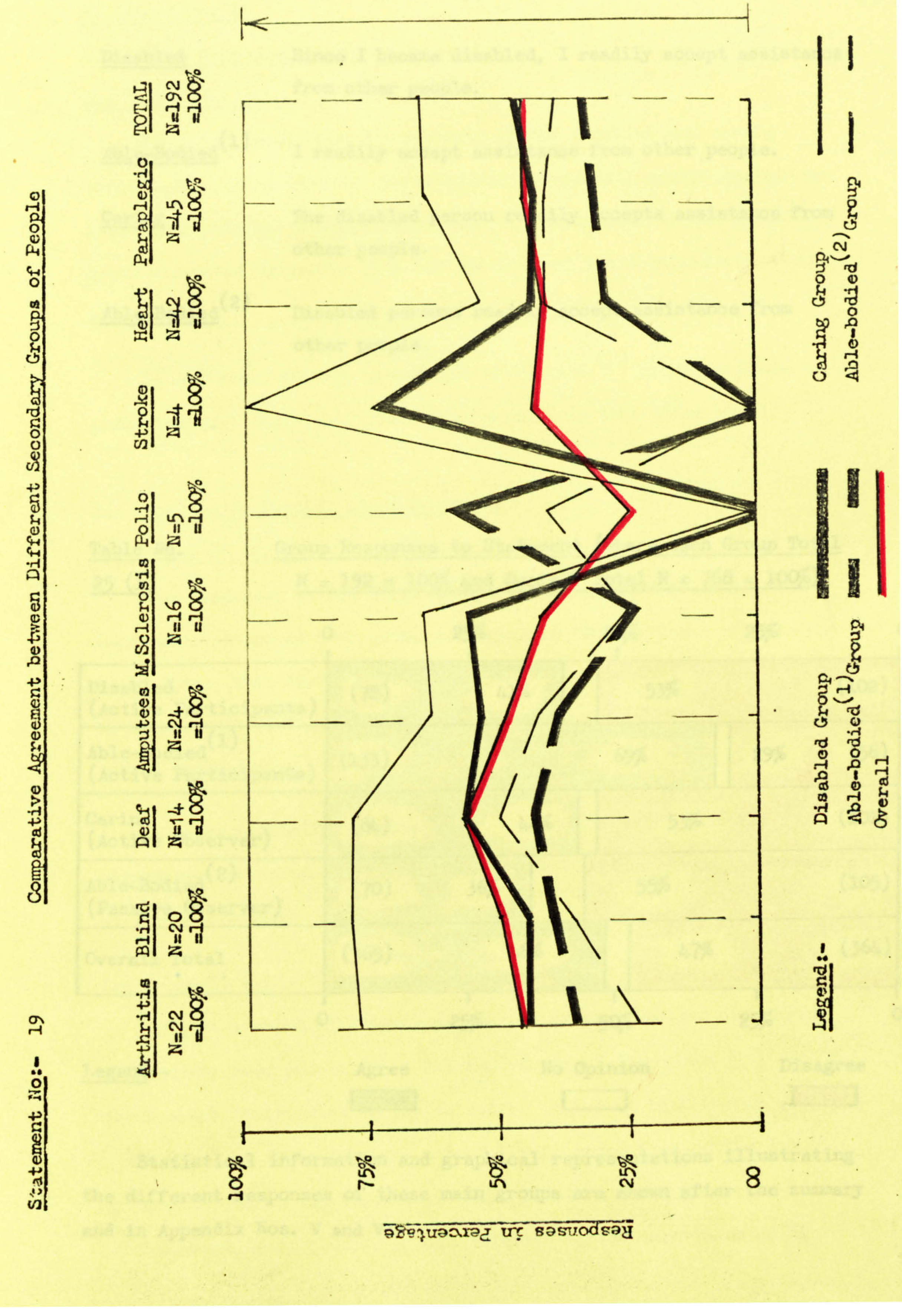
	Mean	Standard Deviation
Disabled	3.891	1.882
Able-Bodied(1)	4.521	1.914
Caring	3.401	1.930
Able-Bodied(2)	4.453	2.053

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	3.25	Disabled	-2.94
Able-Bodied(1)	4.44	Able-Bodied(1)	-3.14
Group Diff. (d)	-1.19	Group Diff. (d)	0.20
Caring	2.46	Caring	-3.17
Able-Bodied(2)	4.27	Able-Bodied(2)	-3.86
Group Diff. (d)	-1.81	Group Diff. (d)	0.69

Statement No:- 19 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels

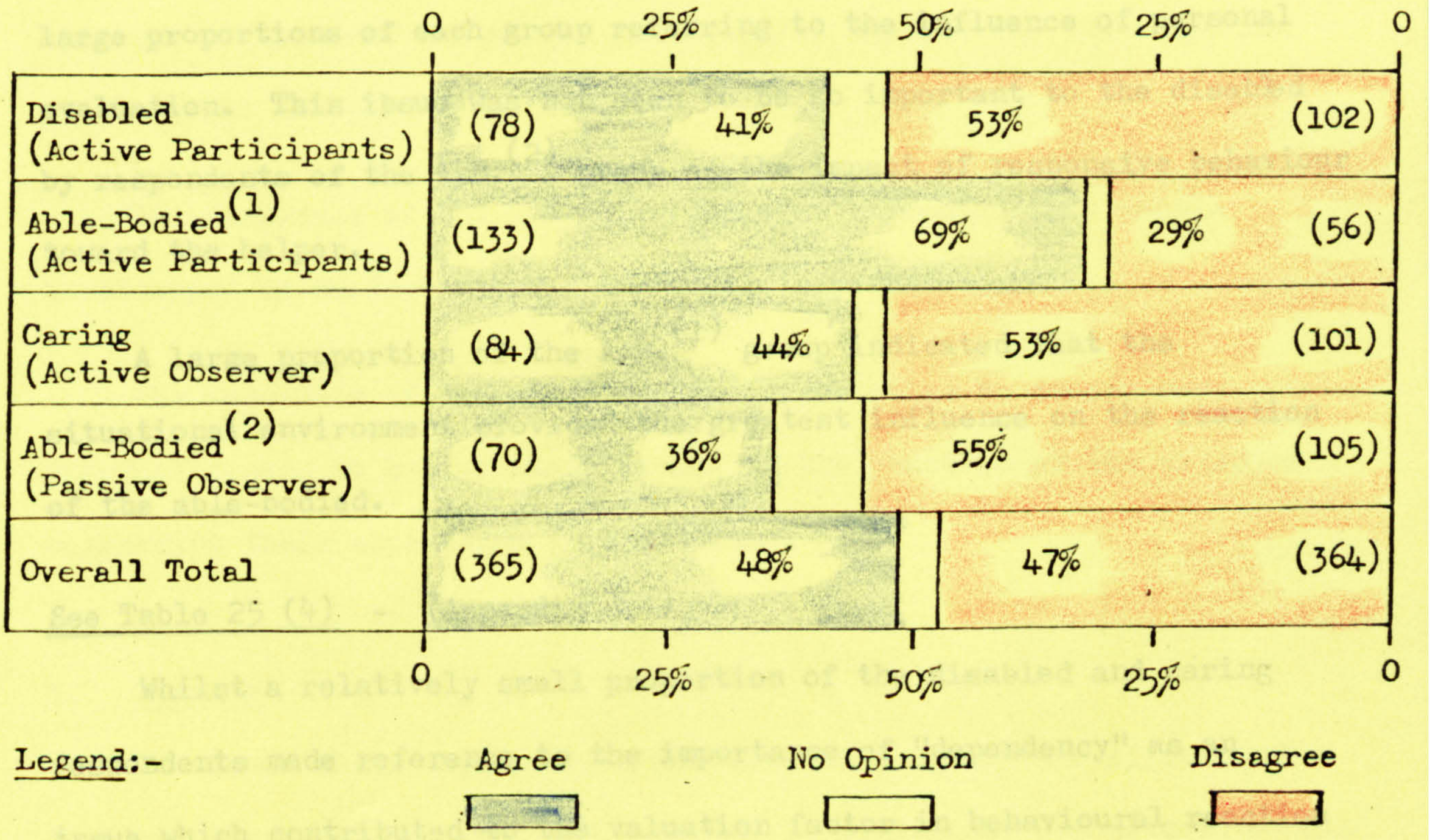



Statement No:- 19
Comparative Agreement between Different Secondary Groups of People
Agreement with Statement
Responses in Percentage
100%
75%
50%
25%
0
Blind N=20 =100%
Deaf N=14 =100%
Amputees N=24 =100%
M.Sclerosis N=16 =100%
Polio N=5 =100%
Stroke N=4 =100%
Heart N=42 =100%
Paraplegic N=45 =100%
TOTAL N=192 =100%
Arthritis N=22 =100%
Legend:-
Disabled Group
Able-bodied(1)Group
Overall
Caring Group
Able-bodied(2)Group

Statement No. 25

Disabled	Since I became disabled, I readily accept assistance from other people.
Able-Bodied(1)	I readily accept assistance from other people.
Caring	The disabled person readily accepts assistance from other people.
Able-Bodied(2)	Disabled persons readily accept assistance from other people.

Table No. 25 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 25

1. Group Responses to Main Statement

See Table 25 (1)

The table shows that the majority of the disabled and caring respondents agreed that the disabled did not readily accept assistance from other people. A large proportion of respondents in the A.B.(2) group expressed agreement with the opinions of the disabled and caring groups.

In contrast, a large proportion of the A.B.(1) group respondents indicated that they readily accepted assistance from other people.

2. Answers to Supplementary Questions

See Tables 25 (2) and (3) - (Appendix V)

The responses of the disabled and caring groups were close with large proportions of each group referring to the influence of personal evaluation. This issue was not seen to be so important to the disabled by respondents of the A.B.(2) group as the impact of responsive behaviour toward the helper.

A large proportion of the A.B.(1) group indicated that the situational environment provided the greatest influence on the reaction of the able-bodied.

See Table 25 (4) - (Appendix V)

Whilst a relatively small proportion of the disabled and caring respondents made reference to the importance of "dependency" as an issue which contributed to the valuation factor in behavioural reaction of the disabled to assistance, a much larger proportion of the A.B.(2) group referred to its importance. On the other hand, large proportions of the disabled and caring groups referred to the importance of the

"self-image". The influence of this issue was seen by a small proportion of the A.B.(2) group respondents. No significant difference appeared between the different group opinions concerning the influence of "will power".

The influence of the "self-image" was considered important to the able-bodied by a relatively small proportion of the A.B.(1) group.

3. Comparative Agreements between Different Secondary Groups

See Table 25 (5) - (Appendix VI)

The table reveals that those who were visually handicapped were more likely to accept assistance from people than those who were handicapped by other disabilities. People who were handicapped by deafness appeared to be more reserved.

The responses of the caring group expressed agreement with the opinions of the deaf and showed some general support for the responses of the other disabled respondents.

The responses of the A.B.(2) group also indicated that people handicapped by deafness tended to decline assistance.

The valuation of the self and its presentation to others were frequently seen to be important issues in the reaction of the disabled concerning their acceptance of assistance.

4. Summary

It seemed clear during the interviews that whilst the effects of physical handicap are sometimes overcome by will-power and determination, many of its resultant restrictions could not be entirely overcome either in this way or by believing that they did not exist. What was considered

"independence" by many people was perceived by others to be a good indicator of "dependence".

It frequently appeared that the availability of assistance to disabled people seemed to depend largely upon the image presented to the able-bodied by the attitude of the disabled toward themselves, their immediate environment and the outer community. To many handicapped people, the presentation of an acceptable image to other people tended to be a great problem as the restrictions imposed by their disability did not permit sufficient flexibility to counteract any lack of understanding or perception shown by sble-bodied people toward the specific predicament of the disabled.

It was noted during the interviews that motivation to get well by the disabled and attempts to return to their former mode of living or job were often misplaced when the drive suggested nothing less than complete normalcy. This attitude also seemed to provide a premise for many able-bodied people to believe that the disabled were independent and did not require assistance beyond that of the "normal" able-bodied person.

Statement No. 25 Main Group Statistical Information

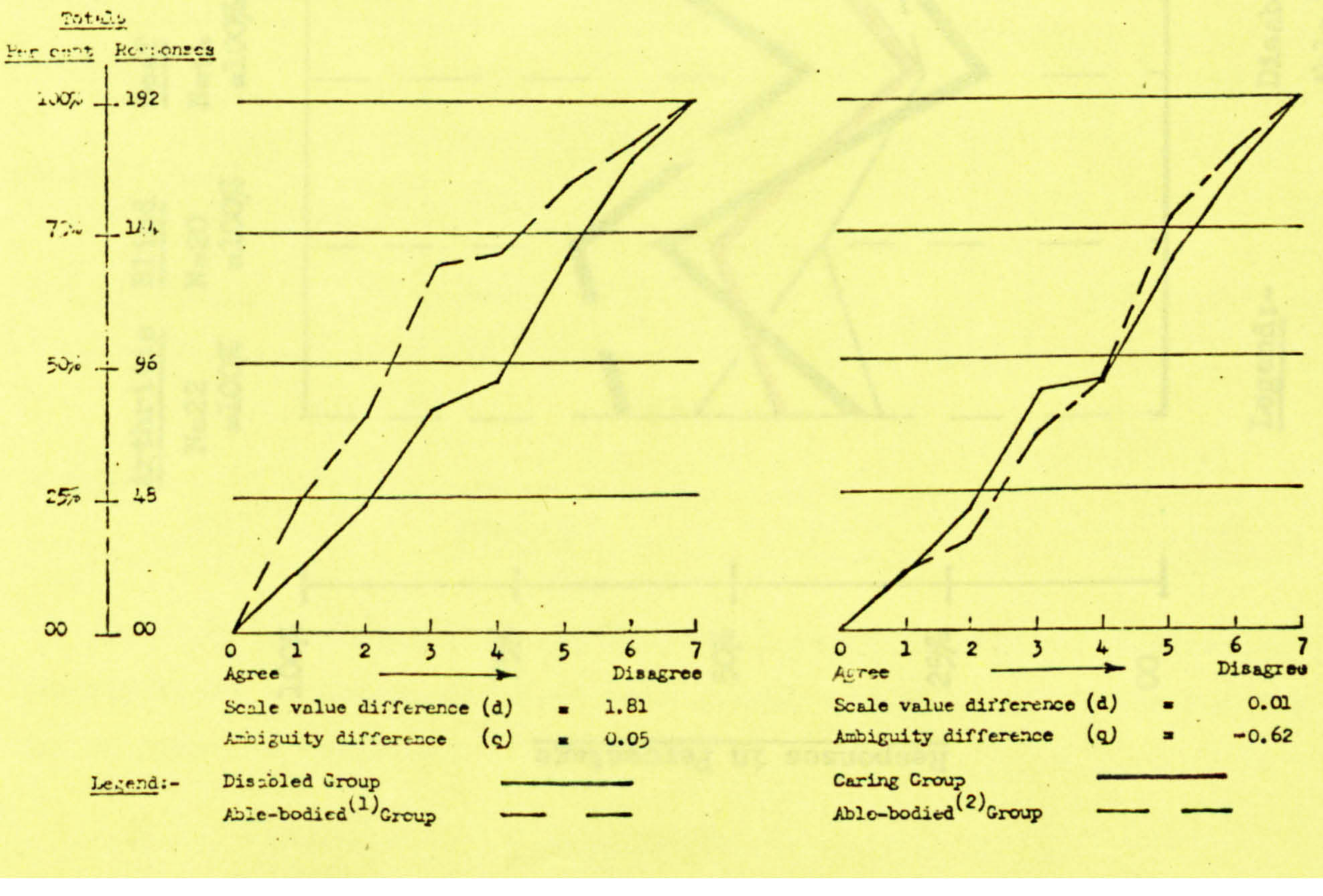
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.188	1.900
Able-Bodied(1)	3.182	1.902
Caring	4.213	1.903
Able-Bodied(2)	4.281	1.782

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.13	Disabled	-3.20
Able-Bodied(1)	2.32	Able-Bodied(1)	-3.25
Group Diff. (d)	1.81	Group Diff. (d)	0.05
Caring	4.14	Caring	-3.19
Able-Bodied(2)	4.13	Able-Bodied(2)	-2.57
Group Diff. (d)	0.01	Group Diff. (d)	-0.62

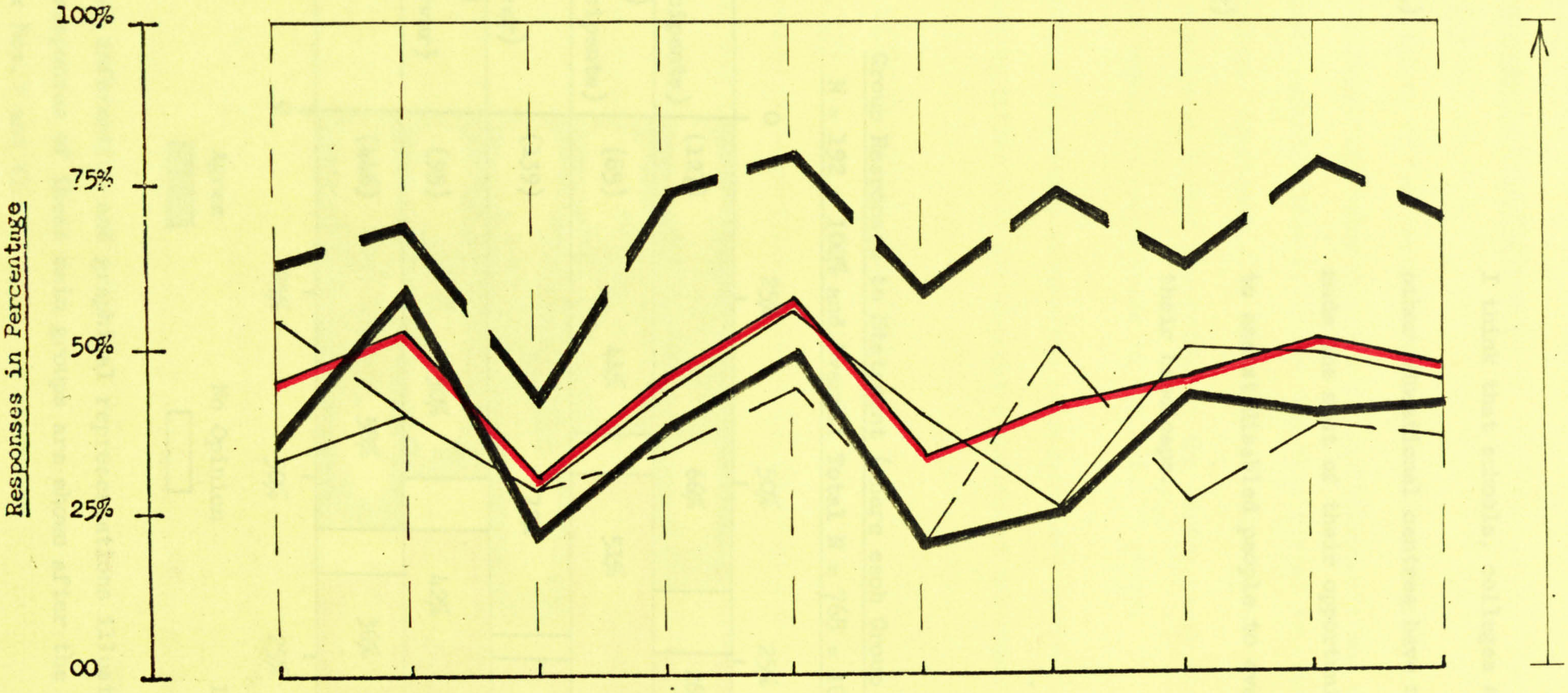
Statement No:- 25 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 25

Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

Statement No. 30

Disabled

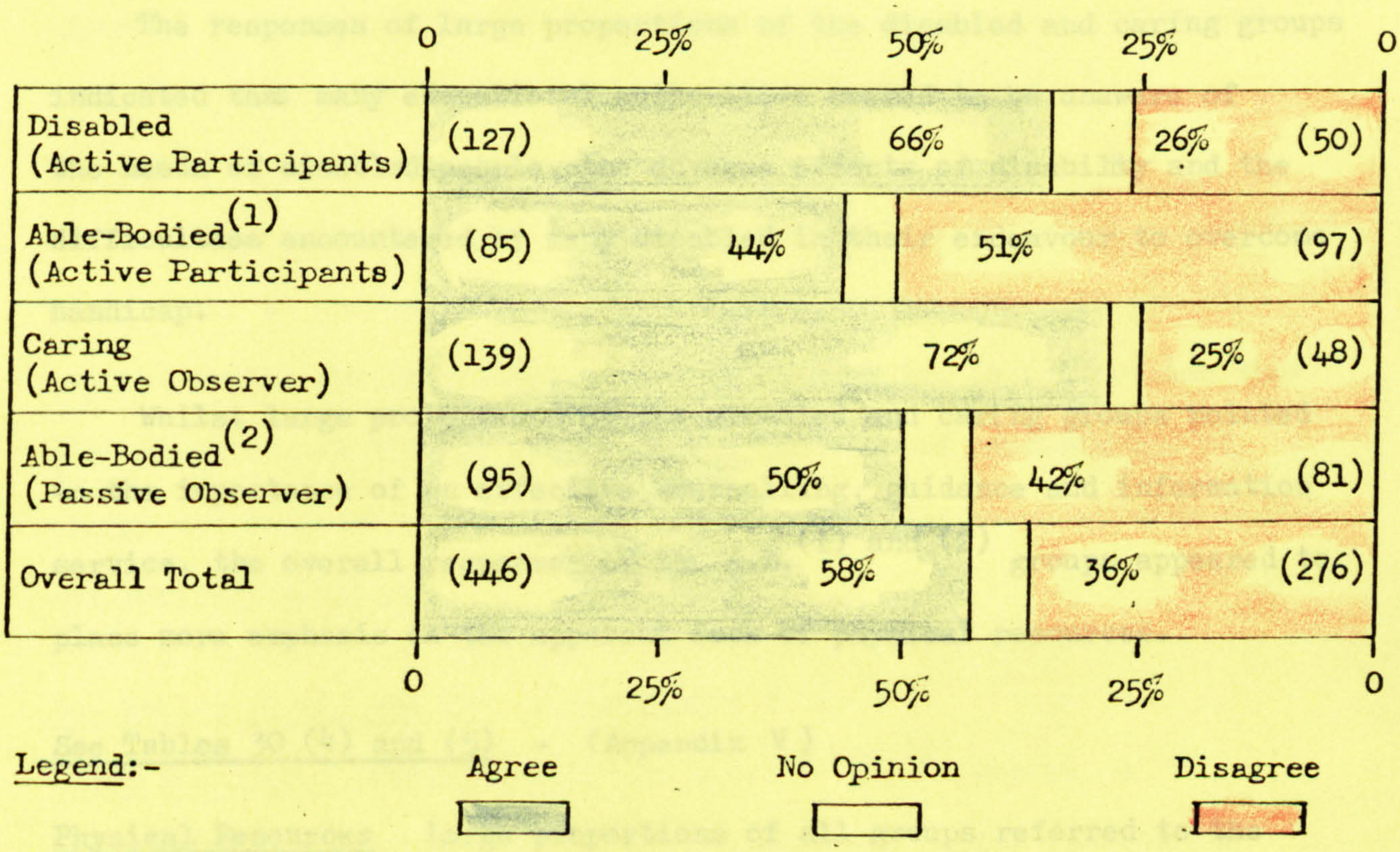
Able-Bodied(1)

Caring

Able-Bodied(2)

I think that schools, colleges and other educational centres have not made the most of their opportunities to assist disabled people to overcome their handicaps.

Table No. 30 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 30

1. Group Responses to Main Statement

See Table 30 (1)

About two-thirds of the respondents in the disabled group indicated that schools, colleges and other educational establishments had not made the most of their opportunities to assist the handicapped to overcome their disabilities. Agreement with the disabled was evident by the responses of a slightly larger proportion of the caring group and about one-half of the number of respondents in the A.B.(2) group.

The responses of a large proportion of respondents in the A.B.(1) group were seen to differ from the general opinions of the other groups.

2. Answers to Supplementary Questions

See Tables 30 (2) and (3) - (Appendix V)

The responses of large proportions of the disabled and caring groups indicated that many educational authorities seemed to be unaware of the needs of disabled people, the adverse effects of disability and the difficulties encountered by many disabled in their endeavour to overcome handicap.

Whilst large proportions of the disabled and caring groups pointed to the importance of an effective counselling, guidance and information service, the overall responses of the A.B.(1) and (2) groups appeared to place more emphasis on the apparent lack of physical resources.

See Tables 30 (4) and (5) - (Appendix V)

Physical Resources Large proportions of all groups referred to the importance of providing adequate car-parking facilities for physically handicapped people. The need for readily accessible toilets with

relevant facilities appeared to be considered more important by the disabled and caring respondents than the able-bodied respondents, particularly those in the A.B.(2) group whose responses seemed to indicate that the presence of steps and kerbs created more difficulties for the handicapped than a few other physical barriers.

Comments made during the interviews suggested that many changes were necessary to provide opportunities for many people to receive further education following the onset of disability. The removal of steps and kerbs, the provision of ramps, hand-rails, lifts, suitable toilet facilities, class-room facilities, car-parking and adaptations to premises to ease access, mobility problems and other difficulties encountered by the handicapped were considered to be much easier to bring into operation than those changes which derived mainly from individual attitudes and personal behavioural reaction. Nevertheless, there appeared to be many occasions where physically handicapped people had been confronted with difficulties caused by inadequate physical facilities and resources despite the provisions of Sections 4 - 8 of the Chronically Sick and Disabled Persons Act, 1970, which endeavoured statutorily to prevent many of these situations arising. It was also evident during the interviews that many able-bodied do not realise that disability has an adverse affect on the handicapped person's use of energy and his occupation of time and space as, for example, with access and mobility problems.

<u>See Tables 30 (6) and (7)</u> - (Appendix V)

<u>Human Resources</u> Compared with the A.B.(1) and (2) groups, a relatively larger proportion of the disabled and caring respondents seemed to believe that educational staff with specialised knowledge of the needs of the physically handicapped was of more importance to the

disabled than staff who were able to cater only for the general needs of disabled people. As shown subsequently in Table 30 (13), five handicapped people, 3 blind, 2 deaf and 1 paraplegic in the sample interviewed were prevented from attending a course of educational study because of the alleged inability of the staff to cope with their particular problems. Although the importance of some general knowledge of the needs of physically handicapped students seems essential in many cases, there also appeared in the opinions of the disabled and caring respondents a need for a member of the educational staff with a specialised knowledge of the problems of handicapped students to be available and to whom the handicapped can readily approach for guidance or assistance.

See Tables 30 (8) and (9) - (Appendix V)

Educational Needs Large proportions of respondents in all the groups referred to the importance of educational staff being aware that physically handicapped students should be involved with courses directed toward social integration and self-dependence, as for example, through industrial and commercial courses. The respondents also indicated that educational staff should be aware of the benefits of coping with physical disability in an integrated environment and that they should have some knowledge of the personal effects of disability.

The responses of the A.B.(2) group indicated that the need for the disabled to cope with physical handicap in an integrated environment was not too important.

As subsequently illustrated, (Table 30 (13)), five (5) physically handicapped persons were prevented from pursuing educational courses of their desire because educational staff considered that it would be more

beneficial for them to participate only in segregated courses for handicapped students. Three other potential students were unable to attend further education courses because they could not give a guarantee to the authorities that they would neither require assistance nor would be subject to risks greater than those associated with able-bodied students.

To most respondents it seemed that it was important for educational authorities to have an appreciation of the need for integrated education and that whenever possible physically handicapped people should be given the opportunity and necessary support to enable them to participate in "normal" courses for further education. This seemed particularly so when the handicapped are fully aware of the educational problems involved with the specific course of study. In addition, the respondents believed that a course tutor or other suitable member of the staff with specialised knowledge of the problems of handicapped students should be reasonably available for guidance and assistance.

See Tables 30 (10) and (11) - (Appendix V)

Counselling, Guidance and Information Large proportions of the respondents in all groups referred to the importance of information to handicapped students about means of access, relevant physical facilities and resources at the educational centre, the need to provide guidance about suitable educational courses available, the personal needs of handicapped students and the availability of a careers officer or course tutor.

A fairly large proportion of the disabled and caring respondents made reference to the importance of continuous assessment about study progress. A minority referred to the importance of a positive attitude

by educational staff to the presence of physically handicapped students. Respondents in the A.B.(1) and (2) groups did not perceive some of these issues to be as important to the disabled as indicated by the disabled and caring respondents.

See Table 30 (12) - (Appendix V)

This table shows that following the onset of disability a larger proportion of the disabled group, as compared with the A.B.(1) group, attempted to pursue further education. The table also indicates that a smaller proportion of the disabled were able to attend approved academic courses. No disabled person attended Higher Educational Courses although ten (10) respondents attended Further Education Courses after having attended Higher Educational Courses prior to their disabilities. On the other hand, 8 (20%) able-bodied students attended Higher Educational Courses within the relevant period.

See Table 30 (13) - (Appendix V)

The table shows reasons given by the respondents in the disabled and A.B.(1) groups for wanting to pursue further education and specific reasons why respondents in each group were unable to commence desired courses. Issues associated with employment seemed to be important motivating influences to respondents in both groups.

See Tables 30 (14) and (15) - (Appendix V)

These tables show issues of importance in the objectives of further education as seen by respondents in the different groups. When the issues were classified into the broader educational and academical objectives, the responses of a large proportion of the disabled and caring groups indicated that the disabled were more influenced by educational objectives than academical objectives. This general view was different from that seen by large proportions of the A.B.(1) and (2)

groups who considered academic objectives to be more important.

See Table 30 (16) - (Appendix V)

Large proportions of all the groups, particularly the disabled (74%) and the caring (81%) indicated that educational attainment tended to assist disabled people to adjust themselves more readily to disability and active participation in the outer community.

3. Comparative Agreements between Different Secondary Groups

See Table 30 (17) - (Appendix VI)

The results reveal that those who were handicapped by blindness or deafness seemed most concerned about the lack of opportunities to assist them to participate in further education. A large proportion of those who cared for them expressed general agreement with the opinions of the disabled respondents.

Responses of the A.B.(2) group were frequently different from those of the disabled and caring respondents.

It often appeared that many educational authorities were unaware of the need for special provisions for some people with specific handicaps, particularly those who were adversely affected by the natural process of communication. The need for a measure of positive discrimination concerning many disabled seemed to be justified and essential.

4. Summary

There seemed clear evidence from the disabled and caring respondents that many educational authorities were not making full use of their resources to assist the disabled. A large proportion referred to a policy of negative discrimination against the disabled involving issues

associated with restrictive accommodation, access and mobility facilities, hygiene factors and the prevalence of a negative outlook toward integrated education for the disabled.

Many disabled and caring respondents believed that it was only by a means of integrated education that the disabled could acquire social advantages. It was apparent during the interviews that a large proportion of the disabled and caring believed that the prospects of the disabled to adjust themselves readily to disability and active participation in society were frequently related to their level of educational attainment.

The responses seem to indicate that Education Authorities should give attention to the following issues associated with the provision of educational opportunities for physically handicapped people:-

(a) The need to formulate and publicise a sound policy relating to the general arrangements and facilities that the educational establishment provides for physically handicapped students and any special provisions that can be made to assist them to overcome specific problems and difficulties,

(b) The importance of constructive and positive guidance in relation to educational courses which will assist the physically handicapped individual to complete the course of study successfully and to the satisfaction of his personal needs,

(c) The need to have in operation a system of continuous assessment of the study progress of the handicapped person with a view to ensuring that he is able to cope both mentally and physically with the course,

(d) The availability of a Careers Officer who can offer constructive guidance to the physically handicapped about the benefits of the

desired educational course with a view to encouraging self-development and independence and to fostering social integration,

(e) The importance of co-ordinating the needs of the student with those of his current or potential employer,

(f) The provision of special needs to assist handicapped people with specific problems, as for example, those people with communication and mobility difficulties, and

(g) The need, if necessary, to consider the use of correspondence courses and to be supported by regular group meetings or tutor assigned sessions.

Statement No. 30 Main Group Statistical Information

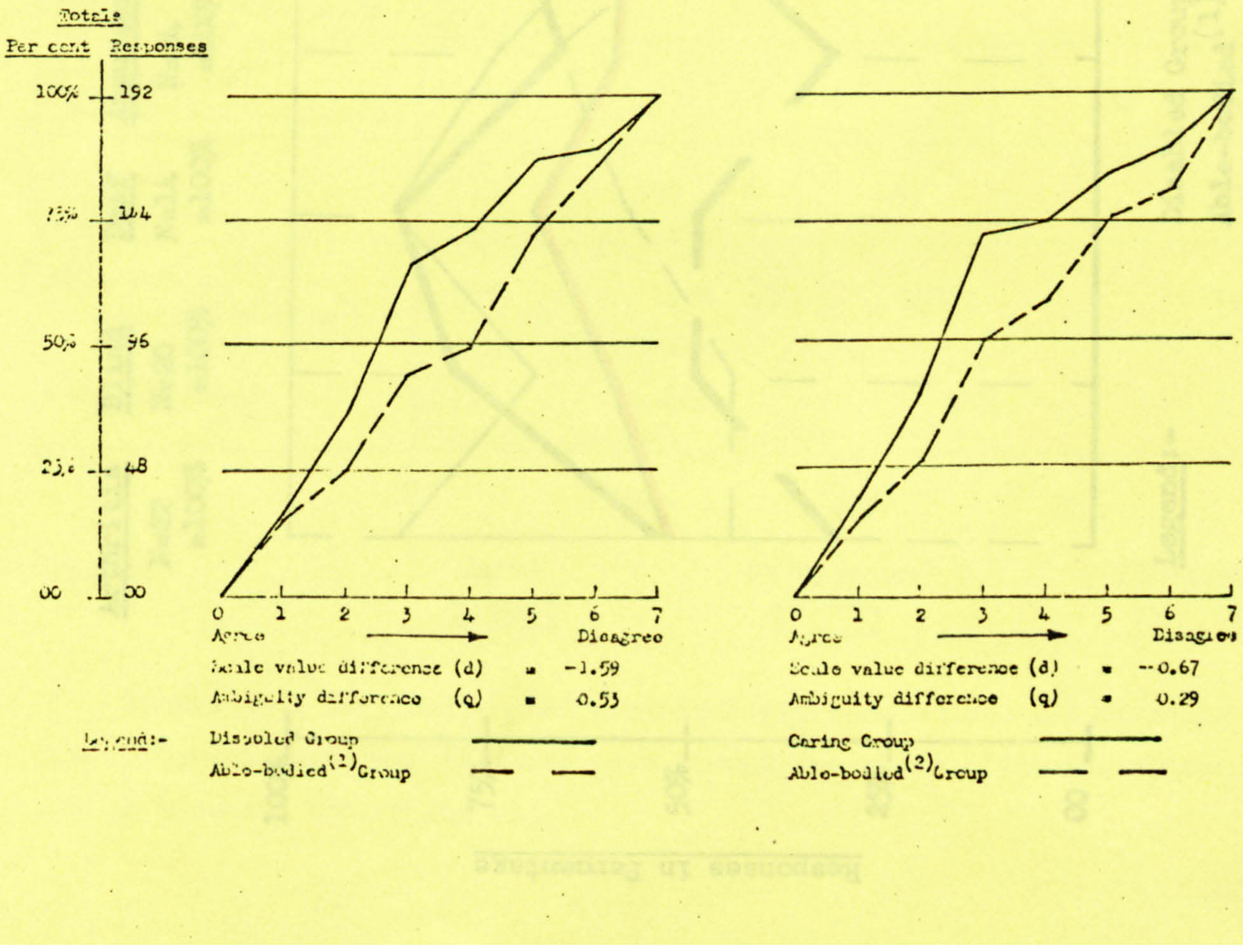
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.229	1.712
Able-Bodied(1)	4.063	1.981
Caring	3.108	1.810
Able-Bodied(2)	3.942	2.029

The distribution of the respective groups gave:-

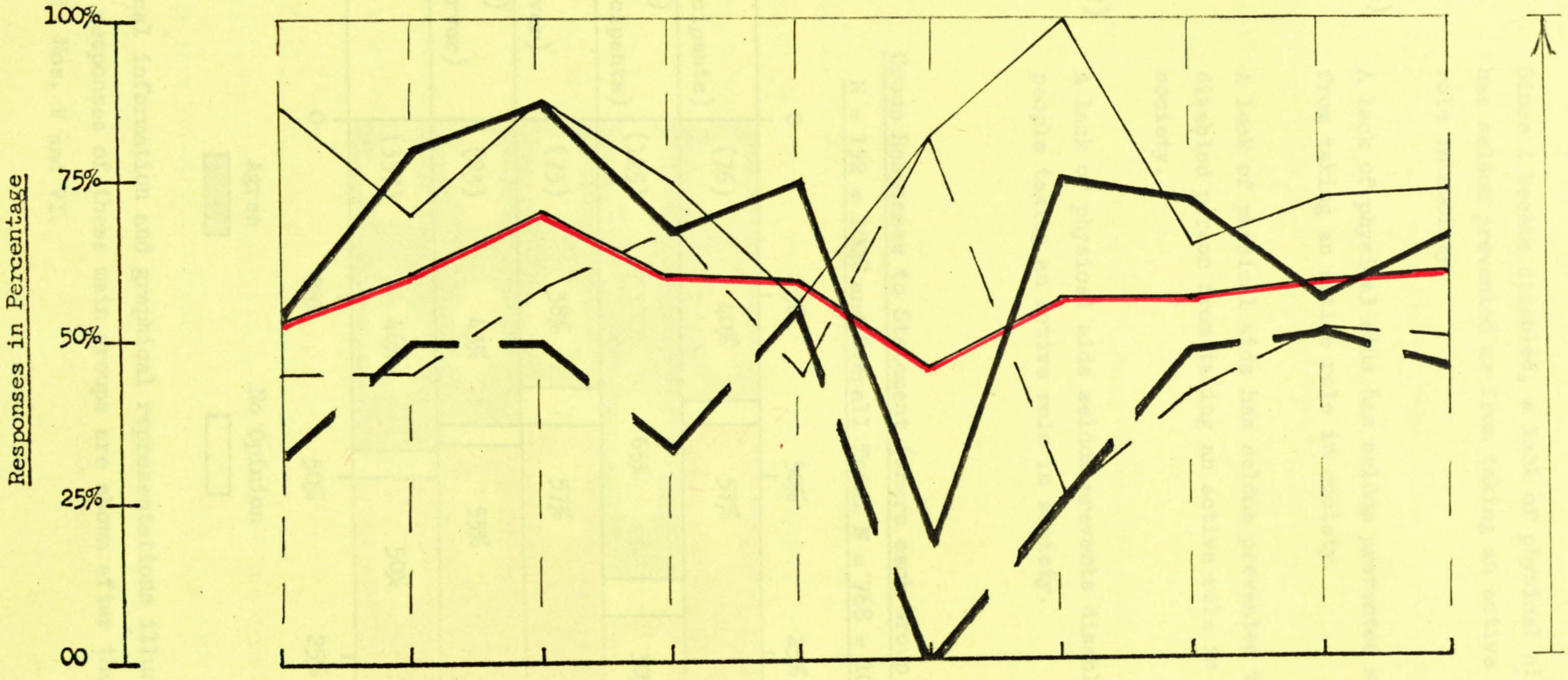
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.45	Disabled	-2.67
Able-Bodied(1)	4.04	Able-Bodied(1)	-3.20
Group Diff. (d)	-1.59	Group Diff. (d)	0.53
Caring	2.33	Caring	-2.74
Able-Bodied(2)	3.00	Able-Bodied(2)	-3.03
Group Diff. (d)	-0.67	Group Diff. (d)	0.29

Statement No:- 30 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 30 **Comparative Agreement between Different Secondary Groups of People**

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



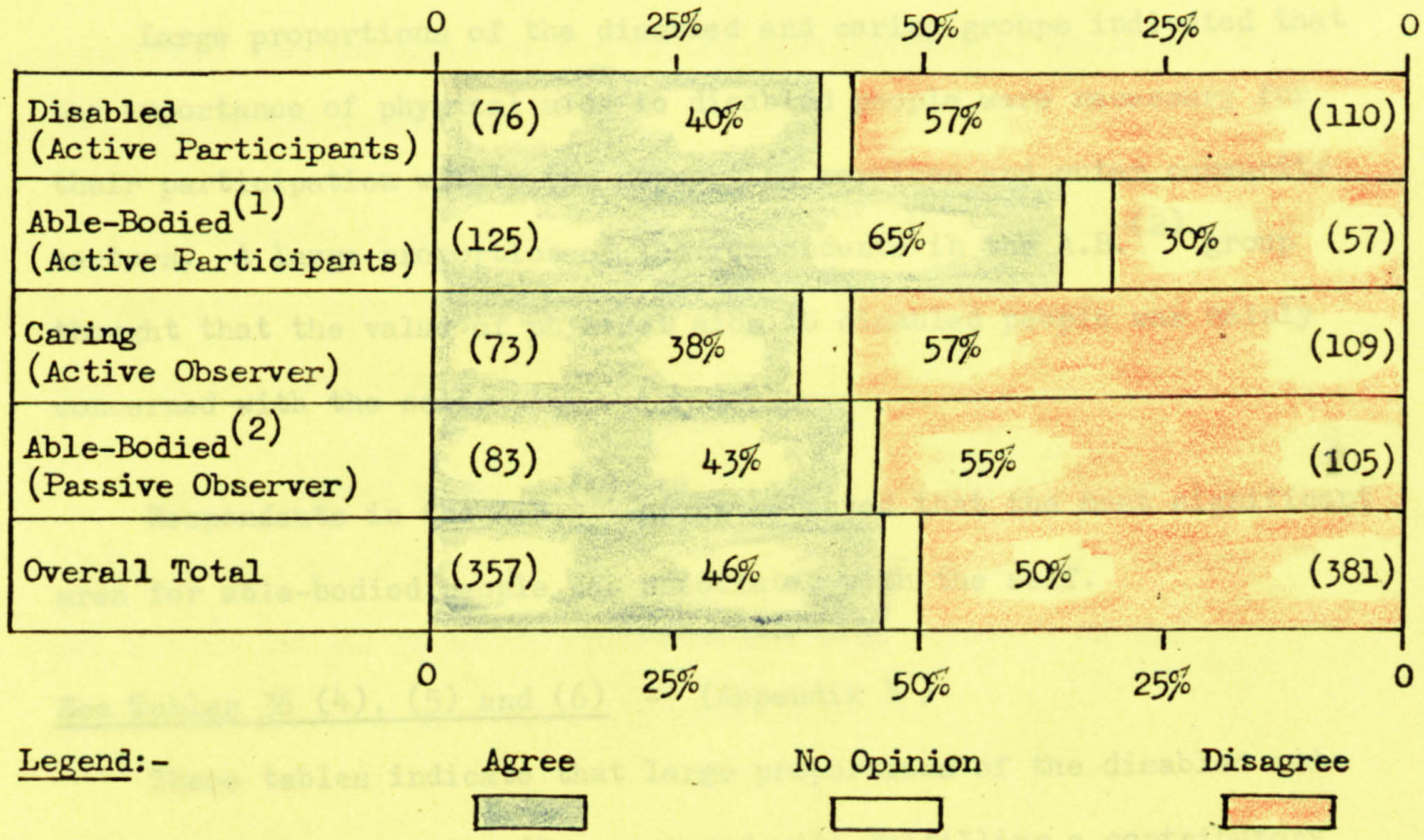
Legend:-

- Disabled Group
- Able-bodied(1) Group
- Overall
- Caring Group
- Able-bodied(2) Group

Statement No. 36

Disabled	Since I became disabled, a lack of physical aids has seldom prevented me from taking an active role in society.
Able-Bodied(1)	A lack of physical aids has seldom prevented me from taking an active role in society.
Caring	A lack of physical aids has seldom prevented the disabled person from taking an active role in society.
Able-Bodied(2)	A lack of physical aids seldom prevents disabled people taking an active role in society.

Table No. 36 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 36

1. Group Responses to Main Statement

See Table 36 (1)

The table shows that the majority of respondents in the disabled and caring groups indicated that many disabled people were prevented from taking an active role in society because of a lack of physical aids. The responses of the A.B.(2) group were closely related to those of the disabled and caring groups.

A large proportion of the A.B.(1) group considered that a lack of physical aids had not prevented them from taking an active role in society.

2. Answers to Supplementary Questions

See Tables 36 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that the importance of physical aids to disabled people were necessary for their participation within the supporting services and outer community sectors. A large proportion of the respondents in the A.B.(2) group thought that the value of physical aids to disabled people was mainly concerned with the self.

Respondents in the A.B.(1) group believed that the most significant area for able-bodied people was associated with the self.

See Tables 36 (4), (5) and (6) - (Appendix V)

These tables indicate that large proportions of the disabled and caring groups were primarily concerned with fulfilling a contributory role in society. They perceived physical aids to be essential not only to integration but also as a means of providing them with an opportunity

for developing their potential and residual abilities in education, employment and outer community activities. On the other hand, the responses of the A.B.(2) respondents implied during the interviews that the provision of physical aids for the disabled was mainly to assist them to cope within the confined environment of the self.

The responses of the A.B.(1) group were near to those of the A.B.(2) respondents.

3. Comparative Agreements between Different Secondary Groups

See Table 36 (7) - (Appendix VI)

The table reveals that those who were handicapped by arthritis, multiple sclerosis or paraplegia were more likely to be restricted by a lack of physical aids than people handicapped by other disabilities.

Apart from those who cared for people handicapped by multiple sclerosis, the responses of the caring group generally supported the opinions of the disabled.

Respondents in the A.B.(2) group believed that those handicapped by amputations were the most likely people to be restricted by the need for physical aids.

There appeared to be an increasing need for all disabled and caring people to be brought into contact with physical aid centres and the use of all types of equipment and aids relevant to the disability in which they held a vested interest.

4. Summary

Divergence between the disabled person's desired needs for the self, home, participation in the supporting services sector and integration in the outer community, and how these needs were met were

much in evidence by a large proportion of the disabled and caring people. The presence of architectural barriers appeared to constitute an effective block to normalisation and integration and ensured that a large gap existed between the disability rights of the individual and his natural rights as a responsible citizen.

It was apparent during the interviews that information about mobility aids lacked effectiveness and development. Many disabled and caring respondents were not sure about what aids were available, what relevant information they required or where it could be reliably obtained. Sources most frequently quoted as useful were disabled colleagues and local disablement organisations. Information from Government funded sources, social service personnel, general practitioners, brochures and booklets was noted to have not been particularly conspicuous.

There seemed a need for continuing development of all devices and methods for improving the daily living activities within the home and, particularly, for improving the mobility of many disabled outside the home.

Many disabled and caring respondents during the interview regarded the provision of the Chornically Sick and Disabled Persons Act, 1970, as a feeble attempt to give official assistance to disabled people. Apart from the significance of the socio-economic situation, the efficiency and effectiveness of the Act seems to depend primarily upon the objectives, attitudes and even the individual interests of members of the different service agencies.

Statement No. 36 Main Group Statistical Information

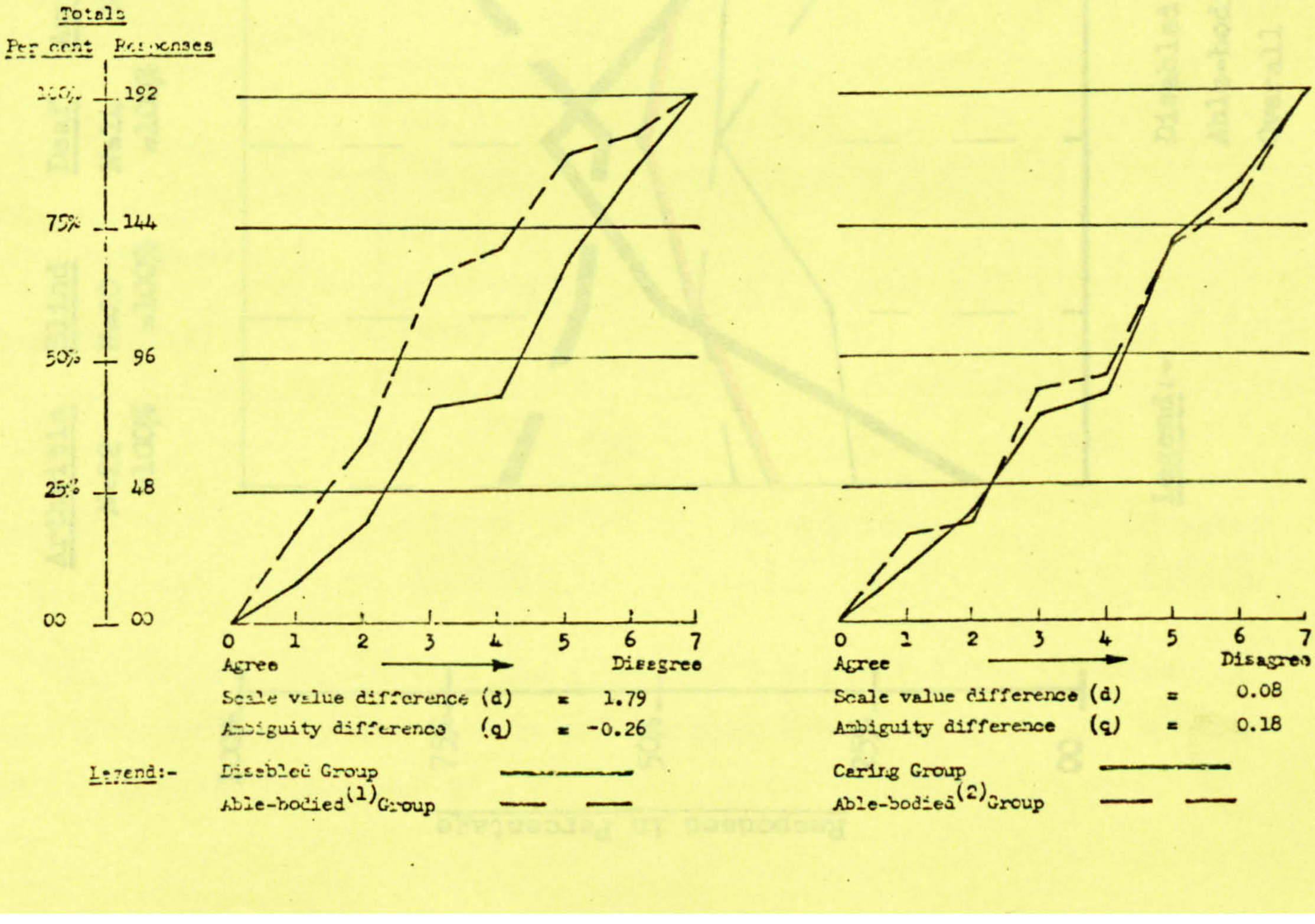
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.370	1.874
Able-Bodied(1)	3.302	1.747
Caring	4.312	1.927
Able-Bodied(2)	4.277	2.047

The distribution of the respective groups gave:-

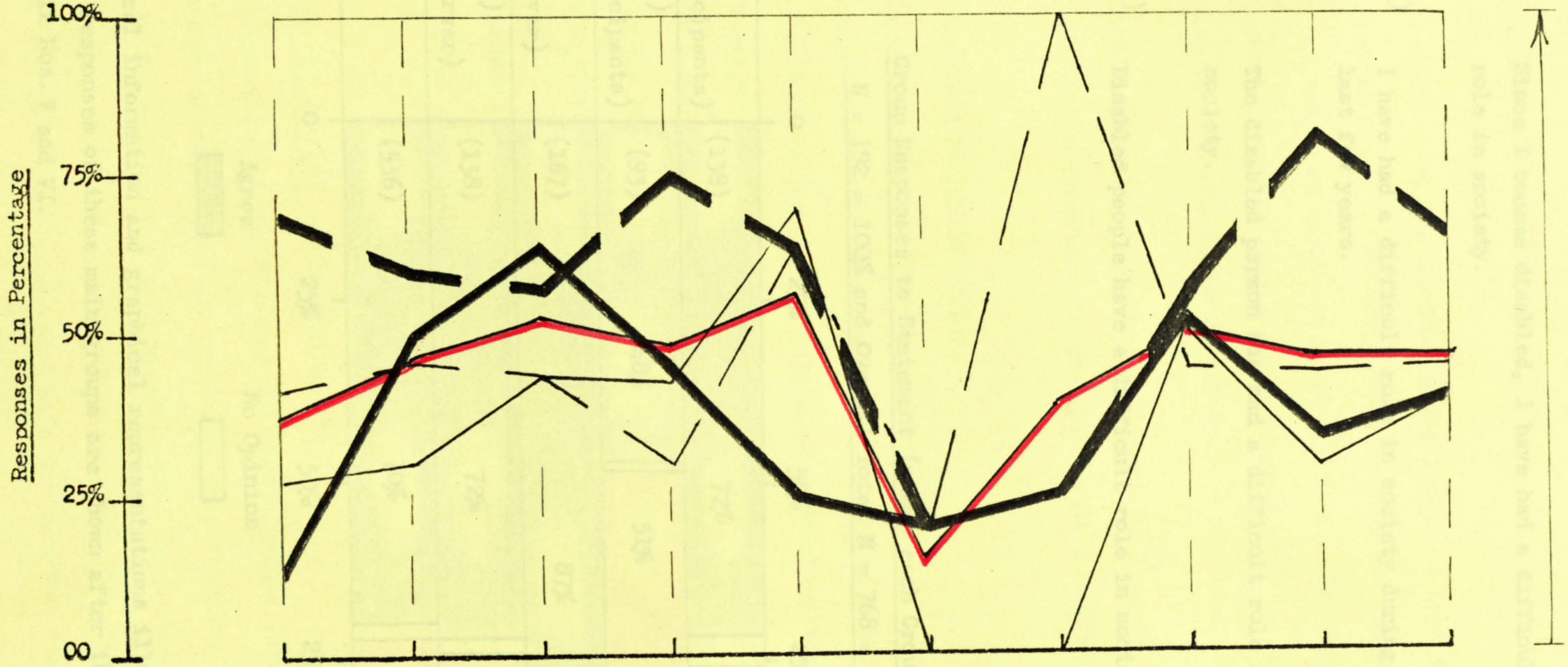
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.27	Disabled	-3.07
Able-Bodied(1)	2.48	Able-Bodied(1)	-2.81
Group Diff. (d)	1.79	Group Diff. (d)	-0.26
Caring	4.24	Caring	-3.02
Able-Bodied(2)	4.16	Able-Bodied(2)	-3.20
Group Diff. (d)	0.08	Group Diff. (d)	0.18

Statement No:- 36 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 36 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

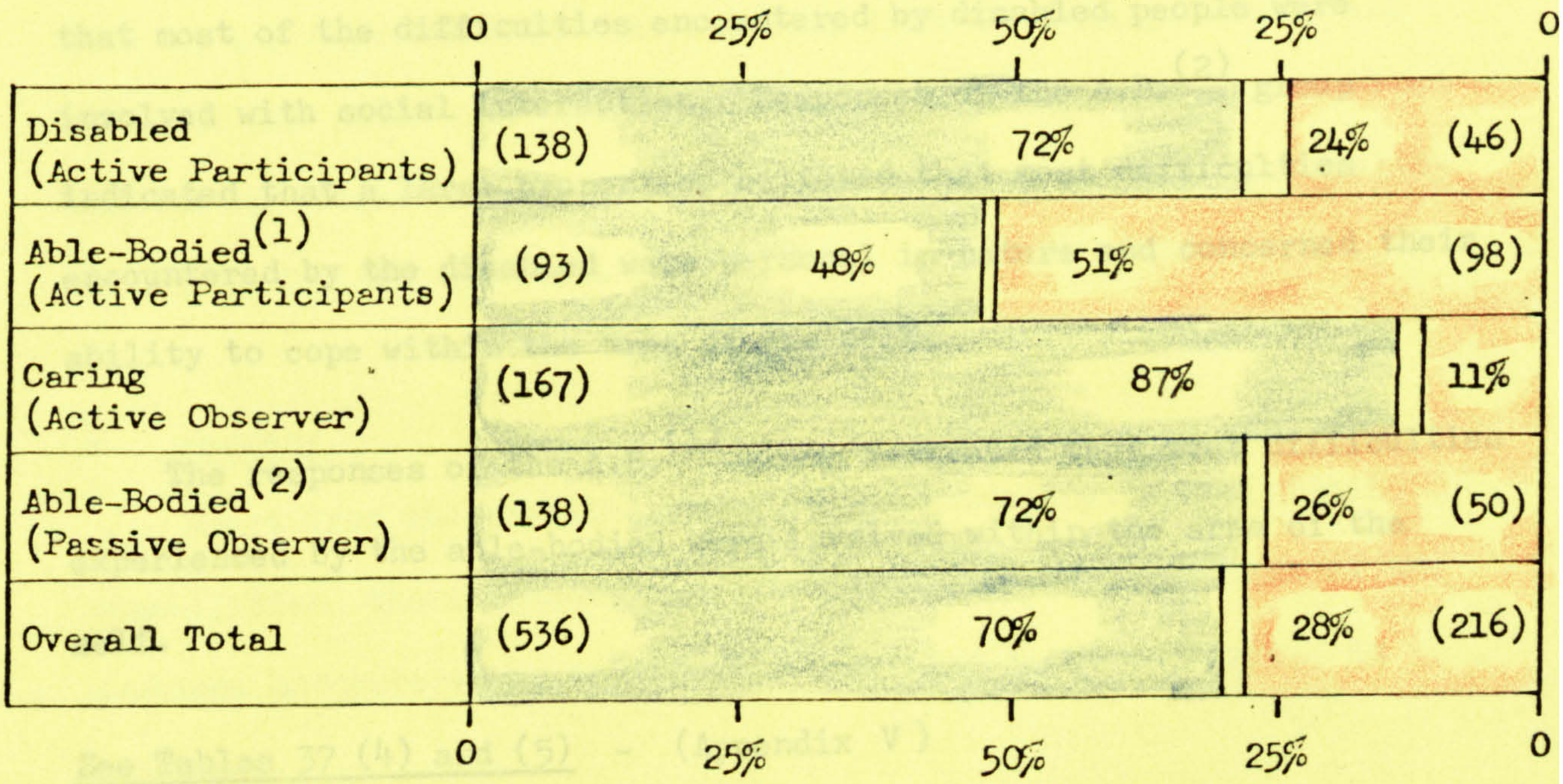
Caring Group

Able-bodied(2) Group

Statement No. 37

Disabled	Since I became disabled, I have had a difficult role in society.
Able-Bodied(1)	I have had a difficult role in society during the last few years.
Caring	The disabled person has had a difficult role in society.
Able-Bodied(2)	Disabled people have a difficult role in society.

Table No. 37 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 37

1. Group Responses to Main Statement

See Table 37 (1)

About three-quarters of the disabled group indicated that they had experienced a difficult role in society. This opinion was supported by an even larger proportion of those who cared for them. The responses of the A.B.(2) group indicated substantial agreement with the disabled and caring groups about difficulties experienced by disabled people.

About one-half the total respondents in the A.B.(1) group considered that they had experienced a difficult role in society.

2. Answers to Supplementary Questions

See Tables 37 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that most of the difficulties encountered by disabled people were involved with social interaction. Responses of the A.B.(2) group indicated that a large proportion believed that most difficulties encountered by the disabled were personal in nature and concerned their ability to cope within the area of the self.

The responses of the A.B.(1) group indicated that most difficulties experienced by the able-bodied were involved within the area of the self.

See Tables 37 (4) and (5) - (Appendix V)

Large proportions of the disabled and caring groups referred to the influence of communications and social relationships in assisting to ameliorate the role of the handicapped person. Most respondents in the A.B.(2) group thought that critical issues involved with the handicapped role were those associated with the personal effects of disability, such as restrictive mobility and limited access.

The responses of the A.B.(1) group were near to those of the disabled and caring groups.

3. Comparative Agreements between Different Secondary Groups

See Table 37 (6) - (Appendix VI)

The responses suggest that those who were handicapped by arthritis, blindness or multiple sclerosis experienced a more difficult role in society than people handicapped by other forms of disability. The responses of the caring group indicated substantial support for the opinions of the disabled.

Respondents in the A.B.(2) group believed that those who were handicapped by paraplegia were particularly prone to a difficult role in society.

It was apparent that contributions from the family, supporting services and outer community were of vital importance to all disabled and caring people and, to a very large extent, determined the quality of living for the disabled.

4. Summary

Apart from the physical restrictions accompanying individual disabilities, the responses indicated that a large proportion of the problems encountered by the disabled appeared to be sociogenic in origin.

Inadequate provision to enable them to cope with housing, mobility and access problems, and the lack of opportunities to engage in education, employment and recreational facilities were thought by the disabled and caring to derive mainly from negative attitudes of the able-bodied in the supporting services and outer community sectors.

For the disabled, personal identity and relationship with the supporting services and the outer community tend to be enmeshed in their own self image.

Although a large proportion of the disabled and caring respondents during the interview indicated that the basic objective of many supporting services agencies was to help the disabled to have a real chance of living a life of quality, it seemed clear that if this objective was to be achieved, a joint co-operative endeavour was essential from the disabled person, the family unit, supporting services and outer community sectors.

Statement No. 37 Main Group Statistical Information

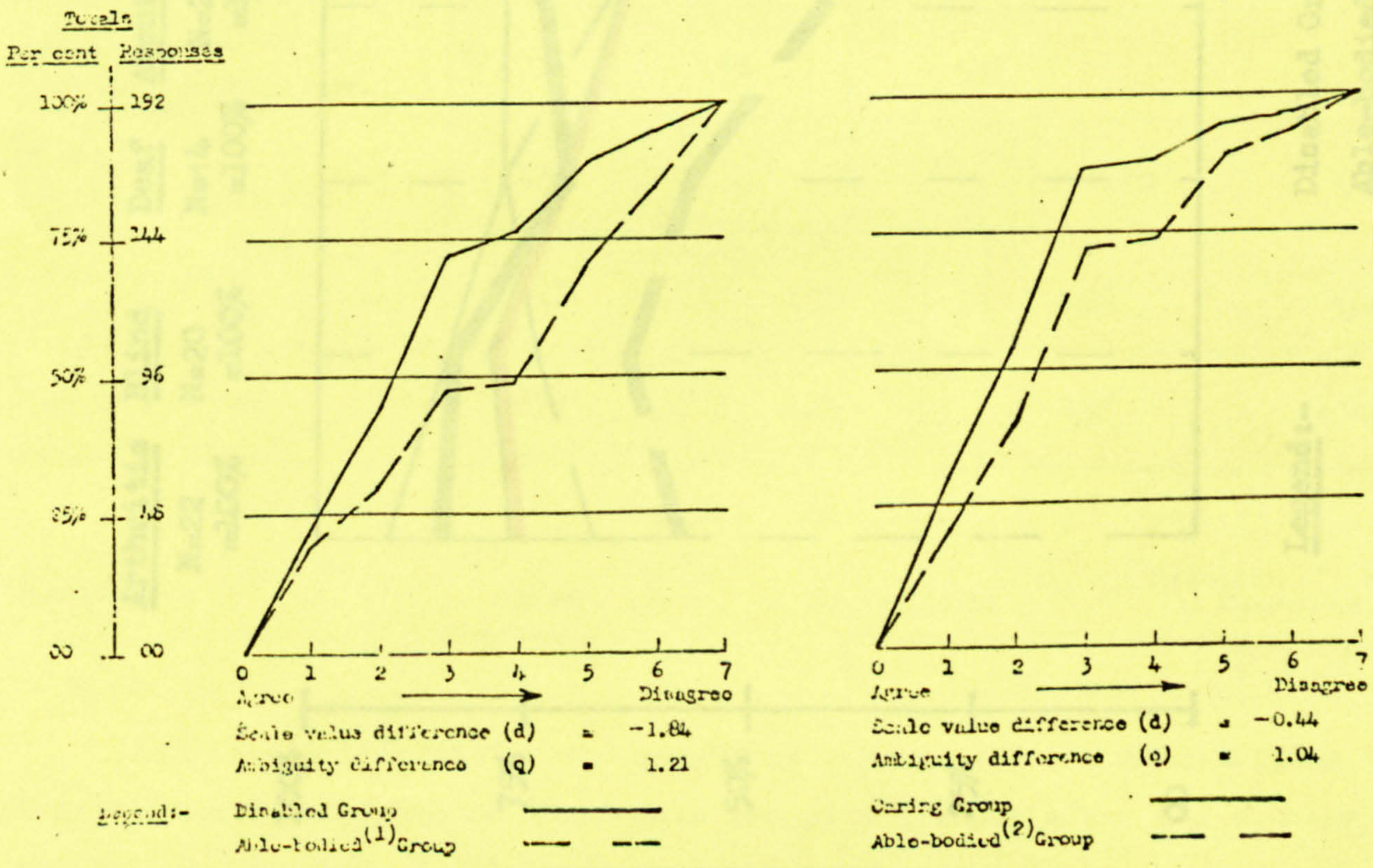
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.000	1.712
Able-Bodied(1)	3.995	2.145
Caring	2.473	1.413
Able-Bodied(2)	3.093	1.737

The distribution of the respective groups gave:-

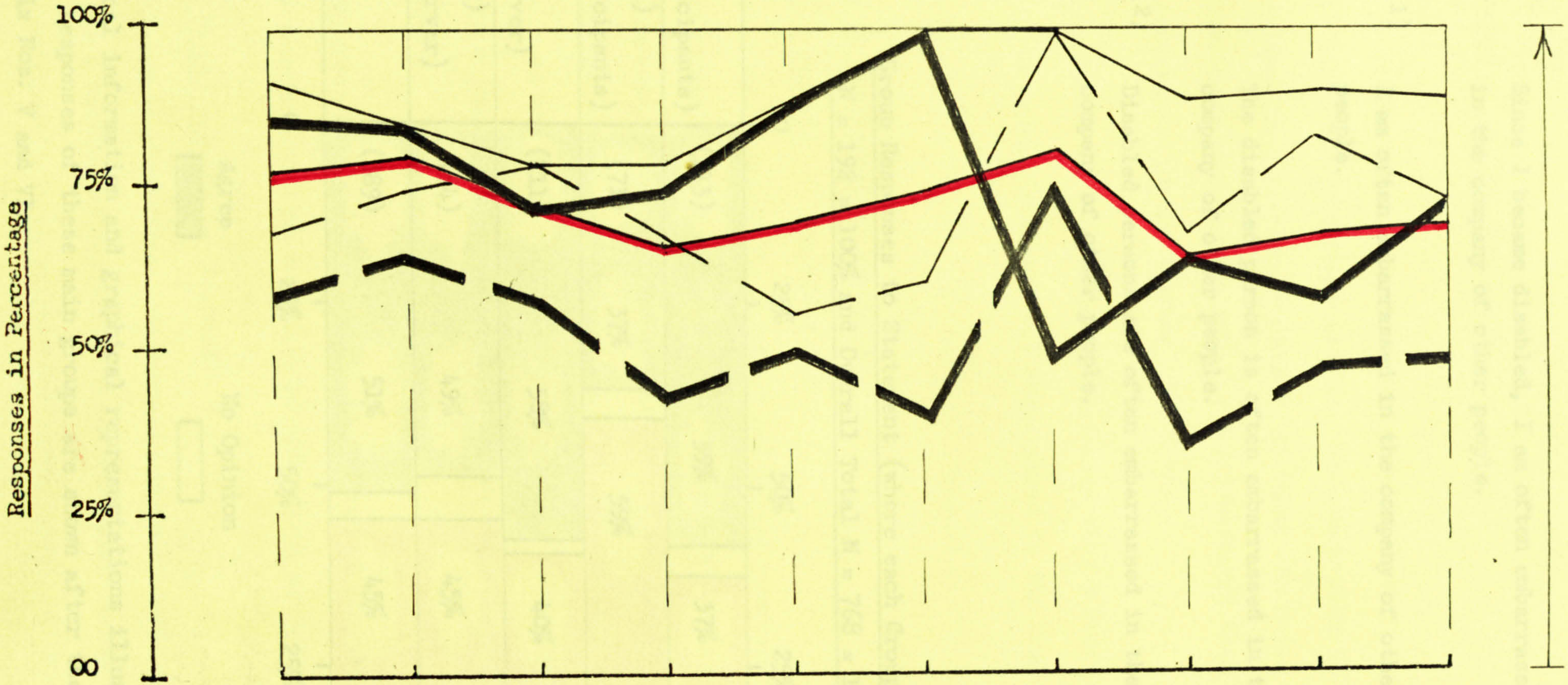
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.21	Disabled	-2.61
Able-Bodied(1)	4.05	Able-Bodied	-3.82
Group Diff. (d)	-1.84	Group Diff. (d)	1.21
Caring	1.87	Caring	-1.82
Able-Bodied(2)	2.31	Able-Bodied(2)	-2.86
Group Diff. (d)	-0.44	Group Diff. (d)	1.04

Statement No:- 37 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 37 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%

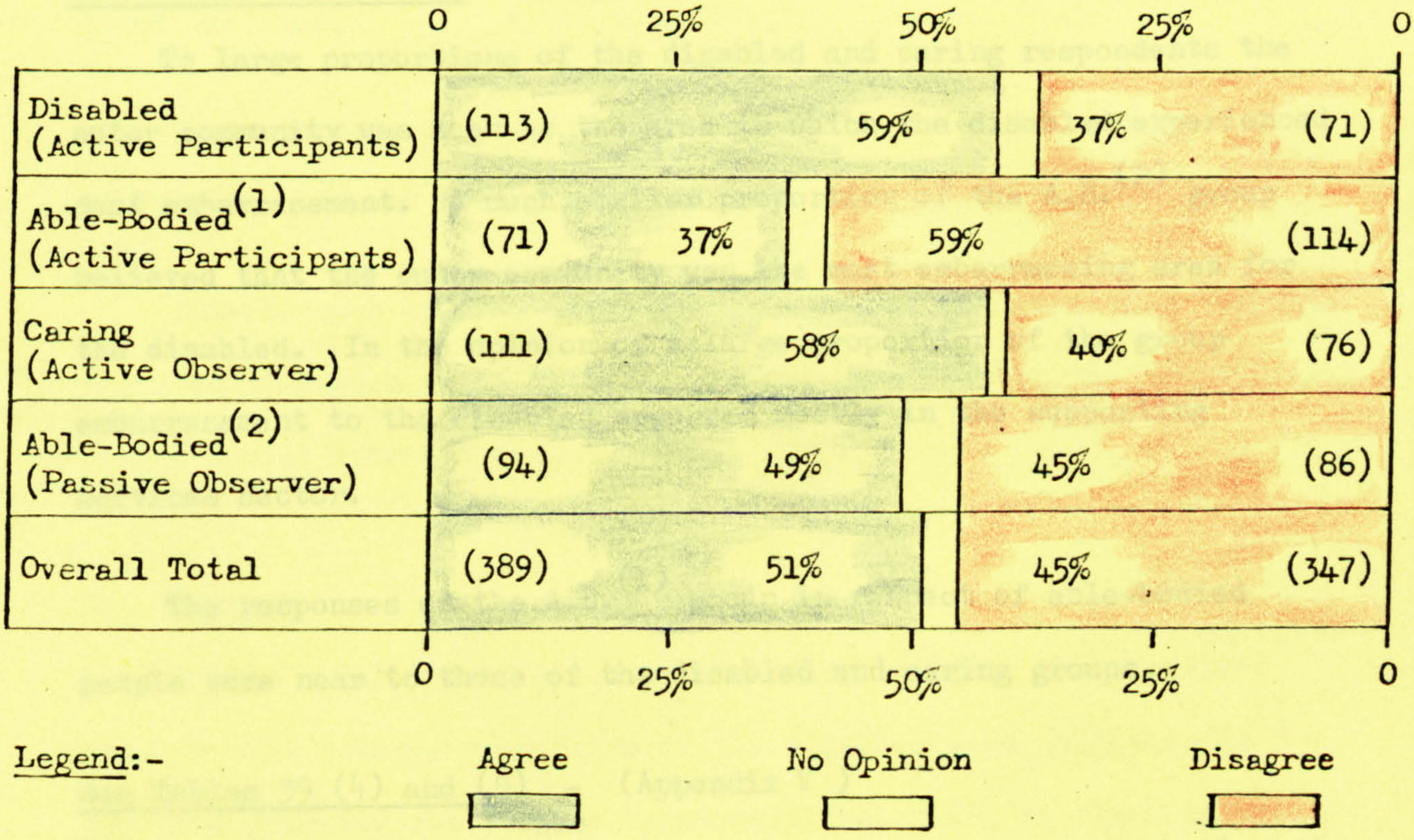


Legend:- Disabled Group; Able-bodied(1) Group; Overall; Caring Group; Able-bodied(2) Group

Statement No. 39

Disabled	Since I became disabled, I am often embarrassed in the company of other people.
Able-Bodied(1)	I am often embarrassed in the company of other people.
Caring	The disabled person is often embarrassed in the company of other people.
Able-Bodied(2)	Disabled persons are often embarrassed in the company of other people.

Table No. 39 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 39

1. Group Responses to Main Statement

See Table 39 (1)

A large proportion of the disabled indicated that they were often embarrassed in the company of other people. Agreement with this opinion was evident by a similar proportion of those who cared for them. A smaller proportion of the A.B.(2) group believed that disabled people were embarrassed in the company of others.

The responses of the A.B.(1) group indicated that a large proportion of the respondents were not embarrassed in the company of others.

2. Answers to Supplementary Questions

See Tables (2) and (3) - (Appendix V)

To large proportions of the disabled and caring respondents the outer community was seen as the area in which the disabled experienced most embarrassment. A much smaller proportion of the A.B.(2) group believed that the outer community was the most embarrassing area for the disabled. In the opinion of a large proportion of the group embarrassment to the disabled occurred mostly in the supporting services sector.

The responses of the A.B.(1) group in respect of able-bodied people were near to those of the disabled and caring groups.

See Tables 39 (4) and (5) - (Appendix V)

The ability to participate, to communicate on a common basis and to experience a feeling of "equality" were considered by the disabled and caring respondents to be influential issues governing the degree

of embarrassment for many disabled. A large proportion of the A.B.(2) group believed that restricted activity and participation were the basic reasons for much of the embarrassment of the disabled in social situations.

Respondents in the A.B.(1) group indicated that active participation was a particularly influential issue in the behavioural response of able-bodied people during social intercourse.

3. Comparative Agreements between Different Secondary Groups

See Table 39 (6) - (Appendix VI)

The results indicate that those who were handicapped by blindness, deafness or multiple sclerosis were more embarrassed in social company than people handicapped by other disabilities. Agreement with the opinion of the disabled was evident by large proportions of those who cared for them.

The responses of the A.B.(2) group frequently differed from those of the disabled and caring respondents.

Interference by disability with the normal communicating channels appeared to have a great influence on the behaviour of the individual during social interaction.

4. Summary

Within a variety of socio-psychological issues, the results suggest that a large proportion of the disabled were subjected to negative thinking and adverse behavioural reactions by other people.

Evidence during the interviews seemed to indicate that many able-bodied held fears of and aversions about associations and involvement

with disabled people. It was apparent that these fears were frequently observed and interpreted by the disabled as the reaction of an able-bodied person toward a "deviant". In many cases, such behaviour did not only adversely affect the personal relationship but also tended to retard other inter-personal relationships to the disadvantage of the disabled.

A common understanding of each other's role, bridged by communications based upon integrity, were considered by the disabled to be an important contributory factor to a positive and relaxed relationship between disabled and able-bodied.

Statement No. 39 Main Group Statistical Information

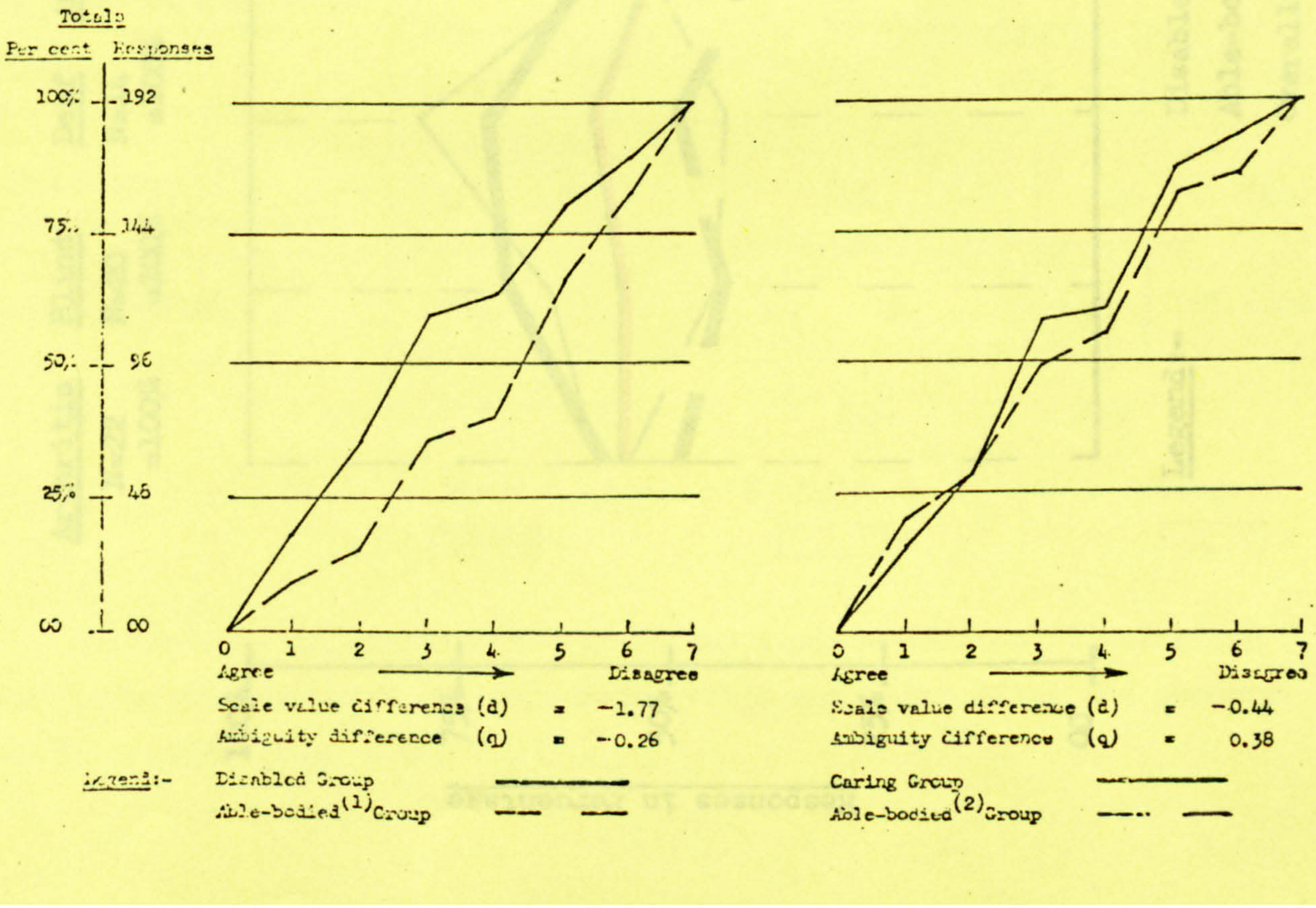
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.563	1.983
Able-Bodied(1)	4.495	1.870
Caring	3.562	1.738
Able-Bodied(2)	3.781	2.001

The distribution of the respective groups gave:-

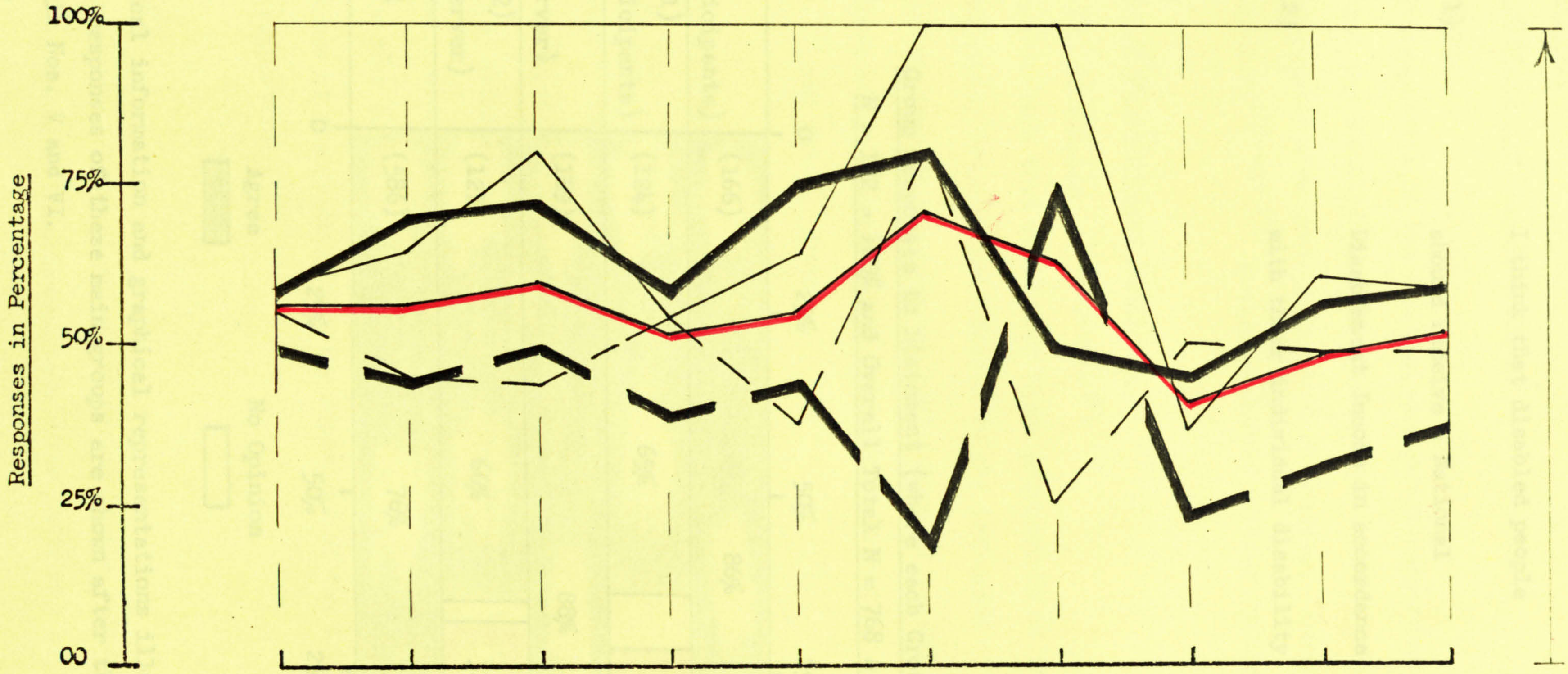
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.61	Disabled	-3.31
Able-Bodied(1)	4.38	Able-Bodied(1)	-3.05
Group Diff. (d)	-1.77	Group Diff. (d)	-0.26
Caring	2.73	Caring	-2.78
Able-Bodied(2)	3.17	Able-Bodied(2)	-3.16
Group Diff. (d)	-0.44	Group Diff. (d)	0.38

Statement No:- 39 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 39 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

Statement No. 41

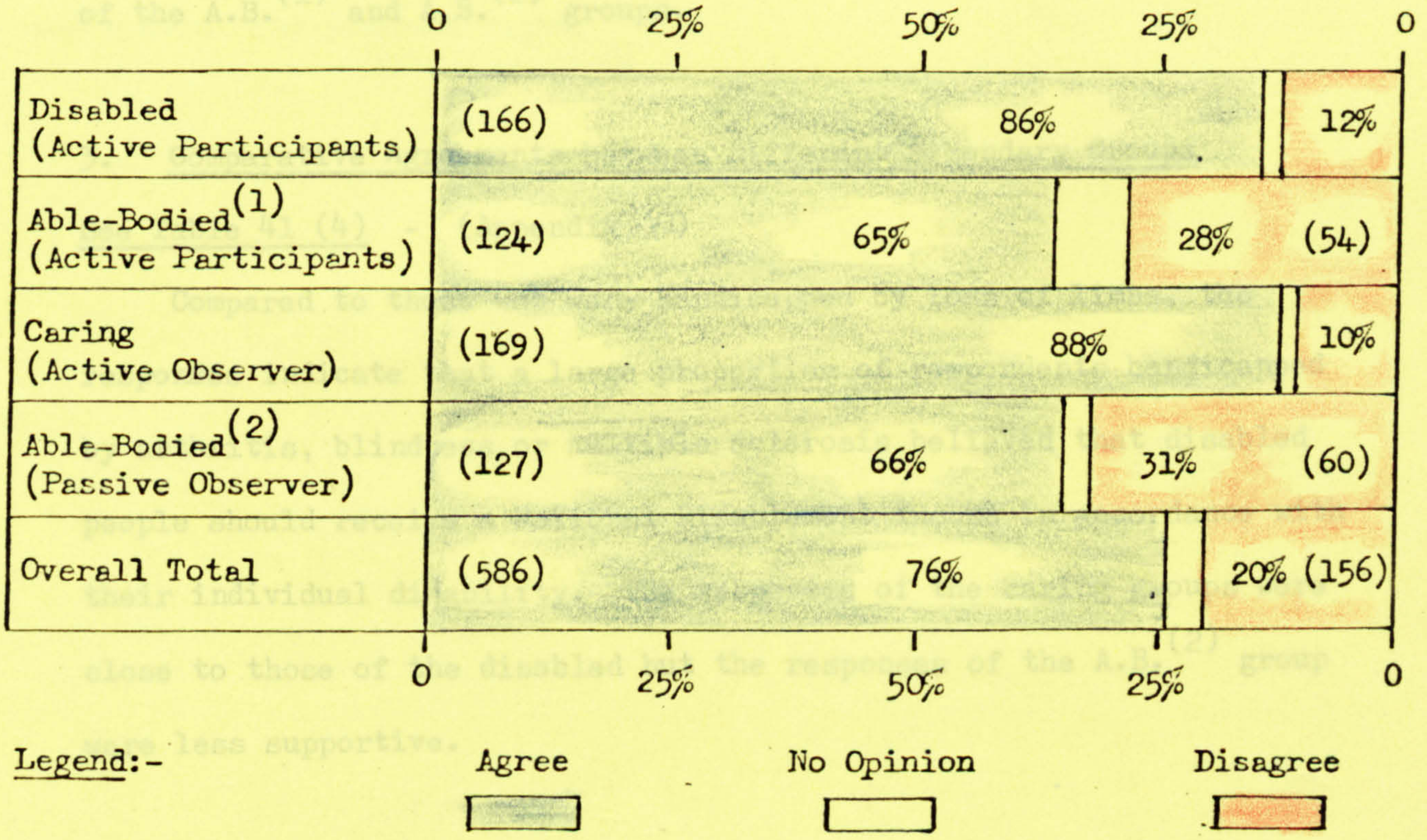
Disabled — I think that disabled people

Able-Bodied(1) — should receive a National

Caring — Disablement Income in accordance

Able-Bodied(2) — with their individual disability

Table No. — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 41

1. Group Responses to Main Statement

See Table 41 (1)

A large proportion of the disabled and caring respondents indicated that the disabled should receive a National Disablement Income in accordance with their individual disability. About two-thirds of the A.B.(1) and (2) groups expressed similar opinions.

2. Answers to Supplementary Questions

See Tables 41 (2) and (3) - (Appendix V)

The results show that relatively large proportions of the disabled and caring respondents referred to the influence of adequate financial income towards recovery and restoration of pre-disability status. These issues did not appear to be so important by the responses of the A.B.(1) and A.B.(2) groups.

3. Comparative Agreements between Different Secondary Groups

See Table 41 (4) - (Appendix VI)

Compared to those who were handicapped by loss of limbs, the responses indicate that a large proportion of respondents handicapped by arthritis, blindness or multiple sclerosis believed that disabled people should receive a National Disablement Income in accordance with their individual disability. The responses of the caring groups were close to those of the disabled but the responses of the A.B.(2) group were less supportive.

4. Summary

The responses of the disabled and caring people indicated that the financial costs of disablement were often extremely high. Whilst

many of the financial aids and provisions for the disabled and caring were considered part of an unrequitable cost for care and assistance, many people sustained financial stress in attempting to cope with their physical limitations and in endeavouring to regain status as an accepted member of the community.

The diversity ofcircumstances and needs among the various disabled and the variety of sources from which financial assistance could be gained was seen to place many disabled people in an invidious position. Evidence was frequently illustrated to show that a substantial gap often occurred between the reality of individual circumstances and the rhetoric of financial and social policy provision.

In the opinion of a large proportion of the disabled and caring people, the provision of a National Disablement Income to all disabled was a moral and judicial right.

Statement No. 41 Main Group Statistical Information

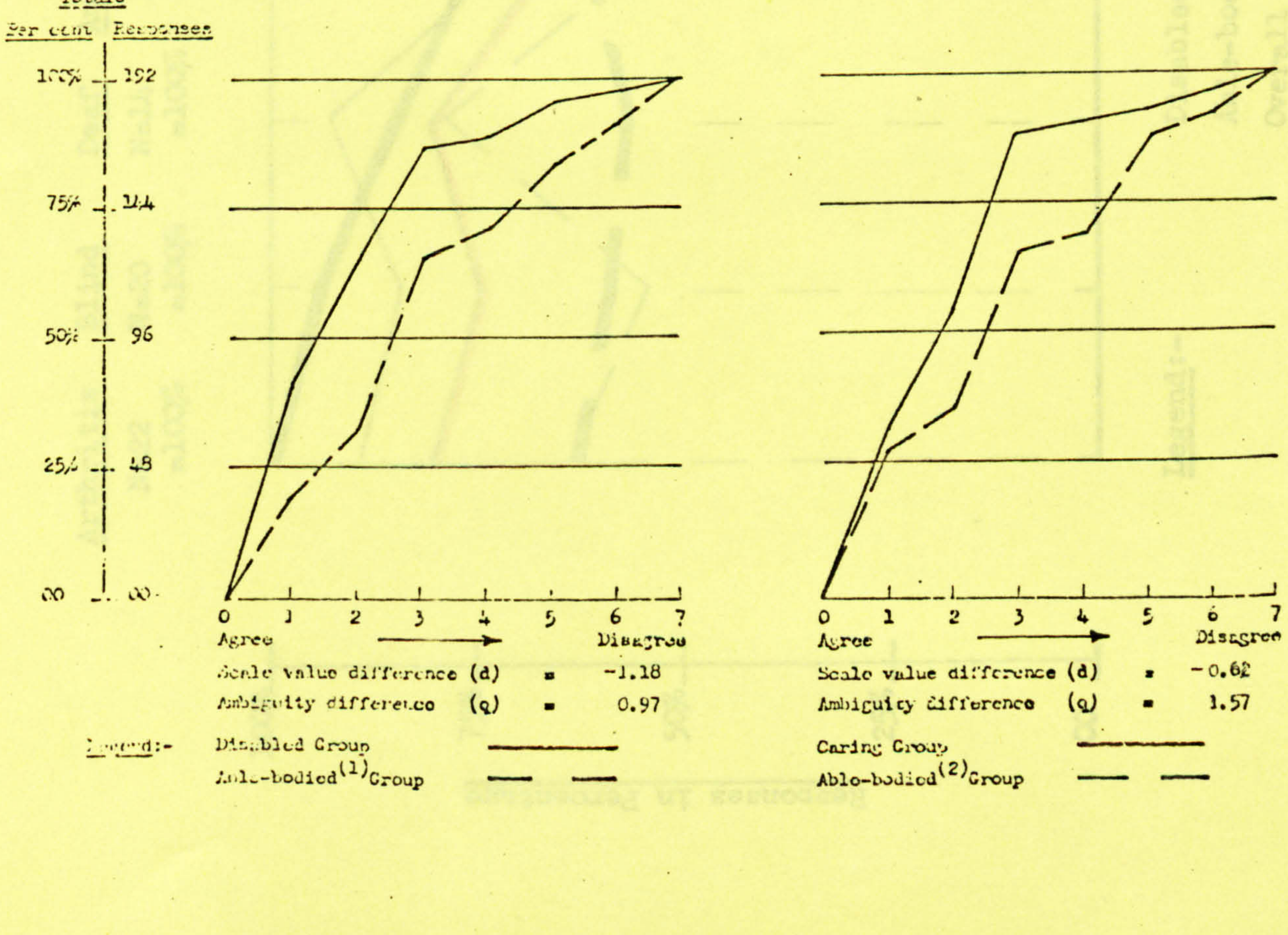
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	2.245	1.464
Able-Bodied(1)	3.375	1.841
Caring	2.468	1.435
Able-Bodied(2)	3.218	1.879

The distribution of the respective groups gave:-

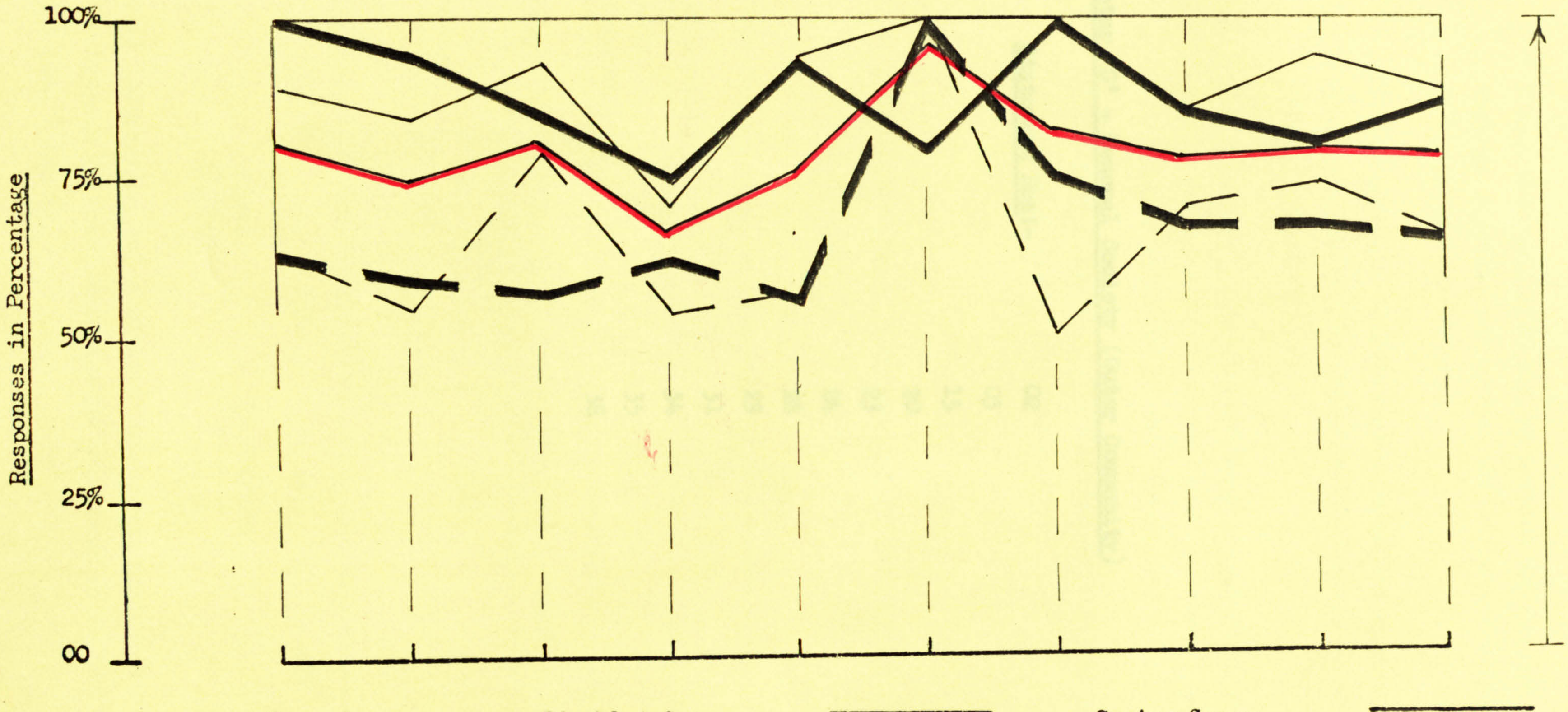
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	1.36	Disabled	-1.82
Able-Bodied(1)	2.54	Able-Bodied(1)	-2.79
Group Diff. (d)	-1.18	Group Diff. (d)	0.97
Caring	1.86	Caring	-1.82
Able-Bodied(2)	2.48	Able-Bodied(2)	-3.39
Group Diff. (d)	-0.62	Group Diff. (d)	1.57

Statement No:- 41 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 41 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

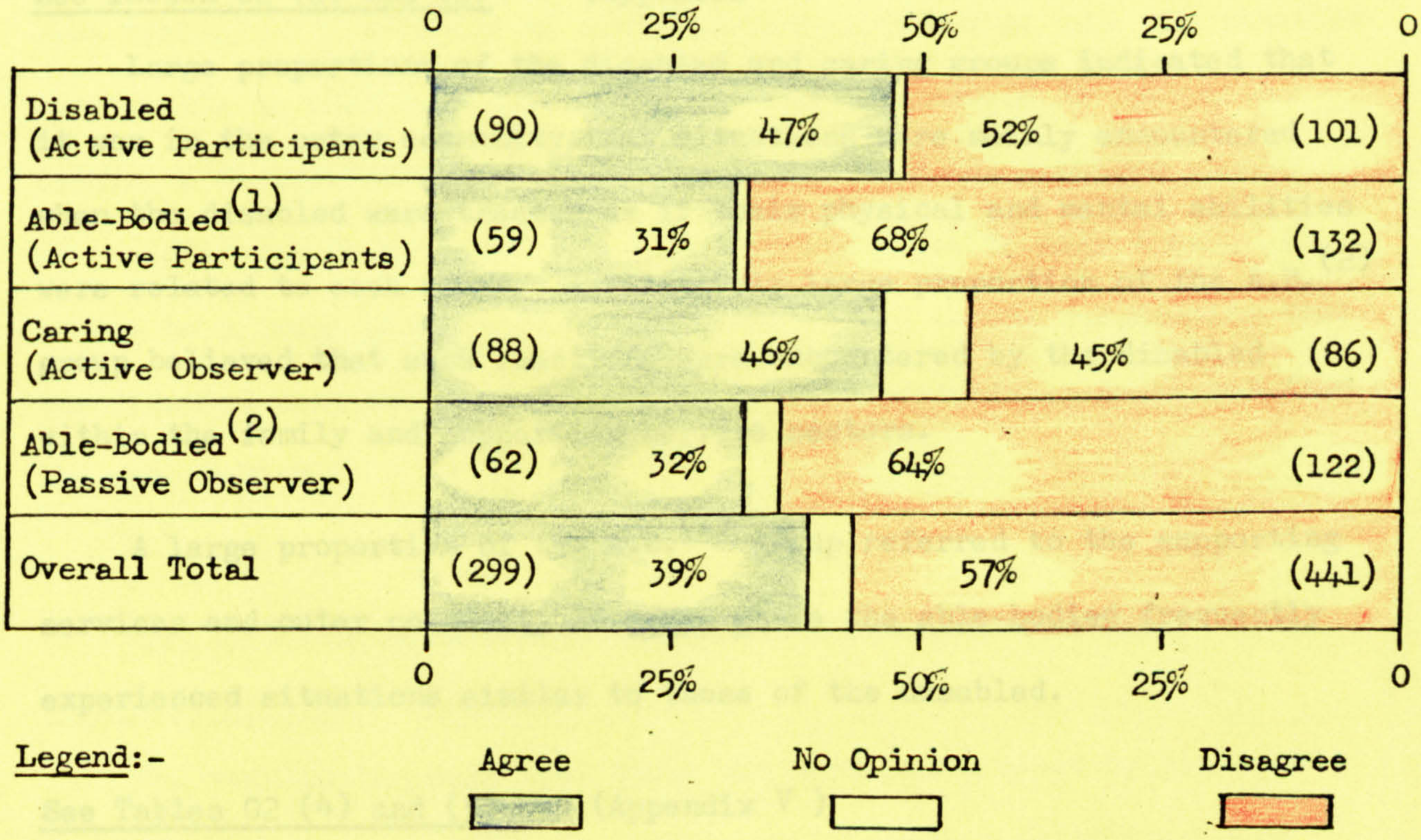
Sub-Chapter 'D' - General Society (Outer Community)

Statement Nos:-	
	02
	03
	15
	20
	23
	24
	28
	29
	31
	34
	35
	38

Statement No. 02

Disabled	I have met many able-bodied persons who appear to think that my physical and mental abilities are related directly to each other.
Able-Bodied(1)	I have met many able-bodied persons who appear to think that my physical and mental abilities are related directly to each other.
Caring	The disabled person has met many able-bodied persons who appear to think that his physical and mental abilities are related directly to each other.
Able-Bodied(2)	The physical and mental abilities of disabled persons are related directly to each other.

Table No. 02 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 02

1. Group Responses to Main Statement

See Table 02 (1)

Nearly one-half of the total number of disabled and caring respondents believed that the able-bodied frequently considered the physical and mental abilities of the disabled to be directly related to each other. Agreement with this opinion was evident by the responses of about one-third of the A.B.(2) group respondents.

About one-third of the A.B.(1) group indicated that others often assessed the physical and mental abilities of able-bodied people as having a common factor.

2. Answers to Supplementary Questions

See Tables 02 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that it was in the outer community that situations were mainly encountered when the disabled were treated as if their physical and mental abilities were related to each other. A relatively large proportion of the A.B.(2) group believed that such reactions were encountered by the disabled within the family and supporting service sectors.

A large proportion of the A.B.(1) group referred to the supporting services and outer community as areas where the able-bodied frequently experienced situations similar to those of the disabled.

See Tables 02 (4) and (5) - (Appendix V)

The responses of the disabled and caring were close with large proportions referring to the influence of participative involvement and co-operative responsibility as issues of importance in contributing

towards the valuation of the individual. Apart from reference to the influence of responsibility, a relatively large proportion of the A.B.(2) group indicated that the attitude of the disabled person towards his handicap was of great importance; an issue which many disabled and caring considered to be low in priority to other influential issues.

Co-operative responsibility appeared to be an important issue in contributing towards the valuation of the able-bodied as indicated by a large proportion of the A.B.(1) group.

See Table 02 (6) - (Appendix V)

Issues considered by the disabled and caring respondents to be specifically influential contributors towards the devaluation of the disabled individual included the presence of "psychological spread", a lack of involvement by the disabled in decision-making processes, the denial of opportunities for the disabled because of a belief that the disabled were biologically inferior to the able-bodied, a belief that the disabled were unable to make "correct" decisions and were unable to cope with strain, a further belief by many able-bodied that the disabled should be assisted for "pity sake" or because it was "nice to help them". It seemed to a large proportion of the disabled and caring respondents that the disabled were frequently observed to be fundamentally different from the able-bodied.

3. Comparative Agreements between Different Secondary Groups

See Table 02 (7) - (Appendix VI)

The results indicate that those who were handicapped by deafness or multiple sclerosis were more likely to be treated as if they were also mentally handicapped than people who were handicapped by other physical disabilities. Large proportions of those who cared for them responded similarly.

The responses of the A.B.(2) group were frequently different from those of the disabled and caring respondents.

In many cases it appeared that difficulties in oral communication tended to contribute towards the adverse effects of stereo-typing and "psychological spread".

4. Summary

Minimising disability effects, maximising the use of capacities and avoiding self-devaluation were adopted by a large proportion of the disabled in an endeavour to counteract the able-bodied perceiving them through a "psychological spread". This form of perception frequently invalidated the positive qualities of the disabled and conveyed to them a feeling of physical and mental inferiority. During the interviews it seemed that many able-bodied felt justified in segregating the physically handicapped from the outer community if they could identify them in some way with mental handicap. This appeared to be a reason posited by some able-bodied to avoid any responsibility for providing suitable opportunities for disabled people to integrate socially.

A disturbing feature which also occurred during the interviews was the regular frequency of responses which indicated that a large proportion of the disabled experienced situations where decisions about their welfare were imposed upon them. Motivation by participation appeared absent, communication was minimal and co-operative responsibility almost non-existent. Particularly disconcerting was the relevation that a large proportion of these situations were involved with health and welfare, education, employment and other supporting agency services.

Comments also made by many disabled and caring respondents during the interview suggested that the negative aspects of the "mental-physical

abilities" complex arose from the belief of some able-bodied that the disabled were fundamentally different. It appeared that such aspects were characterised by the following:-

(a) physical disability incorporates biological inferiority and features which adversely affect the growth and development of other abilities relating to the individual,

(b) consequent to this presumed biological inferiority, many educational, employment and social options were denied to the disabled and interpreted as measures of protection,

(c) physical disability tended to cause the individual to become less intelligent, less realistic, less responsible and less able to make "correct" decisions and determine their own lives than able-bodied people.

(d) a general impression that the disabled were unable to cope with stress or strain, and

(e) disabled people were people who should be assisted for "pity sake" - and frequently received such assistance, by people fulfilling that role or objective.

Statement No. 02 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

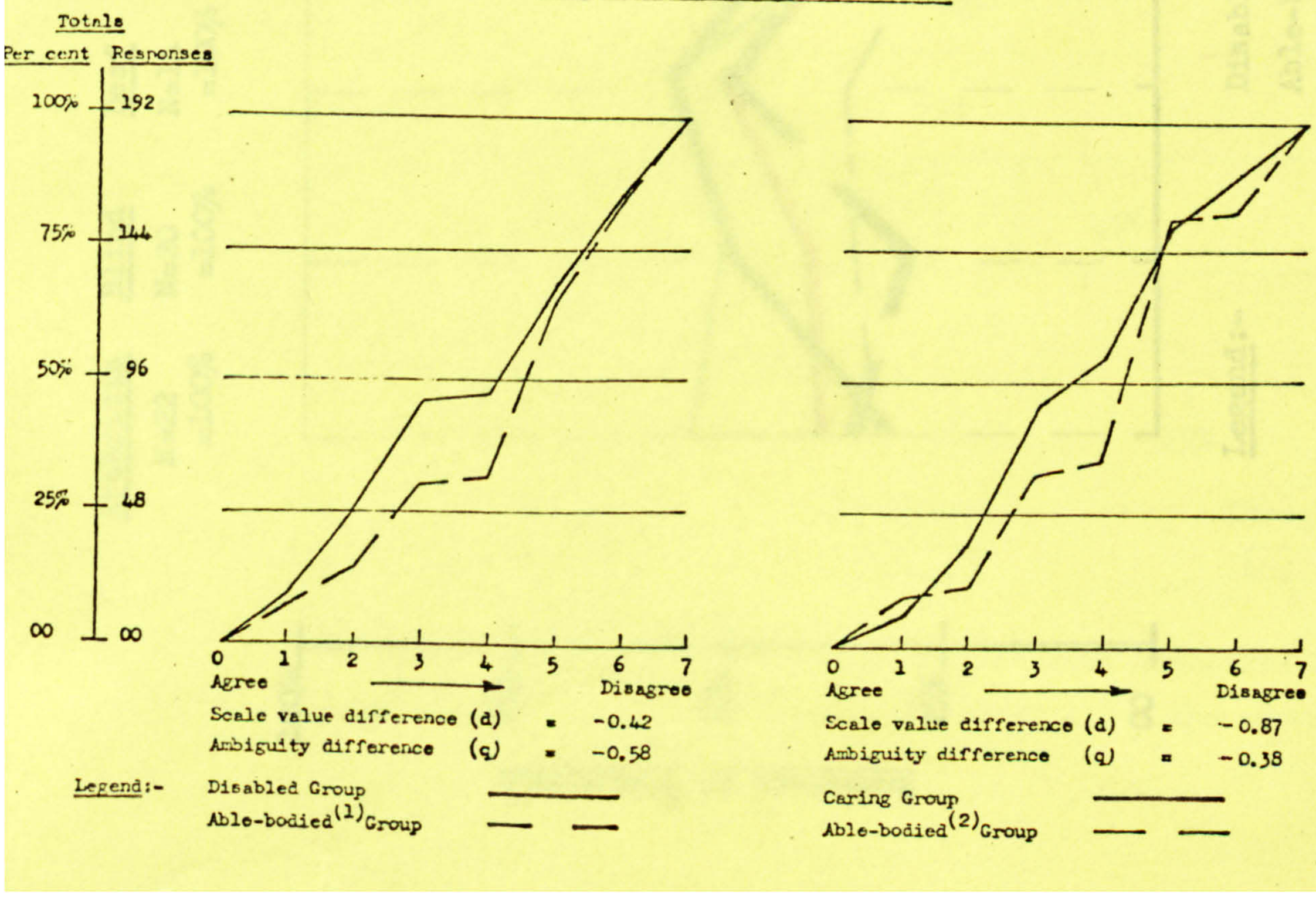
	Mean	Standard Deviation
Disabled	4.182	1.982
Able-Bodied(1)	4.672	1.817
Caring	4.036	1.707
Able-Bodied(2)	4.473	1.751

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.15	Disabled	-3.44
Able-Bodied(1)	4.57	Able-Bodied(1)	-2.86
Group Diff. (d)	-0.42	Group Diff. (d)	-0.58
Caring	3.44	Caring	-2.58
Able-Bodied(2)	4.31	Able-Bodied(2)	-2.20
Group Diff. (d)	-0.87	Group Diff. (d)	-0.38

Statement No:- 02

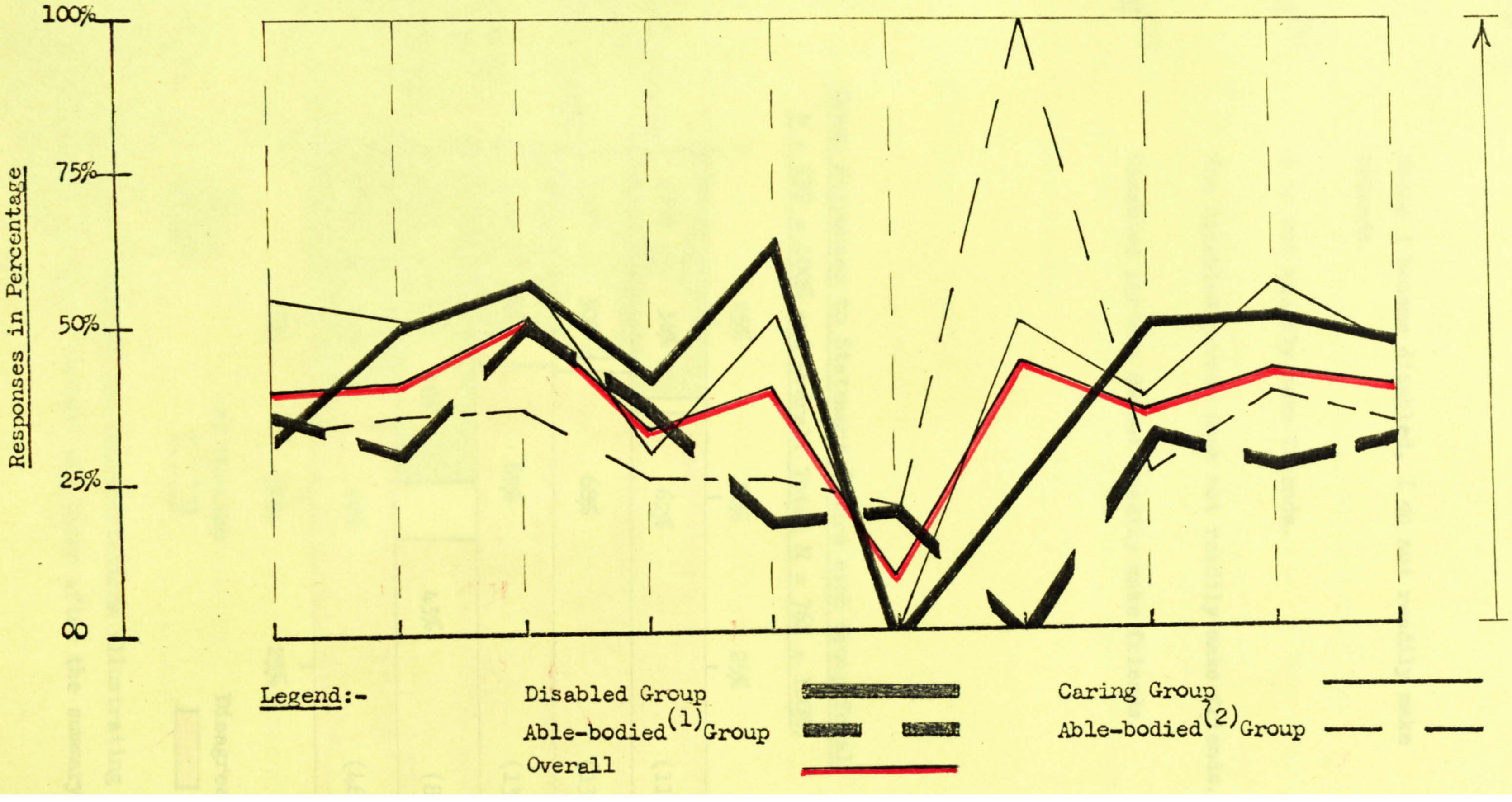
Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 02

Comparative Agreement between Different Secondary Groups of People

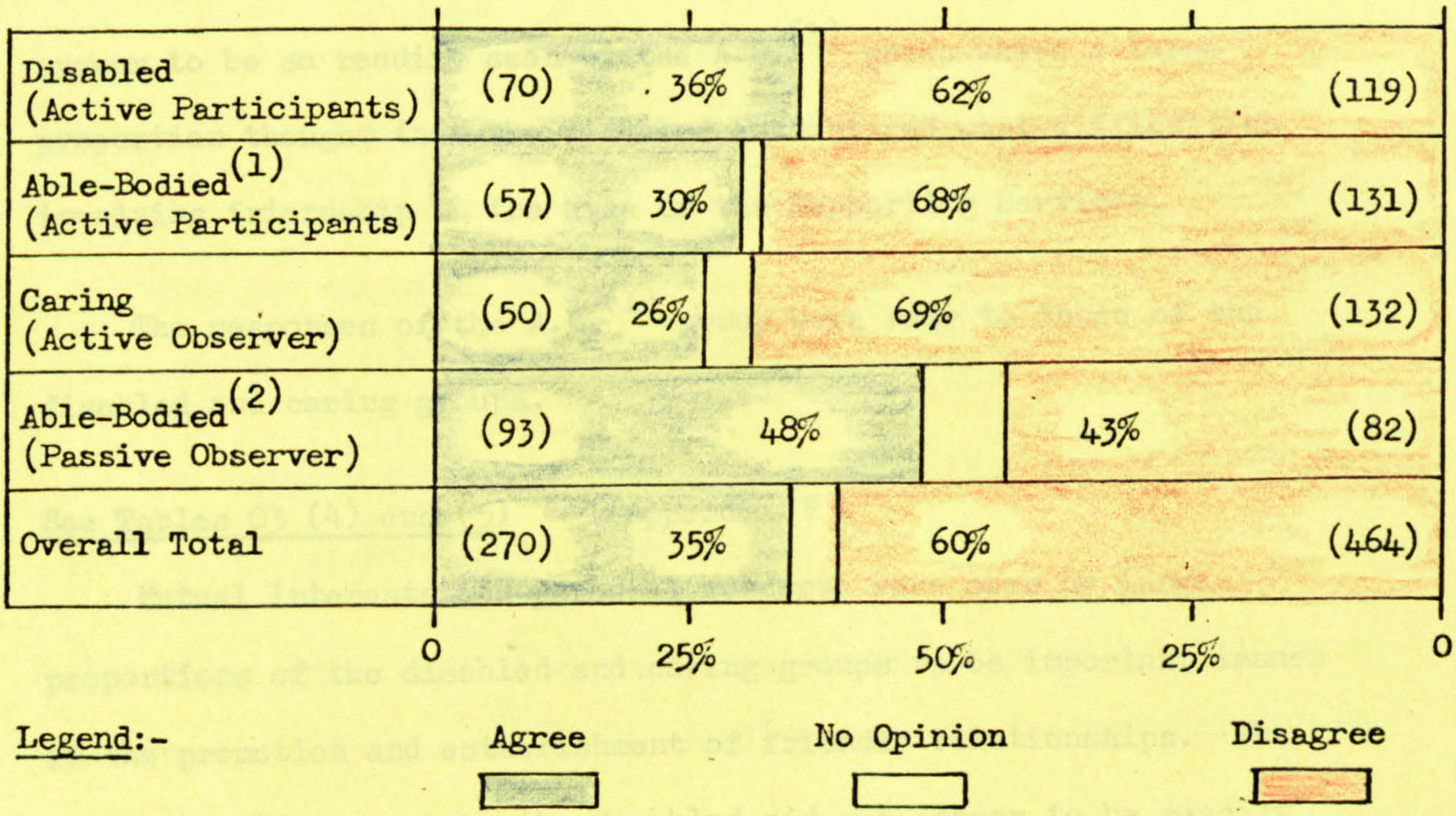
Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Statement No. 03

Disabled	Since I became disabled, I do not readily make friends.
Able-Bodied(1)	I do not readily make friends.
Caring	The disabled person does not readily make friends.
Able-Bodied(2)	Disabled persons do not readily make friends.

Table No. 03 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree; No Opinion; Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 03

1. Group Responses to Main Statement

See Table 03 (1)

A large proportion of the disabled group considered that they readily made friends with other people and were supported in this opinion by a large proportion of the caring group. Nearly one-half of the A.B.(2) group considered that disabled people did not readily make friends.

Respondents in the A.B.(1) group indicated generally that they made friends readily with other people.

2. Answers to Supplementary Questions

See Tables 03 (2) and (3) - (Appendix V)

A large proportion of the disabled and caring respondents indicated that friendships were more difficult to establish in the outer oommunity than in the family and supporting service areas. This view did not appear to be so readily seen by the A.B.(1) group where a large proportion thought that the disabled encountered most difficulties involving friendship in the area of the Supporting Services.

The responses of the A.B.(1) group were near to those of the disabled and caring groups.

See Tables 03 (4) and (5) - (Appendix V)

Mutual interests and personal concepts were seen by large proportions of the disabled and caring groups to be important issues in the promotion and establishment of friendly relationships. The value of self-concept by the disabled did not appear to be readily recognised by many respondents in the A.B.(2) group as an important factor in the development of social relationships.

The importance of mutual interests was seen by a large proportion of the A.B.(1) group to be an essential ingredient in the formation of social relationships for the able-bodied.

<u>See Table 03 (6)</u> - (Appendix V)

Perceived patterns of forced and rigid social behaviour, negative attitudes disguised as "concern", length of time of "friendship" periods, lack of shared responsibility and communicative participation, presentation of the "self-image", and the general reaction to disability by many able-bodied were seen by the disabled and caring respondents as influential issues affecting the degree of friendship relations between disabled and able-bodied.

3. <u>Comparative Agreements between Different Secondary Groups</u>

<u>See Table 03 (7)</u> - (Appendix VI)

The results show that those who were handicapped by multiple sclerosis or blindness were less likely to make friends than people who were handicapped by other disabilities. People handicapped by arthritis or amputations appeared to make friends more readily. Agreement with the responses of the disabled was evident by the responses of those who cared for them.

The responses of the A.B.(2) group were frequently different from those of the disabled and caring respondents.

Difficulties encountered with the process of communication seemed in some cases to have an adverse influence in the formation of friendships.

4. <u>Summary</u>

Although many disabled believed that "normal"interaction with the able-bodied was important if they were to be accepted as responsible

members of the community, some evidence in the survey indicated that resistance incorporating the handicapping features of the disability frequently encroached upon the self-concept. Many disabled reported that they had encountered a rigid and forced pattern of interaction with the able-bodied whilst others expressed objection to being categorised in a group which did not yield to individual differences. Negative attitudes were often subtly disguised as concern. A number of the disabled found that friendships with the able-bodied frequently originated quickly but seldom progressed beyond the superficial stage. The fear of devaluation in relation to behavioural aspects over which they personally had no control, knowledge of the consequences of deviant behaviour and the value of respect frequently appeared as decisive issues.

Personal relationships were seen during the interviews to depend largely upon the attitude of the disabled toward themselves, their environment, the supporting services and the outer community. Whilst reaction of others appeared to have an importance influence on the attitude of many disabled, the self-image and reaction to disability presented by the disabled to other people were also seen to convey considerable influence.

Statement No. 03 Main Group Statistical Information

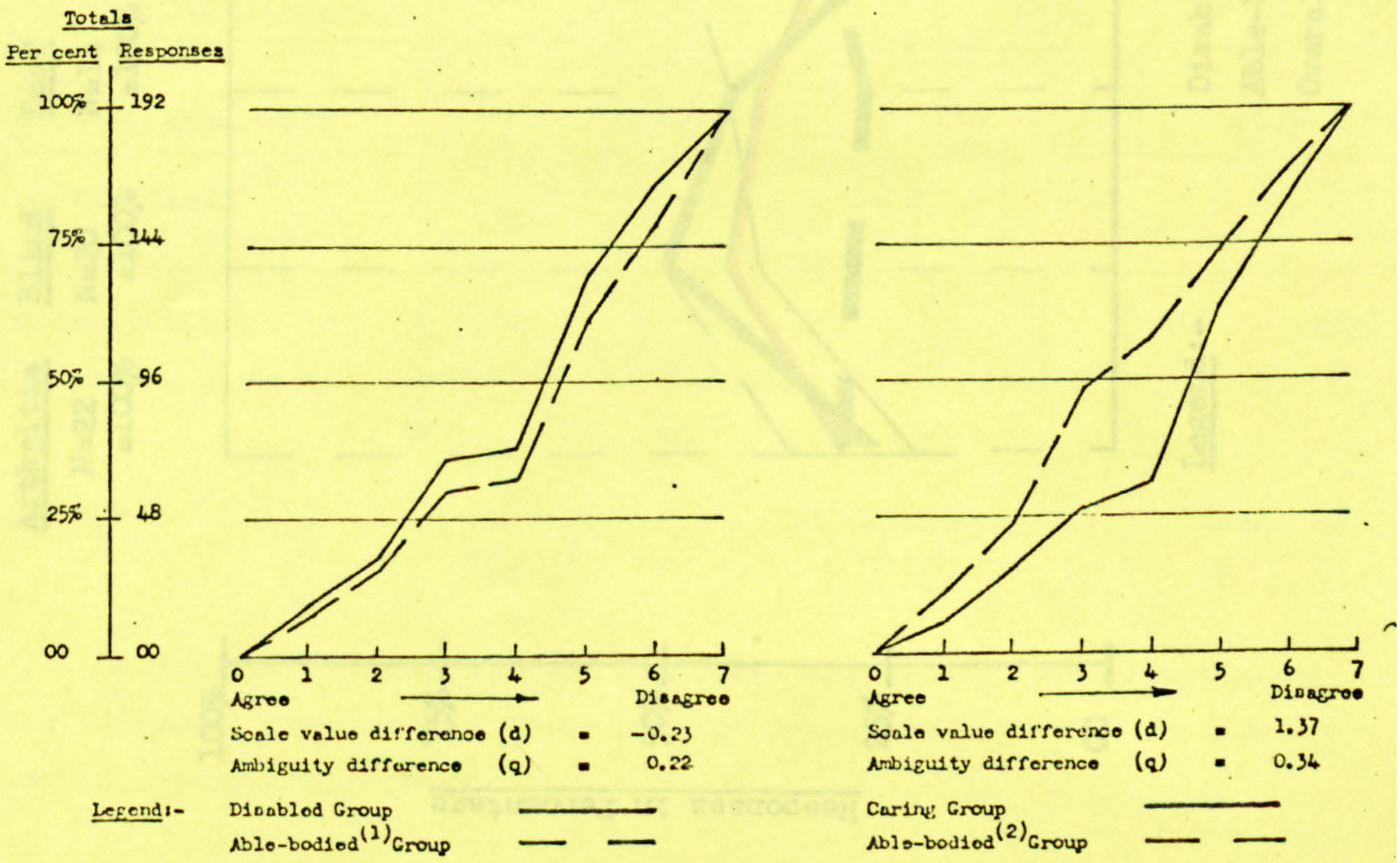
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.443	1.864
Able-Bodied(1)	4.797	1.863
Caring	4.795	1.727
Able-Bodied(2)	3.968	1.916

The distribution of the respective groups gave:-

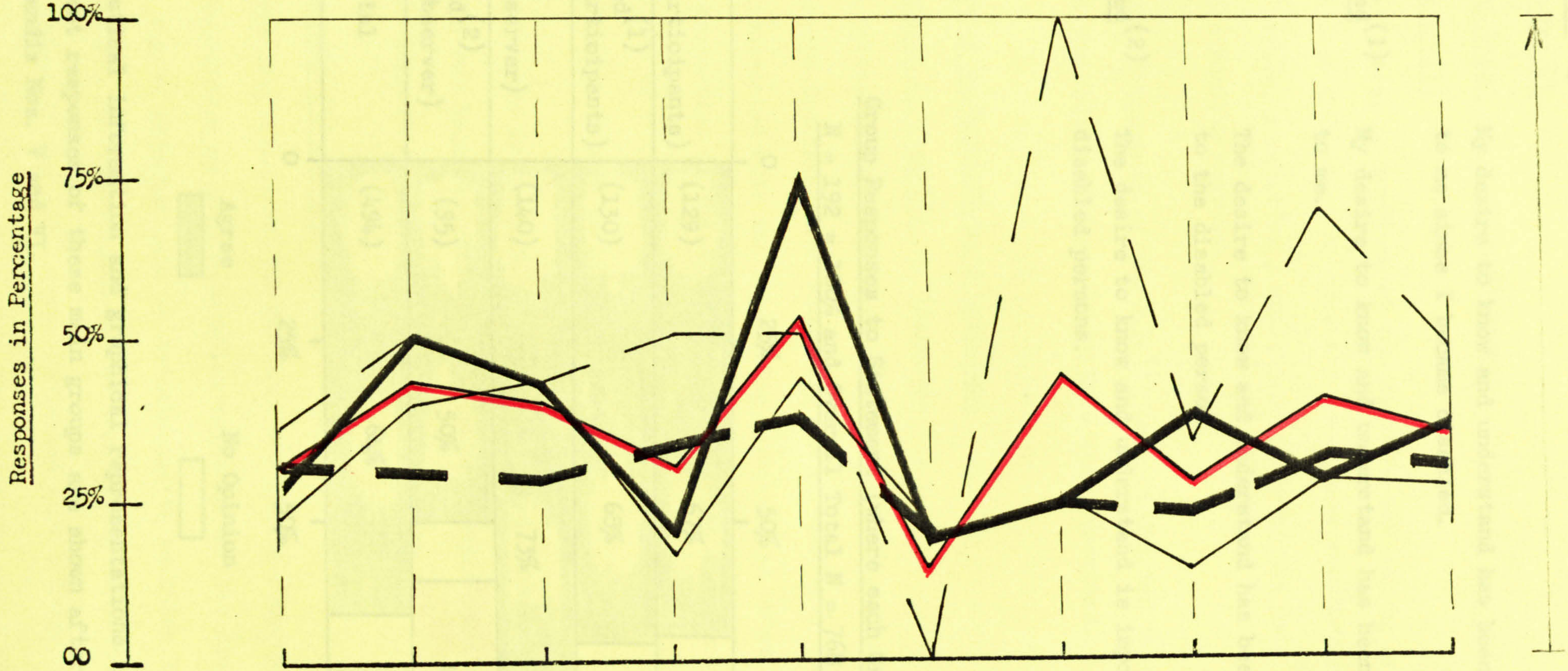
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.39	Disabled	-2.93
Able-Bodied(1)	4.62	Able-Bodied(1)	-3.15
Group Diff. (d)	-0.23	Group Diff. (d)	0.22
Caring	4.59	Caring	-2.69
Able-Bodied(2)	3.22	Able-Bodied(2)	-3.03
Group Diff. (d)	1.37	Group Diff. (d)	0.34

Statement No:- 03 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 03 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

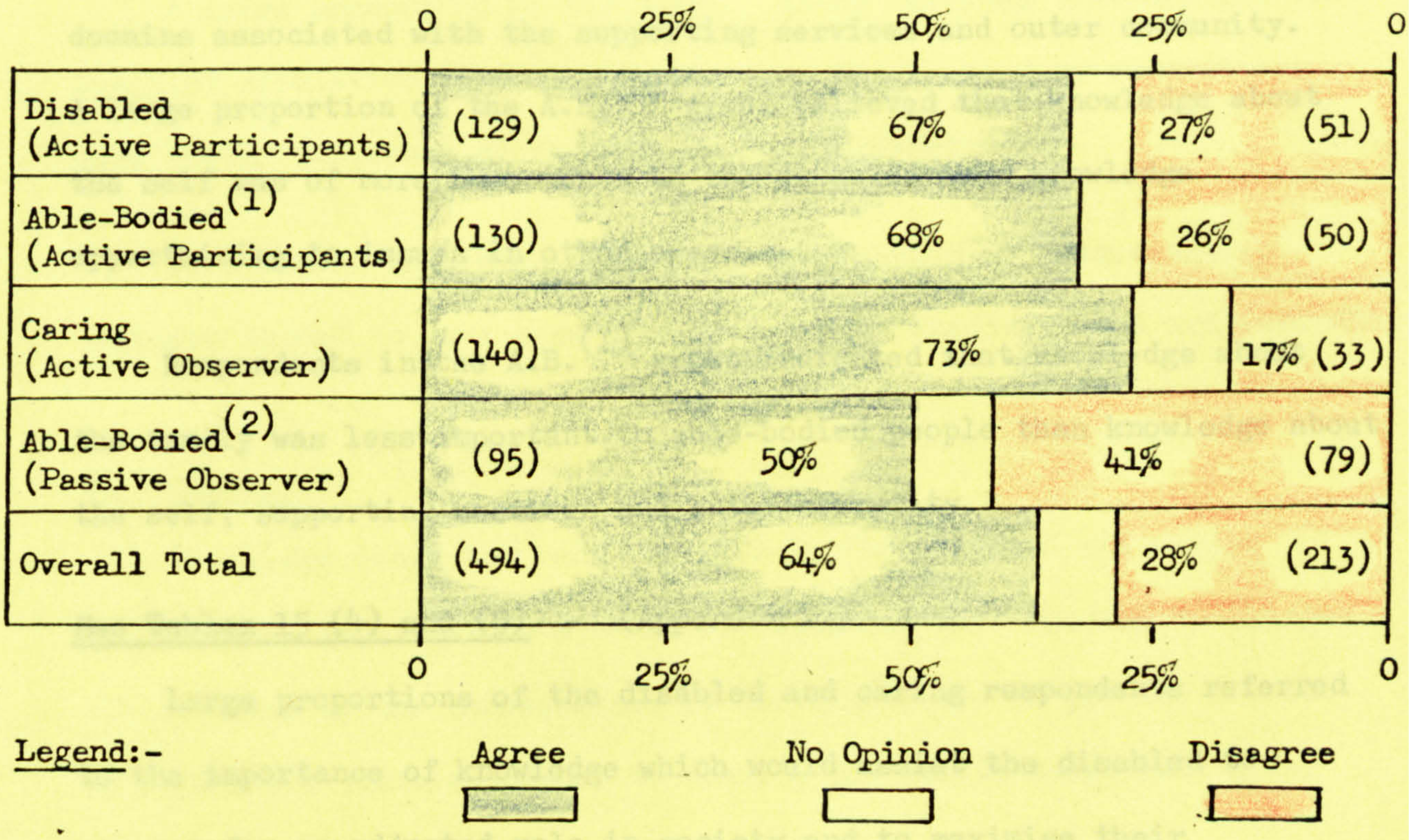
Caring Group

Able-bodied(2) Group

Statement No. 15

Disabled	My desire to know and understand has been important to me since I became disabled.
Able-Bodied(1)	My desire to know and understand has been important to me.
Caring	The desire to know and understand has been important to the disabled person.
Able-Bodied(2)	The desire to know and understand is important to disabled persons.

Table No. 15 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 15

1. Group Responses to Main Statement

See Table 15 (1)

Whilst large proportions of the disabled and caring groups indicated that the desire to know and understand were important to disabled people, a relatively small proportion of tne A.B.(2) group expressed a similar opinion.

A large proportion of the A.B.(1) group indicated that it was important for able-bodied people to know and understand.

2. Answers to Supplementary Questions

See Tables 15 (2) and (3) - (Appendix V)

The tables reveal that large proportions of the disabled and caring groups indicated that knowledge was particularly important in domains associated with the supporting services and outer community. A large proportion of the A.B.(2) group believed that knowledge about the self was of more importance to the disabled than knowledge appertaining to issues in other areas.

Respondents in the A.B.(1) group indicated that knowledge about the family was less important to able-bodied people than knowledge about the self, supporting services and outer community.

See Tables 15 (4) and (5) - (Appendix V)

Large proportions of the disabled and caring respondents referred to the importance of knowledge which would assist the disabled to prepare for an adjusted role in society and to maximise their opportunities for improvement in the area of the supporting services. The responses of the A.B.(2) group indicated that a large proportion considered that the disabled were more concerned about gaining

knowledge which minimised the personal effects of disability or could be used for self-satisfaction.

In respect of the able-bodied, a large proportion of the A.B.(1) group indicated the importance of knowledge to maximise opportunities for improvement in the Supporting Services.

3. Comparative Agreements between Different Secondary Groups

See Table 15 (6) - (Appendix VI)

The responses indicate that those people who were handicapped by blindness, deafness or paraplegia were more concerned with knowledge and understanding than many people handicapped by other disabilities. Full support for those who were handicapped by deafness or paraplegia was seen by the responses of those who cared for them.

A large proportion of the A.B.(2) group believed that amongst the disabled population those people who were handicapped by amputations were mostly concerned about knowledge and understanding.

It appeared that people who were handicapped by communication problems tended to have a particular need for knowledge and understanding.

4. Summary

Knowledge about the self was seen by the disabled and caring people to be important as a means of adjusting more readily to changes necessitated by the consequences of disability and to provide a basis to enable the disabled person to acquire new skills compensating for those he knows to have been completely lost.

The results suggest that the more resources a person has at his disposal, the less threatened he may be by the functional limitations

imposed by disability. Apart from the importance of matters relating to the self, the disabled considered knowledge about the supporting services and outer community sectors essential to fulfil their role as contributory members of society.

It was also apparent during the interviews that in addition to their endeavours to overcome the difficulties of their individual disabling functions, the motivation to learn was frequently associated with an outlook to adjust to the "norm" of the outer community.

Statement No. 15 Main Group Statistical Information

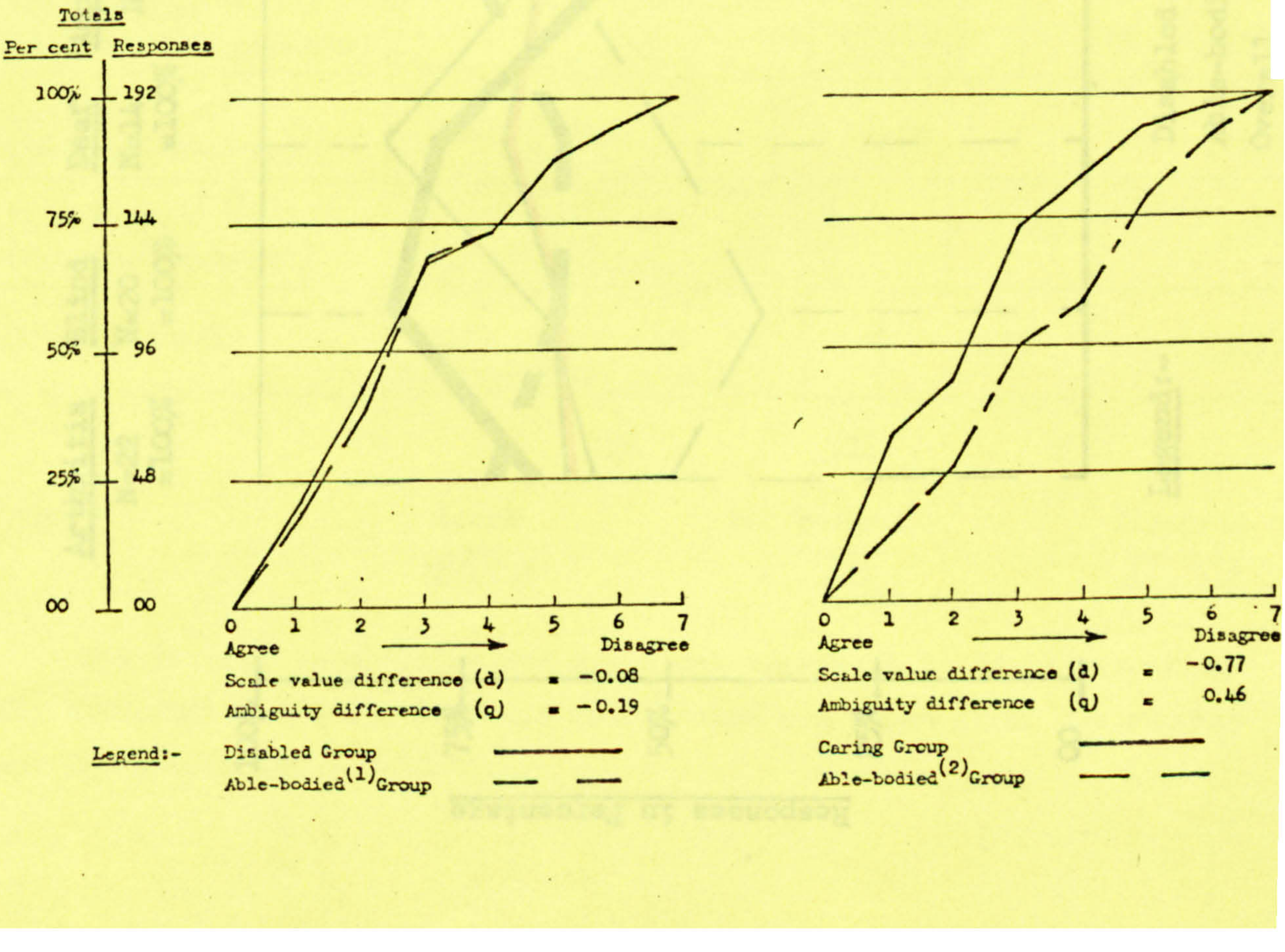
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.146	1.784
Able-Bodied(1)	3.208	1.727
Caring	2.833	1.701
Able-Bodied(2)	3.838	1.847

The distribution of the respective groups gave:-

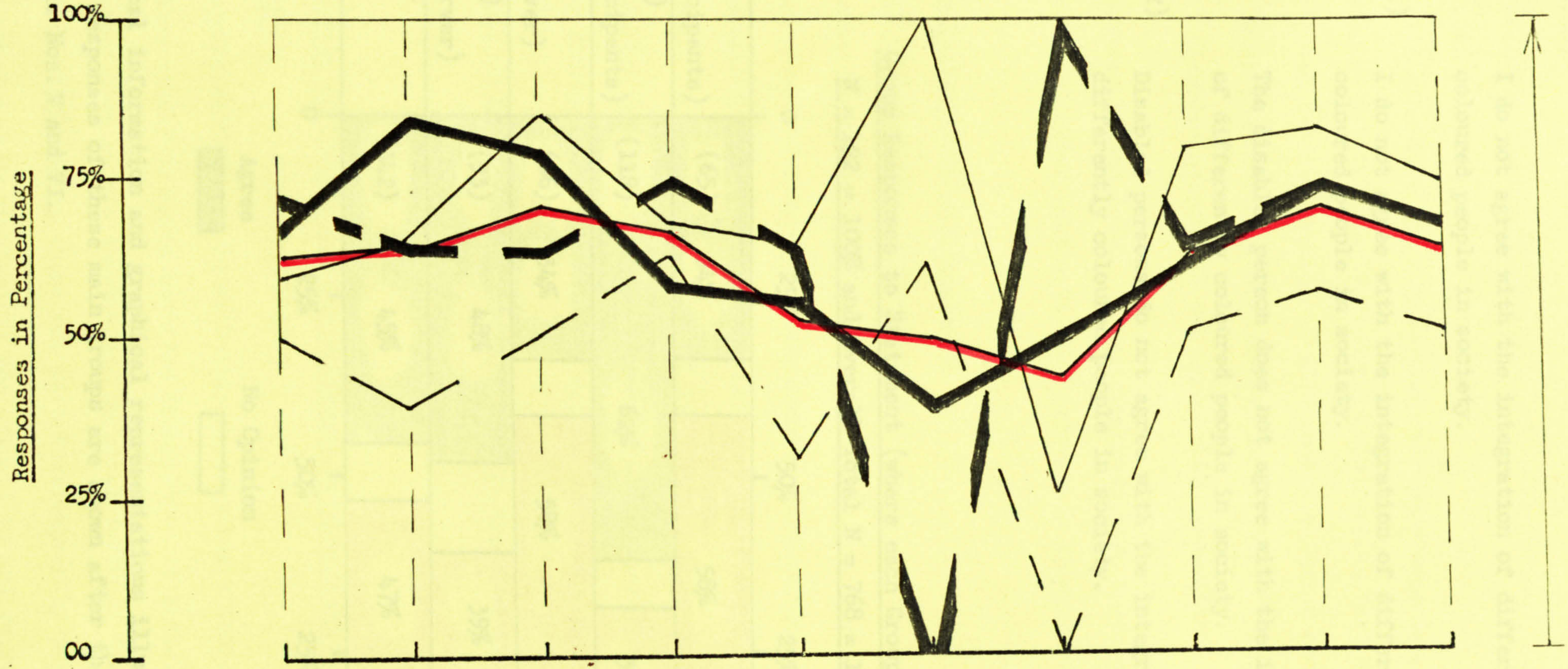
	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.32	Disabled	-2.91
Able-Bodied(1)	2.40	Able-Bodied(1)	-2.72
Group Diff. (d)	-0.08	Group Diff. (d)	-0.19
Caring	2.23	Caring	-2.42
Able-Bodied(2)	3.00	Able-Bodied(2)	-2.88
Group Diff. (d)	-0.77	Group Diff. (d)	0.46

Statement No:- 15 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 15 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

Statement No. 20

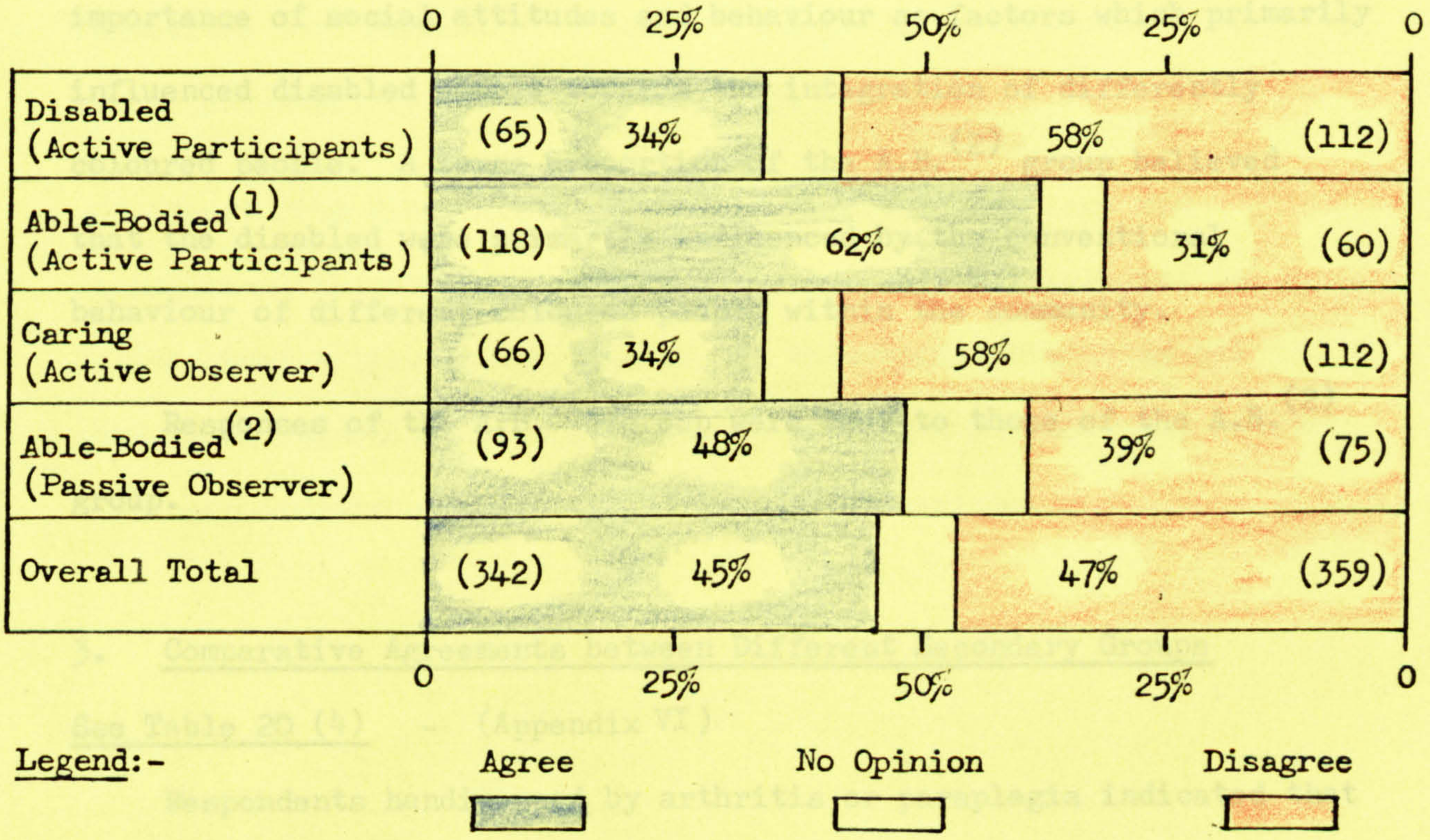
Disabled. I do not agree with the integration of differently coloured people in society.

Able-Bodied(1) I do not agree with the integration of differently coloured people in society.

Caring The disabled person does not agree with the integration of differently coloured people in society.

Able-Bodied(2) Disabled persons do not agree with the integration of differently coloured people in society.

Table No. 20 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 20

1. Group Responses to Main Statement

See Table 20 (1)

The results show that the disabled and caring groups were closely related with large proportions in each group indicating that disabled people agreed with the integration of differently coloured people in society. A large proportion of respondents in the A.B.(2) group believed that disabled people did not agree with integration.

The responses of the A.B.(I) group suggested that a large proportion of able-bodied people did not agree with integration.

2. Answers to Supplementary Questions

See Tables 20 (2) and (3) - (Appendix V)

The disabled and caring respondents generally referred to the importance of social attitudes and behaviour as factors which primarily influenced disabled people towards the integration of differently coloured people. A large proportion of the A.B.(2) group believed that the disabled were primarily influenced by the conventional behaviour of different coloured people within the community.

Responses of the A.B.(1) group were near to those of the A.B.(2) group.

3. Comparative Agreements between Different Secondary Groups

See Table 20 (4) - (Appendix VI)

Respondents handicapped by arthritis or paraplegia indicated that they were more likely to agree with the integration of differently coloured people than people handicapped by other forms of disability. Support for the opinions of those who were handicapped by paraplegia and those handicapped by amputations was evident by the responses of those who cared for them.

The responses of the A.B.(2) group differed frequently from those of the disabled and caring respondents.

In some cases during the interviews it appeared that the more complicated the consequences of disability the more tolerant and understanding were the individuals when discussing complex issues associated with social integration.

4. Summary

The results suggest that racial discrimination prevails amongst the able-bodied to a greater degree than it does amongst disabled people. It would appear that disabled people are more tolerant in group issues and accept their inability to react traditionally in society more readily than the able-bodied. This may arise because as a "minority" group, the disabled are in a position to identify themselves more readily with some of the problems that other "minority" groups encounter in the outer community.

Apart from discrimination factors involving deviancy and segregation, there seemed some evidence during the interviews to believe that a large proportion of the able-bodied evaluated all members of "minority" groups on the basis of group membership rather than upon individual characteristics and differences.

Statement No. 20 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

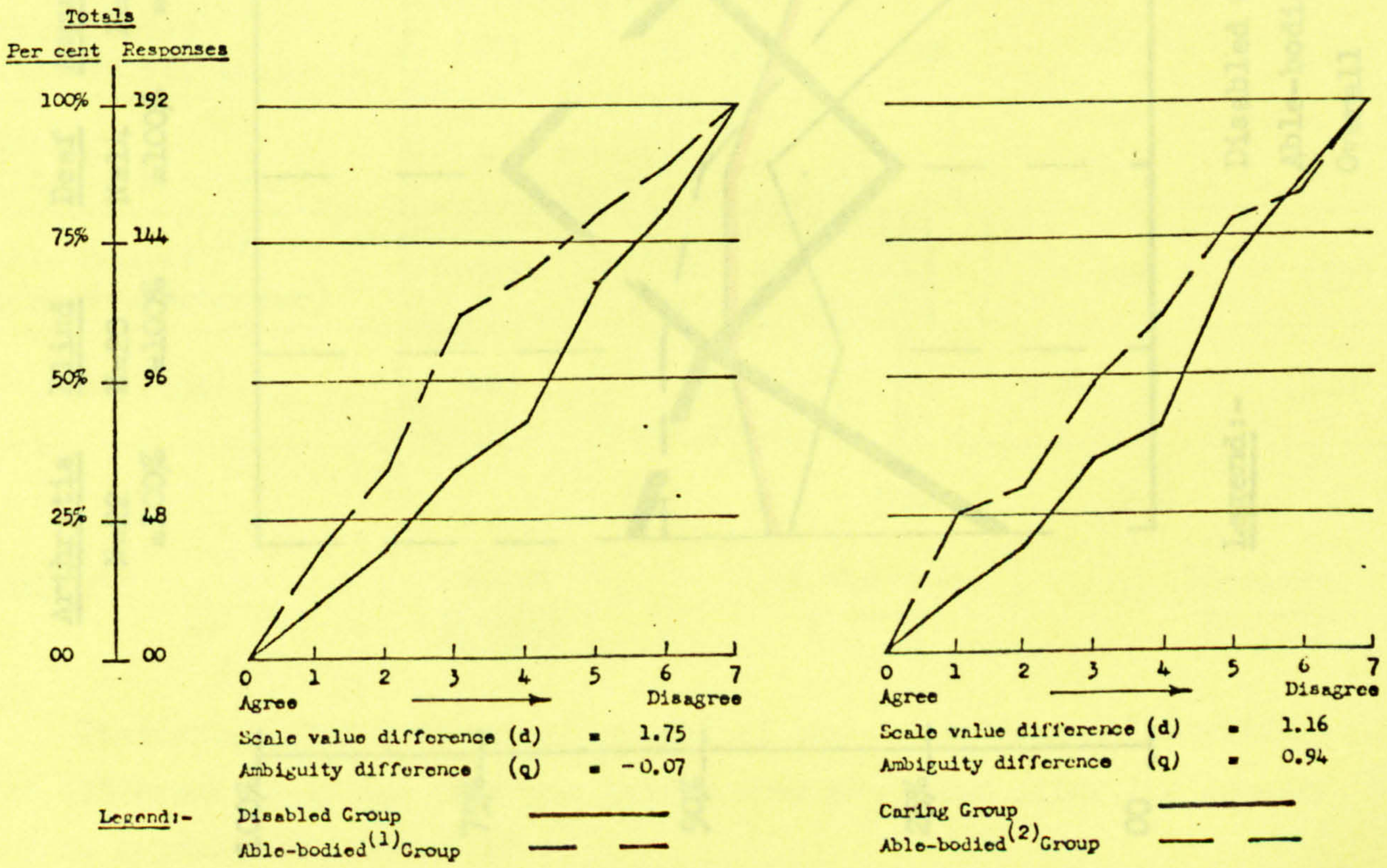
	Mean	Standard Deviation
Disabled	4.474	1.944
Able-Bodied(1)	3.464	1.936
Caring	4.364	1.895
Able-Bodied(2)	3.755	2.143

The distribution of the respective groups gave:-

	Scale Values (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.32	Disabled	-3.17
Able-Bodied(1)	2.57	Able-Bodied(1)	-3.10
Group Diff. (d)	1.75	Group Diff. (d)	-0.07
Caring	4.31	Caring	-2.93
Able-Bodied(2)	3.15	Able-Bodied(2)	-3.87
Group Diff. (d)	1.16	Group Diff. (d)	0.94

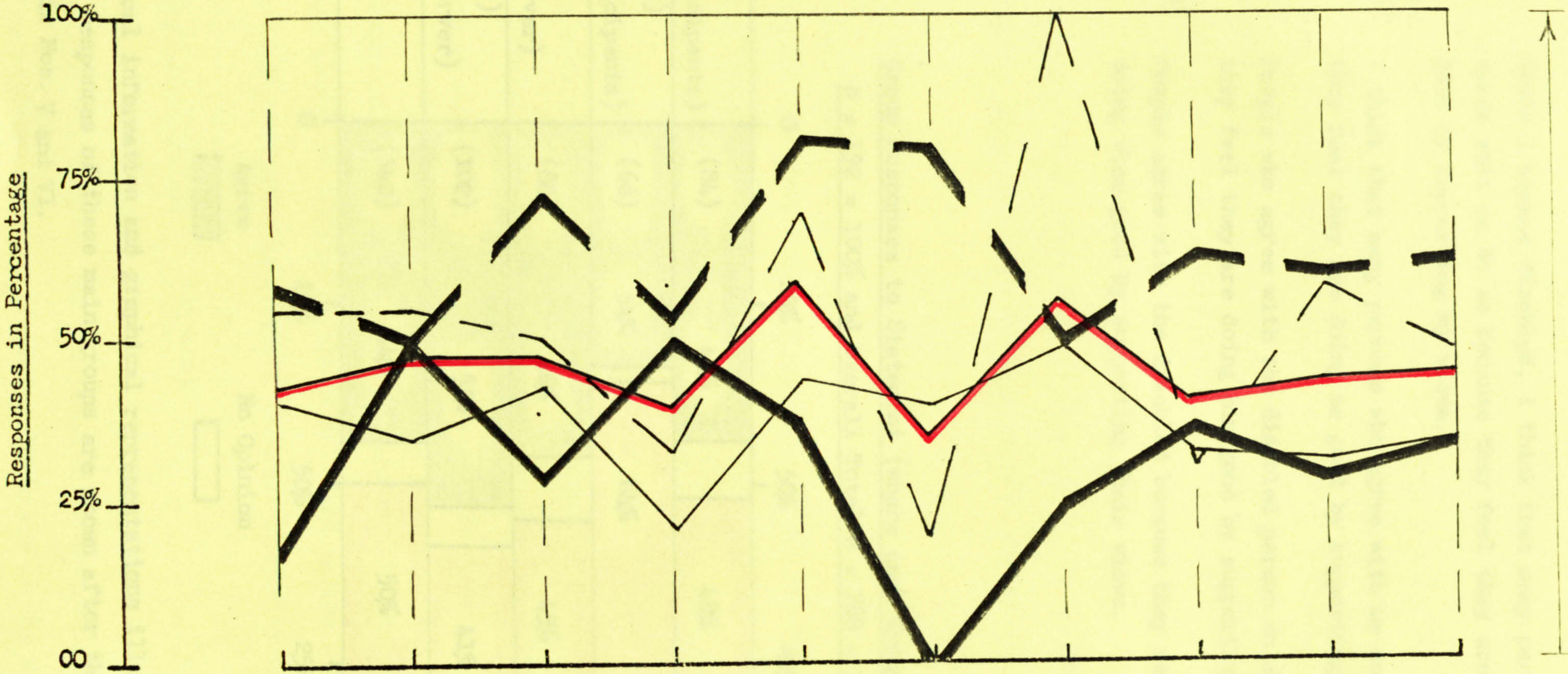
Statement No:- 20

Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 20 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

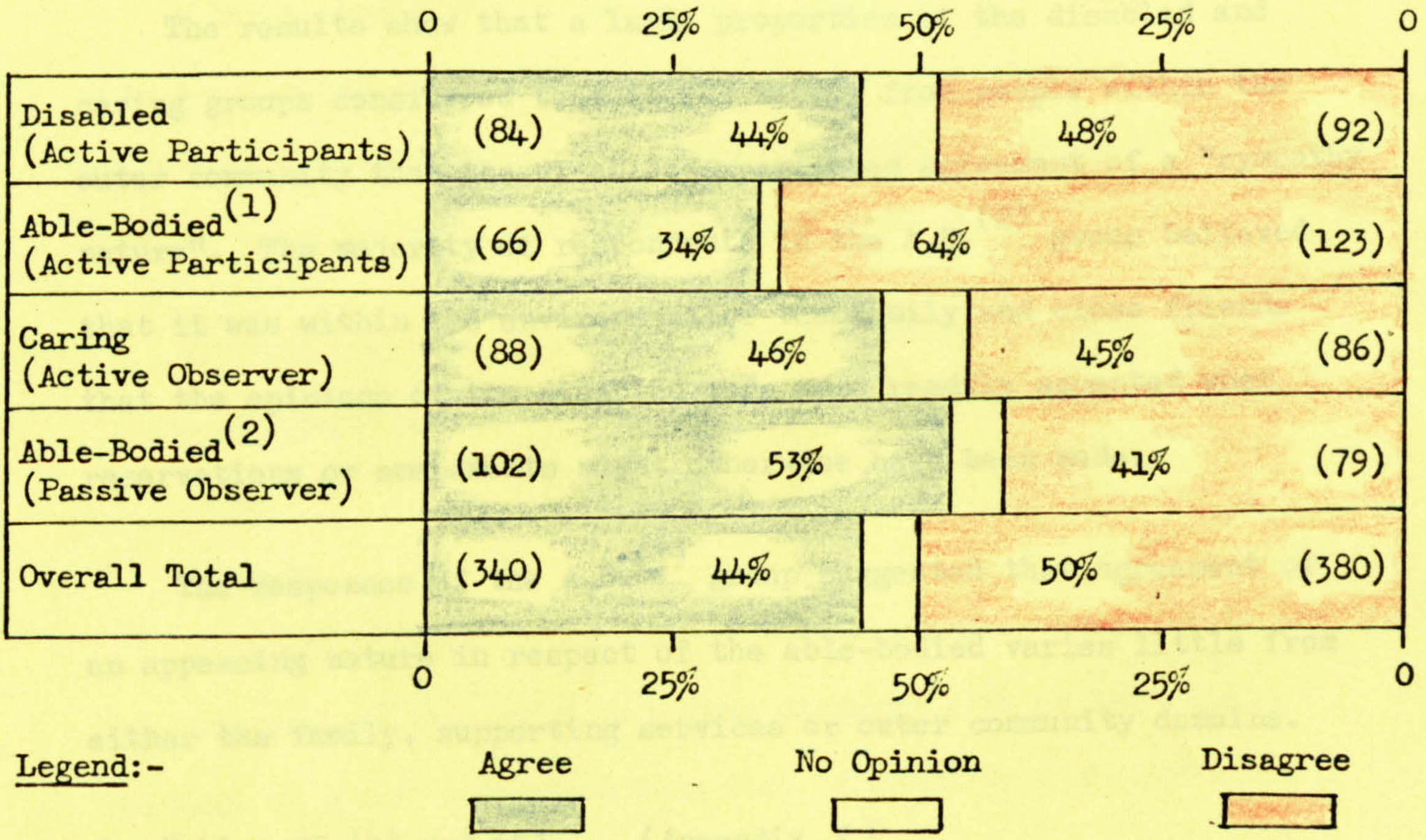
Caring Group

Able-bodied(2) Group

Statement No. 23

Disabled	Since I became disabled, I think that many persons who agree with me do so because they feel they are doing me good by supporting my views.
Able-Bodied(1)	I think that many persons who agree with me do so because they feel they are doing me good by supporting my views.
Caring	People who agree with the disabled person do so because they feel they are doing him good by supporting his views.
Able-Bodied(2)	People agree with the disabled because they feel they are doing them good by supporting their views.

Table No. 23 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 23

1. Group Responses to Main Statement

See Table 23 (1)

Compared with the responses of the disabled, a slightly larger proportion of the caring respondents indicated that people often agreed with the views of the disabled because they felt that they were "doing good" for the disabled. Agreement with the opinion of the caring was evident by a larger proportion of the A.B.(2) respondents.

In contrast, a large proportion of the A.B.(1) group indicated that "sympathetic agreement" was not made towards the able-bodied.

2. Answers to Supplementary Questions

See Tables 23 (2) and (3) - (Appendix V)

The results show that a large proportion of the disabled and caring groups considered that it was mainly from people within the outer community that the disabled experienced agreement of a "sympathy nature". The majority of respondents in the A.B.(2) group believed that it was within the environment of the family and close friends that the opinions of the disabled were more readily accepted when reservations or amendments might otherwise have been made.

The responses of the A.B.(1) group suggested that agreement of an appeasing nature in respect of the able-bodied varies little from either the family, supporting services or outer community domains.

See Tables 23 (4) and (5) - (Appendix V)

Large proportions of the disabled and caring groups indicated that the degree of emotional and intellectual understanding exhibited in social interaction produced a greater influence on the disabled

than the readiness to help or the degree of mutual reception and feeling. A large proportion of respondents in the A.B.(2) group thought that readiness to assist was most important to the disabled during social interaction; an issue which received prior consideration in respect of the able-bodied by the majority of respondents in the A.B.(1) group.

3. Comparative Agreements between Different Secondary Groups

See Table 23 (6) - (Appendix VI)

The results show that those who were handicapped by multiple sclerosis or heart trouble were more likely to experience agreement of a sympathetic nature than people who were handicapped by other disabilities. Agreement with the opinions of the disabled was evident by the responses of those who cared for them.

A large proportion of the A.B.(2) group believed that those who were handicapped by blindness or paraplegia were more likely to encounter people who sought to agree with their opinions in the hope that it might be doing the disabled some good.

In many respects it appeared that the presentation of the "physical image" was an influential issue in social intercourse.

4. Summary

Although a large proportion of the able-bodied respondents believed that it was wrong to either disagree with or hurt the feelings of disabled people, this form of reaction was considered by the disabled to be basically an attribute of inadequate social behaviour.

It was apparent during the interviews that a large proportion of the able-bodied endeavoured to counteract feelings of anxiety or aversion about social interaction with the disabled by a form of "sympathetic acceptance" behaviour which was frequently perceived to be a contributory factor to a "denial of disability" reaction by the disabled. Consistent interaction by the disabled in the family and supporting service sectors appeared to greatly reduce the amount of "sympathetic acceptance."

Although there was some evidence to indicate that a considerable amount of "courtesy" agreement is extended by most people who find themselves in unknown social environments and fear that they may have something to lose by a weak relationship, this reaction appeared to be particularly so in connection with disabled people.

Statement No. 23 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

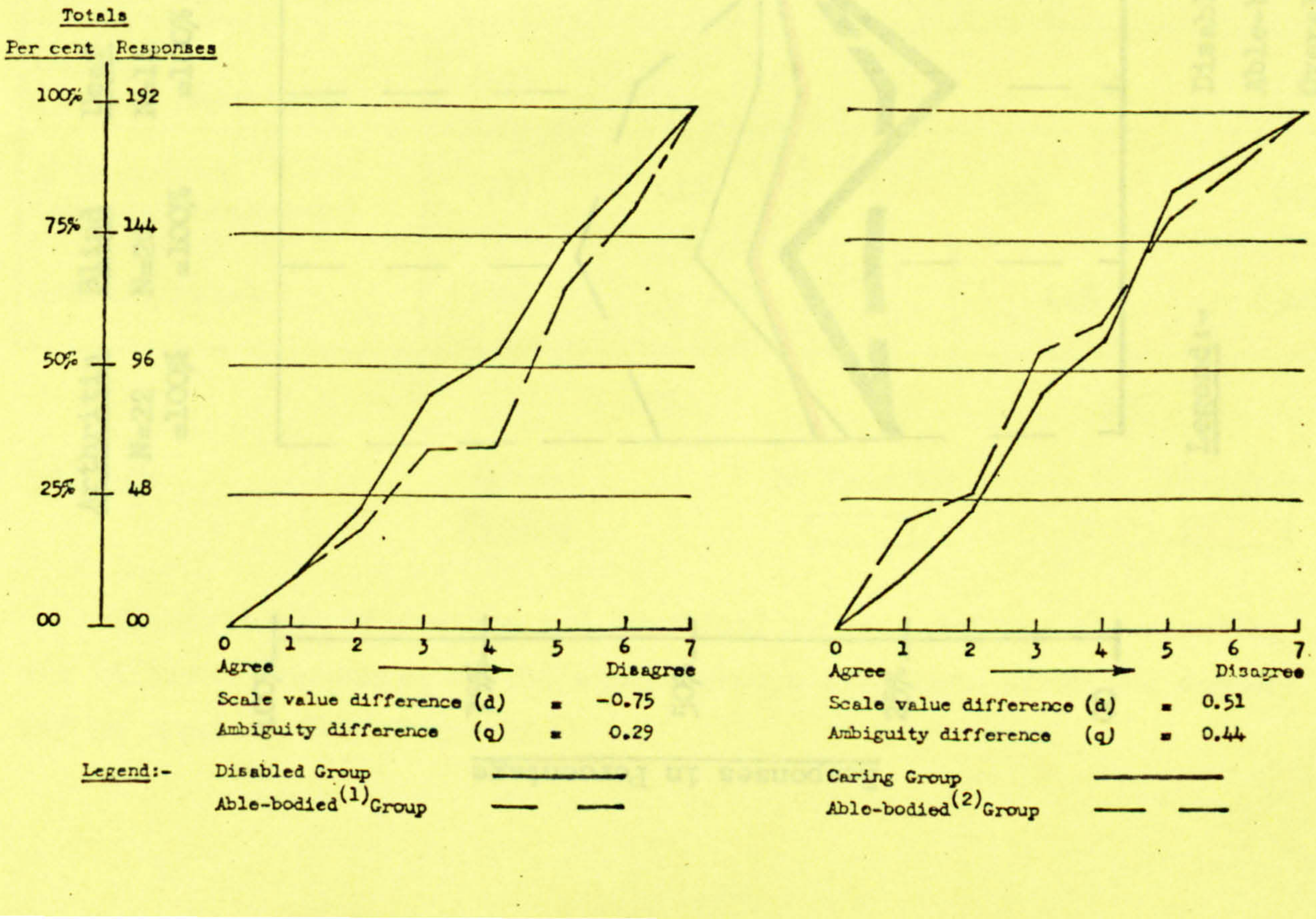
	Mean	Standard Deviation
Disabled	4.125	1.860
Able-Bodied(1)	4.557	1.935
Caring	3.885	1.661
Able-Bodied(2)	3.718	1.993

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	3.75	Disabled	-2.94
Able-Bodied(1)	4.50	Able-Bodied(1)	-3.23
Group Diff. (d)	-0.75	Group Diff. (d)	0.29
Caring	3.40	Caring	-2.56
Able-Bodied(2)	2.89	Able-Bodied(2)	-3.00
Group Diff. (d)	0.51	Group Diff. (d)	0.44

Statement No:- 23

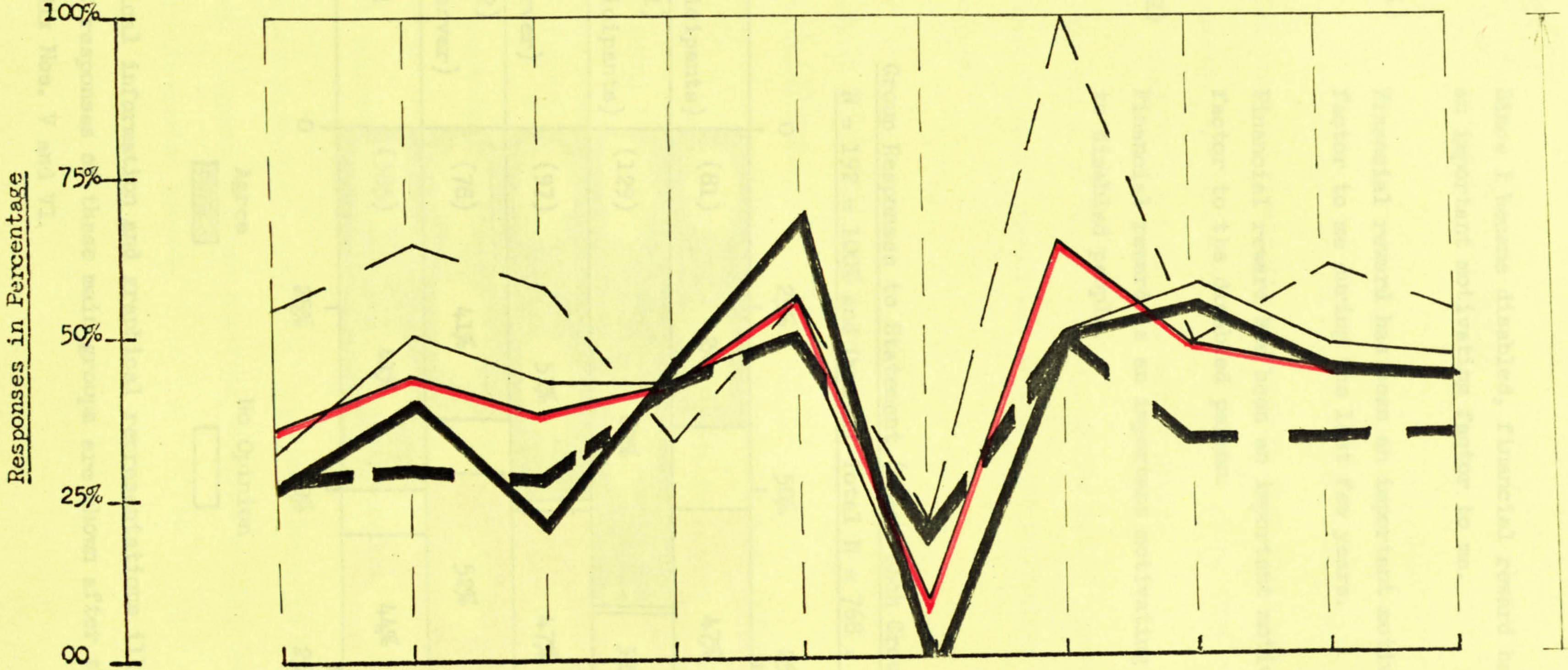
Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 23

Comparative Agreement between Different Secondary Groups of People

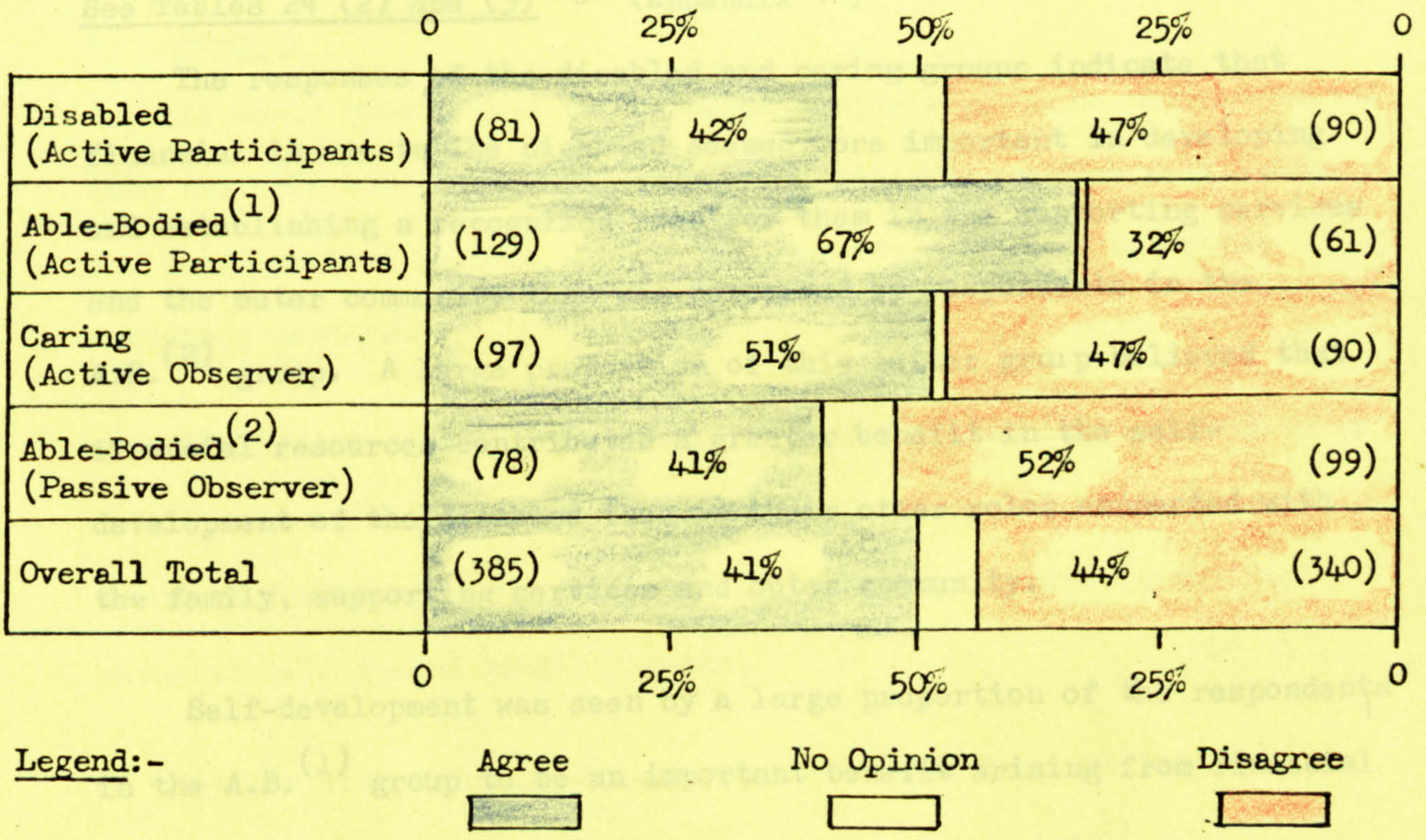
Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Statement No. 24

Disabled	Since I became disabled, financial reward has been an important motivating factor to me.
Able-Bodied(1)	Financial reward has been an important motivating factor to me during the last few years.
Caring	Financial reward has been an important motivating factor to the disabled person.
Able-Bodied(2)	Financial reward is an important motivating factor to disabled people.

Table No. 24 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 24

1. Group Responses to Main Statement

See Table 24 (1)

The results show that the proportion of disabled who indicated that financial reward had been an important motivating factor to them following the onset of disability was smaller than the proportion in the caring group. The responses of the A.B.(2) group were nearer to those of the disabled group than the caring group.

About two-thirds of the respondents in the A.B.(1) group indicated that financial reward was an important motivating factor to the able-bodied.

2. Answers to Supplementary Questions

See Tables 24 (2) and (3) - (Appendix V)

The responses of the disabled and caring groups indicate that financial income to the disabled seemed more important in developing and establishing a recognised role for them in the supporting services and the outer community than was perceived by respondents in the A.B.(2) group. A large proportion of this latter group believed that financial resources contributed a greater benefit in the self-development of the disabled than in their other roles connected with the family, supporting services and outer community.

Self-development was seen by a large proportion of the respondents in the A.B.(1) group to be an important benefit arising from financial income to able-bodied people.

3. Comparative Agreements between Different Secondary Groups

See Table 24 (4) - (Appendix VI)

The table shows that those who were handicapped by multiple sclerosis, heart trouble or paraplegia were less likely to be responsive to financial reward than people handicapped by other disabilities. The respective responses in the A.B.(2) group were seen to be nearer to the disabled than those of the caring group, within which group a large proportion indicated that amputees were the least responsive to financial reward as a motivating factor.

In some cases, it seemed that financial benefit acted as a "double bind", as for example, when the physical, mental and financial endeavours for succeeding in gaining employment were rewarded with a loss of other benefits and a reduction in overall income.

4. Summary

It would appear that the disabled people tend to be more concerned than the able-bodied with motivational goals that produce self-esteem and fulfilment of purpose within the supporting service and outer community sectors.

Motivation toward maximum recovery by the disabled appeared to be more by personal interest, positive belief and practical assistance from the family and supporting services than by agencies providing material help toward tangible goals.

It was also apparent during the interviews that the loss of income or other means of livelihood occurring as a result of physical disability created a fundamental social barrier. Despite the efficient functioning and correct application of statutory measures in respect of the majority of disabled people, many functional units were seen by the disabled and caring to be large organisational and

administrative structures which because of "distance" were unable to provide individual attention and consideration to those requiring special needs. Selectivity was frequently seen to cause different kinds of treatment for different groups of disabled people and this often seemed to constitute a structural social barrier to the integration of community life by those who were adversely affected.

Remarks during the interview by those disabled who were denied membership of certain organisations or were granted membership only for higher premiums on the assumption that disability caused higher risk also suggested social discrimination.

Statement No. 24 Main Group Statistical Information

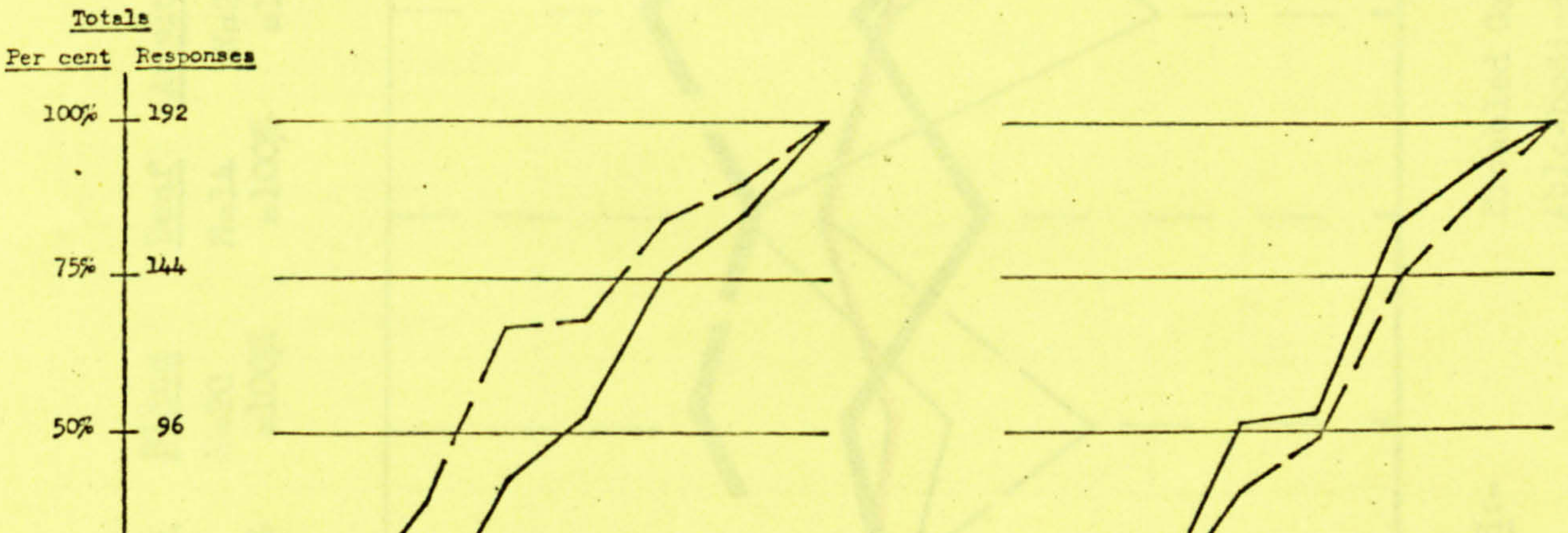
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.130	1.842
Able-Bodied(1)	3.276	1.907
Caring	3.890	1.743
Able-Bodied(2)	4.140	1.866

The distribution of the respective groups gave:-

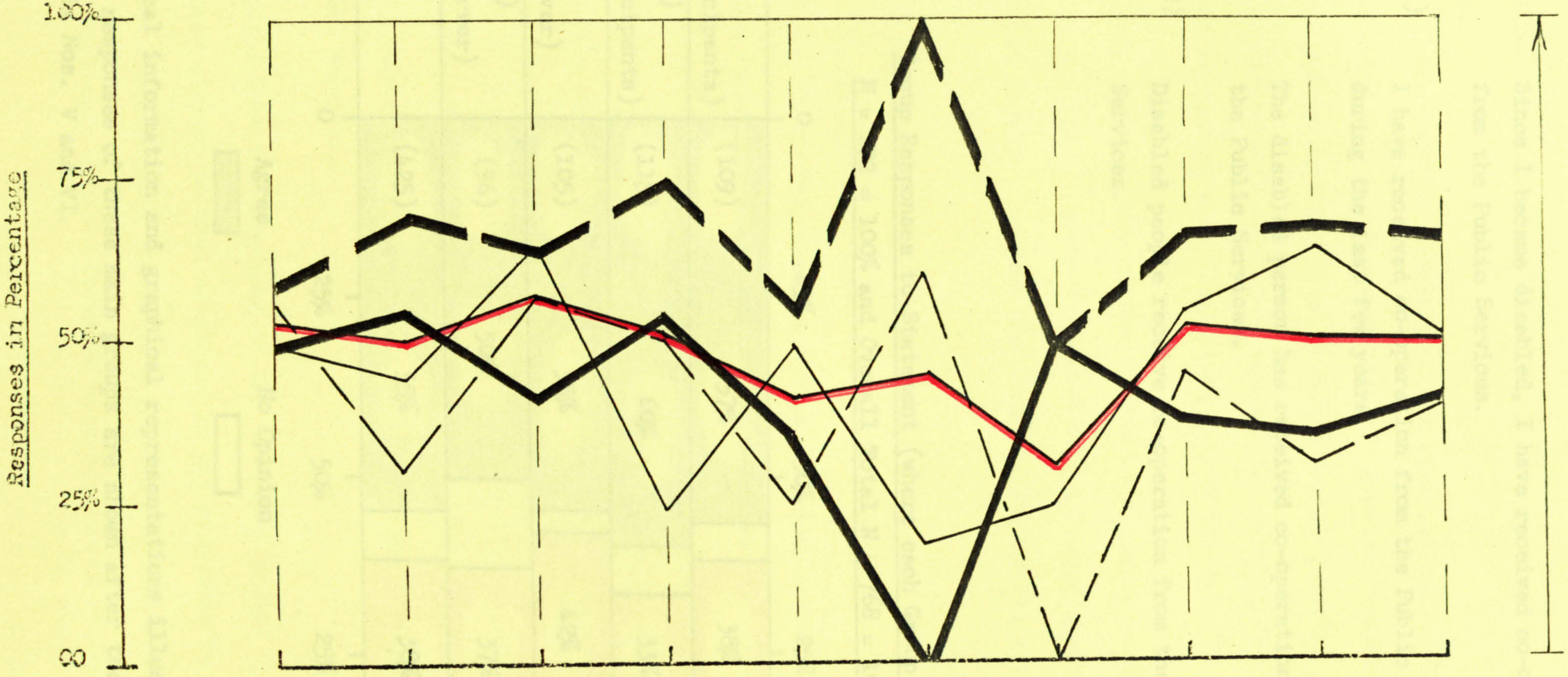
	Scale Values (S) (i.e. 50% level)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	3.73	Disabled	-2.73
Able-Bodied(1)	2.39	Able-Bodied(1)	-3.26
Group Diff. (d)	1.34	Group Diff. (d)	0.53
Caring	2.96	Caring	-2.69
Able-Bodied(2)	4.04	Able-Bodied(2)	-2.89
Group Diff. (d)	-1.08	Group Diff. (d)	0.20

Statement No:- 24 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 24 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

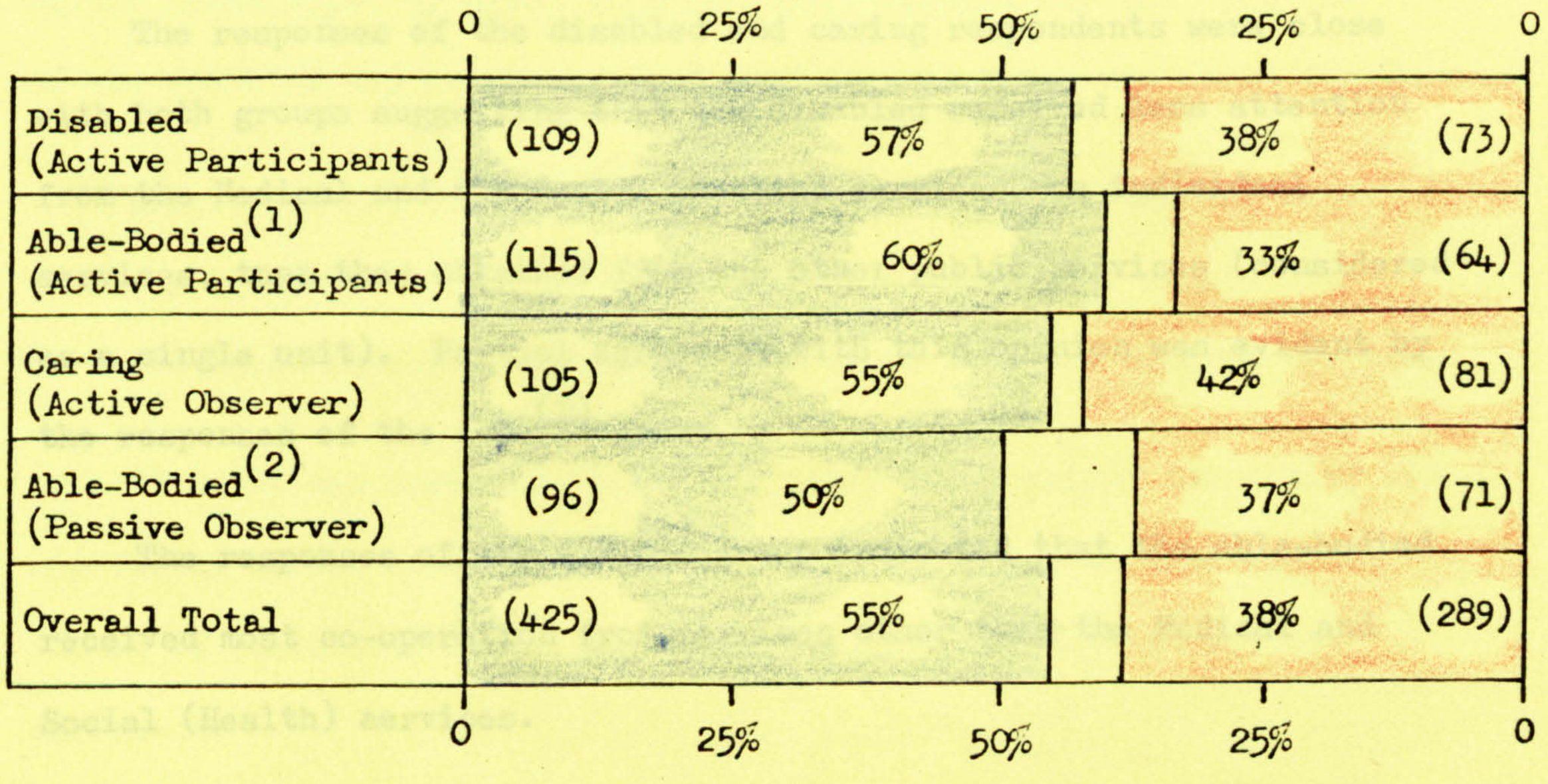
Caring Group

Able-bodied(2) Group

Statement No. 28

Disabled	Since I became disabled, I have received co-operation from the Public Services.
Able-Bodied(1)	I have received co-operation from the Public Services during the last few years.
Caring	The disabled person has received co-operation from the Public Services.
Able-Bodied(2)	Disabled people receive co-operation from the Public Services.

Table No. 28 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Legend:- Agree | No Opinion | Disagree

Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 28

1. Group Responses to Main Statement

See Table 28 (1)

The results show that the majority of the disabled and caring respondents indicated that the disabled received general co-operation from the general public services (i.e. Medical, Social (Health) and, considered as a single unit, other public services). Agreement with this opinion was evident by a smaller proportion of the A.B.(2) group.

Compared with the responses of the disabled and caring respondents, the responses of the A.B.(1) group indicated that a larger proportion of the able-bodied received co-operation from all the public services.

2. Answers to Supplementary Questions

See Tables 28 (2) and (3) - (Appendix V)

The responses of the disabled and caring respondents were close with both groups suggesting that the disabled received less attention from the Medical and the Social (Health) services, as individual services, than they obtained from the other public services (considered as a single unit). Partial agreement with this opinion was evident by the responses of the A.B.(2) group.

The responses of the A.B.(1) group indicated that the able-bodied received most co-operation from services other than the Medical and Social (Health) services.

It was noted that the responses of the different groups appeared to follow a pattern similar to that developed by the responses from Statement Nos. 04 and 07, respectively, where group relationships with the Medical Services and the Social (Health) Services were considered as individual issues.

See Tables 28 (4) and (5) - (Appendix V)

Communication and social attitudes were seen by a large proportion of disabled and caring groups to be issues of great importance within the area of "Other General Services". A large proportion of the A.B.(2) group believed physical assistance was the most important contribution offered by such services to the disabled.

A large proportion of the A.B.(1) group indicated that communication was an issue of great importance to the able-bodied within the "Other General Services" sector.

3. Comparative Agreements by Different Secondary Groups

See Table 28 (6) - (Appendix VI)

The results show that those who were handicapped by amputations tended to receive more co-operation from the General Services than people handicapped by other disabilities. Support for the opinions of the disabled was evident by the responses of those who cared for them.

Respondents in the A.B.(2) group indicated that those who were visually handicapped or disabled either by arthritis or amputations were the least likely to receive co-operation from the General Services.

It sometimes appeared that the greater the physical immobility and disability of the handicapped person, the less proportionate was the amount of assistance he tended to receive from supporting service personnel.

4. Summary

The overall results seem to indicate that able-bodied people often receive more co-operation from the public services than the disabled. It was apparent during the interviews that assistance to the able-bodied

was generally required only for tasks considered above the "norm" and such co-operative assistance was frequently perceived by the helper to be an element of "status" or "achievement". In the case of the disabled, assistance to them was frequently necessary for tasks well below the "norm", and this was perceived by many able-bodied, as well as disabled, to be a reflection of low achievement profile; an attitude which was often accompanied by frustration and avoidance of task completion by each party.

In referring to the general similarity of responses to those given in connection with Statements 04 and 07, it would appear that the public services in many ways offered greater flexibility and a more personal service than those of the Medical and Social (Health) Services. As many large organisations, such as the Department of Health and Social Security, are closely linked, on the one hand, to economic calculations which are normally based on actuarial data and, on the other hand, to political goals and developments, it would seem that such organisations have much more influence on the organisational programme than in developing and directing attitudes towards social integration. This point appears to be particularly important when the "success" of an organisation or business cannot be measured with reasonable accuracy except by a direct "customer/consumer" relationship.

Statement No. 28 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

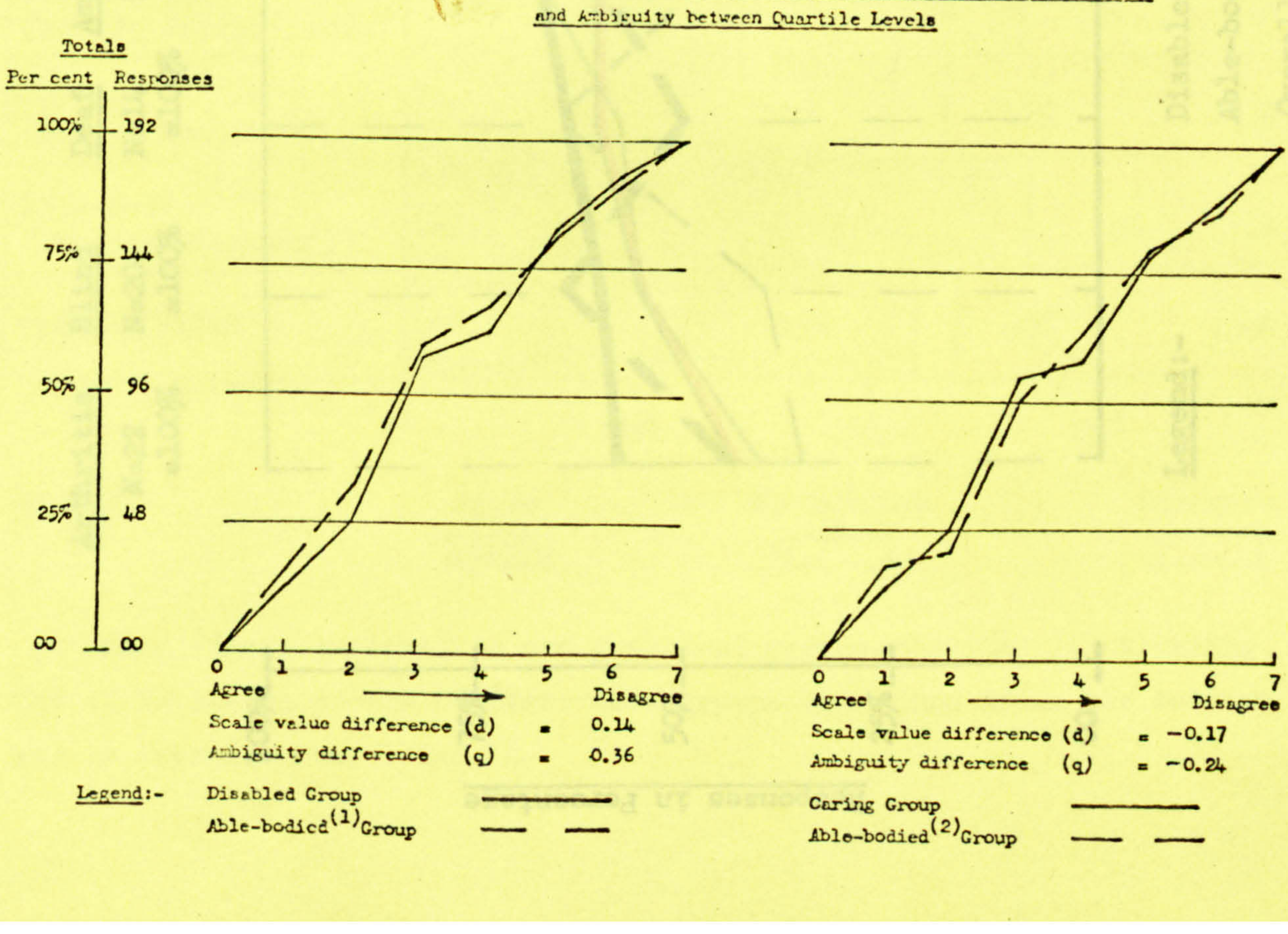
	Mean	Standard Deviation
Disabled	3.709	1.760
Able-Bodied(1)	3.537	1.875
Caring	3.807	1.862
Able-Bodied(2)	3.828	1.902

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.78	Disabled	-2.65
Able-Bodied(1)	2.64	Able-Bodied(1)	-3.01
Group Diff. (d)	0.14	Group Diff. (d)	0.36
Caring	2.83	Caring	-2.85
Able-Bodied(2)	3.00	Able-Bodied(2)	-2.61
Group Diff. (d)	-0.17	Group Diff. (d)	-0.24

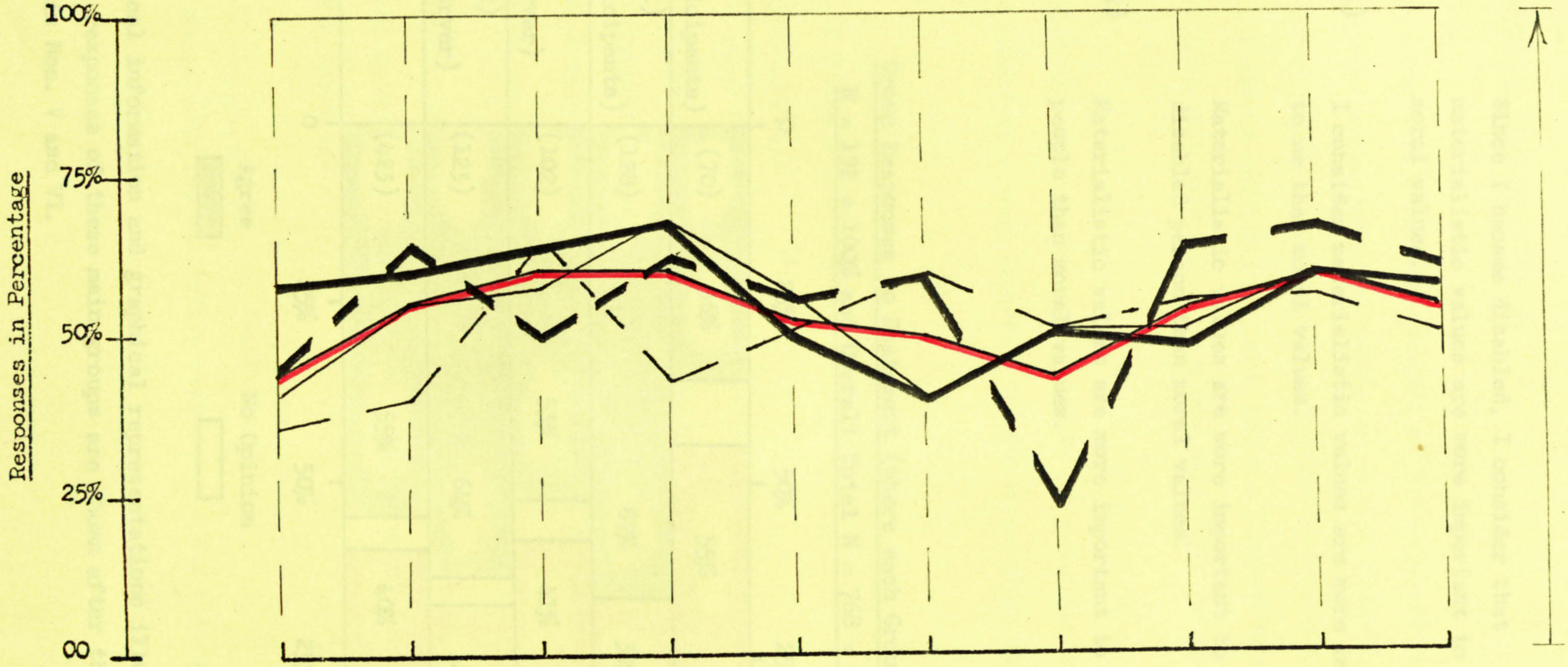
Statement No:- 28

Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 28 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

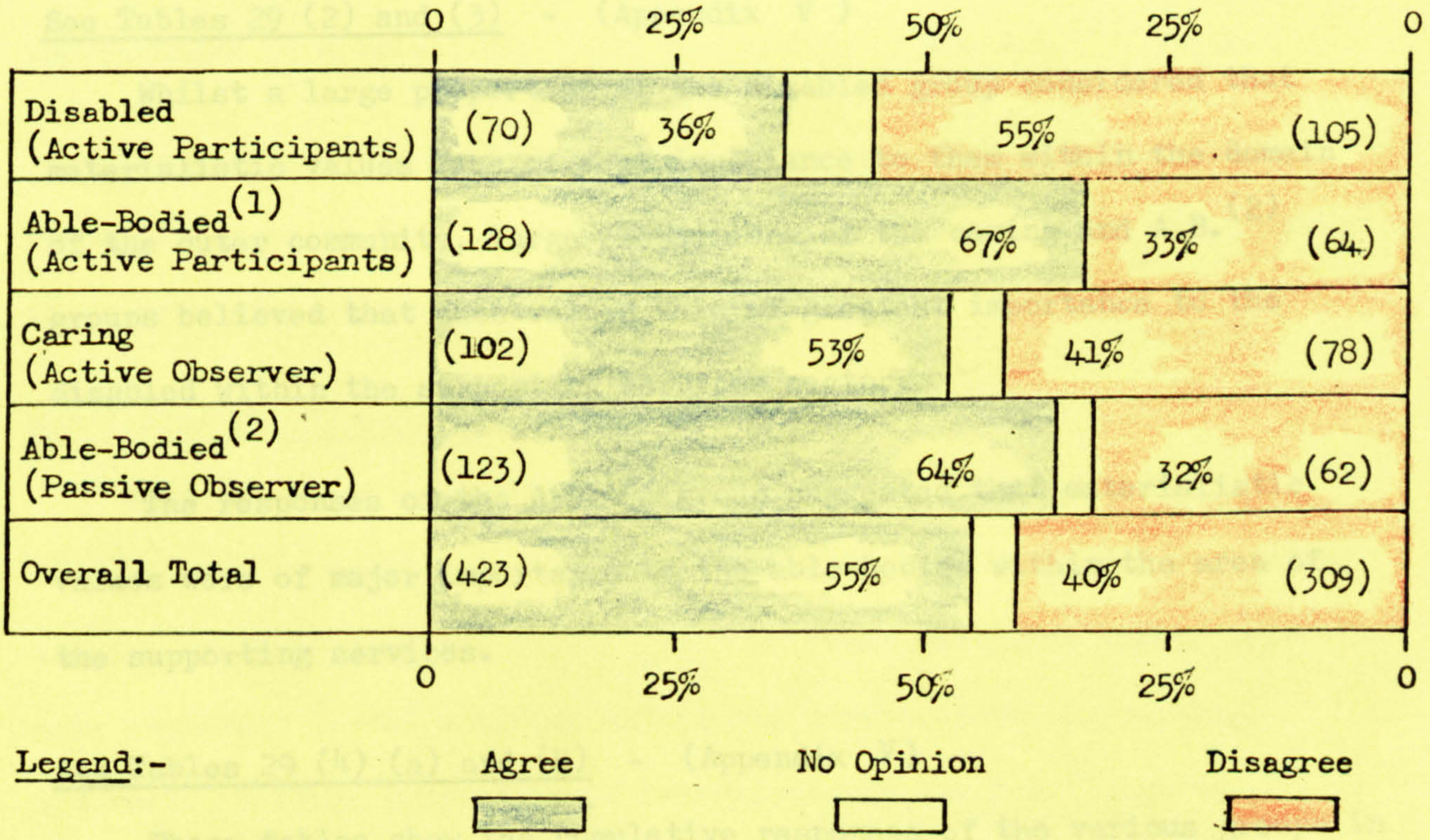
Caring Group

Able-bodied(2) Group

Statement No. 29

Disabled	Since I became disabled, I consider that materialistic values are more important to me than moral values.
Able-Bodied(1)	I consider materialistic values are more important to me than moral values.
Caring	Materialistic values are more important to the disabled person than moral values.
Able-Bodied(2)	Materialistic values are more important to disabled people than moral values.

Table No. 29 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 29

1. Group Responses to Main Statement

See Table 29 (1)

The table shows that more than one-half of the disabled group indicated that they considered moral values to be more important to them than materialistic values. This general opinion of the disabled was not supported by the caring and A.B.(2) groups where a large proportion of each group believed that materialistic values were more important to the disabled.

A vast majority of respondents in the A.B.(1) group indicated that materialistic values were more important to the able-bodied than moral values.

2. Answers to Supplementary Questions

See Tables 29 (2) and (3) - (Appendix V)

Whilst a large proportion of the disabled group considered that materialistic values were of most importance to them within the domain of the outer community, large proportions of the caring and A.B.(2) groups believed that such values were of greatest importance to the disabled within the supporting services sector.

The responses of the A.B.(1) group suggested that materialistic values were of major importance to the able-bodied within the area of the supporting services.

See Tables 29 (4) (a) and (b) - (Appendix V)

These tables show the cumulative responses of the various groups in relation to issues considered of importance and satisfaction, respectively, with materialistic values.

Large proportions of the disabled and caring groups referred to the importance to disabled people of materialistic values relating to the self, marriage & the family, and outer community. In the opinions of large proportions of the A.B.(2) group, materialistic values concerning the self, medical, health & social services and outer community were of primary importance to the disabled. A relatively small proportion of the A.B.(2) group made reference to the importance of marriage and the family.

Issues associated with employment and the outer community appeare of great importance to a large proportion of the A.B.(1) group in respect of able-bodied people.

In relation to issues where materialistic values gave the greatest satisfaction, large proportions of the disabled and caring people referred to marriage and the family; an issue which was considered important to the disabled by a relatively small proportion of the A.B.(2) group.

Issues involving employment and others connected with the outer community appeared to be a potential source of materialistic satisfaction to a large proportion of the A.B.(1) group.

See Tables 29 (5) and (6) - (Appendix V)

Whilst a large proportion of respondents in the disabled group considered that moral values were most important in the outer community, a large proportion of the caring group believed that such values were more important to the disabled within the domain of the supporting services. A large proportion of respondents in the A.B.(2) group believed that moral values in respect of disabled people were most important in the supporting services sector.

As indicated by a large proportion of the A.B.(1) group, moral values were most important to the able-bodied within the supporting services sector.

<u>See Tables 29 (7) (a) and (b)</u> - (Appendix V)

These tables show the cumulative responses of the various groups in relation to issues considered of importance and satisfaction, respectively, with moral values.

Large proportions of the disabled group referred to the importance to disabled people of moral values relating to marriage & the family and the outer community. Relatively smaller proportions of respondents in the caring and A.B.(2) groups referred to the importance of moral issues to disabled people within the outer community.

The proportions of respondents in the A.B.(1) group who referred to the importance to able-bodied people of moral issues in connection with the self and marriage & the family were seen to be less than those recorded in the other groups.

In relation to issues where moral values provided the greatest satisfaction, the responses of the disabled and caring groups were fairly closely related although a larger proportion of the caring respondents referred to the importance of value-satisfaction associated with personal behaviour. The importance to the disabled of moral value-satisfaction with issues related to marriage & the family was indicated by a relatively smaller proportion of the A.B.(2) group.

Issues involving employment and other aspects connected with the outer community appeared to be a potential source of moral satisfaction to large proportions of the A.B.(1) group. The importance of marriage & the family was recognised by a relatively small proportion of the respondents.

3. Comparative Agreements between Different Secondary Groups

See Table 29 (8) - (Appendix VI)

The results indicate that those who were handicapped by amputations, heart troubles or paraplegia tended to be less concerned about moral values than people handicapped by other disabilities. Those people who where handicapped by multiple sclerosis appeared to be particularly concerned with moral values.

The responses of the caring group indicated some support for the disabled although they did not substantially agree with the general opinion of those handicapped by multiple sclerosis.

The responses of the A.B.(2) group were frequently in contrast with those of the disabled.

It seemed that the consequences of disability tended to offer many individuals an opportunity for a different perception about the values of life.

4. Summary

It appeared that the disabled group's desire for moral values was derived from their perception of more complex and comprehensive patterns in life and their attempt to re-establish equilibrium at a level higher than that generally perceived by the able-bodied people.

An important contributory aspect to the difference between the disabled and caring respondents may have been because the disabled seemed to be more concerned about people, generally, and placing the needs of others within their own perspective. Whilst not disagreeing with this altruistic view, it frequently appeared that the caring person sought to justify the success of the caring role for improving

the status of the disabled person and, in so doing, associated this attitude with responsibility.

The emphasis on materialistic values of the able-bodied appeared to have derived from their greater freedom of choice and what they considered to be their independence in making decisions alone.

Statement No. 29 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

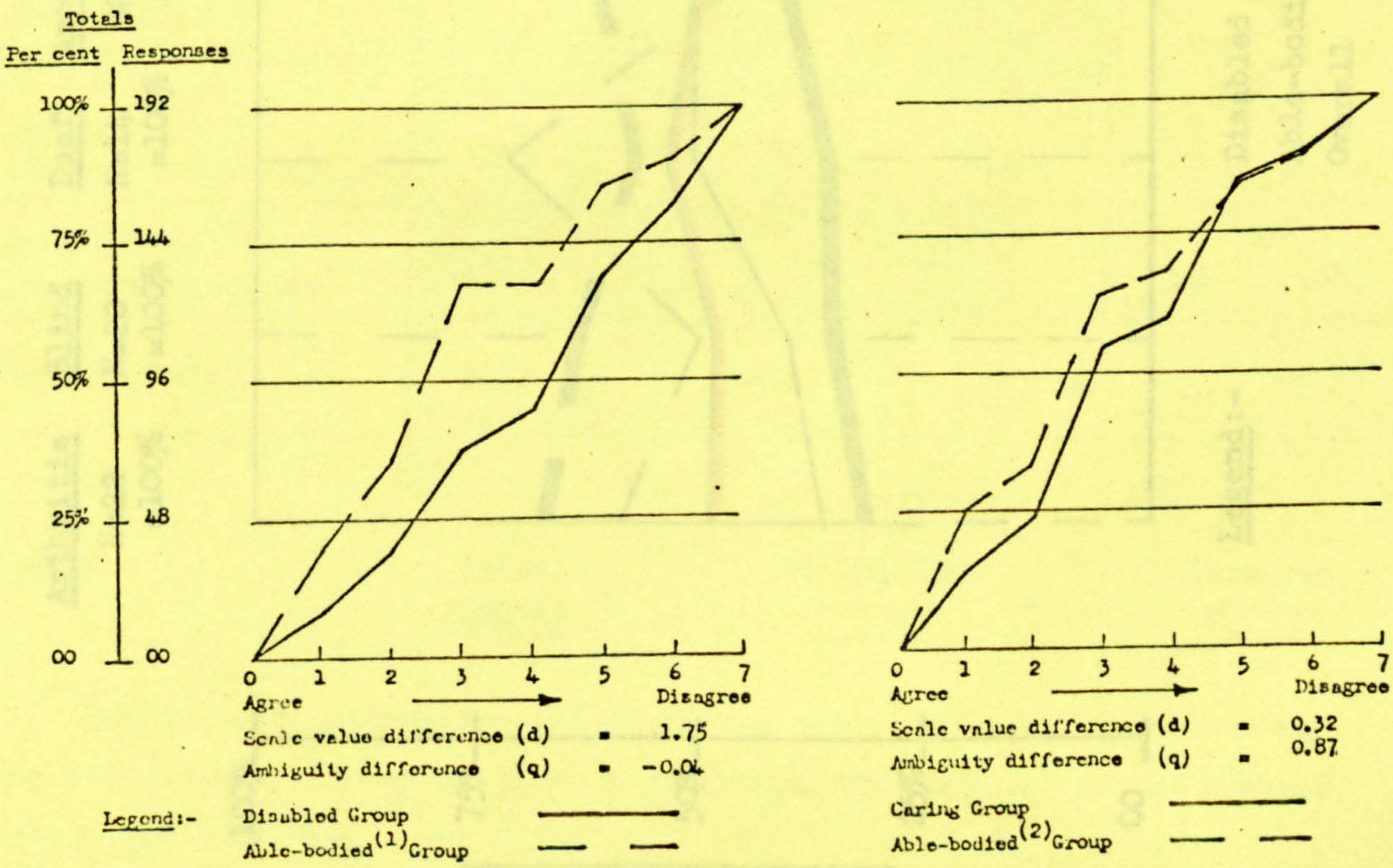
	Mean	Standard Deviation
Disabled	4.401	1.879
Able-Bodied(1)	3.359	1.876
Caring	3.734	1.789
Able-Bodied(2)	3.354	1.941

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.20	Disabled	-3.13
Able-Bodied(1)	2.45	Able-Bodied(1)	-3.09
Group Diff. (d)	1.75	Group Diff. (d)	-0.04
Caring	2.87	Caring	-2.57
Able-Bodied(2)	2.55	Able-Bodied(2)	-3.44
Group Diff. (d)	0.32	Group Diff. (d)	0.87

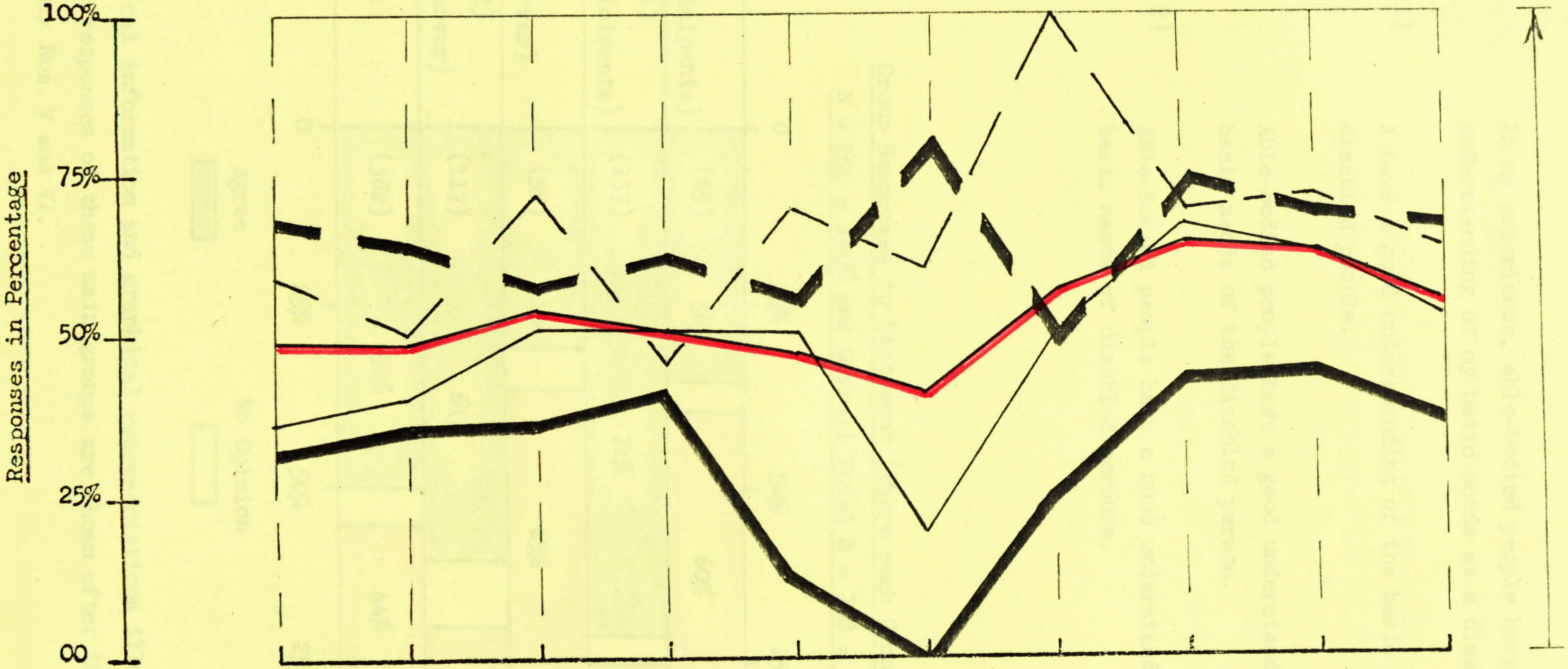
Statement No:- 29

Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 29 Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

Statement No. 31

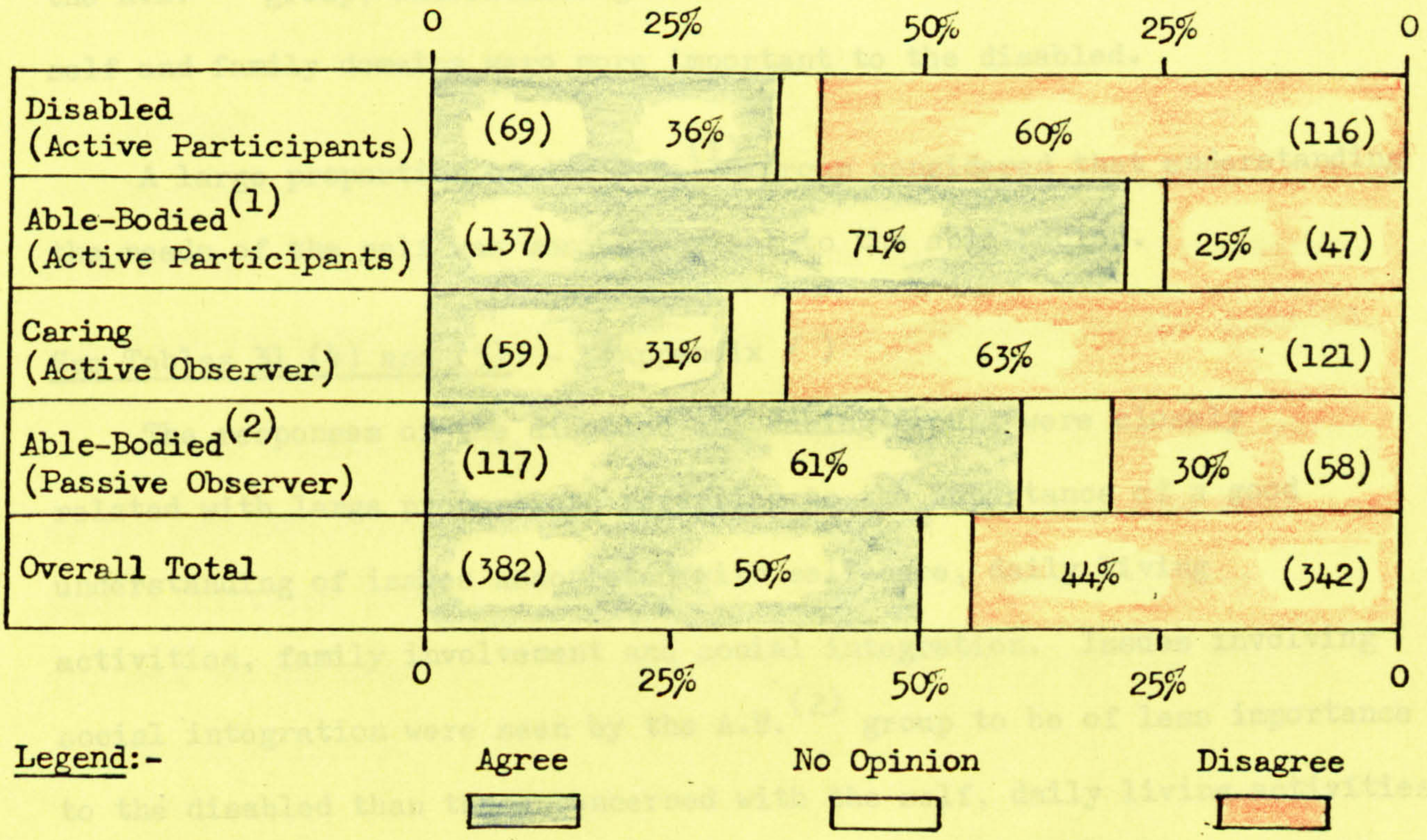
Disabled — In my experience, able-bodied people have a good understanding of my basic needs as a disabled person.

Able-Bodied(1) — I have a good understanding of the basic needs of disabled people.

Caring — Able-Bodied people have a good understanding of the basic needs of the disabled person.

Able-Bodied(2) — Able-Bodied people have a good understanding of the basic needs of disabled persons.

Table No. 31 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 31

1. Group Responses to Main Statement

See Table 31 (1)

About two-thirds of the disabled and caring groups believed that able-bodied people did not possess a good understanding of the basic needs of the disabled. These views were in contrast to the able-bodied groups where about two-thirds of each group indicated that the able-bodied possessed a good understanding about the basic needs of disabled people.

2. Answers to Supplementary Questions

See Tables 31 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups referred to the importance of understanding the needs of the disabled in the supporting services and outer community. In the opinions of a large proportion of the A.B.(2) group, understanding the needs of the disabled within the self and family domains were more important to the disabled.

A large proportion of the A.B.(1) group considered that understanding the needs of the self was most important to the able-bodied.

See Tables 31 (4) and (5) - (Appendix V)

The responses of the disabled and caring groups were closely related with large proportions referring to the importance of a good understanding of issues associated with self-care, daily living activities, family involvement and social integration. Issues involving social integration were seen by the A.B.(2) group to be of less importance to the disabled than those concerned with the self, daily living activities and the family.

A large proportion of the A.B.(1) group indicated that issues involving the self, daily living activities and the family were of prime importance to the able-bodied.

3. Comparative Agreements between Different Secondary Groups

See Table 31 (6) - (Appendix VI)

The responses of those who were handicapped by arthritis or multiple sclerosis suggested that they were more likely to encounter people who did not have a good understanding of their basic needs than many people handicapped by other disabilities. The responses of the caring group indicated that those who were handicapped by paraplegia were particularly prone to encounter people who did not know how to cope with their specific handicap.

The opinions of the A.B.(2) group were seen frequently to be in contrast with those of the disabled and caring respondents.

It was evident during the interviews that a large proportion of the able-bodied did not have a basic understanding of the needs of the disabled, particularly those who were disabled by multiple handicaps.

4. Summary

Responses indicated that differences existed between what the disabled and caring people perceived as needs important for the disabled and those which the able-bodied believed to be important to the disabled.

It was evident during the interviews that whilst a large proportion of the problems experienced by the disabled seemed to originate from social attitudes and relationships, the able-bodied perceived many problems of the disabled to be primarily personal and physical both in nature and quantity.

Specific problems with general access, mobility, housing, education, employment and integration were regularly reported by the disabled and caring respondents. Attention to such matters in many cases appeared

to be given only as a result of organisational and community pressures from the majority rather than from initial judicial assessment of all the factors involved with each situation.

It was apparent that an understanding of the problems encountered by the disabled were fundamental to an awareness by the able-bodied of the social problems involved.

Statement No. 31 Main Group Statistical Information

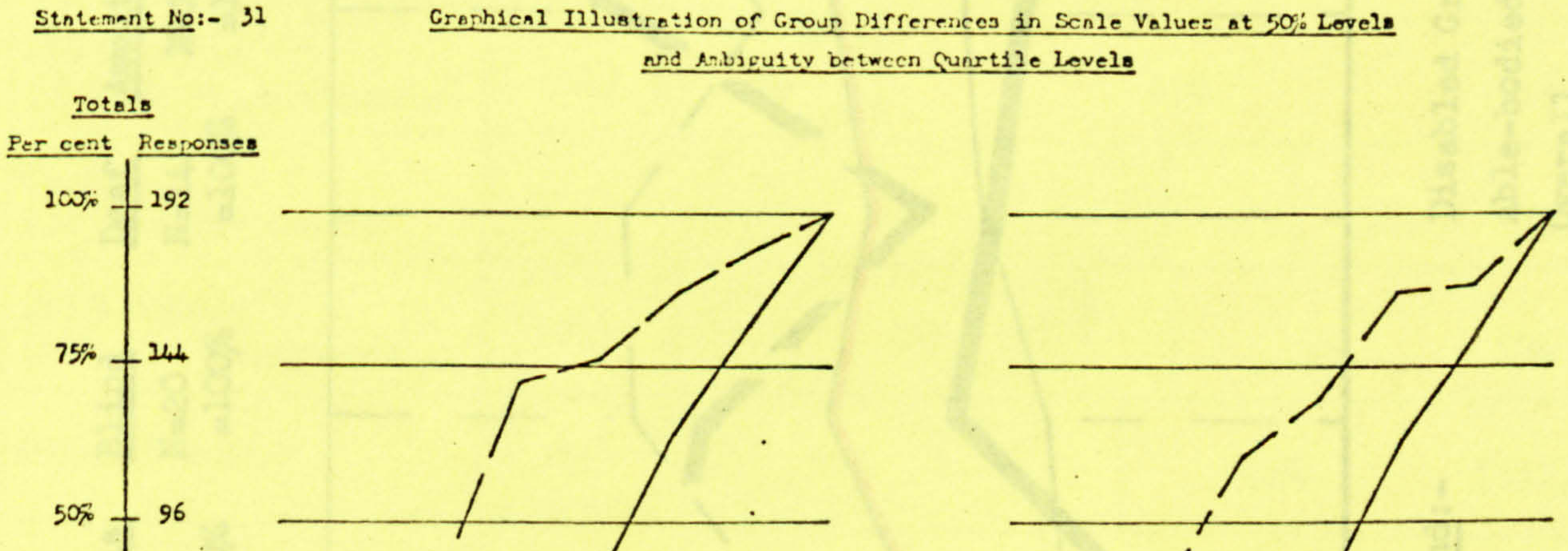
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	4.547	1.847
Able-Bodied(1)	3.115	1.786
Caring	4.677	1.908
Able-Bodied(2)	3.255	2.029

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	4.40	Disabled	-3.10
Able-Bodied(1)	2.31	Able-Bodied(1)	-2.58
Group Diff. (d)	2.09	Group Diff. (d)	-0.52
Caring	4.52	Caring	-3.18
Able-Bodied(2)	2.50	Able-Bodied(2)	-3.48
Group Diff. (d)	2.02	Group Diff. (d)	0.30

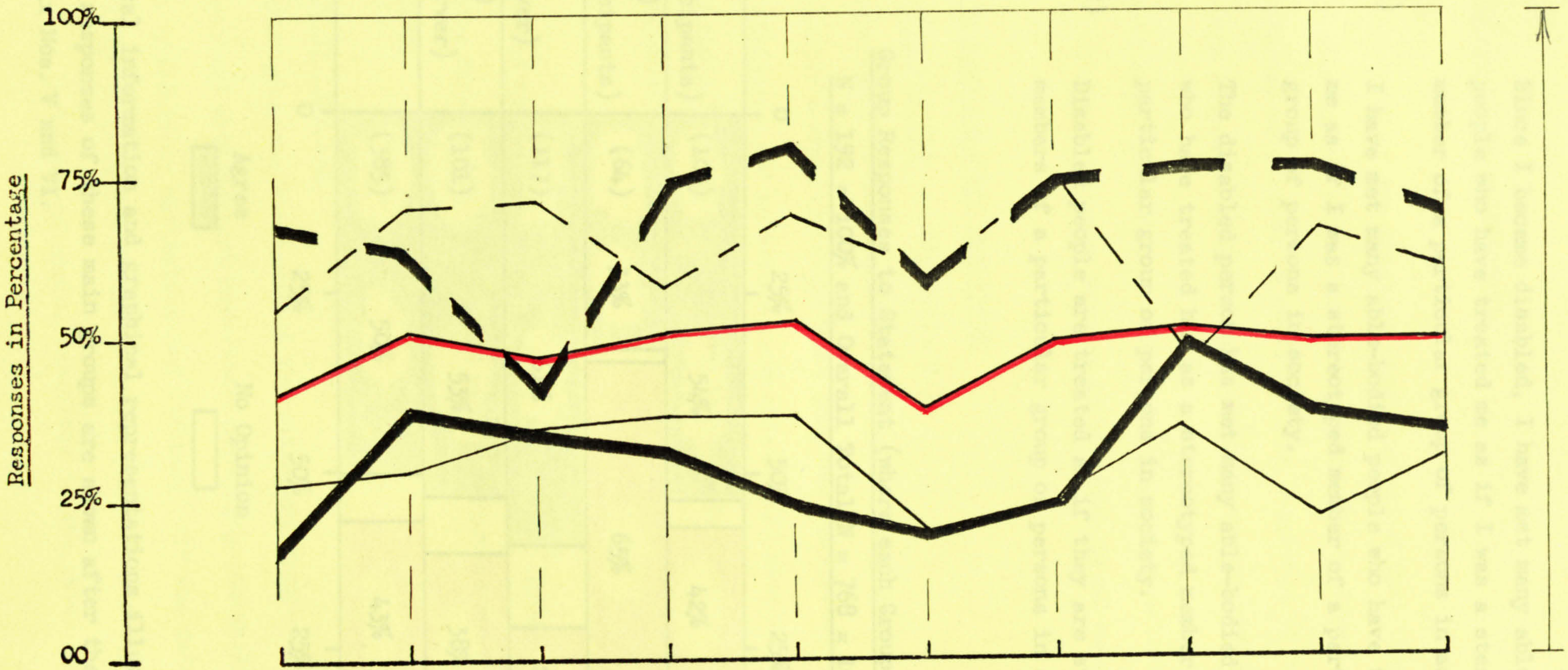
Statement No:- 31 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 31

Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Statement No. 34

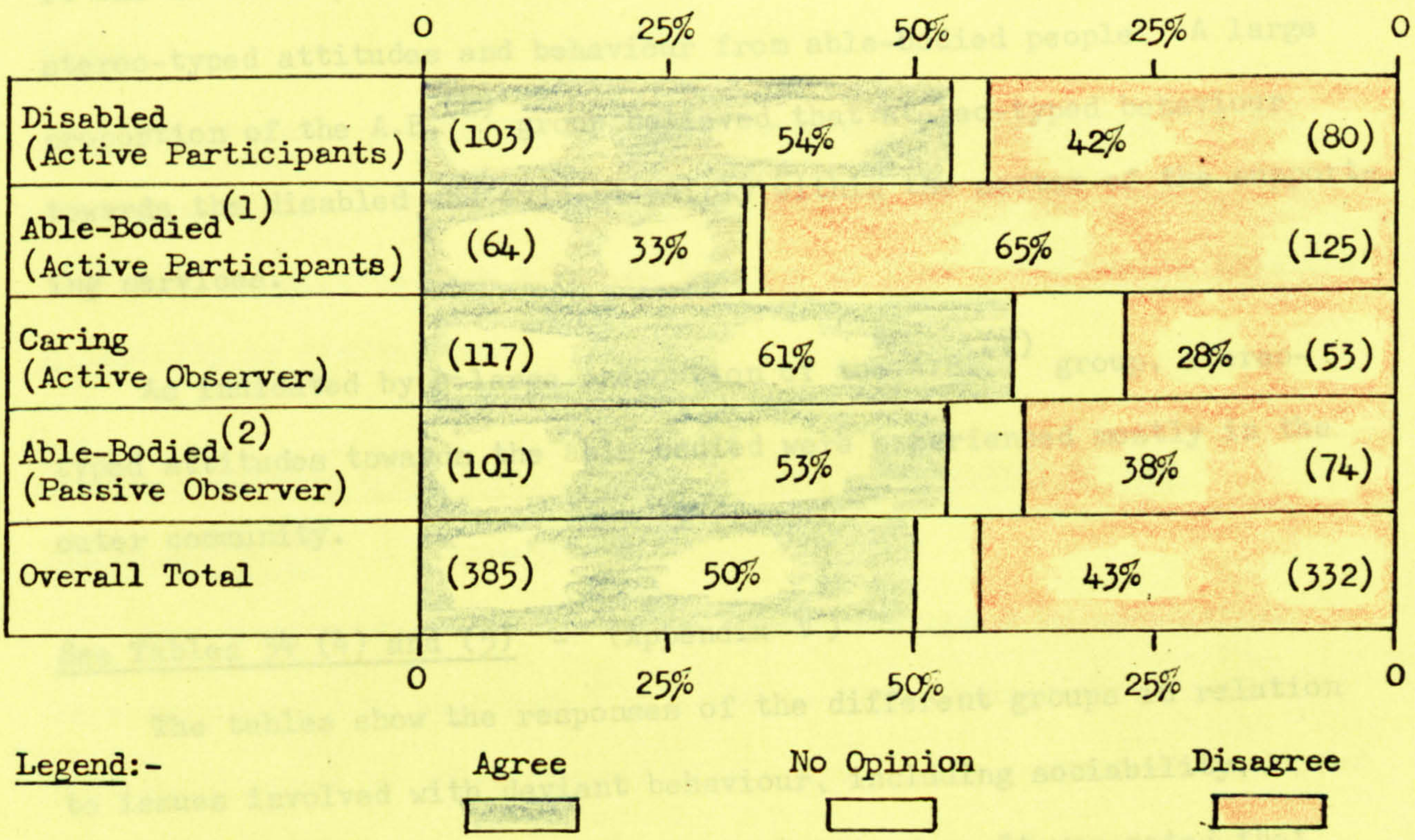
Disabled — Since I became disabled, I have met many able-bodied people who have treated me as if I was a stereotyped member of a particular group of persons in society.

Able-Bodied(1) — I have met many able-bodied people who have treated me as if I was a stereotyped member of a particular group of persons in society.

Caring — The disabled person has met many able-bodied people who have treated him as a stereotyped member of a particular group of persons in society.

Able-Bodied(2) — Disabled people are treated as if they are stereotyped members of a particular group of persons in society.

Table No. 34 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 34

1. Group Responses to Main Statement

See Table 34 (1)

More than one-half of the disabled group indicated that they had been treated by able-bodied people as if they were stereo-typed members of a particular group of persons in society. The responses of the caring and A.B.(2) groups indicated general agreement with the disabled.

A relatively small proportion of the A.B.(1) group considered that they, as able-bodied people, were treated in a stereo-typed manner.

2. Answers to Supplementary Questions

See Tables 34 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that it was in the outer community sector that they were subjected mostly to stereo-typed attitudes and behaviour from able-bodied people. A large proportion of the A.B.(2) group believed that stereo-typed behaviour towards the disabled was evident mainly within the sector of the supporting services.

As indicated by a large proportion of the A.B.(1) group, stereo-typed attitudes towards the able-bodied were experienced mostly in the outer community.

See Tables 34 (4) and (5) - (Appendix V)

The tables show the responses of the different groups in relation to issues involved with deviant behaviour, including sociability, interaction, alienation, motivation and attitude. It was noted that relatively large proportions of the disabled and caring respondents referred to the influence of social behaviour in the outer community;

an issue which was considered of importance by relatively smaller proportions of the A.B.(1) and (2) groups.

The responses of the A.B.(1) group seemed to follow a pattern resembling the responses of the A.B.(2) group.

<u>See Tables 34 (6) and (7)</u> - (Appendix V)

The tables reveal the reaction of the different groups to discriminatory behaviour. Whilst large proportions of all the groups referred to the influence of ideological discriminatory behaviour, the responses of the disabled and caring groups indicated that the disabled were subjected to a great deal of individual discrimination. Agreement with this latter observation in respect of the disabled was seen by a relatively small proportion of the A.B.(2) group.

The responses of the A.B.(1) group were near to those of the A.B.(2) group.

Discriminatory behaviour in this statement was recognised by all the respondents as the unjustified with-holding of an opportunity, provision or service from a person because of that individual's physical disability or limitation.

3. <u>Comparative Agreements between Different Secondary Groups</u>

<u>See Table 34 (8)</u> - (Appendix VI)

The results show that those who were handicapped by amputations were more likely to be treated in a stereo-typed manner than people who were handicapped by other disabilities. The caring respondents believed that those who were handicapped by paraplegia or heart trouble were particularly susceptible to stereo-typing attitudes by the able-bodied.

A large proportion of the A.B.(2) group believed that those who were visually handicapped or handicapped by deafness were vulnerable to stereo-typing behaviour.

The influence of egalitarian ideologies and their connection with other social issues appeared during the interviews to be a very important factor in many disabled and able-bodied relationships.

4. Summary

The stereo-typing of individuals and the perception of "psychological spread" was of great concern to the disabled and caring people. They often perceived the process as part of an indictment of a disabled person's "inferiority" to the "norm" of the able-bodied. Labelling in the social situation was seen to be more difficult than in the medical field where the accuracy of a clinical definition of the physical handicap was accepted much more readily.

It often appeared during the interviews that a large proportion of the stereo-typing which took place in the supporting service and outer community sectors was due mainly to able-bodied people ignoring the various personal characteristics of the disabled and evaluating them collectively without consideration of the complexity of the situation. Aggravation of these situations also appeared to occur by the tendency of the disabled to either over-define or under-define their personal handicap in an endeavour to negotiate the "inferiority" barrier and interpreting their personal circumstances differently at convenient times. Nevertheless, greater experience of disabled & able-bodied interactions seemed to permit the disabled to cope more readily with unforeseen reaction in face-to-face situations.

The replies of the disabled and caring respondents indicated that physical disability was often assigned to a category of deviance outside full social acceptance. The stereo-typed approach by the able-bodied was frequently observed during the interviews to have little resemblance to the actual handicaps inherent in the primary handicap. Whilst it may be occasionally necessary and convenient to compare the role of a disabled person in relationship with the role of an able-bodied person, it seemed important to realise that the disabled person is an individual with an individual organismic mechanism and an individual life experience which together produce an individual result in behavioural reaction.

During the interviews many comments were made by both disabled and caring respondents which indicated that avoidance of contact with the disabled or manifesting superficial acceptance or straightforward rejection contributed greatly to individual discrimination. In some cases, it appeared that the more there was at stake during interaction the greater was the degree of individual discriminatory behaviour.

The presence of custom or statutory provisions often appeared to have an important influence upon institutional discrimination, particularly in the domains of education and employment.

The importance of egalitarian ideologies and their relationships with "normality" and the "normal role" of the individual seemed in many cases during the interviews to be perceived and understood within a very restricted parameter. Consequently, such limitations tended to hinder the clearance of many social barriers which confronted the disabled in different aspects of their lives.

Statement No. 34 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

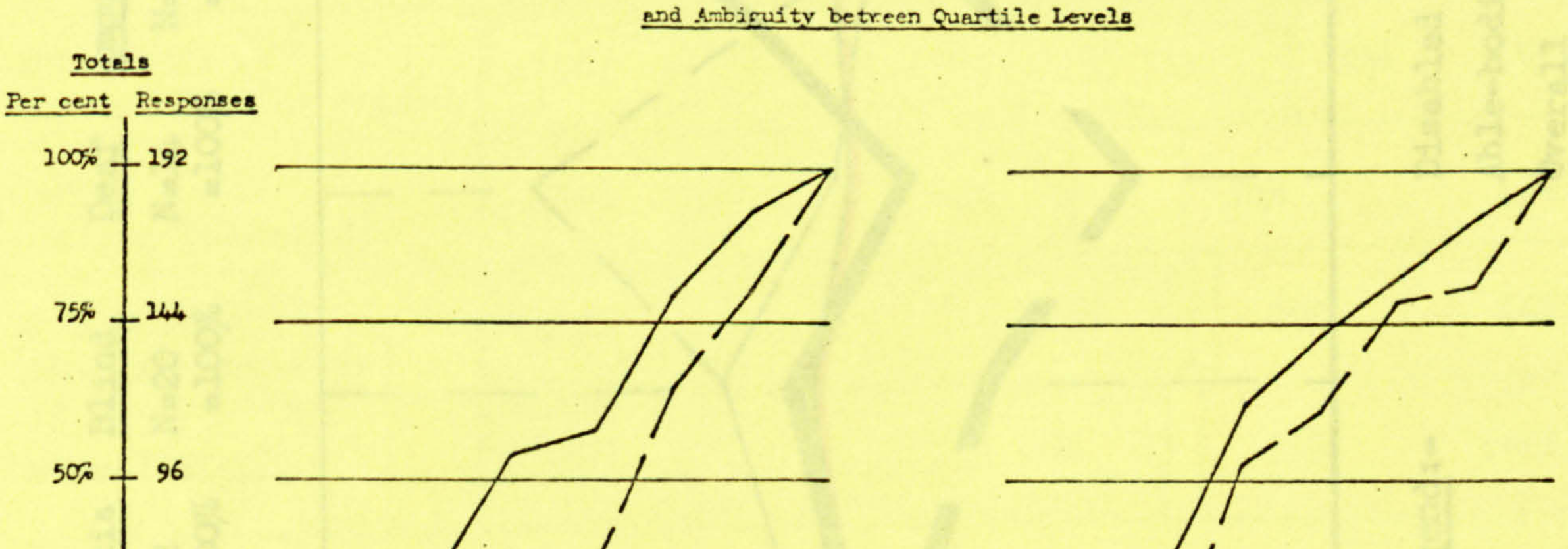
	Mean	Standard Deviation
Disabled	3.693	1.885
Able-Bodied(1)	4.594	1.931
Caring	3.369	1.799
Able-Bodied(2)	4.000	1.875

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)
Disabled	2.81
Able-Bodied(1)	4.52
Group Diff. (d)	-1.71
Caring	2.54
Able-Bodied(2)	2.94
Group Diff. (d)	-0.40

	Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	-3.23
Able-Bodied(1)	-3.33
Group Diff. (d)	0.10
Caring	-2.78
Able-Bodied(2)	-2.59
Group Diff. (d)	-0.19

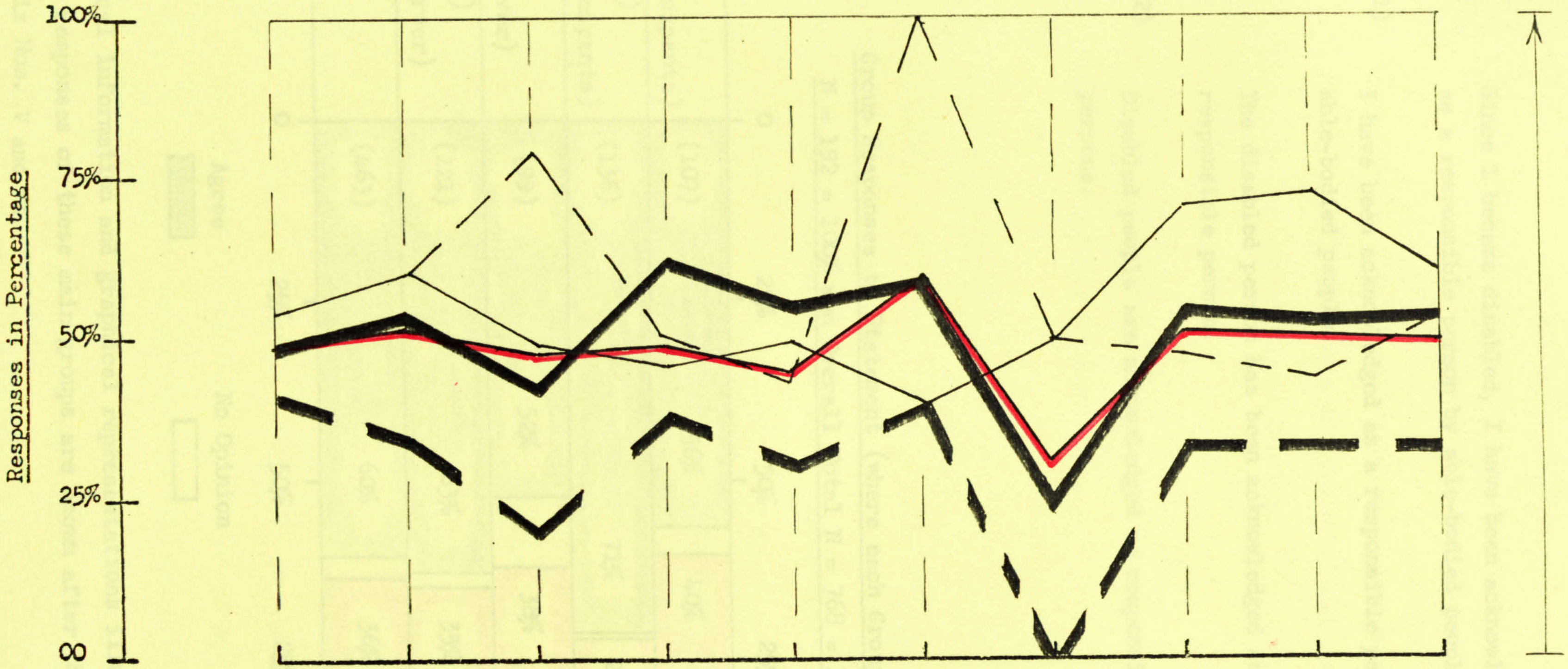
Statement No:- 34 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 34

Comparative Agreement between Different Secondary Groups of People

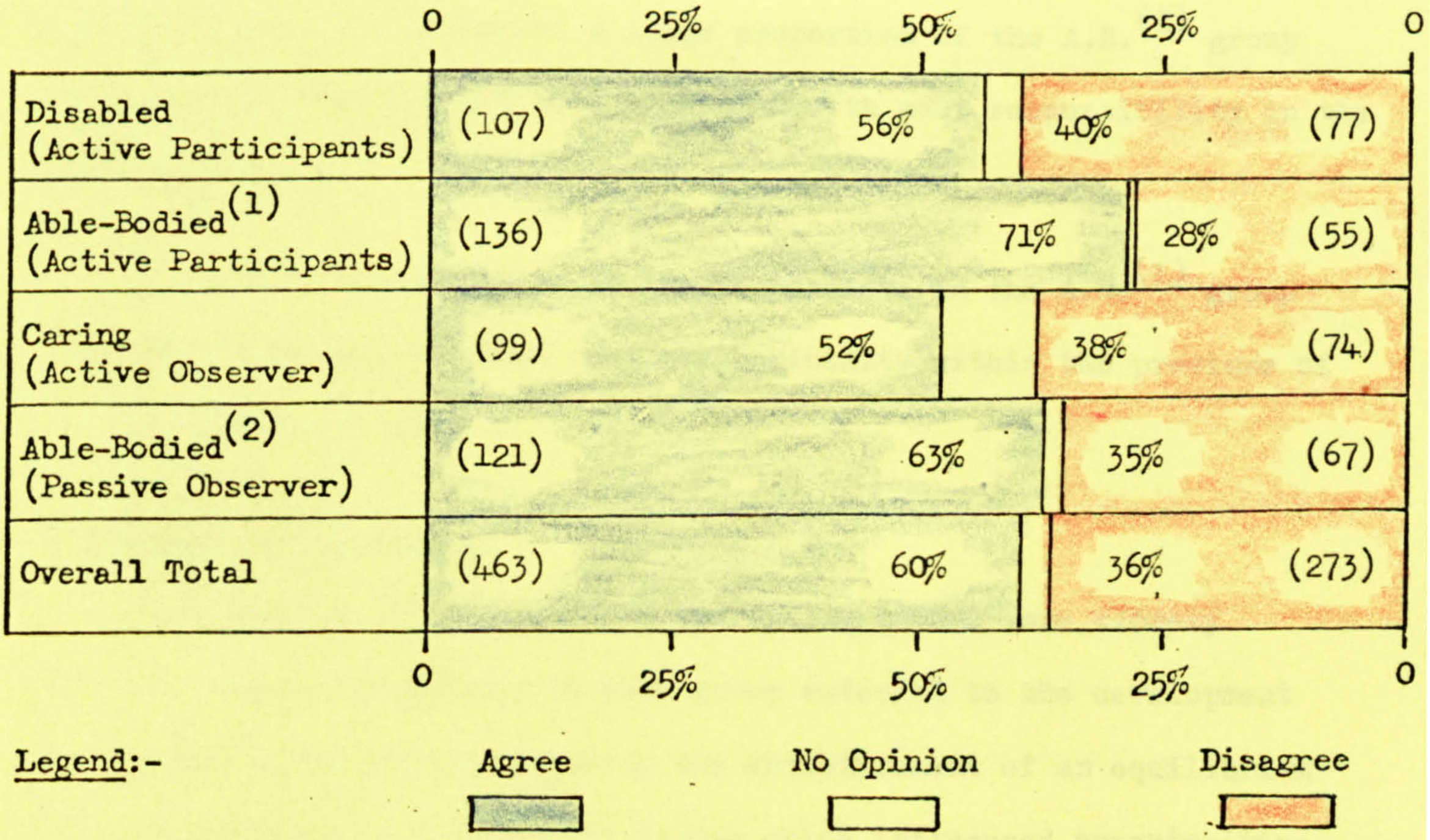
Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Statement No. 35

Disabled	Since I became disabled, I have been acknowledged as a responsible person by able-bodied people.
Able-Bodied (1)	I have been acknowledged as a responsible person by able-bodied people.
Caring	The disabled person has been acknowledged as a responsible person.
Able-Bodied (2)	Disabled people are acknowledged as responsible persons.

Table No. 35 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 35

1. Group Responses to Main Statement

See Table 35 (1)

The results show that the majority of respondents in the disabled and caring groups indicated that the disabled were acknowledged as responsible people. A larger proportion of the A.B.(2) group expressed similar opinions.

Nearly three-quarters of the A.B.(1) group considered that they were treated as responsible persons by others.

2. Answers to Supplementary Questions

See Tables35 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups indicated that it was within the family environment where the disabled were given most responsibility. In contrast, a large proportion of the A.B.(2) group believed that the disabled were presented with most responsibility in the outer community.

More than three-quarters of the respondents in the A.B.(1) group indicated that they received most responsibility within the province of the supporting services.

See Tables 35 (4) and (5) - (Appendix V)

The responses of the disabled and caring groups were closely related. Large proportions of each group referred to the development of new skills and abilities and to the establishment of an equilibrium with the self-image as important issues which influenced opportunities for the disabled to acquire responsible recognition. A large proportion of the A.B.(2) group indicated that the re-orientation of personal values were more important to the disabled than gaining new skills and abilities

and to establishing equilibrium with the self-image.

The responses of the A.B.(1) group were close to those of the disabled.

3. Comparative Agreements between Different Secondary Groups

See Table 35 (6) - (Appendix VI)

A large proportion of those who were handicapped by blindness or amputations indicated that they were acknowledged as responsible people. Agreement with their opinions was not fully supported by those who cared for them. The responses of the caring group indicated that those who were handicapped by hearing or heart troubles were more likely to be acknowledged as responsible people.

The responses of the A.B.(2) group showed some agreement with those of the caring respondents.

Personal adaptation to disability and the presentation of the "self-image" seemed in many cases to be influential issues in situational reactions to responsibility.

4. Summary

Many problems of the disabled appeared to be created by their difficulty in adapting to an adjusted way of life following the onset of physical disability.

It was appreciated by most disabled that some loss of social adequacy, personal independence, obscurity and decision-making must be accepted by them if they were to fit adequately into an adjusted societal role. In order to achieve this objective, many considered that it was also their duty to re-orientate personal values, develop and acquire abilities and skills and establish an equilibrium with their self-image.

Nevertheless, there was evidence during the interviews that large proportions of the able-bodied in the supporting service and outer community sectors assumed that the disabled would retain a permanently "handicapped" role in society. Independence, personal abilities and physical integrity were factors which many able-bodied did not appear to consider to be of much value to the disabled either within the supporting service sector or for wider social interaction.

Despite restricted opportunities to develop their potential in the supporting service and outer community domains, it was apparent that disabled people must endeavour to maximise their potential capacities in order to assist in their development and expansion of suitable societal roles.

Statement No. 35 Main Group Statistical Information

The mean and standard deviation values of the respective groups were:-

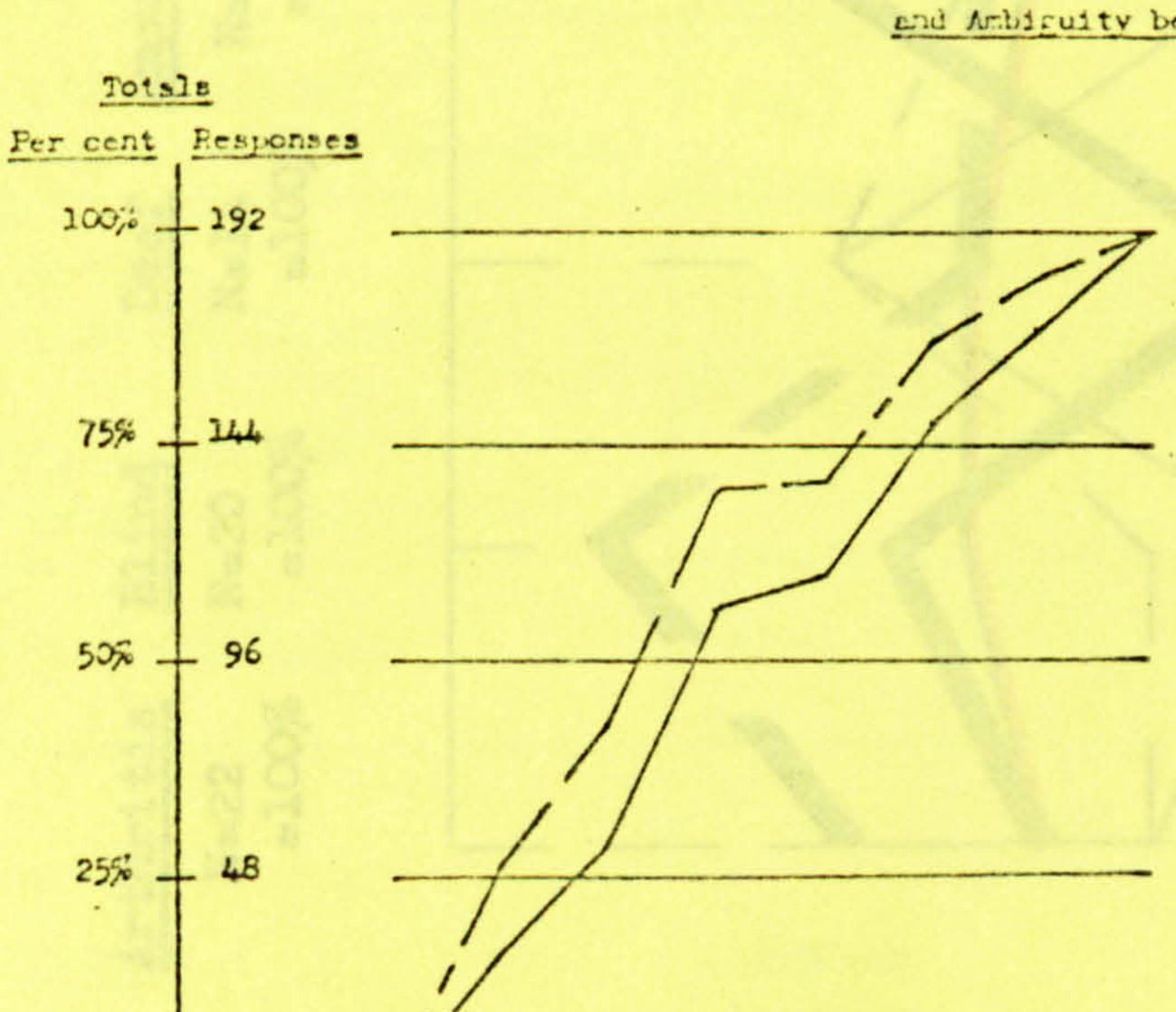
	Mean	Standard Deviation
Disabled	3.750	1.963
Able-Bodied(1)	3.073	1.843
Caring	3.734	1.689
Able-Bodied(2)	3.282	1.890

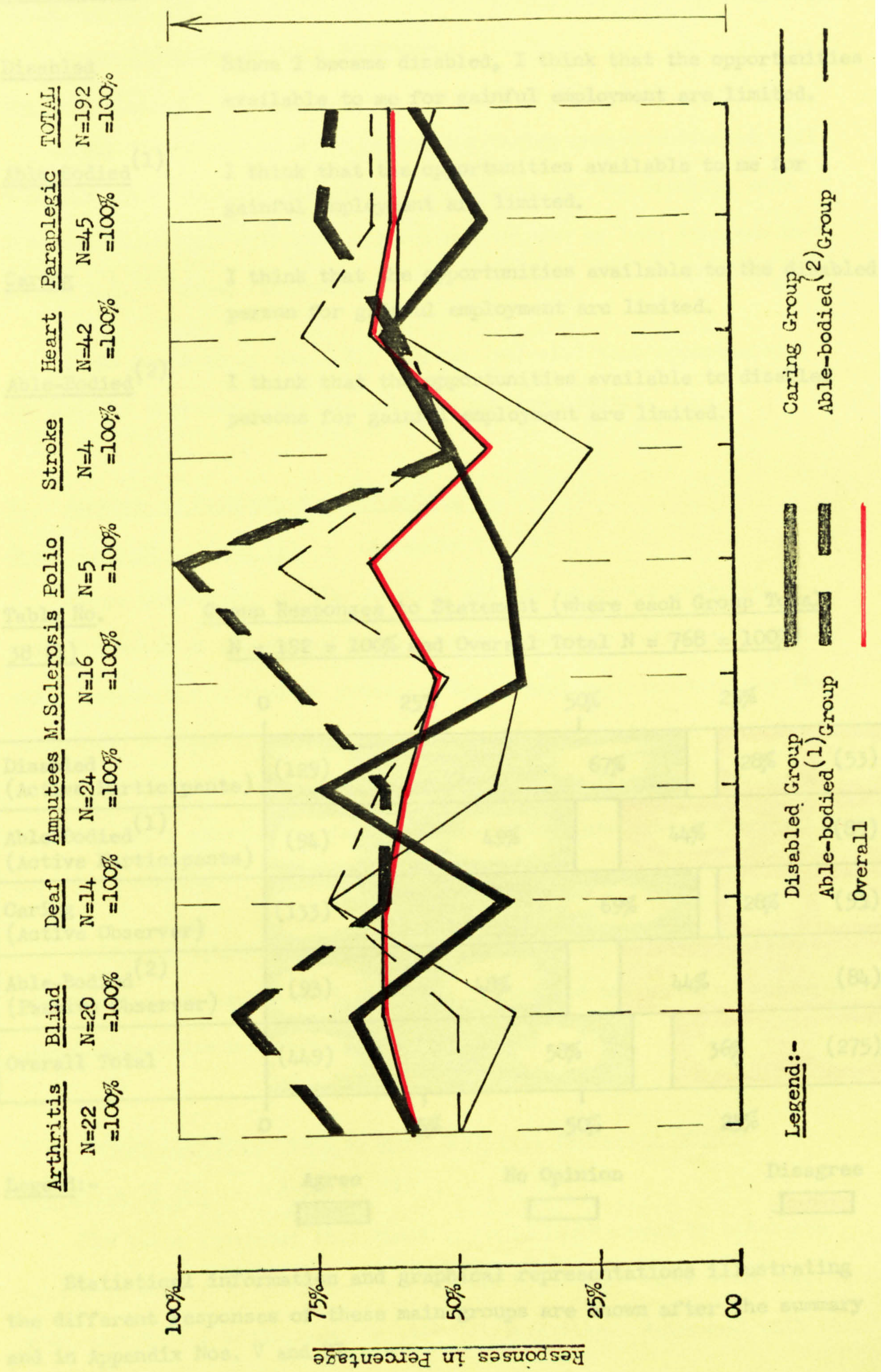
The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)
Disabled	2.78
Able-Bodied(1)	2.28
Group Diff. (d)	0.50
Caring	2.93
Able-Bodied(2)	2.50
Group Diff. (d)	0.43

	Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	-3.13
Able-Bodied(1)	-3.29
Group Diff. (d)	0.16
Caring	-2.41
Able-Bodied(2)	-3.50
Group Diff. (d)	1.09

Statement No:- 35 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels




Agreement with Statement
Arthritis N=22 =100%
Blind N=20 =100%
Deaf N=14 =100%
Amputees N=24 =100%
M.Sclerosis N=16 =100%
Polio N=5 =100%
Stroke N=4 =100%
Heart N=42 =100%
Paraplegic N=45 =100%
TOTAL N=192 =100%
Caring Group
Able-bodied (2) Group
Disabled Group
Able-bodied (1) Group
Overall Total
Legend:-
100%
75%
50%
25%
0
Responses in Percentage

Statement No. 38

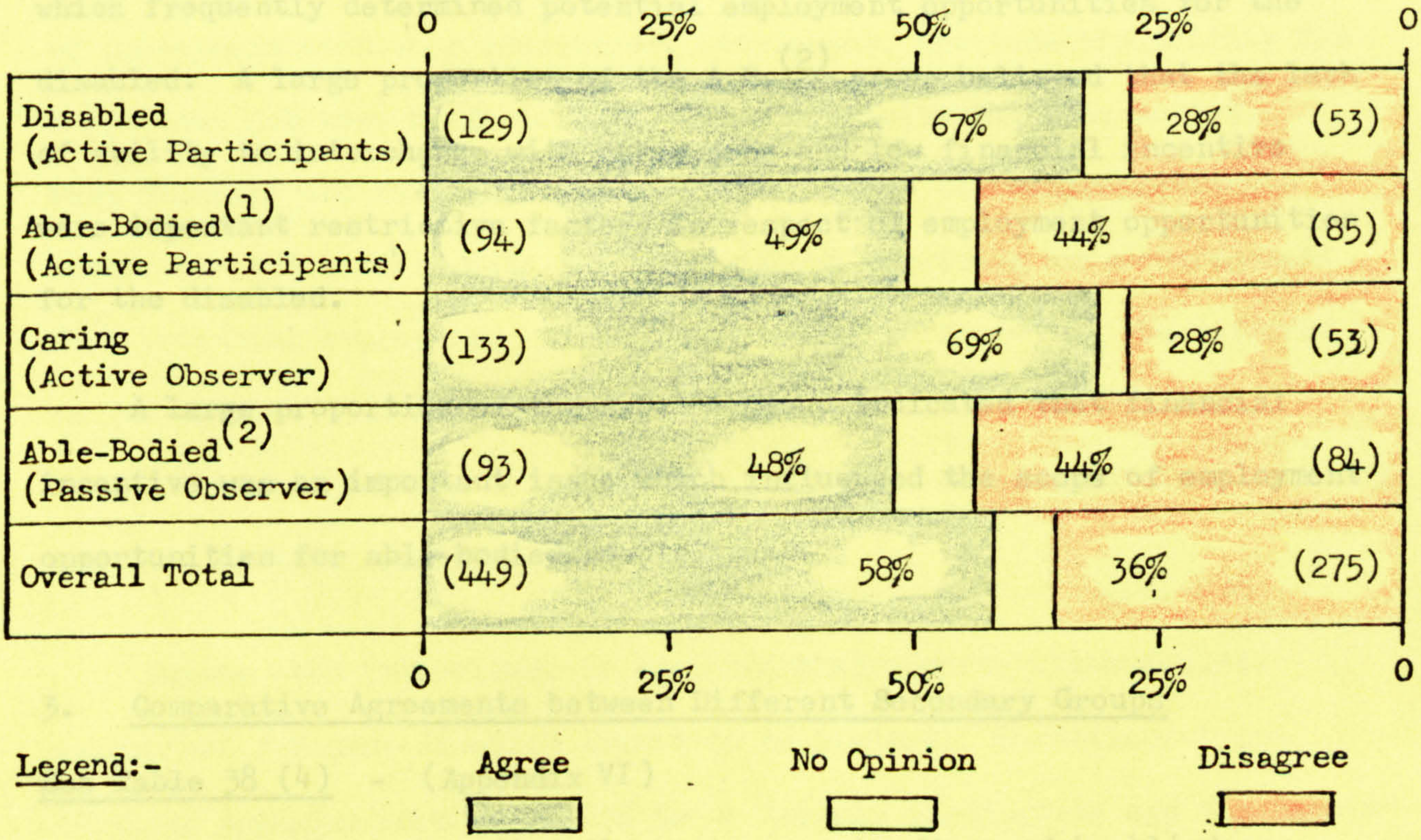
Disabled — Since I became disabled, I think that the opportunities available to me for gainful employment are limited.

Able-Bodied(1) — I think that the opportunities available to me for gainful employment are limited.

Caring — I think that the opportunities available to the disabled person for gainful employment are limited.

Able-Bodied(2) — I think that the opportunities available to disabled persons for gainful employment are limited.

Table No. 38 (1) — Group Responses to Statement (where each Group Total N = 192 = 100% and Overall Total N = 768 = 100%)



Statistical information and graphical representations illustrating the different responses of these main groups are shown after the summary and in Appendix Nos. V and VI.

Statement No. 38

1. Group Responses to Main Statement

See Table 38 (1)

About two-thirds of the disabled and caring groups indicated that opportunities available for gainful employment for the disabled were limited. Agreement with this opinion was evident by less than one-half of the A.B.(2) group respondents.

About one-half of the A.B.(1) group indicated that opportunities for gainful employment for the able-bodied were limited.

2. Answers to Supplementary Questions

See Tables 38 (2) and (3) - (Appendix V)

Large proportions of the disabled and caring groups referred to suitable means of access and facilities as important influential issues which frequently determined potential employment opportunities for the disabled. A large proportion of the A.B.(2) group believed that the lack of ability to interchange with other jobs and low financial incentive were important restrictive factors in respect of employment opportunities for the disabled.

A large proportion of the A.B.(1) group indicated that financial incentive was an important issue which influenced the scope of employment opportunities for able-bodied people.

3. Comparative Agreements between Different Secondary Groups

See Table 38 (4) - (Appendix VI)

The table indicates that those who were handicapped by blindness were more likely to be adversely affected by limited employment opportunities than many people handicapped by other disabilities. Agreement with the

general opinion of the visually handicapped was evident by the responses of a large proportion of those who cared for them. The caring group also indicated that employment opportunities were particularly limited for those people who were handicapped by deafness.

The responses of the A.B.(2) group were seen frequently to be different from those of the disabled and caring respondents.

In many cases it appeared that apart from the imposition of negative attitudes by employers, employment opportunities for the disabled were greatly restricted by the presence of architectural barriers, adverse environmental conditions and inflexible occupational barriers.

4. Summary

It was clear that disability was felt as a handicap in the field of employment even when educational attainment, aptitude and ability for a specific job were sufficient in competition with the able-bodied. Many disabled and caring people complained about the disproportionate number of applications made for jobs without receiving any encouragement from potential employers. A large proportion of those in jobs referred to the difficulties in gaining job enrichment, whilst others faced tremendous difficulties in coping with mobility, access and other problems inherent in their employment.

During the interviews, it appeared that opportunities for re-employment for many disabled seemed to be limited. Resettlement and training agencies were perceived to be largely ineffective and the "quota" system designed to encourage employers to assist disabled people into gainful employment was considered to be of little benefit. Other agencies and supporting services offered little scope for initiative and frequently

had a negative attitude toward a constructive employment policy for the disabled. Examples were few which indicated that employers had shown initiative to either provide or improve facilities or opportunities for disabled employees.

Fear of greater liability for accidents and consequent claims upon the employer, fear of extra costs resulting from lower productivity and higher absenteeism, the attitudes of potential fellow-workers, and lack of direct contact with and knowledge of the disabled as workers, were issues frequently stated by many respondents during the interviews as contributory factors towards the apparent adoption of a negative attitude by some employers towards the services of disabled people.

Nevertheless, some of the resistance of employers to employing disabled people could have been based upon their considerations of managerial and commercial plans rather than upon their attitudes towards the disabled. Such considerations would appear to be particularly important in areas where adverse socio-economic situations were prevalent.

The existence of employment policies, statutory requirements, rules and customs, pre-entry physical standards which had little relationship to the physical requirements of the job, environmental conditions which prevented job adaptations or inflexible working hours, and the absence of adequate safety measures and policies which catered for the needs of the individually disabled were other barriers which had apparently prevented some disabled from participating in the employment field.

Statement No. 38 Main Group Statistical Information

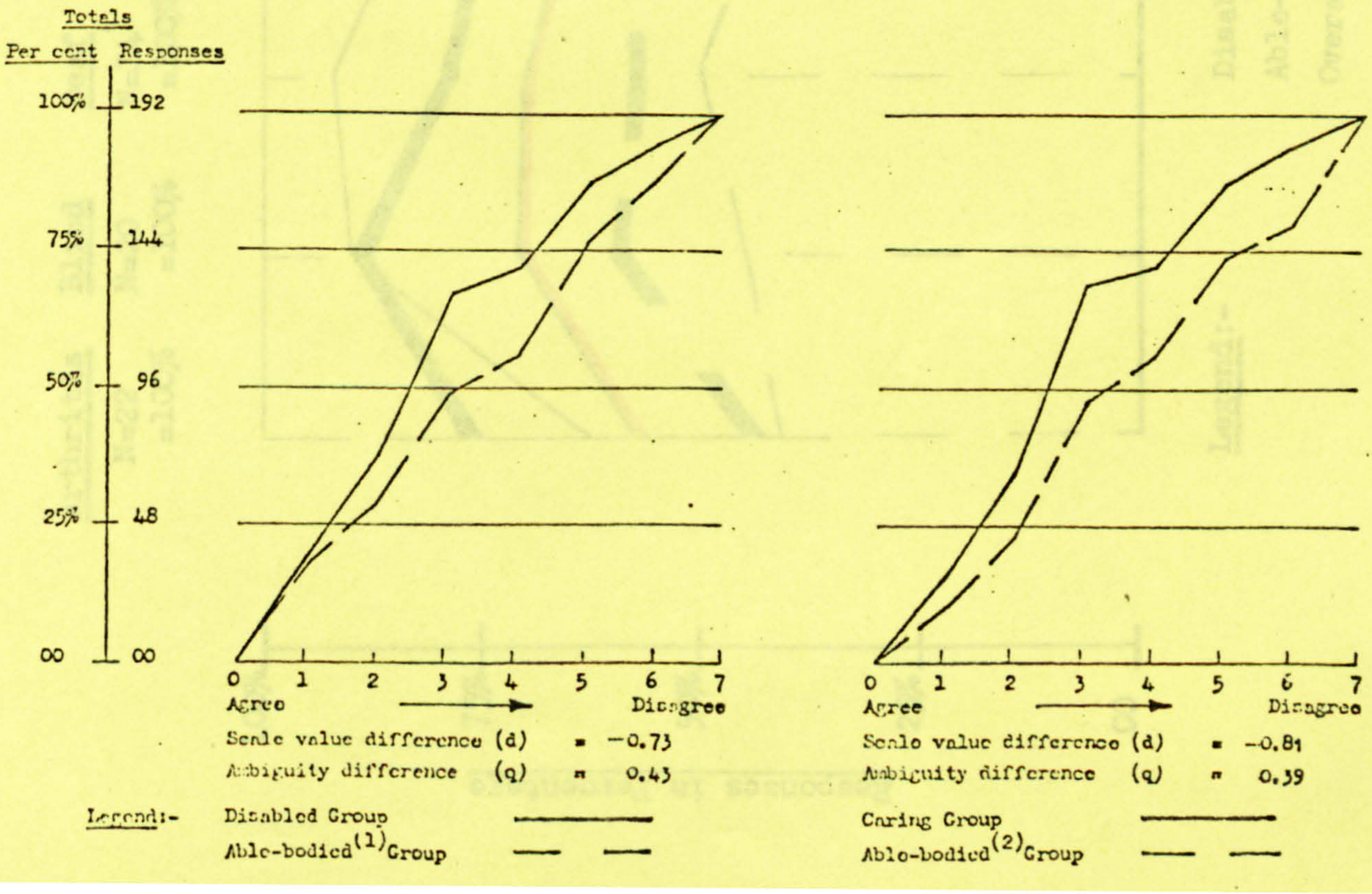
The mean and standard deviation values of the respective groups were:-

	Mean	Standard Deviation
Disabled	3.229	1.775
Able-Bodied(1)	3.854	2.005
Caring	3.244	1.699
Able-Bodied(2)	4.164	1.978

The distribution of the respective groups gave:-

	Scale Value (S) (i.e. 50% levels)		Ambiguity (Q) (i.e. Diff. between quartile levels)
Disabled	2.41	Disabled	-2.88
Able-Bodied(1)	3.14	Able-Bodied(1)	-3.31
Group Diff. (d)	-0.73	Group Diff. (d)	0.43
Caring	2.44	Caring	-2.70
Able-Bodied(2)	3.25	Able-Bodied(2)	-3.09
Group Diff. (d)	-0.81	Group Diff. (d)	0.39

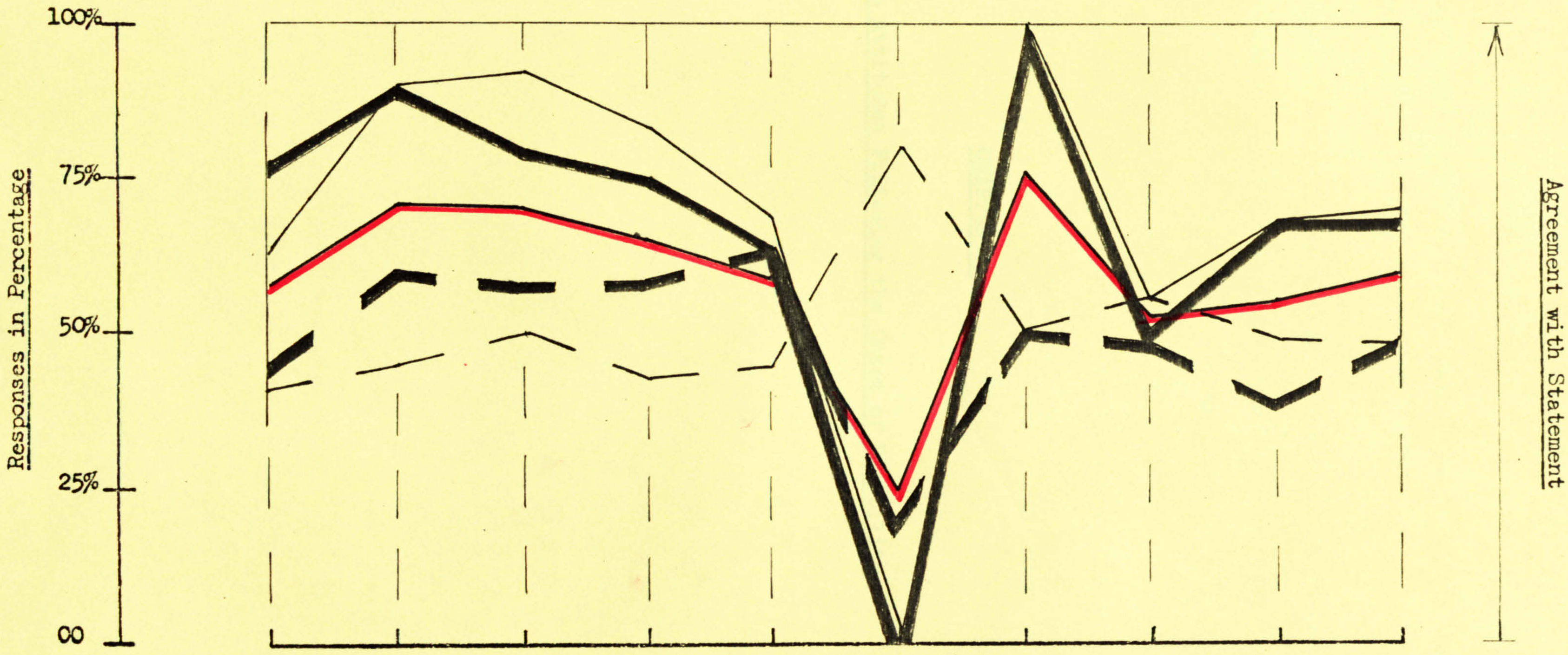
Statement No:- 38 Graphical Illustration of Group Differences in Scale Values at 50% Levels and Ambiguity between Quartile Levels



Statement No:- 38

Comparative Agreement between Different Secondary Groups of People

Arthritis	Blind	Deaf	Amputees	M.Sclerosis	Polio	Stroke	Heart	Paraplegic	TOTAL
N=22 =100%	N=20 =100%	N=14 =100%	N=24 =100%	N=16 =100%	N=5 =100%	N=4 =100%	N=42 =100%	N=45 =100%	N=192 =100%



Legend:-

Disabled Group

Able-bodied(1) Group

Overall

Caring Group

Able-bodied(2) Group

CHAPTER VI

Changes in Attitudes Following the Onset of Disability

Chapter VI

This chapter deals primarily with changes in attitudes following the recent onset of disability.

During the course of the interview a most unusual opportunity arose to interview twenty-one (21) respondents who had previously been interviewed as respondents within one of the two full able-bodied (A.B.$^{(1)}$ and $^{(2)}$) groups and had subsequently become disabled within the general definition of "handicap" as used in this study (Six (6) persons had been disabled for a period of less than two years when each was interviewed as a "newly disabled" respondent). This provided a striking way of assessing how far attitudes as measured in the rest of the study were altered by the onset of disability. These "newly disabled" respondents had been originally "matched" with disabled respondents and were now re-interviewed along with those disabled with whom they had been previously "matched". For the purpose of this chapter, these two sub-groups were referred to as "secondary groups".

A graphical illustration of the responses given by the respondents in each of these two secondary groups follows the main statements.

The responces of the secondary group of disabled are given when they were initially interviewed within the full group (N = 192) of disabled respondents and, subsequently, when they were given as "matched" respondents (N = 21) with the secondary group of newly disabled. The responses of this latter secondary group are given when they were initially interviewed with the full group (N = 192) of able-bodied respondents (13 respondents were within the original A.B.$^{(1)}$ group and 8 within the original A.B.$^{(2)}$ group) and, subsequently, when they were interviewed as newly disabled respondents.

Statistical information in the context of mean and standard deviation values is presented from the responses of the full groups of disabled and A.B.[1] respondents, the mean and standard deviation values of the secondary group of disabled from their initial and subsequent interviews and the mean and standard deviation values from the secondary group of able-bodied at their initial (pre-disability) interviews and, subsequently, when they became "newly disabled".

Comments are made following, based primarily upon those of the respondents who had become newly disabled. As will be seen from the ensuing reports, the responses of the newly disabled became more like those of the original disabled respondents.

Statements applicable to the disabled and able-bodied respondents are again shown and numbered in accordance with the pattern adopted throughout Chapter V.

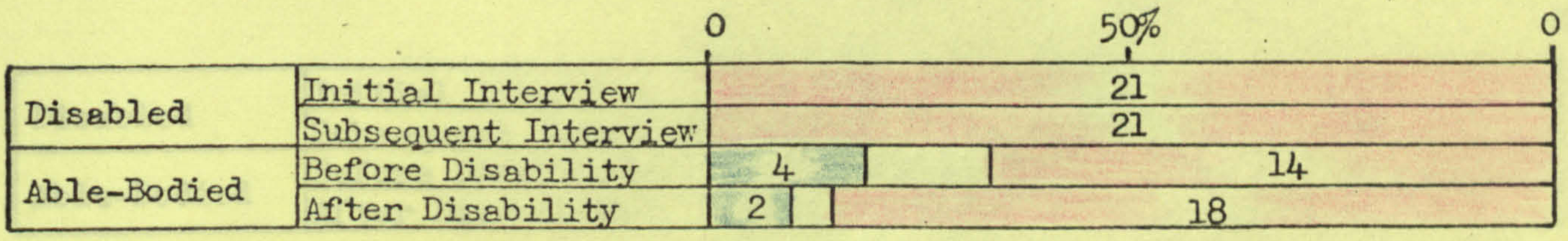
Changes in Attitudes Following the Onset of Disability

Statement No. 01

Disabled:- Since I became disabled, I feel that I am living a life which has little purpose for me.

Able-Bodied:- I feel that I am living a life which has little purpose for me.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	5.828	1.435	6.524	0.680	6.524	0.749
Able-Bodied (1)	5.641	1.622	5.143	1.652	5.572	1.567
Group Diff.	0.187	-0.187	1.381	-0.972	0.952	-0.818

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at the subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview. Most newly disabled respondents indicated that they were experiencing some difficulty in coming to terms with their pre-disability role. Statements from these respondents implied that physical restrictions, limited abilities and opportunities necessitated the adoption of positive attitudes if they were to cope successfully with their handicaps - attitudes which they had not considered in their pre-disability roles to be of any real significance to disabled people. The newly disabled respondents thought that it was important for them to focus further outlook about their current role towards a realistic and constructive concept. There seemed some evidence during the interviews to suggest that the development of a positive attitude by many disabled people originated within the domains of the self and family and then extended outwards to the supporting services and outer community for fulfilment. The ability to adjust to changed environmental situations and to maximise their residual abilities to a degree of independence appeared to be a fundamental issue within the purpose of life for many newly disabled respondents.

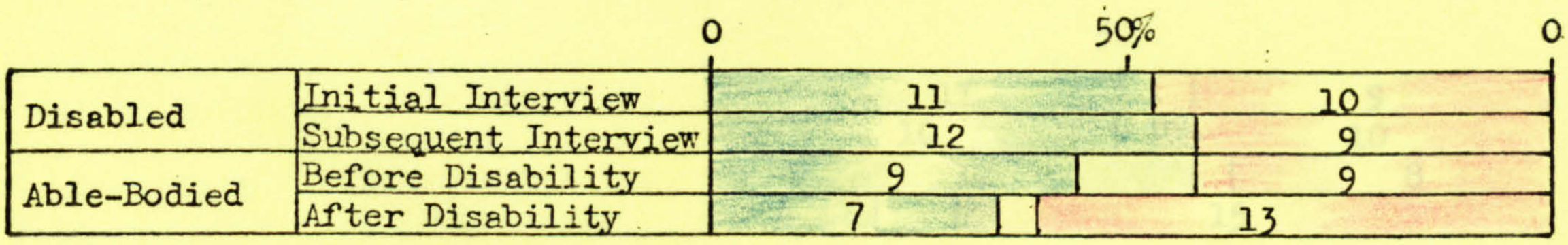
Changes in Attitudes Following the Onset of Disability

Statement No. 04

Disabled:- The Medical Personnel with whom I have made contact since I became disabled have treated me more as a "number" than as an individual person.

Able-Bodied:- The Medical Personnel with whom I have made contact during the last few years have treated me more as a "number" than as an individual person.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



Legend:- Agree No Opinion Disagree

	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.135	1.868	4.048	2.156	3.667	2.176
Able-Bodied (1)	3.787	1.934	3.905	1.729	4.191	2.294
Group Diff.	0.348	-0.066	0.143	0.427	-0.524	-0.118

Comments:- The mean score of the secondary group of disabled respondents at their initial interview was nearer to the mean score of the full group of disabled at the main interview than the score at their subsequent interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

The newly disabled respondents frequently stated that they had experienced a more personal approach and a greater understanding of the disabled role from medical personnel at hospitals than they had experienced from many medical practitioners outside the hospital environment. In some cases this view might have been prejudiced by a comparison of the relative amount of physical improvement initially enjoyed by the respondents whilst undergoing treatment and care at hospitals and rehabilitation units, especially by those who had become disabled as a result of accidents. A number of respondents pointed out that in their experiences the traditional bond of friendship associated with the "family-doctor and patient" relationship had been weakened by the establishment of Health Centres. Evidence from respondents during the interviews appeared to suggest that continuous assessment and personal counselling and guidance were essential issues in determining the quality of the doctor-patient relationship and the outcome of the post-disability role for many disabled persons. Whilst such issues seemed to have been fully realised after the onset of disability, there seemed little evidence to believe that a similar appreciation had existed with the newly disabled prior to the onset of disability.

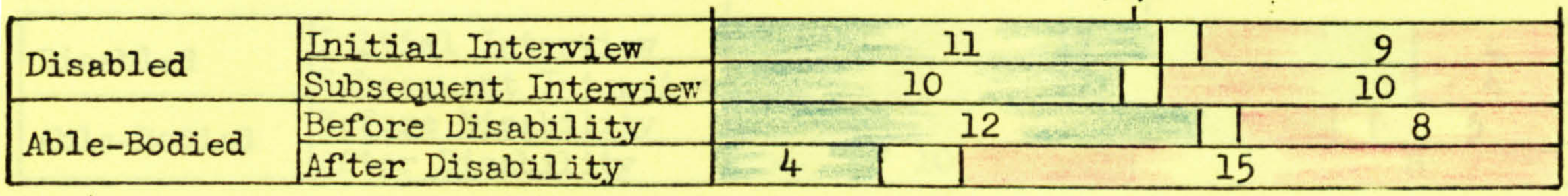
Changes in Attitudes Following the Onset of Disability

Statement No. 08

Disabled:- Since I became disabled, I hope to fulfil my ambitions.

Able-Bodied:- I hope to fulfil my ambitions.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



Legend:- Agree No Opinion Disagree

	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.516	1.912	3.857	2.081	4.057	2.132
Able-Bodied(1)	3.771	2.003	3.571	1.964	5.809	1.662
Group Diff.	0.745	-0.091	0.286	0.117	-1.752	0.470

Comments:- The mean score of the secondary group of disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview than the score at their initial interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied.

Lack of mobility, limited choice of integrated activities within the supporting services and outer community domains, feelings of "inferiority" and "inadequateness", and general dependence on significant others were principal reasons given by some newly disabled for thinking that they were unable to fulfil their pre-disability ambitions. In some cases there seemed evidence during the interviews to suggest that some contribution to this apparently negative outlook could be traced to a lack of understanding by the respondents about the general role and behaviour of disabled people. Apart from the influence of adopting a positive attitude in connection with different issues involving participation and integration within the supporting services and outer community, other newly disabled respondents believed that it was important for them to develop intellectual-spectator pursuits - an aspect of disability about which they had not considered in their pre-disability roles to be important to disabled people.

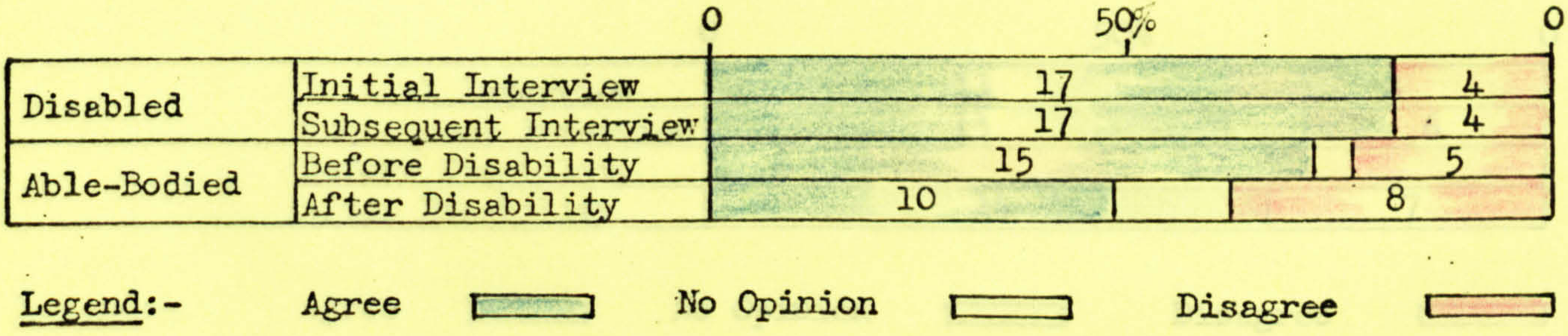
Changes in Attitudes Following the Onset of Disability

Statement No. 11

Disabled:- I think that a disabled person should live with his handicap as early as possible.

Able-Bodied:- I think that a disabled person should live with his handicap as early as possible.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.042	1.601	2.667	1.623	2.714	1.419
Able-Bodied (1)	2.854	1.848	2.666	1.623	3.857	2.056
Group Diff.	0.188	-0.247	0.001	Nil	-1.143	-0.637

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied.

The newly disabled respondents indicated that it was important for them to have sufficient time to adjust following a traumatic experience and to prepare themselves for a future which held a considerable amount of uncertainty in relation to the "success" of their post-disability roles. "Success" to many of these respondents meant achieving a degree of independence, gaining employment, having ability to fulfil a generally recognised role within the community and to enjoy the opportunity to integrate fully within the community as a person who has abilities, rights, individual strengths and weaknesses. The respondents revealed that these ingredients of "success" were different to those that they believed they would have quoted in their pre-disability roles. The importance of good and effective counselling by the medical service and other supporting agencies at an early stage of the "rehabilitation" phase was seen by the respondents to have a vital influence on the attitude and behavioural reaction of many disabled people.

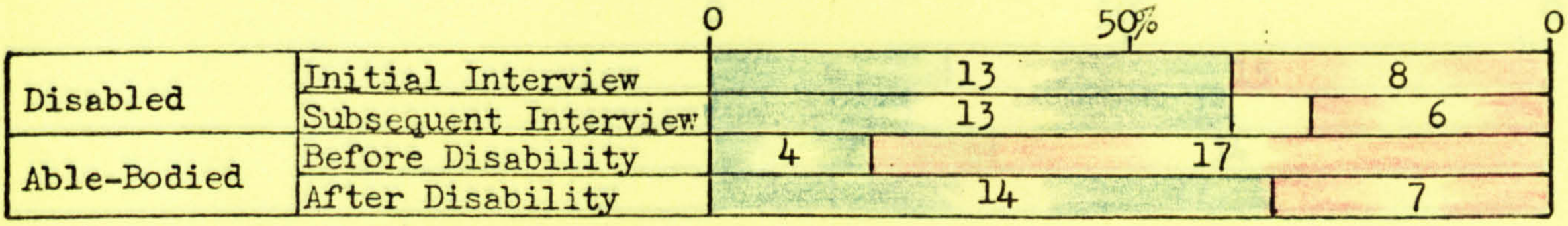
Changes in Attitudes Following the Onset of Disability

Statement No. 16

Disabled:- Many able-bodied persons who knew me well before I became disabled have since altered their attitude towards me.

Able-Bodied:- Many able-bodied persons who knew me well a few years ago have since altered their attitude towards me.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.224	1.897	3.175	1.978	3.620	1.910
Able-Bodied(1)	4.141	2.002	5.239	1.947	3.143	1.878
Group Diff.	-0.917	-0.105	-2.064	0.031	0.477	0.032

Comments:- The mean score of the secondary group of disabled respondents at their initial interview was nearer to the mean score of the full group of disabled respondents at the main interview than their score at the subsequent interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Inability to fulfil their pre-disability role, "breaks" in normal social relationships and communication links, "inferior" status and citizenship and the need for dependency upon significant others were reasons frequently given by the newly disabled for changes in attitudes towards them following the onset of disability. Some respondents thought that negative changes in attitude towards them were often caused by "fear" of disability rather than by anything concerned with the personal characteristics of the disabled individual. Expressions of "sympathy" and "pity" were perceived by many respondents to contribute to the negative aspects of disability whilst expressions of inspiration contributed towards the more positive and constructive features. The occupation of "time" and "space" were seen by the newly disabled to produce an added dimension to physical handicap which, prior to the onset of their own handicaps, were issues they had not considered to have had any significant influence on the welfare of disabled people.

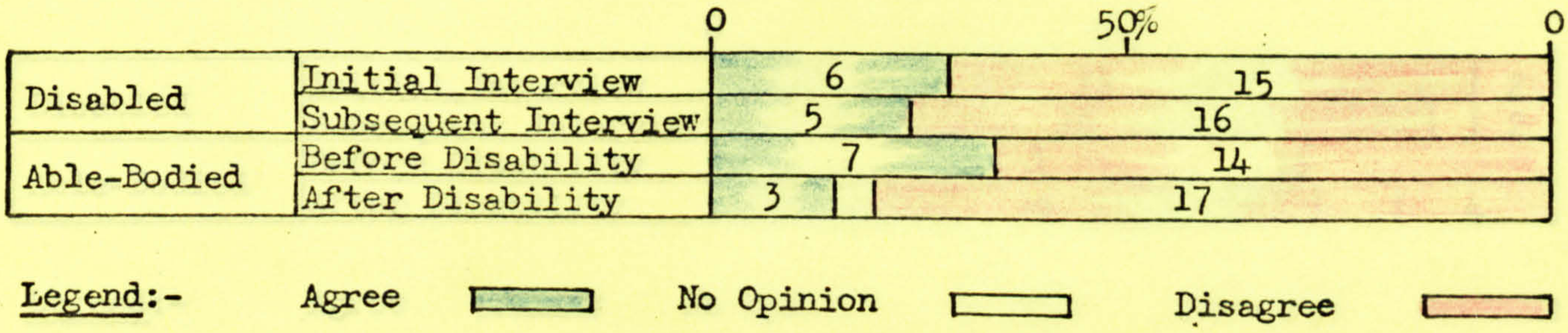
Changes in Attitudes Following the Onset of Disability

Statement No. 21

Disabled:- Since I became disabled, I have more leisure time than able-bodied persons.

Able-Bodied:- I have more leisure time than disabled persons.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.974	1.658	5.095	1.758	5.380	1.829
Able-Bodied (1)	4.885	1.933	4.714	2.077	5.476	1.861
Group Diff.	0.089	-0.275	0.381	-0.319	-0.096	-0.032

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied.

The newly disabled respondents indicated that inability to pursue desired leisure activities, lack of alternative opportunities and facilities, and an apparent dearth of constructive objectives by various organisations concerned with the general rehabilitation of disabled people were influential issues which tended to restrict their leisure time. To these respondents the quality of leisure time was largely determined by the "usefulness" of a person within the supporting services and outer community domains. Time spent within the family sector appeared to them to be an inherent dimension of family care and responsibility. Medical and self-care treatment, limited mobility and financial means, and other issues involving social relationships and integration appeared to have had a general restrictive influence on the leisure of many respondents.

The newly disabled indicated that in their pre-disability roles they had not considered the importance or value of leisure time in respect of disabled people.

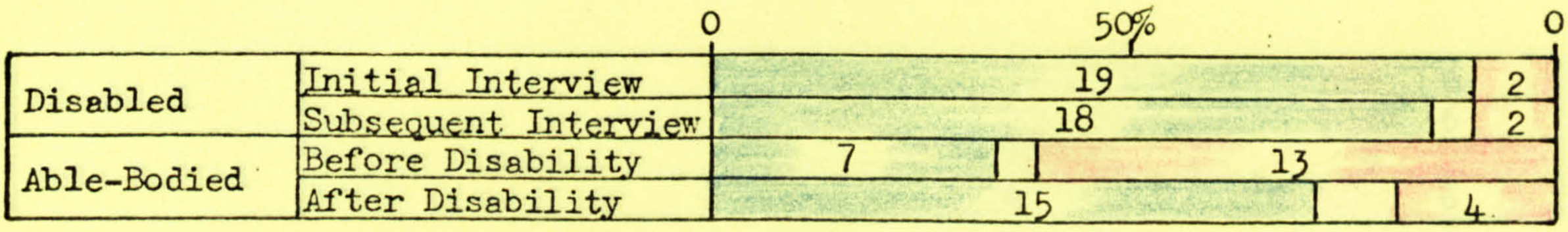
Changes in Attitudes Following the Onset of Disability

Statement No. 27

Disabled:- Since I became disabled, I think that I must "over-educate" myself in order to gain suitable employment.

Able-Bodied:- I think that I must "over-educate" myself in order to gain suitable employment.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.224	1.878	2.572	1.399	2.524	1.504
Able-Bodied (1)	4.865	1.945	4.953	2.012	2.667	1.770
Group Diff.	-1.641	-0.067	-2.381	-0.613	-0.143	-0.266

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Academic ability was seen by the newly disabled respondents to be one of the most important ways by which the disabled could anticipate suitable opportunities for employment. To these respondents, academic ability was in some respects more important to the disabled than to the able-bodied - a general opinion which they stated was contrary to what they thought that they would have given prior to the onset of their own disabilities. Apart from deriving appreciable benefits from personal security and well-being, the newly disabled believed that the education-employment relationship yielded considerable social identity and usefulness; issues of particular importance to disabled people. Although now considered by them to be of great importance, the respondents indicated that these issues had not been associated with any significant value to disabled people whilst they, themselves, had occupied pre-disability roles.

Changes in Attitudes Following the Onset of Disability

Statement No. 33

Disabled:- Since I became disabled, I obtain moral support when I talk to persons who are more disabled than myself.

Able-Bodied:- I obtain moral support when I talk to persons who are disabled.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)

Disabled	Initial Interview	15		6
	Subsequent Interview	15		6
Able-Bodied	Before Disability	10		9
	After Disability	14		6

Legend:- Agree | No Opinion | Disagree

	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.432	1.866	3.000	1.732	3.000	1.732
Able-Bodied(1)	2.833	1.768	3.666	2.082	3.333	1.742
Group Diff.	0.599	0.098	-0.666	-0.350	-0.333	-0.010

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents.

Statements from those newly disabled respondents who indicated that they gained moral support from contact with persons who were more handicapped than themselves suggested that "consolation by comparison" and assistance towards becoming more environmentally orientated were valuable benefits to them. This effect seemed particularly important to those newly disabled respondents who were striving to focus and modify their current role and to fulfilling their physical and social needs.

Assistance in negotiating "mourning periods" and attaining a more self-disciplined approach to their personal needs and situations were also considered by the newly disabled respondents to be important benefits deriving from personal contact with other disabled people - features which apparently had been given little thought by the newly disabled in their pre-disabled roles.

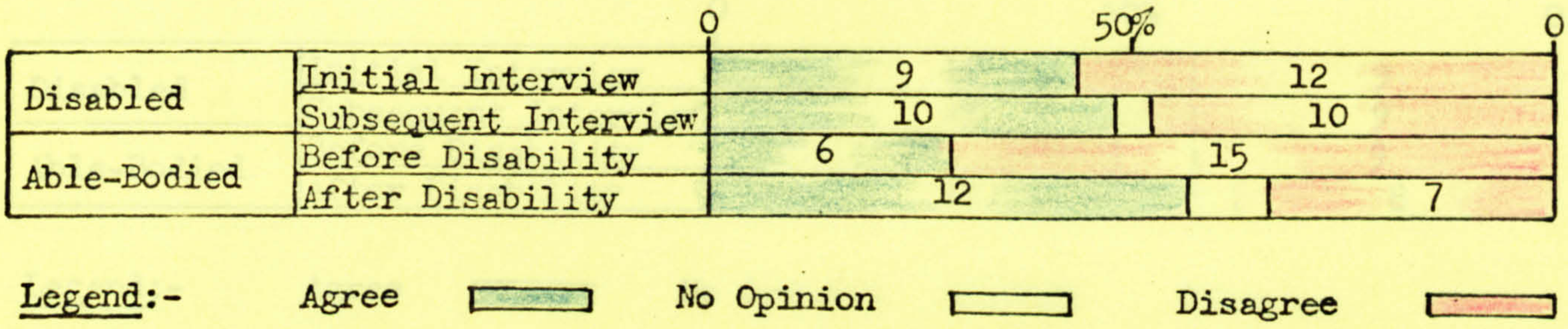
Changes in Attitudes Following the Onset of Disability

Statement No. 40

Disabled:- Since I became disabled, I often feel that I am considered a nuisance when I participate in society.

Able-Bodied:- I often feel that I am considered a nuisance when I participate in society.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.771	2.041	4.334	1.958	4.286	1.978
Able-Bodied (1)	4.990	1.884	5.000	2.145	3.476	2.088
Group Diff.	-1.219	1.157	-0.666	-0.187	0.810	-0.110

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were slightly nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

The newly disabled respondents thought that issues which necessitated additional time, space and physical effort frequently provided many able-bodied people with sufficient reasons for them to associate the disabled with a measure of "nuisance" value. Loss of psychological security, abilities and skills, diminished occupational and financial status appeared to the newly disabled to be fundamental issues which often inter-related with problems of mobility, access and integration. They believed that many of these problems could be basically attributed to a lack of understanding by the able-bodied of the role of the disabled and the consequences of disability; a situation which, they admitted, had also applied in their pre-disability roles.

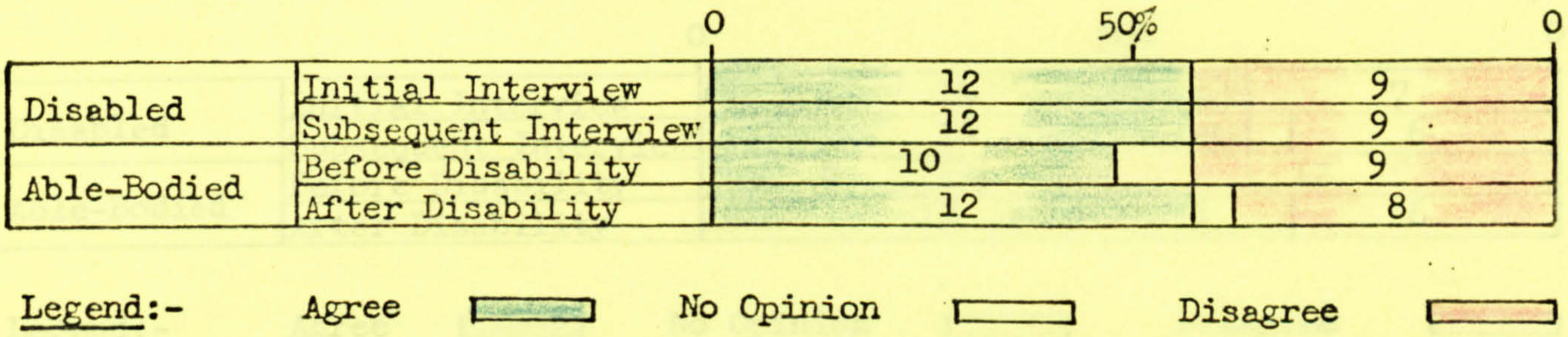
Changes in Attitudes Following the Onset of Disability

Statement No. 47

Disabled:- My family and close friends would describe me as a demanding type of person since I became disabled.

Able-Bodied:- My family and close friends would describe me as a demanding type of person.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.953	1.974	4.142	2.151	4.238	2.256
Able-Bodied (1)	4.203	2.073	4.142	1.852	3.428	2.204
Group Diff.	-0.250	-0.099	Nil	0.299	0.810	0.052

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were slightly nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied.

The newly disabled respondents indicated that the development of a demanding behaviour by some disabled people could frequently be attributed to their frustration in trying to cope with their physical handicap and the adverse consequences of disability. They believed that the occupation of "time" and "space" above those of the "norm" for the able-bodied were large contributors to the demanding characteristics frequently associated with many disabled people. The respondents also thought that there was a great tendency for this type of behaviour to be more evident in the family sector wherein there was a large scope for self-expression and the least need to adopt "role-playing" activities as compared with situations experienced within the supporting services and outer community domains.

It was evident during the interviews that many newly disabled respondents during their pre-disability roles had not appreciated the apparent causes of "frustration" characteristics often associated with many disabled people.

Changes in Attitudes Following the Onset of Disability

Statement No. 49

Disabled:- When I am questioned about the effects of my disability, I seldom tell the truth if I feel that it might cause embarrassment.

Able-Bodied:- When I am questioned about the effects of my physical limitations, I seldom tell the truth if I feel that it might cause embarrassment.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)

		0	50%	0
Disabled	Initial Interview	14		7
	Subsequent Interview	14		6
Able-Bodied	Before Disability	7		12
	After Disability	13		6

Legend:- Agree ▭ No Opinion ▭ Disagree ▭

	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.240	1.908	3.381	1.910	3.381	2.036
Able-Bodied(1)	4.313	1.930	4.572	1.832	3.381	2.269
Group Diff.	-1.073	-0.022	-1.191	0.078	Nil	-0.233

Comments:- The mean scores of the secondary groups of disabled respondents at the initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

Embarrassment to the newly disabled respondents arose primarily from the adverse effects of the "self-image". The respondents stated that they endeavoured to cope with this situation by attempting to dissociate oneself from the disability and to try and move the focus of objectivity to another part of the environment. Many respondents also pointed out that such behaviour had reacted as a "double bind" with able-bodied people believing that disability was something apart from the self - particularly when assistance was essential to overcome specific situations. The respondents added that during their pre-disability roles they had themselves behaved similarly without having given any deep thought to the position of the disabled individual.

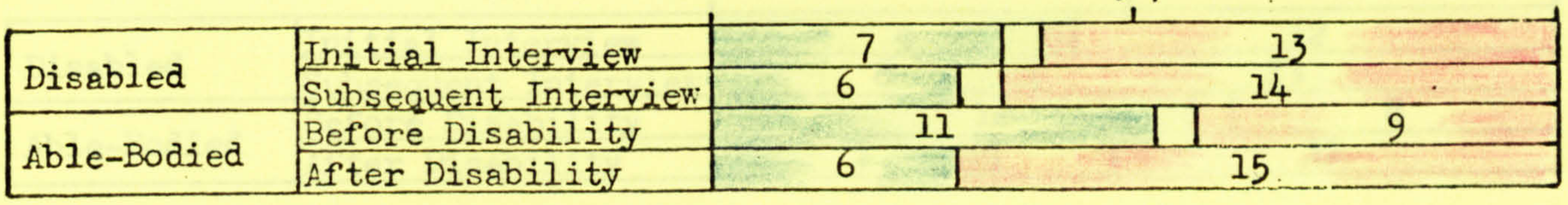
Changes in Attitudes Following the Onset of Disability

Statement No. 50

Disabled:- Since I became disabled, I seldom make an attempt to do something when I think that success is unlikely.

Able-Bodied:- I seldom make an attempt to do something when I think that success is unlikely.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.630	1.777	4.620	1.910	4.905	1.814
Able-Bodied(1)	3.984	2.118	3.477	2.272	5.000	1.761
Group Diff.	0.646	-0.341	1.143	-0.362	-0.095	0.053

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of newly disabled respondents at the main interview.

The newly disabled respondents believed that it was important for them to attempt different objectives without the fear of failure in order that they could overcome some personal features associated with and arising from their handicaps and also to gain social acceptance. It seemed evident from the statements of the respondents that physical disability tended to produce a feeling of inferiority and adjustment was easier when the individual was well motivated and supported by the different supporting agencies and significant others in their expectancy.

The influence of the "self-image" and social values appeared to be particularly important to the newly disabled when they were confronted with unknown situations - an aspect of behaviour they had given little thought in connection with disabled people during their own pre-disability roles.

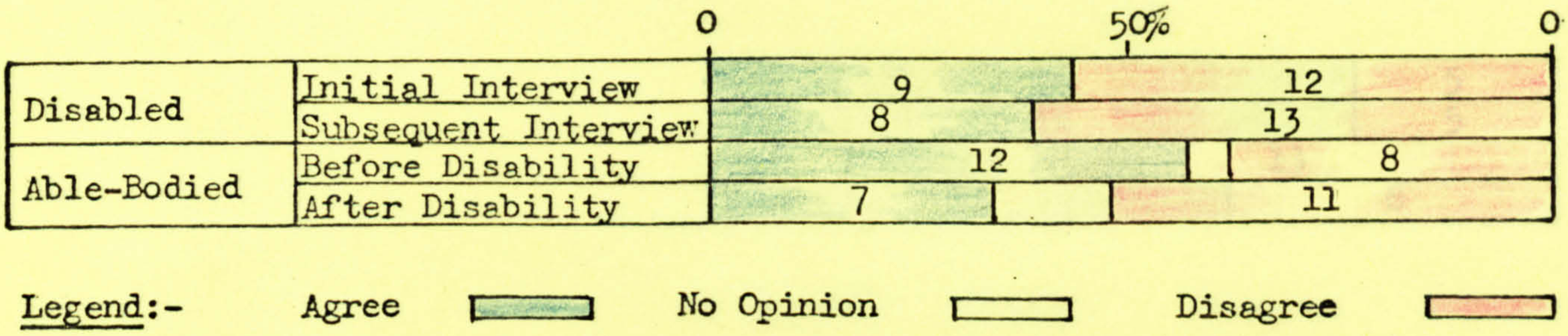
Changes in Attitudes Following the Onset of Disability

Statement No. 06

Disabled:- Since I became disabled, I think that the person who mainly cares for me understands more than I do about my personal needs.

Able-Bodied:- I think that the person who mainly cares for me understands more than I do about my personal needs.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.589	1.776	4.381	1.774	4.333	1.826
Able-Bodied(1)	4.057	1.998	3.715	2.125	4.333	1.798
Group Diff.	0.532	-0.222	0.666	-0.351	Nil	0.028

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents appeared quick to indicate that they had not fully appreciated the importance of both independence and dependence until they had encountered severe physical disability. Whilst knowledge about the specific disability, self-care and special needs were considered important by the respondents, it frequently seemed that knowledge about issues involving integration and participation in the supporting services and outer community sectors were of equal importance. It was their apparent understanding about issues in these two latter sectors which appeared to formulate the basis for many respondents to believe that they knew more about their personal needs than those persons who immediately cared to them. The respondents pointed out that this was an area of knowledge which had received no thought from them during their pre-disability roles.

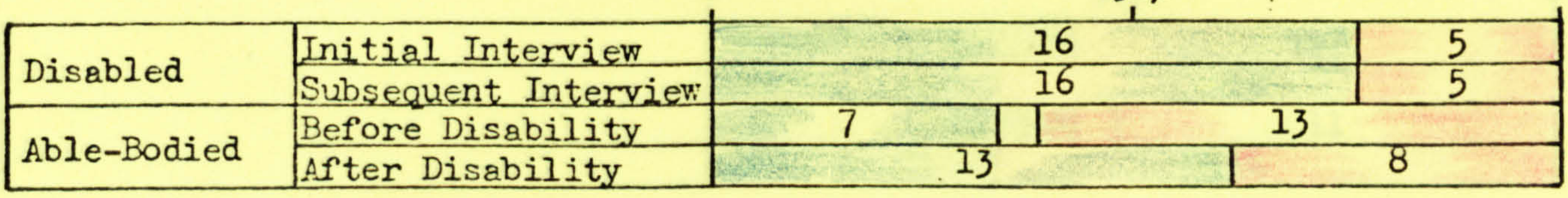
Changes in Attitudes Following the Onset of Disability

Statement No. 12

Disabled:- Since I became disabled, the attitude of my family and close friends has been an important factor in assisting me to take part in outdoor activities.

Able-Bodied:- The attitude of my family and close friends has been an important factor in assisting me to take part in outdoor activities.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



Legend:- Agree No Opinion Disagree

	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.010	1.631	3.190	1.835	3.124	2.007
Able-Bodied (1)	4.026	2.014	4.619	2.109	3.286	1.953
Group Diff.	-1.016	-0.383	-1.429	-0.274	-0.162	0.054

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were close and nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents seemed to emphasise the importance of the family and close friends in assisting them to cope with the problems of new interests and activities. The respondents believed that the restoration and adjustment of personal values in the supporting services and outer community sectors were extremely important.

It was the general opinion of the respondents that the restoration of confidence and social integrity originated within the family sector and progressed to maturity through the supporting services and outer community. The respondents pointed out that this aspect of disability had received no thought from them during their pre-disability roles.

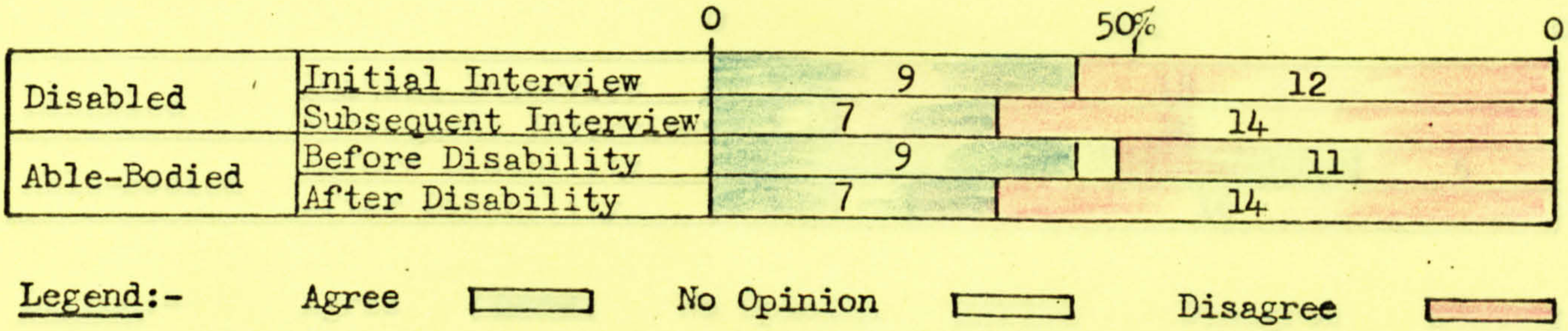
Changes in Attitudes Following the Onset of Disability

Statement No. 13

Disabled:- My close friends are aware of the personal problems associated with my disability.

Able-Bodied:- My close friends are aware of the personal problems associated with my physical limitations.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.453	1.914	4.380	1.884	4.761	1.895
Able-Bodied (1)	3.510	1.901	4.428	1.886	5.047	1.746
Group Diff.	0.943	0.013	-0.048	-0.002	-0.286	0.149

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents.

The newly disabled respondents indicated that many "loss aspects" involving the self, family, social relationships and financial issues were not readily discussed with the able-bodied. They considered that the preservation of social adequacy and independence were important values to them.

Statements from the respondents indicated that they showed some concern about the relatively high social standards that able-bodied people frequently expected the disabled to attain. Failure to achieve these standards appeared to the newly disabled to induce depreciatory feelings about their adequacy and their contribution to maximum recovery and social independence. A number of respondents added that their own pre-disability lack of appreciation and understanding of many problems not generally exposed by the disabled had tended to aggravate their existing "disability" role.

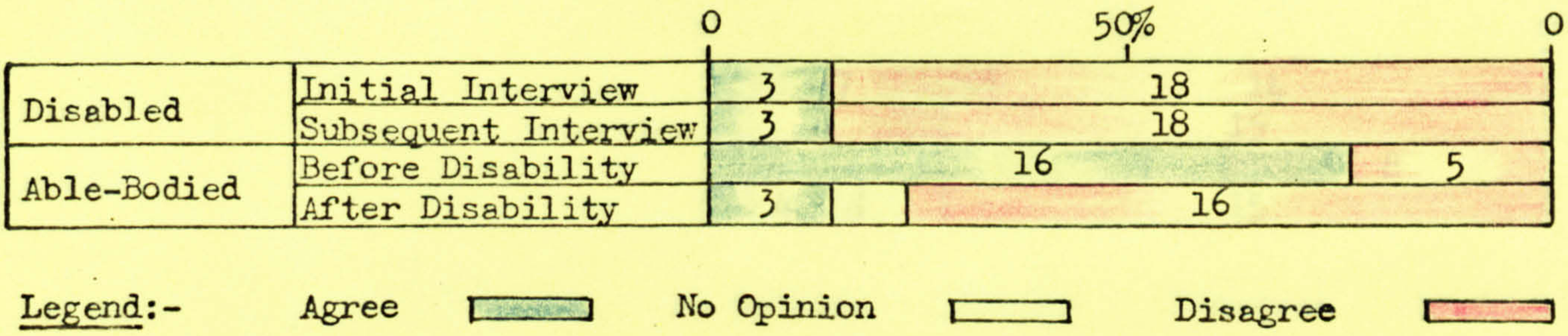
Changes in Attitudes Following the Onset of Disability

Statement No. 14

Disabled:- The lack of educational attainment has not had an adverse effect uponn me since I became disabled.

Able-Bodied:- The lack of educational attainment has not had an adverse effect upon me.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.749	1.773	5.285	1.189	5.380	1.203
Able-Bodied(1)	3.448	1.897	3.047	2.085	5.571	1.599
Group Diff.	1.301	-0.124	2.238	-0.896	-0.191	-0.396

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were close and nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents indicated that educational attainment provided an important basis for coping successfully with the adverse consequences of severe physical disability. It was the belief of the respondents that prospects for employment, raised "status", physical integrity, development of self-confidence and positive attitudes, and social participation improved for the disabled in accordance with one's level of education.

The respondents stated that the far-reaching benefits of educational attainment in respect of disabled people had not been appreciated by them in their pre-disability roles.

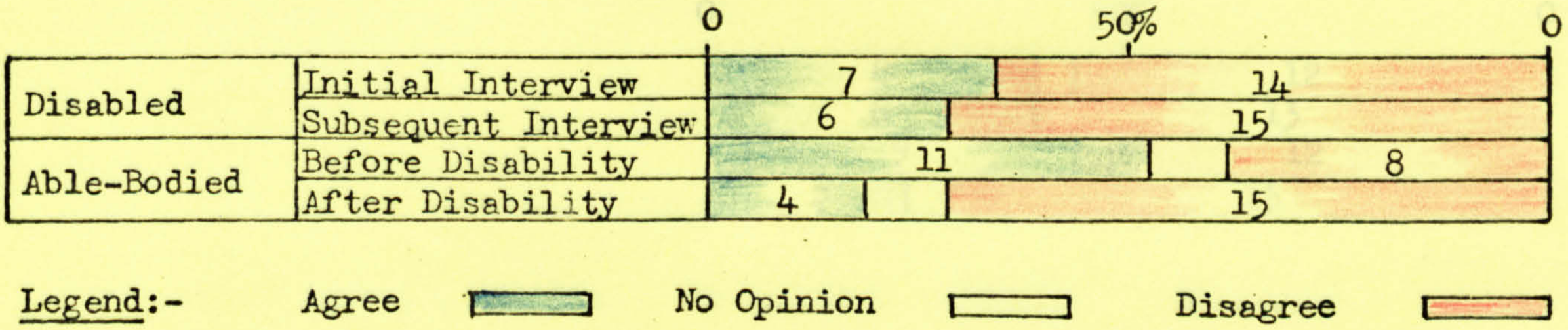
Changes in Attitudes Following the Onset of Disability

Statement No. 17

Disabled:- My disability has seldom had an adverse effect on my role as a responsible member of my family.

Able-Bodied:- My physical limitations have seldom had an adverse effect on my role as a responsible member of my family.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled (1)	4.990	1.709	4.809	1.569	4.904	1.670
Able-Bodied	3.646	1.987	3.619	2.061	5.285	1.736
Group Diff.	1.344	-0.278	1.190	-0.492	-0.381	-0.066

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

Statements from the newly disabled respondents seemed to stress the adverse effects that disability produces in such areas as self-development, family responsibility and social integration. Influential issues frequently mentioned by the respondents included financial benefit, mobility, employment and social integration. The respondents pointed out that the presence of "psychological spread" and the disturbance of the "father and breadwinner" and the "mother and wife" roles following the onset of disability were often particularly stressful consequences within the family sector.

There was little evidence during the interviews to indicate that the newly disabled respondents had given any thought about the various issues and their influence on other disabled people during their pre-disability roles.

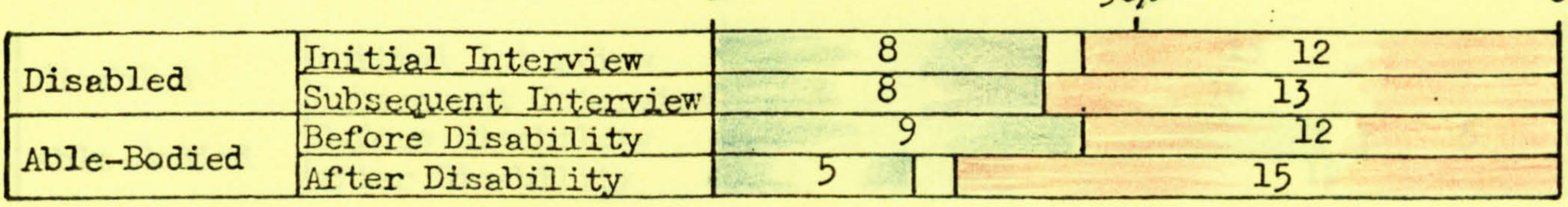
Changes in Attitudes Following the Onset of Disability

Statement No. 22

Disabled:- Since I became disabled, I have been well informed about matters relating to my disability.

Able-Bodied:- I have been well informed about matters relating to my physical limitations.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.656	1.889	4.380	2.179	4.619	2.355
Able-Bodied (1)	3.943	2.027	4.142	2.032	5.047	1.687
Group Diff.	0.713	-0.138	0.238	0.147	-0.428	0.668

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Lack of information about matters applicable to the self, family, supporting services and outer community were predominant in statements made by the newly disabled respondents during the interviews. Frequent reference was made about the lack of co-operation shown by some supporting agencies in matters involving financial benefits, mobility, access, physical aids, employment and education; all issues which the newly disabled respondents in the pre-disability roles had shown little interest in respect of other disabled people.

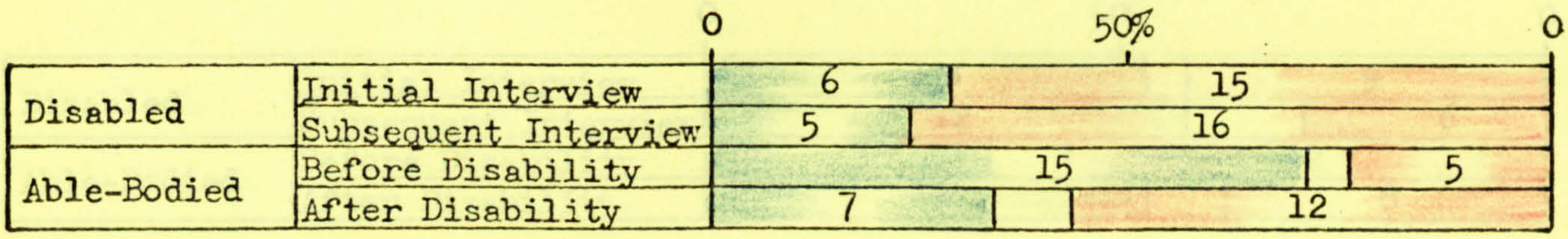
Changes in Attitudes Following the Onset of Disability

Statement No. 26

Disabled:- Since I became disabled, I seldom worry when I have said to close friends something which should have been left unsaid.

Able-Bodied:- I seldom worry when I have said to close friends something which should have been left unsaid.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.510	1.903	4.952	2.202	5.190	2.159
Able-Bodied (1)	3.813	1.957	2.952	1.657	4.666	1.592
Group Diff.	0.697	-0.054	2.000	0.545	0.524	0.567

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents indicated that ambivalent attitudes, representing a mixture of ignorance, fear and over-protection were frequently restrictive barriers to social relationships. Interaction within the family unit was seen by the respondents to be more realistic than those relationships within the supporting services and the outer community domains. "Normal" relationships within the supporting services and the outer community were considered by the respondents to be very influential as they indicated to the disabled confirmation of social acceptance.

It was stated by many newly disabled respondents during the interviews that the influence of many issues associated with social relationships and disability had not been appreciated by them in their pre-disability roles.

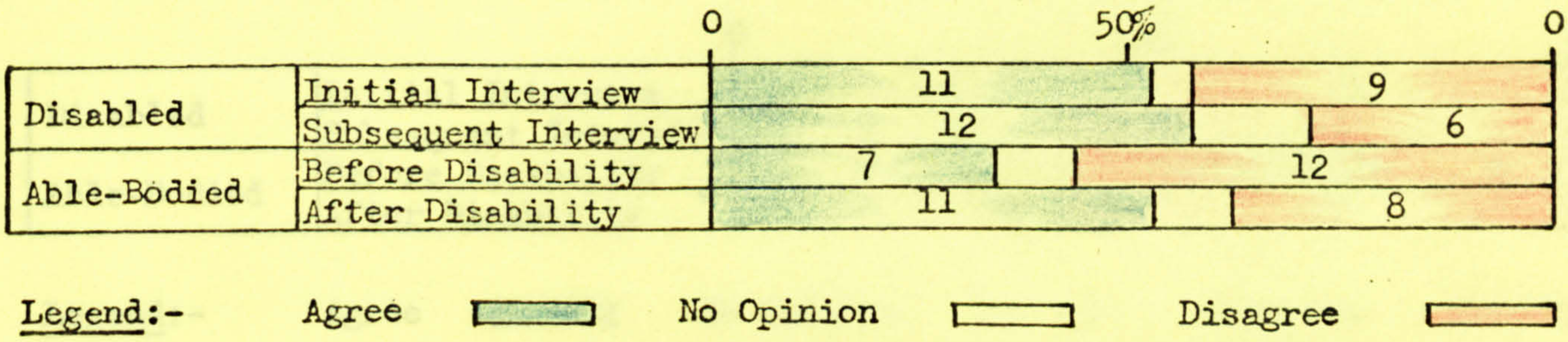
Changes in Attitudes Following the Onset of Disability

Statement No. 32

Disabled:- I think that it takes more "courage" for a disabled person to decide to marry an able-bodied person than it takes for an able-bodied person to decide to marry a disabled person.

Able-Bodied:- I think that it takes more "courage" for a disabled person to decide to marry an able-bodied person than it takes for an able-bodied person to decide to marry a disabled person.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.552	1.864	3.904	2.256	3.666	2.198
Able-Bodied (1)	4.490	1.828	4.476	1.939	3.619	1.987
Group Diff.	-0.938	0.036	-0.572	0.317	0.047	0.211

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents believed that issues which influenced the marital relationship following the onset of disability concerned ability and status of the self, partner and family, mutual security and bond of companionship. To these respondents, disability tested to the full the basic concepts of the marital partnership and the different issues entwined within the partnership from the supporting services and outer community sectors. Most respondents thought that the real problems arising from disability within the marital relationship originated from comparisons made between the "disabled" and "able-bodied" roles. This aspect of disability was seen during the interviews to be as much self-inflicted by the disabled as it was alleged by them to derive from the able-bodied. The respondents generally indicated that they felt some concern when reflecting that they, themselves, had shown little appreciation of the consequences of the various issues in their pre-disability roles.

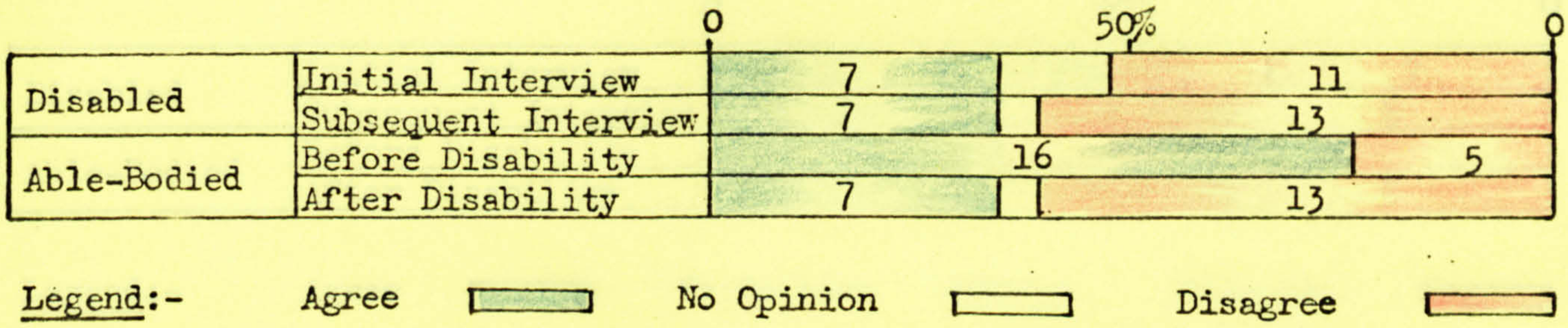
Changes in Attitudes Following the Onset of Disability

Statement No. 42

Disabled:- Since I became disabled, self-discipline has not been important to me.

Able-Bodied:- Self-discipline has not been important to me during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.276	1.872	4.524	2.040	4.762	2.071
Able-Bodied (1)	3.323	1.867	3.238	1.972	5.096	1.729
Group Diff.	0.953	0.005	1.286	0.068	-0.334	0.342

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that it was important for them to possess a good measure of self-discipline in order that they could develop and retain some degree of personal independence, physical integrity and social adequacy within the domains of the supporting services and outer community. Some respondents thought that self-discipline was the "key" to coping successfully with social problems arising from the onset of disability.

The respondents generally stated that in their pre-disability roles they had not thought that self-discipline possessed any influence on the attitudes and behaviour of disabled people in coping with disability.

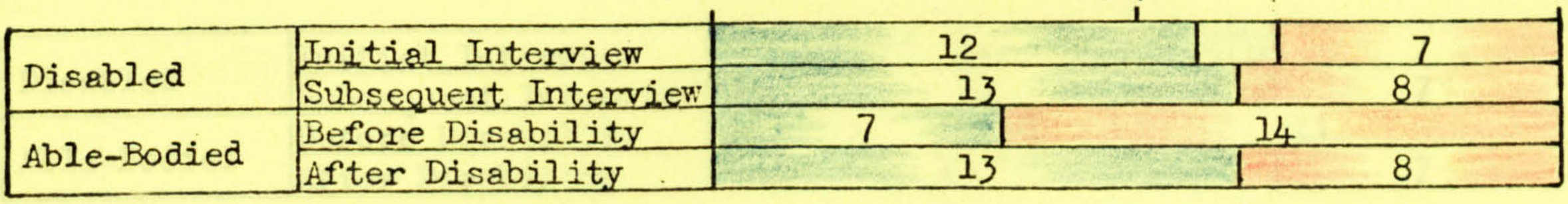
Changes in Attitudes Following the Onset of Disability

Statement No. 43

Disabled:- Since I became disabled, I have lost contact with many of my former close friends.

Able-Bodied:- I have lost contact with many of my former close friends.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.693	2.014	3.858	2.220	3.858	2.476
Able-Bodied(1)	4.490	2.016	4.429	2.135	3.286	1.953
Group Diff.	-0.797	-0.002	-0.571	0.085	0.572	0.523

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview.

The loss of former close friends was seen by many newly disabled respondents to be one of the major adverse consequences arising from the occurrence of disability. The respondents frequently made reference to loss of employment, reduced income, restricted mobility and difficult access as issues which greatly contributed to the termination and relative weakening of many former friendships and social relationships. Statements from the respondents indicated that they had given little thought during their pre-disability roles to the influence of these issues in connection with disabled people.

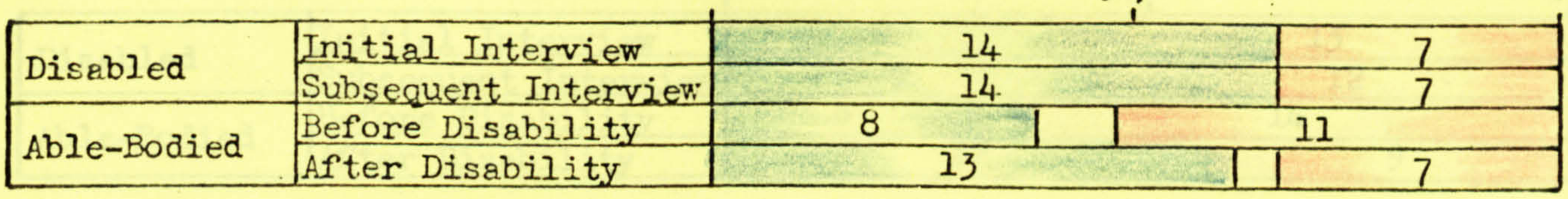
Changes in Attitudes Following the Onset of Disability

Statement No. 44

Disabled:- As a result of my disability, I have a good understanding of the behaviour of other persons.

Able-Bodied:- I have a good understanding of the behaviour of other persons.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.438	1.777	3.619	1.961	3.428	1.912
Able-Bodied(1)	3.443	1.970	4.190	2.112	3.190	1.861
Group Diff.	-0.005	-0.193	-0.571	-0.151	0.238	0.051

Comments:- The mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than their score at the initial interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

Statements from the newly disabled respondents indicated that in their pre-disability roles they had possessed only a superficial knowledge about the behavioural role of disabled people. The respondents stated that apart from differences between individual persons, they had found since the occurrence of their disabilities that prejudices, stereo-typing and patronising attitudes were frequent causes of social problems for disabled people within the supporting services and outer community sectors. They added that the extent of these problems in connection with the disabled had not been fully appreciated by them in their pre-disability roles.

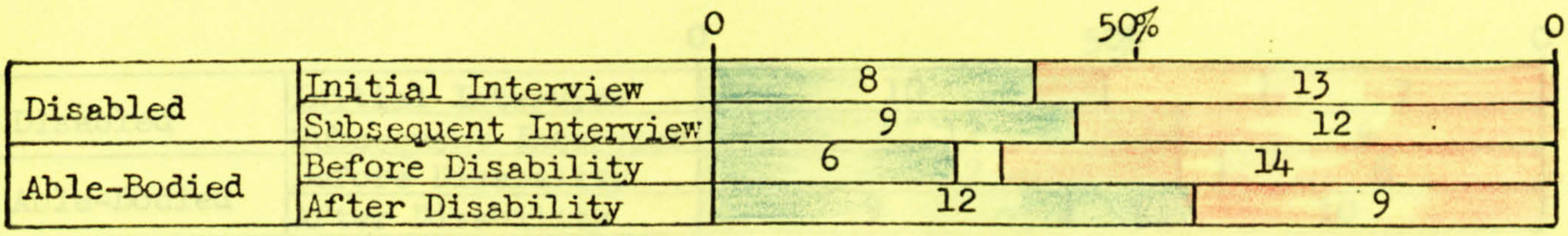
Changes in Attitudes Following the Onset of Disability

Statement No. 45

Disabled:- Since I became disabled, the social activity of my home-life has decreased.

Able-Bodied:- The social activity of my home-life has decreased during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.021	1.971	4.286	2.194	4.286	2.189
Able-Bodied[1]	4.182	2.053	4.762	1.895	3.572	2.336
Group Diff.	-0.161	-0.082	-0.476	0.299	0.714	-0.147

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that the social activity of the disabled person's home-life was often determined by the consequences of disability and the circumstances by which the individual was able to control his environment. Absence of occupational and creative interests and the spread of "social stigmatisation" appeared to the respondents to be influential social barriers. The respondents indicated that the importance of these issues in connection with disabled people had not been fully appreciated by them in their pre-disability roles.

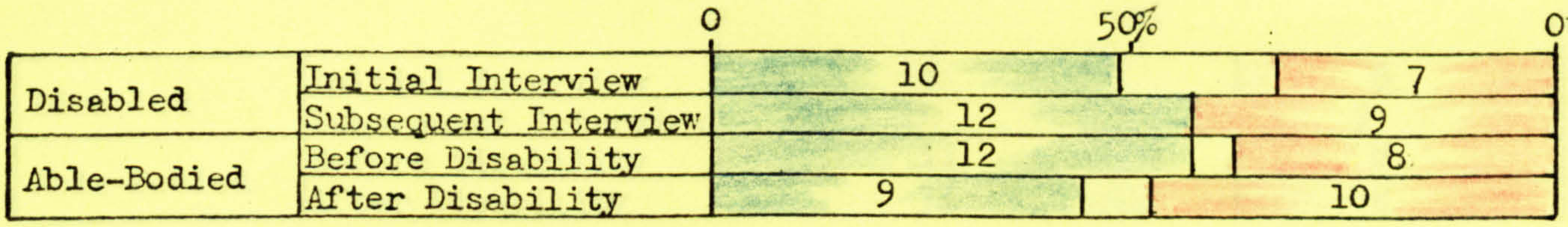
Changes in Attitudes Following the Onset of Disability

Statement No. 46

Disabled:- People who know me since I became disabled would describe me as an optimist.

Able-Bodied:- People who know me would describe me as an optimist.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.797	1.872	3.809	1.569	3.857	1.824
Able-Bodied (1)	4.063	1.932	3.762	2.189	4.000	1.581
Group Diff.	-0.266	-0.060	0.047	-0.620	-0.143	0.243

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were close and nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of able-bodied at the main interview.

Statements from the newly disabled respondents indicated that environmental circumstances had possessed a much greater influence on their overall attitudes than had been thought by them prior to the occurrence of their disabilities. The use of denial and an unrealistic mode of optimism were apparently frequently used by the respondents to counteract problems encountered in social interaction, particularly in situations which occurred in the supporting services and outer community domains. The respondents indicated that in their pre-disability roles they had not fully appreciated the relative influence of such behaviour in connection with the "disabled" role.

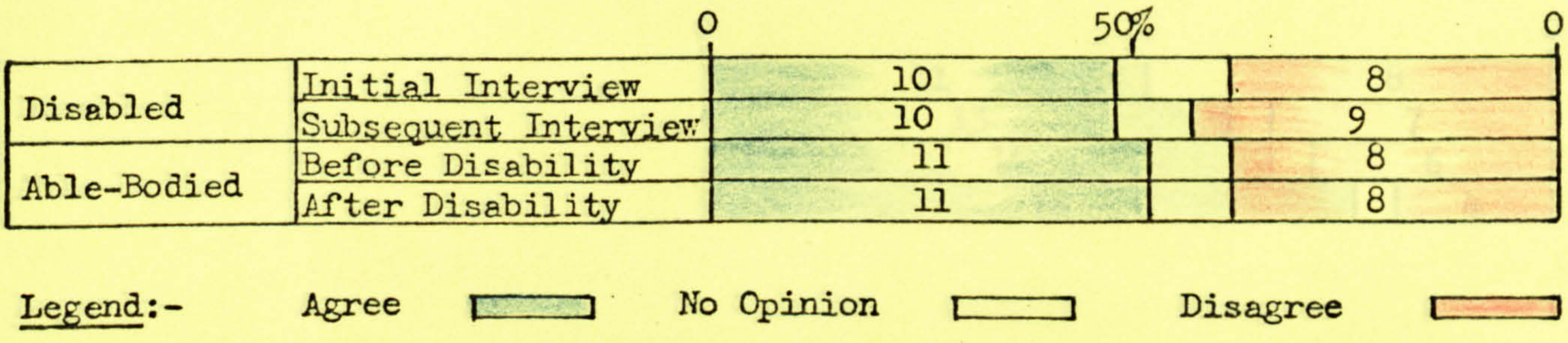
Changes in Attitudes Following the Onset of Disability

Statement No. 48

Disabled:- The bond of love which is associated with marriage is weakened if one of the partners sustains a serious physical disability.

Able-Bodied:- The bond of love which is associated with marriage is weakened if one of the partners sustains a serious physical disability.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.016	1.967	3.858	1.797	3.905	1.972
Able-Bodied (1)	3.589	1.848	3.714	1.901	3.619	2.269
Group Diff.	0.427	0.119	0.144	-0.104	0.286	-0.297

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents.

Many newly disabled respondents indicated that the physical and social difficulties and problems which seemed to arise following the onset of disability frequently subjected the marital partnership to excessive strain. The intensity and stability of the pre-disability relationships, the nature of physical integrity and the occupation of "time" and "space" appeared to these respondents to be important influential issues in the continuing strength and well-being of the marital partnership following the onset of disability to one of the partners. Statements from other newly disabled respondents suggested that in some cases the consequences of disability had tended to strengthen the marital bond with the result that "disability" was considered to have been an important ingredient in the richness of the partnership.

It was generally indicated by the newly disabled respondents that in their pre-disability roles they had failed to appreciate the influential effects that disability can impose both on the marital partnership and the close family.

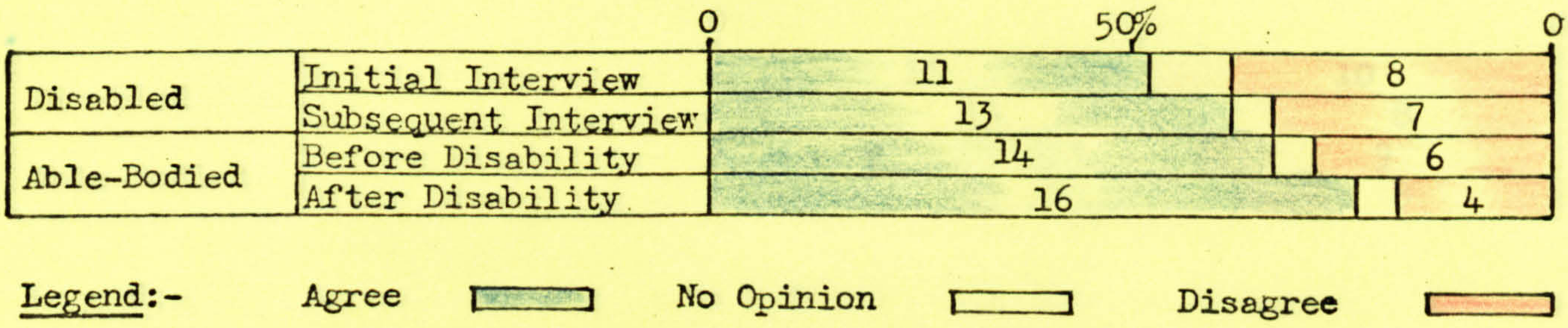
Changes in Attitudes Following the Onset of Disability

Statement No. 05

Disabled:- Many social problems which have confronted me since I became disabled would not have arisen if adequate provisions had been made by legislation.

Able-Bodied:- Many social problems which have confronted me would not have arisen if adequate provision had been made by legislation.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.484	1.903	3.905	1.758	3.619	1.961
Able-Bodied (1)	4.005	1.902	3.048	1.936	3.143	1.769
Group Diff.	-0.521	0.001	0.857	-0.178	0.476	0.192

Comments:- The mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than their score at the initial interview. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents.

The newly disabled respondents indicated that unnecessary stress and strain had been experienced by them because of a lack of positive guidance, assessments which appeared to them to have been unequitable and inappropriate and decisions which seemed to them to have been made on individual interpretations rather than on the facts of the individual situation. Whilst the respondents referred to the contribution made by legislation to improving the quality of life for the disabled, a large proportion drew attention to the problems involved with the subject as the widening of definitions and associated needs of the disabled became more diffuse and complicated. It appeared to these respondents that the presence of voluntary co-operative assistance and positive attitudes to overcome problems, in general, were often more important and influential than the provision of statutory measures. Many respondents indicated that the value of co-operative assistance and positive attitude from significant others had neither been fully recognised nor appreciated by them prior to their disabilities.

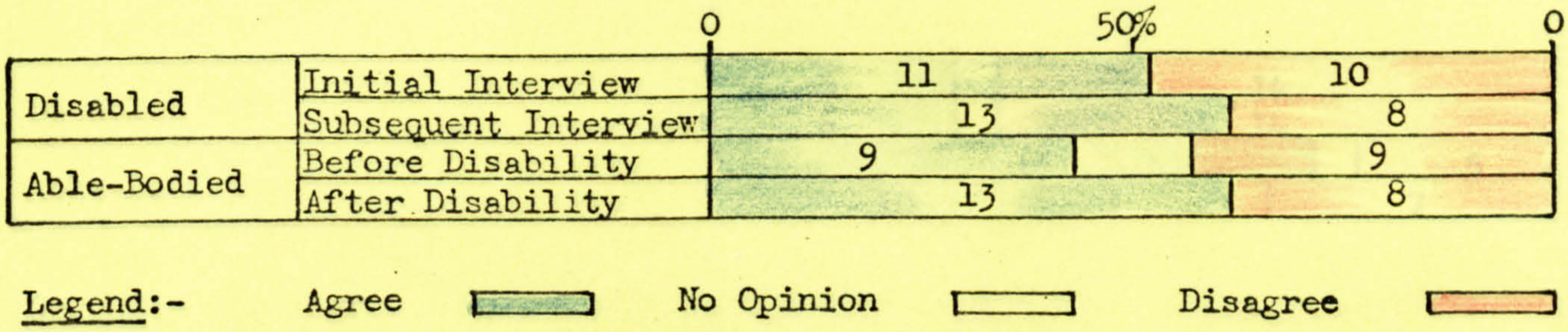
Changes in Attitudes Following the Onset of Disability

Statement No. 07

Disabled:- The Social Service Personnel with whom I have made contact since I became disabled have treated me more as a "number" than as an individual person.

Able-Bodied:- The Social Service Personnel with who I have made contact during the last few years have treated me more as a "number" than as an individual person.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.750	1.939	4.000	1.844	3.619	1.856
Able-Bodied (1)	3.901	1.771	4.286	1.875	3.619	1.910
Group Diff.	-0.151	0.168	-0.286	-0.031	Nil	-0.054

Comments:- The mean score of the secondary group of disabled respondents was nearer at the subsequent interview to the mean score of the full group of disabled at the main interview than their score at the initial interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at the subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

Statements from the newly disabled respondents indicated that some Social Service personnel had failed to provide them with the desired standard of attention. It seemed from their comments that there had been a dearth of effective counselling and guidance in relation to issues involving other supporting service agencies and the outer community. To these respondents, the lack of constructive information about such issues as employment, education, physical aids, mobility, transport and access indicated a lack of co-ordination between different departments within the same organisation and between different organisations. The absence of face-to-face contact with representatives of different Social Service Departments also appeared to have produced detrimental effects on the environmental situations of some of the respondents.

The newly disabled stated that in their pre-disability roles they had failed to appreciate the importance of effective counselling and guidance in connection with the well-being of disabled people.

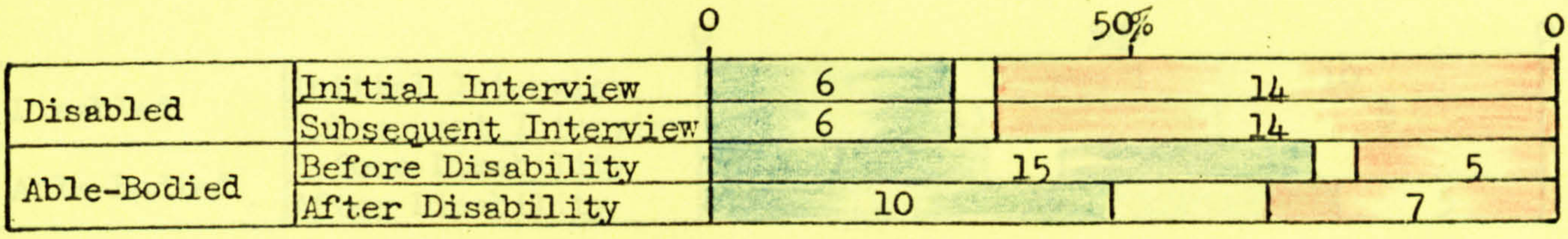
Changes in Attitudes Following the Onset of Disability

Statement No. 09

Disabled:- Since I became disabled, I have lost interest in the Church.

Able-Bodied:- I have lost interest in the Church.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	5.094	1.820	4.905	2.119	5.143	2.081
Able-Bodied(1)	3.448	1.869	2.810	2.182	3.810	2.228
Group Diff.	1.546	-0.049	2.095	-0.063	1.333	-0.147

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview.

Statements from many newly disabled respondents indicated that they were more disillusioned by the practical example set by some ministers of the Church than by the principal teachings of the Church. Respondents believed that the Church was a primary agent for the development of attitudes to improve social relationships and integration but thought it failed to maximise its contribution to this objective in respect of disabled people. Assisting the disabled to cope with their handicaps, helping them to establish realistic goals and supporting them in their endeavours to integrate freely into the community were considered by the respondents to be a few of the more important issues within the role of the Church. From statements during the interviews it was noted that many newly disabled respondents had thought about spiritual guidance and assistance during the traumatic periods of their disablement, particularly those respondents who had encountered serious physical disability suddenly. These respondents indicated that they had given more thought about the teachings of the Church following the onset of disability than they had during their pre-disability roles.

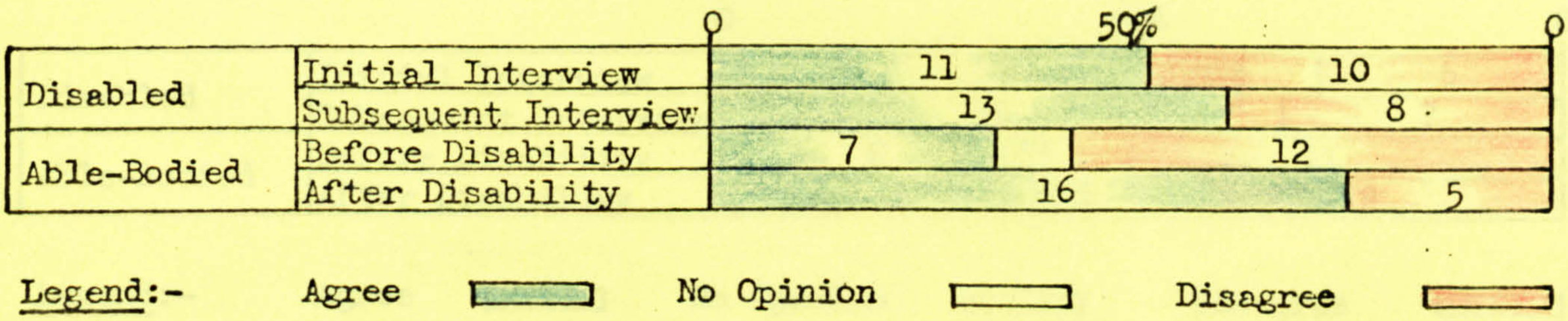
Changes in Attitudes Following the Onset of Disability

Statement No. 10

Disabled:- Financial insecurity has brought much anxiety to me since I became disabled.

Able-Bodied:- Financial insecurity has brought much anxiety to me during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.182	1.863	3.953	2.109	3.524	1.721
Able-Bodied (1)	4.365	2.003	4.286	1.765	2.667	1.653
Group Diff.	-1.183	-0.140	-0.333	0.344	0.857	0.068

Comments:- The mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than their score at the initial interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

The newly disabled respondents frequently pointed out that disability incurred basic expenses for the disabled person which often exceeded those associated with an able-bodied person. Additional costs quoted by the respondents involved self-care, furnishings in the home, heating, lighting, maintenance and adaptations within the home, and other miscellaneous items immediately outside the home environment. Transport and other relative issues associated with mobility, access and integration within the supporting services and outer community sectors were other major items of basic expenditure.

Most respondents added that they had not fully appreciated the relatively high "cost-effectiveness" inherent with disability prior to the onset of their own disability.

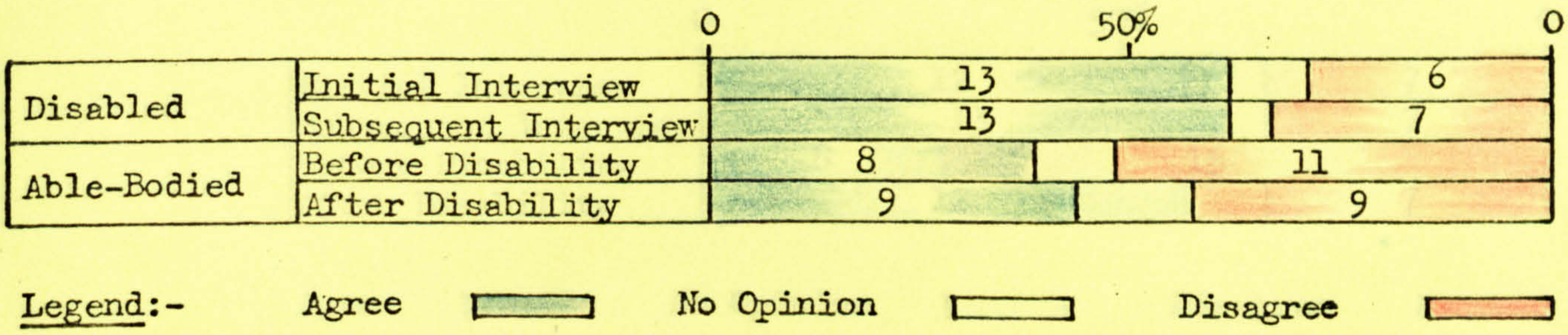
Changes in Attitudes Following the Onset of Disability

Statement No. 18

Disabled:- Since I became disabled, my family and close friends would describe me as an unrealistic person.

Able-Bodied:- My family and close friends would describe me as an unrealistic person.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.027	1.860	3.524	1.601	3.714	1.488
Able-Bodied (1)	4.250	1.963	4.286	1.678	4.408	2.012
Group Diff.	-0.223	-0.103	-0.762	-0.077	-0.694	-0.524

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. The mean scores of the secondary group of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of able-bodied respondents at the main interview than to the mean score of the full group of disabled.

The experiences of the respondents suggested that many people assessed the disabled person by "fitting" him into a pre-conceived notion of how they thought that the disabled person should behave. It was indicated by the respondents that this conception originated ostensibly from a lack of knowledge about the different environmental issues which influenced the role of the disabled. The respondents felt that the image of disability as presented to many able-bodied and the reality of the problems associated with the consequences of disability were usually different concepts. They believed that the situation could be improved only by information which provided a greater understanding of the real consequences of disability to the general public. The newly disabled respondents indicated that during their pre-disability roles they had frequently behaved in a manner about which they had now found reason to make critical comments.

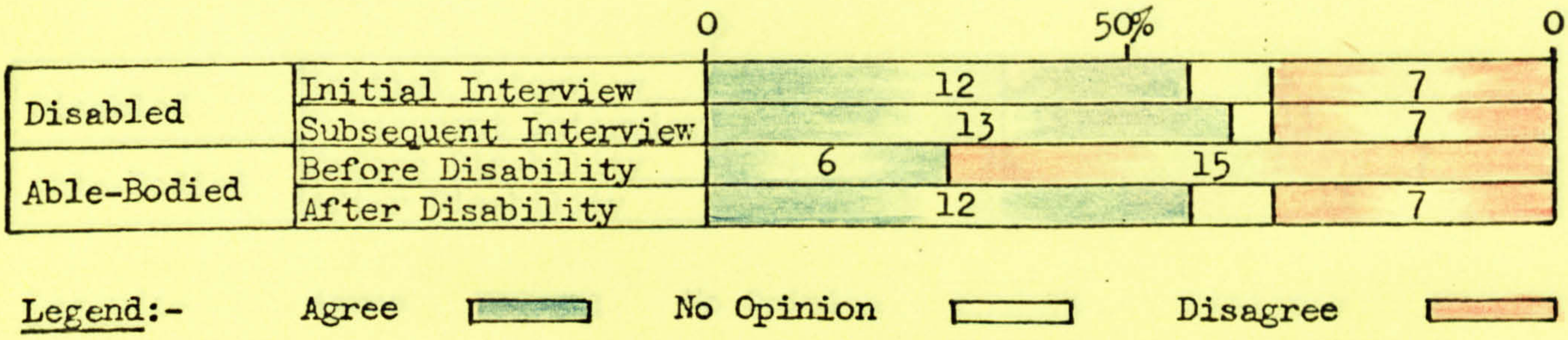
Changes in Attitudes Following the Onset of Disability

Statement No. 19

Disabled:- Since I became disabled, limited opportunity to gain suitable employment has had an adverse effect on my attitude.

Able-Bodied:- Limited opportunity to gain suitable employment has had an adverse effect on my attitude.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.891	1.882	3.333	2.008	3.190	2.088
Able-Bodied(1)	4.521	1.914	4.952	1.746	3.190	2.015
Group Diff.	-0.630	-0.032	-1.619	0.262	Nil	0.073

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that failure to gain employment tended to aggravate many of their personal and social problems. The respondents believed that recognised employment was the key to an improved self-concept and a measure of independence; a major source of a disabled person's motivational drive and positive outlook; and a support not only to the disabled person and his family but to the supporting services and outer community sectors. To these respondents the desires and readiness of society to honour the rights of the disabled to be provided with opportunities equivalent to those of the able-bodied to progress in the community could be assessed by examining the periodical employment news sheets which provided the number of disabled people gainfully employed. The respondents indicated that the value of employment to disabled people had not been appreciated by them in their pre-disability roles.

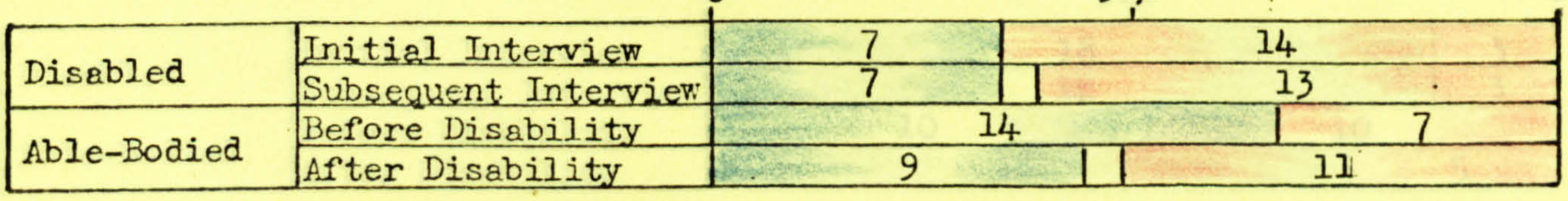
Changes in Attitudes Following the Onset of Disability

Statement No. 25

Disabled:- Since I became disabled, I readily accept assistance from other people.

Able-Bodied:- I readily accept assistance from other people.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.188	1.900	4.857	1.905	4.809	2.040
Able-Bodied(1)	3.182	1.902	3.381	2.085	4.143	1.740
Group Diff.	1.006	-0.002	1.476	-0.180	0.666	0.300

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at the subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents frequently referred to their lack of confidence with the ability of many able-bodied to cope with the physical needs of disabled people. It often appeared from the statements of some respondents that motivation to get well and return to their former role of living was a little misplaced when the drive suggested nothing less than "normalcy".

Presentation of the "self-image" seemed important to the disabled in connection with their acceptance of assistance - an issue which the newly disabled respondents had given little consideration in their pre-disability roles.

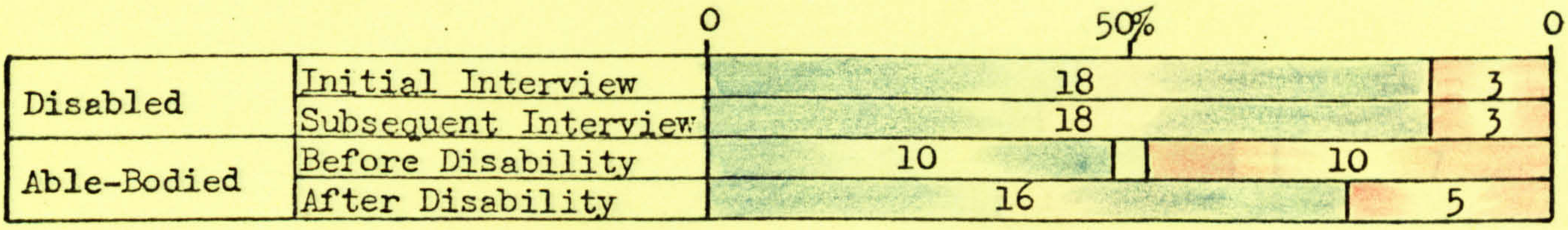
Changes in Attitudes Following the Onset of Disability

Statement No. 30

Disabled:- I think that schools, colleges and other educational centres have not made the most of their opportunities to assist disabled people to overcome their handicaps.

Able-Bodied:- I think that schools, colleges and other educational centres have not made the most of their opportunities to assist disabled people to overcome their handicaps.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.229	1.712	2.619	1.283	2.762	1.513
Able-Bodied(1)	4.063	1.981	4.286	1.953	2.571	1.805
Group Diff.	-0.834	-0.269	-1.667	-0.670	0.191	-0.292

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents believed that education authorities exhibited a certain amount of negative discrimination against the disabled and this was revealed frequently with issues involving physical resources, such as access, mobility and toilet facilities, and the prevalence of a general negative attitude towards integrated education. The respondents thought that it was only by means of integrated education that the severely disabled could acquire social advantages comparable with those of the able-bodied.

Statements from the newly disabled respondents indicated that their current views about the need for educational opportunities for the disabled had not existed prior to the onset of their disabilities.

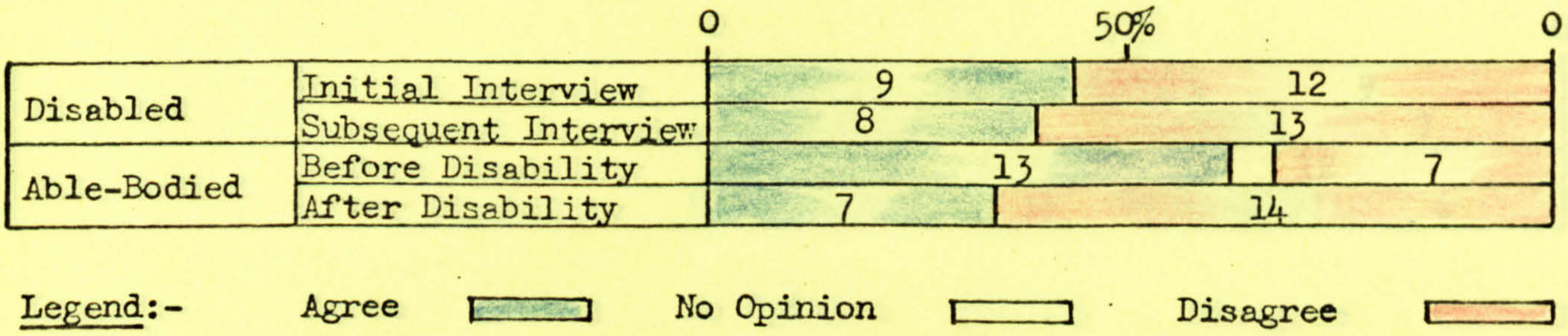
Changes in Attitudes Following the Onset of Disability

Statement No. 36

Disabled:- Since I became disabled, a lack of physical aids has seldom prevented me from taking an active role in society.

Able-Bodied:- A lack of physical aids has seldom prevented me from taking an active role in society.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.370	1.874	4.381	1.987	4.381	2.036
Able-Bodied(1)	3.302	1.747	3.428	1.989	4.809	1.806
Group Diff.	1.068	0.127	0.953	-0.002	-0.428	0.230

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were identical and were seen to be nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview.

Divergence between the disabled person's desired needs for the self, participation in the supporting services and integration within the outer community and how these needs were met were much in evidence in the statements from the newly disabled respondents. It was apparent that a lack of suitable aids for disabled people not only minimised their personal recovery but also segregated them from many constructive forms of social activity. The presence of architectural barriers appeared to the respondents to constitute an effective block to normalisation and integration and allowed a significant gap to exist between the disability rights of the individual and his natural rights as a responsible citizen. The respondents believed that it was difficult for many able-bodied to fully realise many of the needs of the disabled until disability was personally encountered, as indeed, they themselves had experienced.

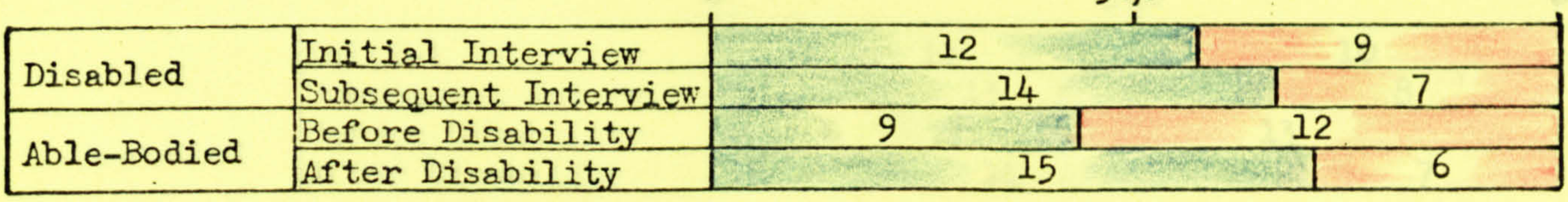
Changes in Attitudes Following the Onset of Disability

Statement No. 37

Disabled:- Since I became disabled, I have had a difficult role in society.

Able-Bodied:- I have had a difficult role in society during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.000	1.712	3.619	1.987	3.238	1.998
Able-Bodied(1)	3.995	2.145	3.810	2.064	2.762	1.947
Group Diff.	-0.995	-0.433	-0.191	-0.077	0.476	0.051

Comments:- The mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than their mean score at the initial interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled at the main interview.

Statements from the newly disabled indicated that disability frequently produced a difficult role for many people within the community. Apart from such personal issues as restricted mobility and financial hardship, the real difficulties for many disabled arose when they attempted to participate as an active and contributory member of the supporting services and to integrate as a responsible member of the community. To these respondents, personal identity and relationship with the supporting services and outer community seemed to be largely enmeshed in their own "self-image", degree of personal independence and personal contribution to the well-being of the community.

There was little evidence from the newly disabled respondents during the interviews to suggest that they had been aware of some of the real problems of physical disability - as indicated by them - prior to the onset of their own disabilities.

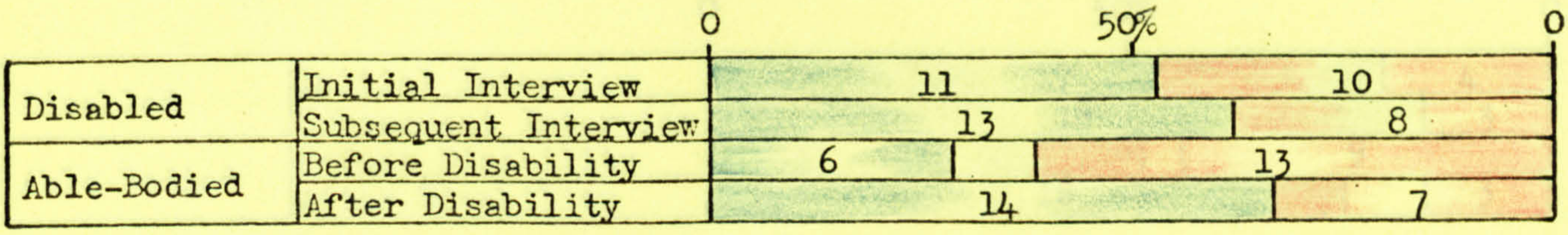
Changes in Attitudes Following the Onset of Disability

Statement No. 39

Disabled:- Since I became disabled, I am often embarrassed in the company of other people.

Able-Bodied:- I am often embarrassed in the company of other people.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.563	1.983	3.952	2.036	3.571	2.014
Able-Bodied(1)	4.495	1.870	4.714	1.953	3.190	1.834
Group Diff.	-0.932	0.113	-0.762	0.083	0.381	0.180

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that situations which were particularly embarrassing to them included those where they were unable to participate actively upon a common basis with other people, situations where they were unable to communicate upon a common basis with other people and situations where they felt that they were "inferior" as a result of the consequences of their physical disability.

The respondents stated that prior to their disabilities, the importance of personal independence, abilities and skills, communicative participation and physical integrity to disabled people had not been really appreciated by them.

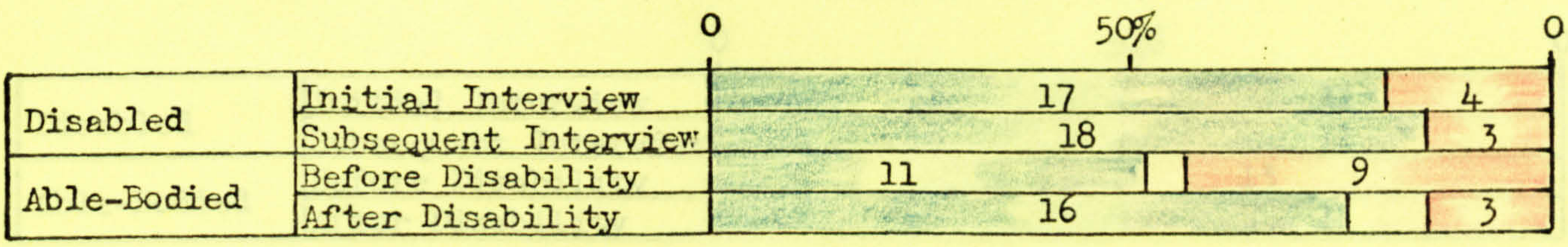
Changes in Attitudes Following the Onset of Disability

Statement No. 41

Disabled:- I think that disabled people should receive a National Disablement Income in accordance with their individual disability.

Able-Bodied:- I think that disabled people should receive a National Disablement Income in accordance with their individual disability.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	2.245	1.464	2.524	1.750	2.095	1.411
Able-Bodied(1)	3.375	1.841	3.714	2.148	2.571	1.399
Group Diff.	-1.130	-0.377	-1.190	-0.398	-0.476	0.012

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents considered that adequate financial income was of vital importance to disabled people in order to assist them towards maximum recovery and to help them to re-establish themselves within the community. Reference was frequently made by the respondents about the unfairness of some prevailing systems of financial benefits and to the need for the provision of a more suitable form of National Disablement Benefit based upon individual disability.

The respondents added that prior to their own disabilities such issues as financial benefits for the disabled had received little attention from them.

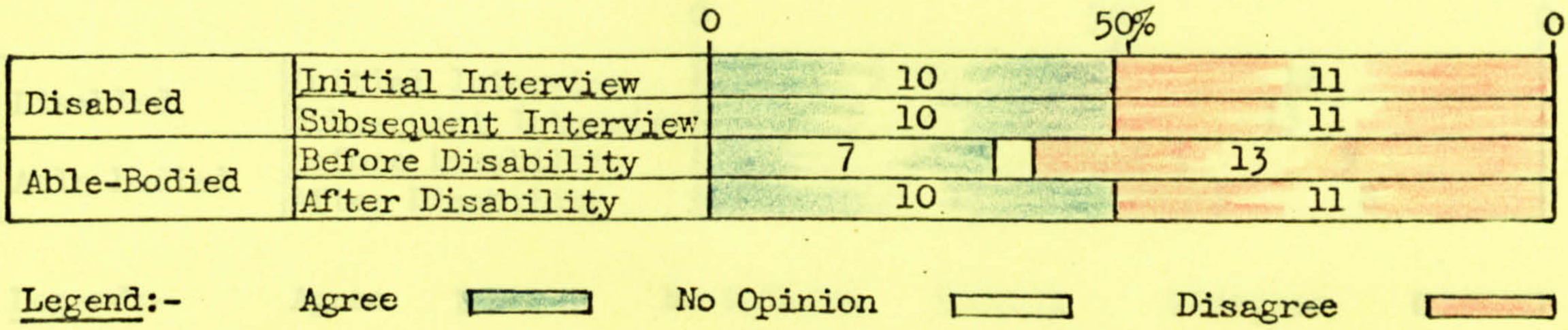
Changes in Attitudes Following the Onset of Disability

Statement No. 02

Disabled:- I have met many able-bodied persons who appear to think that my physical and mental abilities are related directly to each other.

Able-Bodied:- I have met many able-bodied persons who appear to think that my physical and mental abilities are related directly to each other.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.182	1.982	4.333	1.906	4.334	1.958
Able-Bodied (1)	4.672	1.817	4.714	1.419	3.667	2.176
Group Diff.	-0.490	0.165	-0.381	0.487	0.667	-0.218

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were very close and were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. Several newly disabled respondents stated that they had frequently met able-bodied people who had indicated by their behaviour that the physical and mental abilities of the disabled were related directly with each other. To these respondents such behaviour seemed to derive from a belief that disabled people were outside the "norm" of society. The respondents believed that if able-bodied people were able to equate physical disability with mental disability, many would probably feel justified in believing that within the outer community domain they could free themselves of responsibilities to assist disabled people to fulfil their basic needs. It was also indicated by the respondents that many able-bodied people seemed to think that a large proportion of the disabled were fundamentally different from the able-bodied. Reasons given by the respondents for this belief included the exclusion of many disabled people from personal decision-making processes and a behavioural implication that disability made the disabled person less intelligent, less responsible and less able to cope with mental stress and strain. The respondents admitted that they, themselves, had frequently behaved similarly during their pre-disability roles.

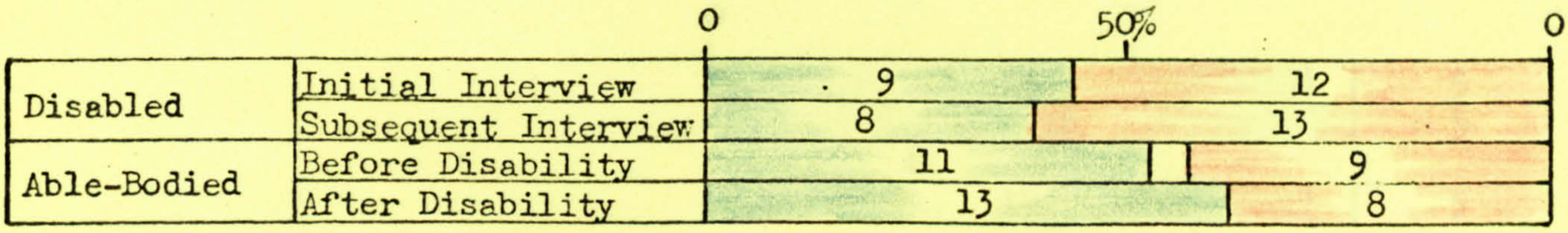
Changes in Attitudes Following the Onset of Disability

Statement No. 03

Disabled:- Since I became disabled, I do not readily make friends.

Able-Bodied:- I do not readily make friends.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.443	1.864	4.143	2.081	4.524	2.136
Able-Bodied (1)	4.797	1.863	3.952	1.746	3.476	1.806
Group Diff.	-0.354	0.001	0.191	0.335	1.048	0.330

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents.

Statements from the newly disabled respondents made it clear that to them the handicapping functions and limitations associated with disability tended to curtail the freedom of choice for making friendships. Reference was frequently made to self-devaluation, unexpected dependency and restricted scope in activity and freedom within the supporting services and outer community domains as issues which influenced the development of friendships.

The newly disabled respondents indicated that in their pre-disability roles they had not fully appreciated the various elements involved with the formation of friendships associated with disabled people.

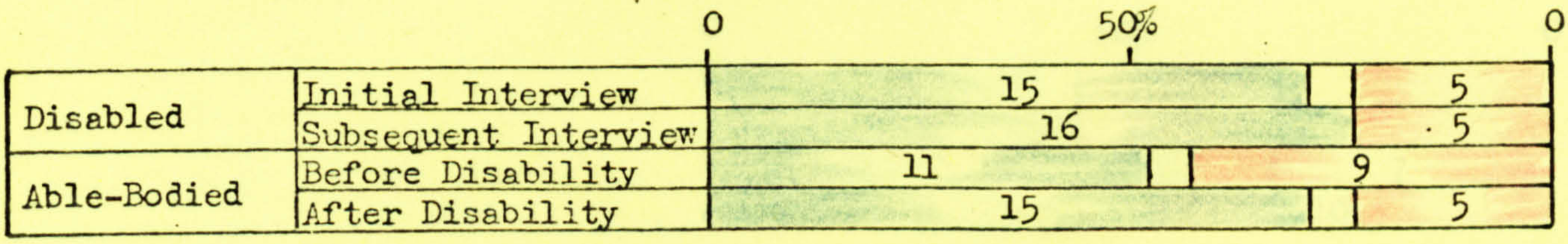
Changes in Attitudes Following the Onset of Disability

Statement No. 15

Disabled:- My desire to know and understand has been important to me since I became disabled.

Able-Bodied:- My desire to know and understand has been important to me.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.146	1.784	3.095	1.640	2.809	2.015
Able-Bodied (1)	3.208	1.727	3.952	2.132	2.667	1.592
Group Diff.	-0.062	0.057	-0.857	-0.492	0.142	0.423

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that desires to know and understand were important to both disabled and able-bodied. It appeared from the statements of some newly disabled respondents that there was a sense of urgency about their need to learn as if personal knowledge was important to them to cope with the effects of disability and to provide them with a foundation for a quick and secure adjustment to a new behavioural role.

There seemed some evidence during the interviews to suggest that the respondents had not fully recognised the importance of knowledge to disabled people before the onset of their own disabilities.

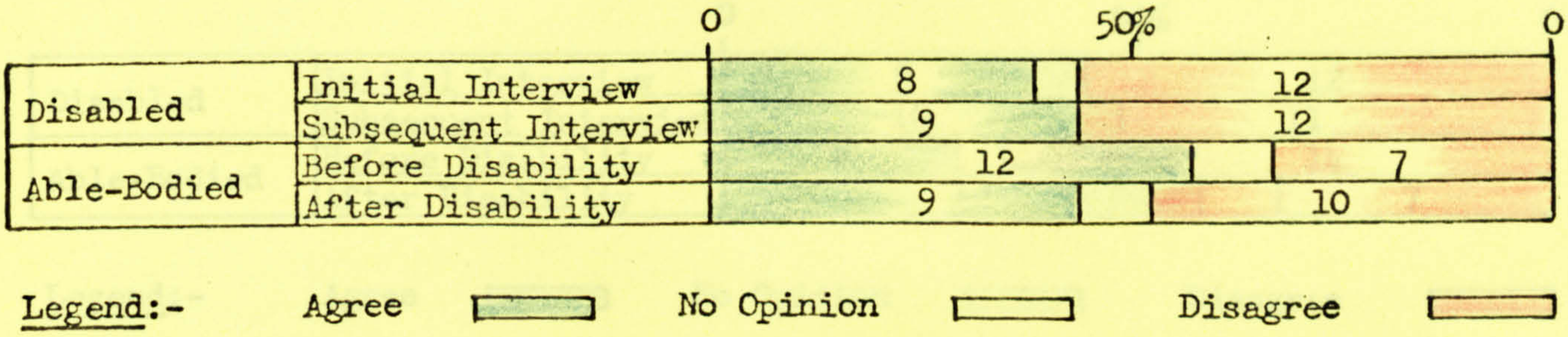
Changes in Attitudes Following the Onset of Disability

Statement No. 20

Disabled:- I do not agree with the integration of differently coloured people in society.

Able-Bodied:- I do not agree with the integration of differently coloured people in society.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.474	1.944	4.476	2.040	4.476	2.205
Able-Bodied (1)	3.464	1.936	3.429	2.293	4.190	2.112
Group Diff.	1.010	0.008	1.047	-0.253	0.286	0.093

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were identical and very close to the mean score of the full group of disabled respondents at the main interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled.

Statements made by the newly disabled respondents suggested that the effects of disability were often used as a basis for attempting to understand the behaviour of other people. In the opinions of some respondents, the problems encountered by disabled people and by differently coloured people frequently revealed a common factor when examined within the context of social attitudes and behaviour. Apart from discriminatory issues involving deviancy and segregation, the respondents believed that many able-bodied tended to evaluate all members of "minority" groups upon the basis of group membership rather than upon individual characteristics and differences.

The newly disabled respondents revealed that prior to their own disabilities, they had little appreciation of many issues involved with the integration of people in society.

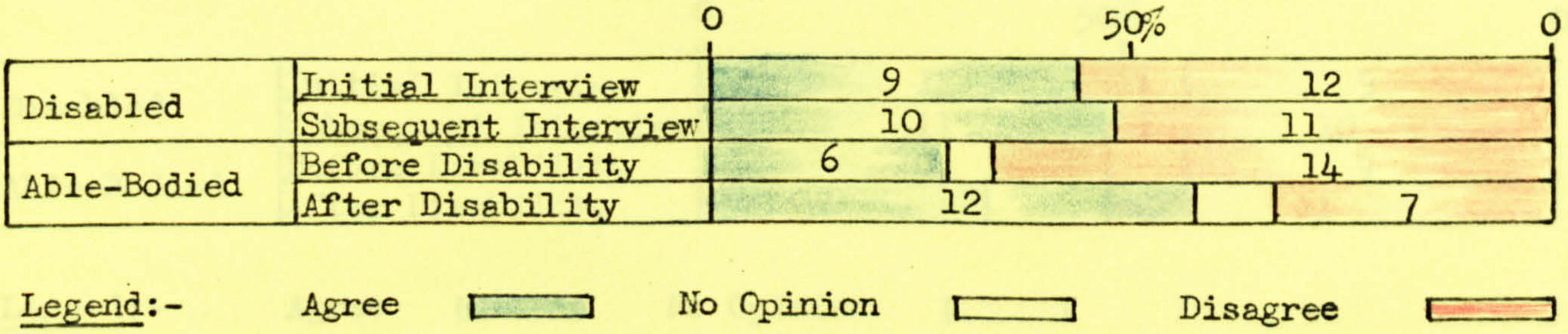
Changes in Attitudes Following the Onset of Disability

Statement No. 23

Disabled:- Since I became disabled, I think that many persons who agree with me do so because they feel that they are doing me good by supporting my views.

Able-Bodied:- I think that many persons who agree with me do so because they feel that they are doing me good by supporting my views.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.125	1.860	4.476	2.227	4.333	2.265
Able-Bodied(1)	4.557	1.935	5.143	2.242	3.571	1.832
Group Diff.	-0.432	-0.075	-0.667	-0.015	0.762	0.433

Comments:- Compared with the mean score at their initial interview, the mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview.

In the opinions of many newly disabled respondents, agreement with disabled people in face-to-face contact was often made by the able-bodied because the able-bodied were unsure how they should cope with someone "different". The respondents thought that some able-bodied felt that agreement with the disabled was the most suitable form of behaviour to be adopted when dealing with a "difficult" situation. This type of behavioural reaction was considered by the respondents to be basically an attribute of inadequate social understanding. Some respondents stated that in their pre-disability roles they had behaved similarly to other disabled people.

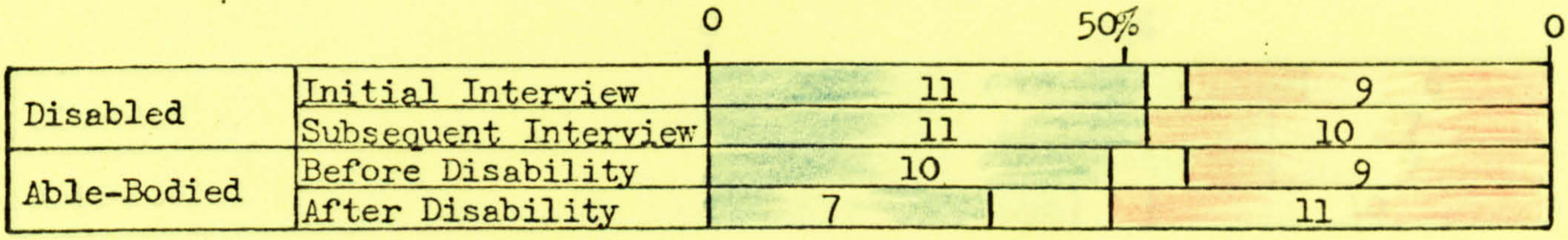
Changes in Attitudes Following the Onset of Disability

Statement No. 24

Disabled:- Since I became disabled, financial reward has been an important motivating factor to me.

Able-Bodied:- Financial reward has been an important motivating factor to me during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.130	1.842	3.619	1.596	3.952	1.161
Able-Bodied (1)	3.276	1.907	3.667	2.243	4.381	1.936
Group Diff.	0.854	-0.065	-0.048	-0.647	-0.429	-0.775

Comments:- Compared with the mean score at their initial interview, the mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview.

The newly disabled respondents indicated that financial reward, as a motivating factor, was not as important to the disabled as it was to the able-bodied. Recovery of good health and physical activity appeared all important to them and restoration of these objectives permitted them freedom to pursue other fulfilling interests and pursuits. Motivation towards maximum recovery appeared to the respondents to be more by personal interest, positive belief and practical assistance from the family, significant others and the supporting services than by agencies providing material help towards tangible goals.

It was indicated by the respondents that it was only following the onset of their disabilities that any real thought had been given by them about the values of different motivators associated with purposeful living and social status.

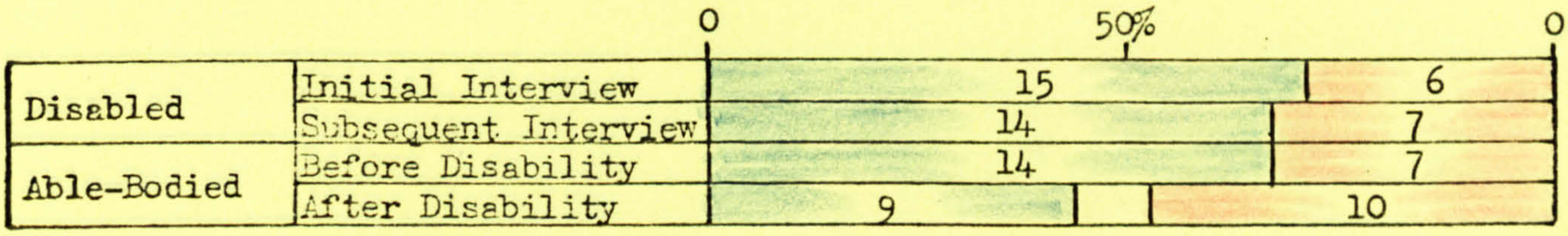
Changes in Attitudes Following the Onset of Disability

Statement No. 28

Disabled:- Since I became disabled, I have received co-operation from the Public Services.

Able-Bodied:- I have received co-operation from the Public Services during the last few years.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups: Initial Interview (N = 21)		Secondary Groups: Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.709	1.760	3.143	1.824	3.524	1.887
Able-Bodied(1)	3.537	1.875	3.428	2.158	4.286	1.586
Group Diff.	0.172	-0.115	-0.285	-0.334	-0.762	0.301

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of able-bodied at the main interview than to the mean score of the full group of disabled respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents.

Statements from the newly disabled respondents implied that on becoming disabled they had not experienced as much co-operation from some public services as they might have anticipated as able-bodied persons. They frequently referred to "space" and "time" as important issues which determined the amount of co-operation that disabled people received from the public services, in general. Many respondents indicated that the disabled were particularly vulnerable to "stereo-typing" attitudes and behaviour when they came into contact with different public services - an experience they had largely encountered only after the onset of disability.

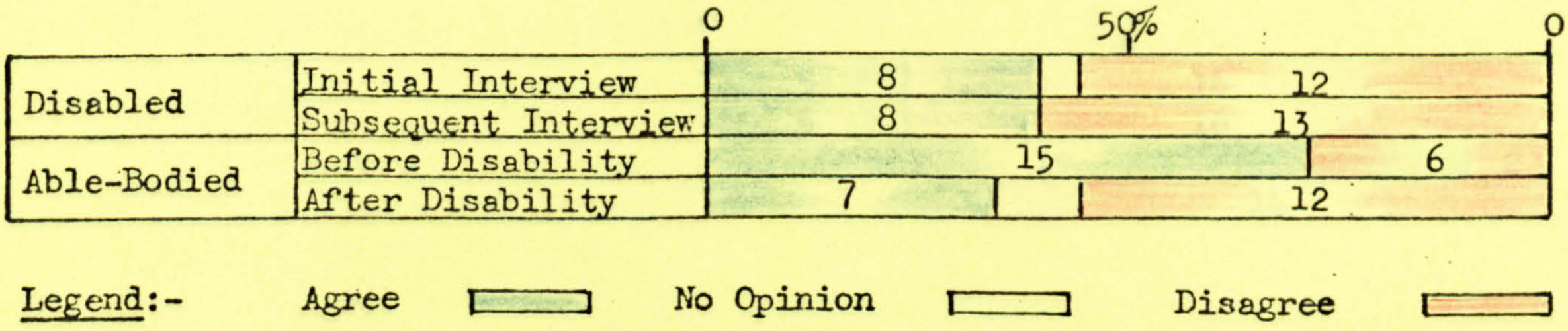
Changes in Attitudes Following the Onset of Disability

Statement No. 29

Disabled:- Since I became disabled, I consider that materialistic values are more important to me than moral values.

Able-Bodied:- I consider that materialistic values are more important to me than moral values.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.401	1.879	4.571	1.859	4.762	1.972
Able-Bodied(1)	3.359	1.876	2.667	1.770	4.762	1.972
Group Diff.	1.042	0.003	1.904	0.079	Nil	Nil

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that the disabled tended to look for something deeper in life than that offered by materialistic values. It seemed, in some cases, that the respondents attempted to perceive complex and complicated patterns in life to explain their experiences and to re-establish themselves as responsible and contributory members of the community. The respondents generally indicated that the consequences of disability had caused them to modify or change their pre-disability beliefs about many issues. In particular, values associated with personal integrity, dependence and social adequacy appeared to have become significantly important to them since the onset of disability.

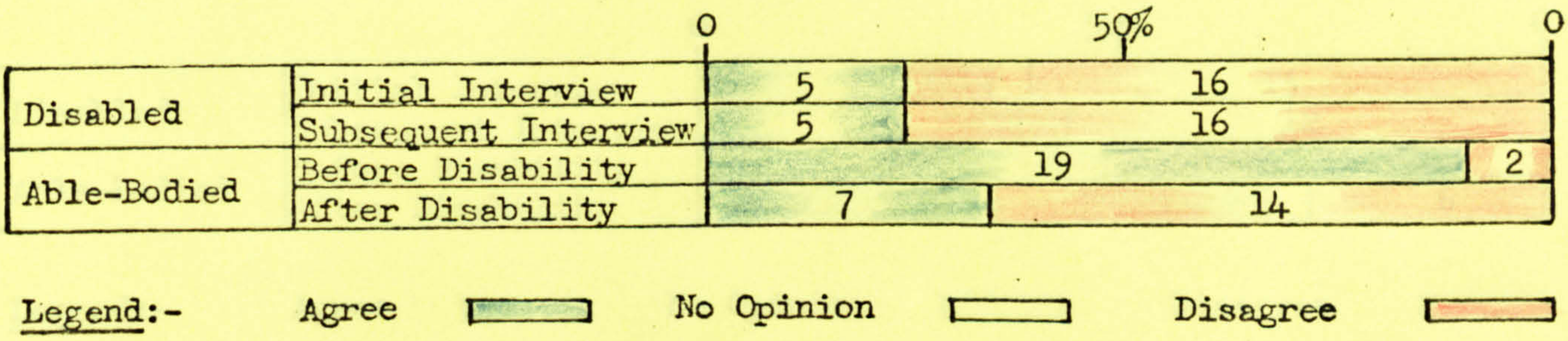
Changes in Attitudes Following the Onset of Disability

Statement No. 31

Disabled:- In my experience, able-bodied people have a good understanding of my basic needs as a disabled person.

Able-Bodied:- I have a good understanding of the basic needs of disabled people.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	4.547	1.847	4.952	1.717	5.238	1.729
Able-Bodied (1)	3.115	1.786	2.238	1.410	5.047	1.829
Group Diff.	1.432	0.061	2.714	0.307	0.191	-0.100

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

The newly disabled respondents appeared from their statements to emphasise the difference in attitudes and behavioural reaction between disabled and able-bodied people. They believed that differences existed between what the disabled perceived as needs important for them and those needs which the able-bodied thought were important for the disabled. These differences appeared to the newly disabled to be more conspicuous in the domains of the supporting services and outer community than in the domains of the self and family. The respondents stated that many authoritative bodies associated with such issues as education, employment, housing and the church were unable to give good personal examples about their understanding of the basic needs of the disabled.

The newly disabled respondents revealed that they, themselves, had found that their pre-disability knowledge about the consequences of disability and the basic needs of the disabled had been very inadequate.

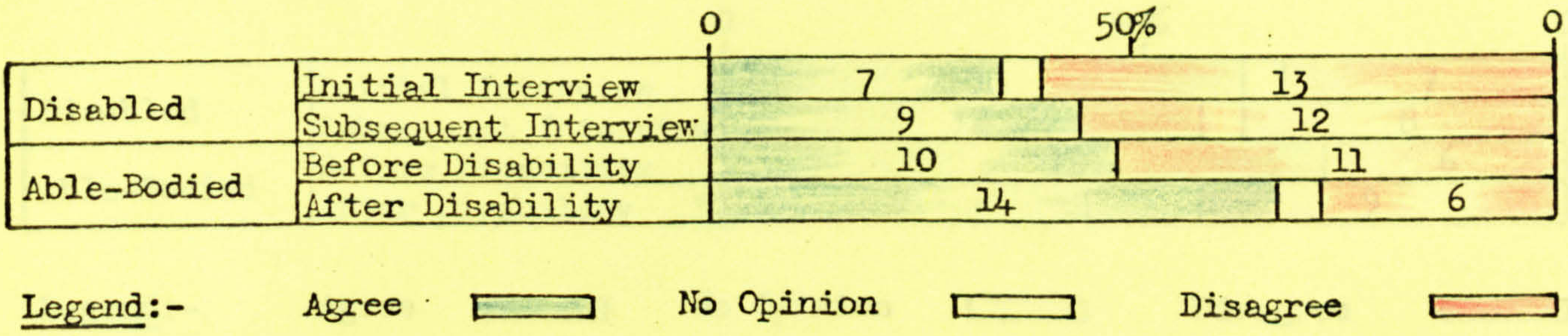
Changes in Attitudes Following the Onset of Disability

Statement No. 34

Disabled:- Since I became disabled, I have met many able-bodied persons who have treated me as if I was a stereo-typed member of a particular group of persons in society.

Able-Bodied:- I have met many able-bodied persons who have treated me as if I was a stereo-typed member of a particular group of persons in society.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.693	1.885	4.572	1.690	4.429	1.630
Able-Bodied(1)	4.594	1.931	3.952	2.355	2.905	1.700
Group Diff.	-0.901	-0.046	0.620	-0.665	1.524	-0.070

Comments:- The mean scores of the secondary groups of disabled respondents at their initial and subsequent interviews were nearer to the mean score of the full group of able-bodied respondents at the main interview than to the mean score of the full group of disabled. The mean scores of the secondary groups of newly disabled respondents at their initial (pre-disability) and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied respondents.

The newly disabled respondents indicated that many able-bodied persons held pre-conceived notions about disability and tended to treat disabled people according to such ideas. It appeared to the respondents that much of this form of behaviour was due to a state of apathy and a failure by the able-bodied to attempt to understand the basic needs of disabled people. The stereo-typing of individuals and the perception of "psychological spread" were of considerable concern to the respondents. Subtle forms of discriminatory behaviour against the disabled were seen by many respondents to be disguised as "concern for the disabled" and to have had in some cases a particularly adverse effect upon social relationships.

Most respondents in this group indicated that they had not appreciated the extent to which "stereo-typing" and other forms of discriminatory behaviour existed against the disabled until they had themselves encountered severe physical disability.

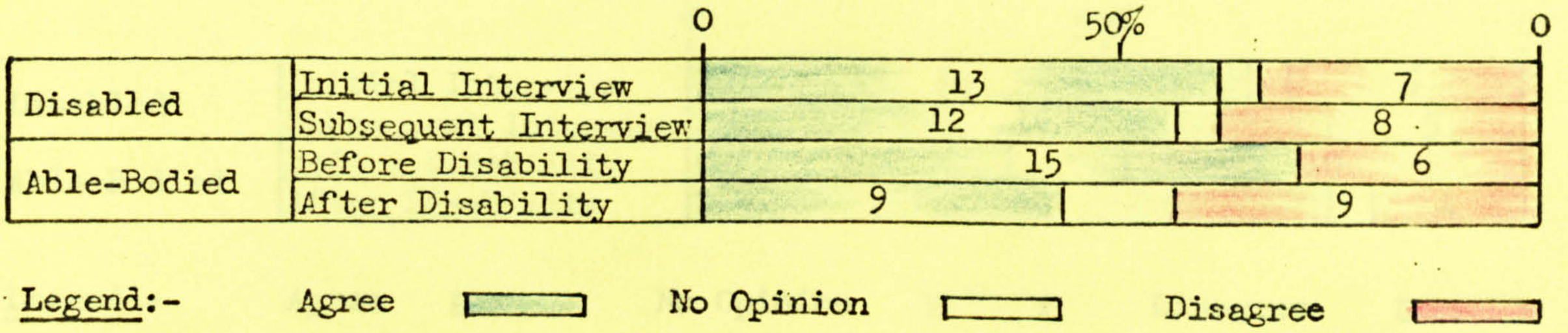
Changes in Attitudes Following the Onset of Disability

Statement No. 35

Disabled:- Since I became disabled, I have been acknowledged as a responsible person by able-bodied people.

Able-Bodied:- I have been acknowledged as a responsible person by able-bodied people.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.750	1.963	3.333	1.742	3.667	1.592
Able-Bodied(1)	3.073	1.843	3.238	1.921	4.286	2.053
Group Diff.	0.677	0.120	0.095	-0.179	-0.619	-0.461

Comments:- Compared with the mean score at their initial interview, the mean score of the secondary group of disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview. Compared with the score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents was nearer at their subsequent interview to the mean score of the full group of disabled at the main interview than to the mean score of the full group of able-bodied respondents.

It was evident from the statements of the newly disabled respondents that many able-bodied people appeared to think that physical disability produced an adverse effect on the behavioural responsibility of the disabled, irrespective of the category of disablement. Reference was frequently made about the prevalence of this outlook by different social groups, including employers and education authorities. The respondents indicated that most disabled people must accept some loss of social adequacy and personal independence as a consequence of disability but, in their opinions, such loss did not mean that the disabled were permanently handicapped in all aspects of the "disabled" role.

Some newly disabled respondents pointed out that many able-bodied persons did not seem to appreciate that independence, personal abilities and physical integrity were issues of importance to disabled people. The respondents indicated that they, themselves, had failed to appreciate the value of these issues to disabled people during their own pre-disability roles.

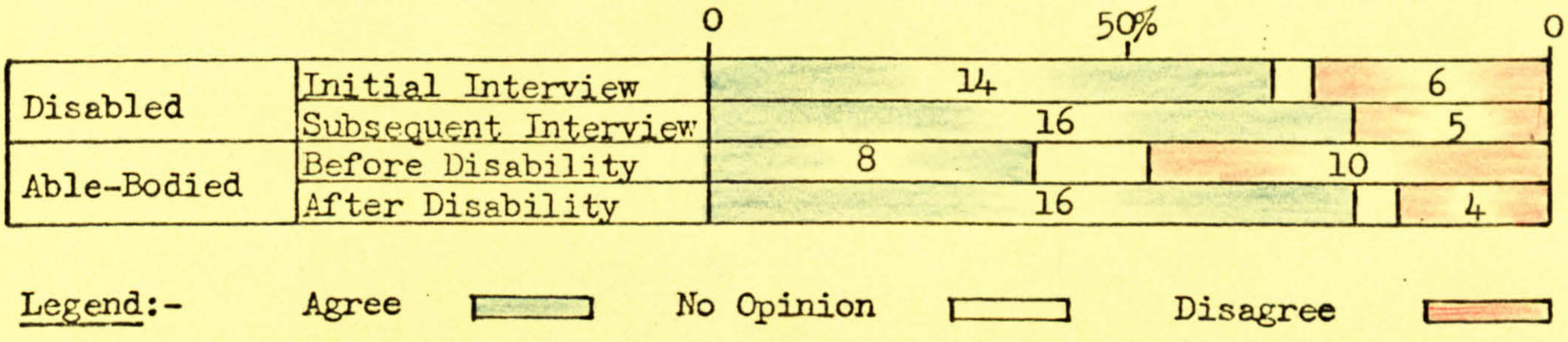
Changes in Attitudes Following the Onset of Disability

Statement No. 38

Disabled:- Since I became disabled, I think that the opportunities available to me for gainful employment are limited.

Able-Bodied:- I think that the opportunities available to me for gainful employment are limited.

Group Responses to Statements (where Secondary Group Total N = 21 = 100%)



	Full Group Main Interview (N = 192)		Secondary Groups Initial Interview (N = 21)		Secondary Groups Subsequent Interview (N = 21)	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Disabled	3.229	1.775	3.238	1.578	2.714	1.848
Able-Bodied(1)	3.854	2.005	4.476	1.833	2.333	1.683
Group Diff.	-0.625	-0.230	-1.238	-0.255	0.381	0.165

Comments:- The mean scores of the secondary groups of disabled at their initial and subsequent interviews were nearer to the mean score of the full group of disabled respondents at the main interview than to the mean score of the full group of able-bodied. Compared with the mean score at their initial (pre-disability) interview, the mean score of the secondary group of newly disabled respondents at their subsequent interview was nearer to the mean score of the full group of disabled respondents at the main interview.

Statements from the newly disabled respondents indicated that they believed that disability restricted opportunities for many disabled people to gain suitable employment. This seemed particularly applicable where jobs required specific skills, specialist training, academic qualifications and adaptability. The respondents thought that many employers and Trade Union Organisations were not prepared to give the disabled a fair opportunity to gain employment. Apart from the physical problems in coping with mobility, access and other issues associated with the personal consequences of disability, the respondents thought that too much attention was given by potential employers to the "risk" value frequently connected with the employment of disabled people.

The respondents indicated that in their pre-disability roles they had given little consideration to the provision of opportunities for the potential employment of disabled people and to the values and benefits which could accrue for the disabled from gainful employment.

CHAPTER VII

Summaries of General Findings

RESPONSES OF VARIOUS GROUPS SHOWN COLLECTIVELY

IN RELATION TO BEHAVIOURAL ELEMENTS CONCERNING DISABILITY

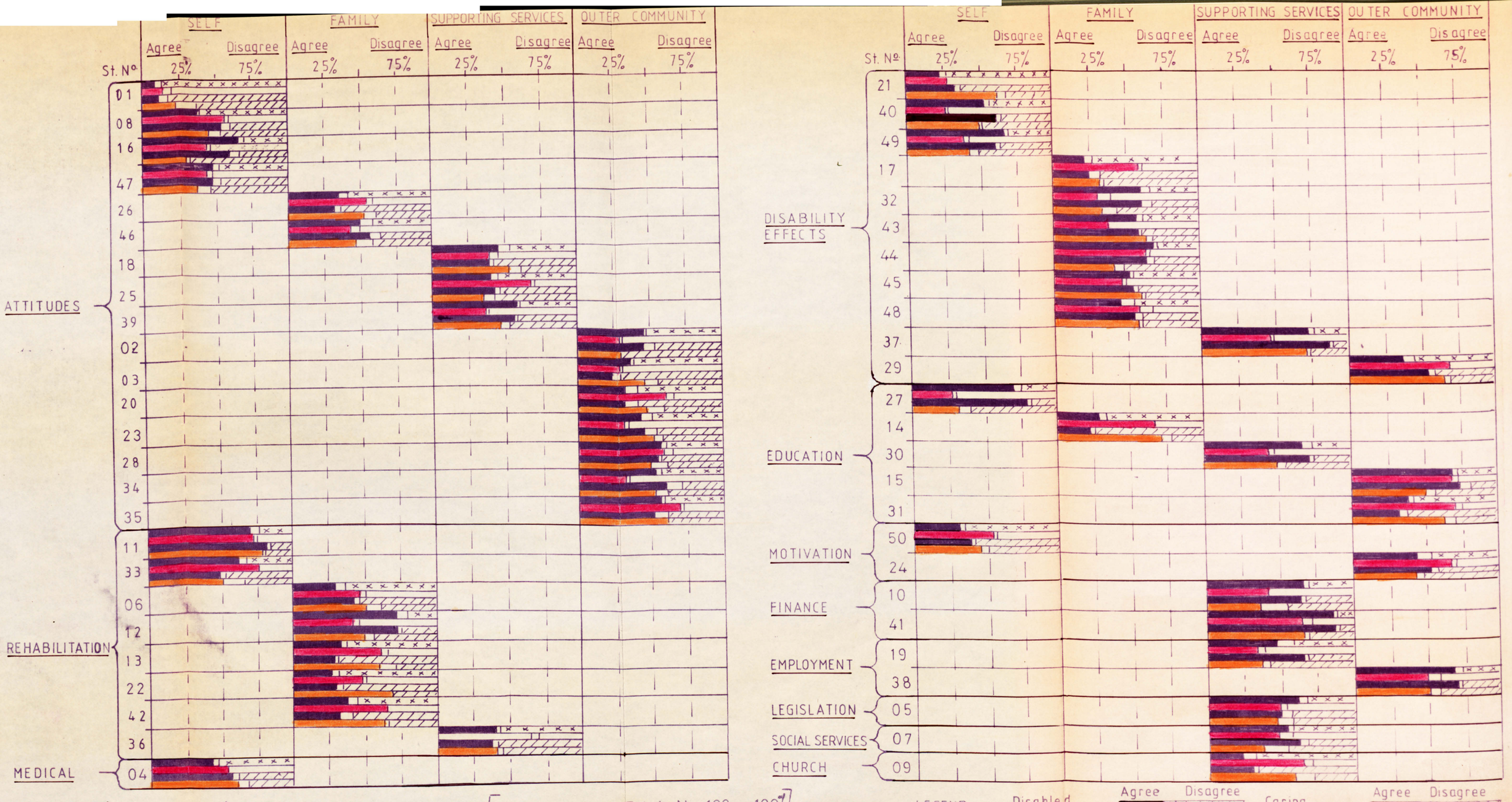


Fig. 14 GROUPS' RESPONSES TO STATEMENTS [where each Group Total, N ≡ 192 ≡ 100%]

Chapter VII

This chapter reconstructs the various issues, topics and areas of social interaction which appear from the research to be of significance to the disabled.

The responses of the different groups and a number of sub-groups are examined around the eleven (11) issues which were selected by the nominated panel from the social context of the main statements to have most influence on the behavioural reaction of physically handicapped people. Chapter reference to these particular issues is shown as follows:-

		Page No.
1.	Personal and Social Relationships (Attitudes)	558
2.	Disability Effects	589
3.	Rehabilitation	608
4.	Education	625
5.	Motivation	640
6.	Finance	646
7.	Employment	653
8.	Medical	670
9.	Legislation	679
10.	Health and Social Services	685
11.	Church	694
12.	General Conclusions ..	700

The different elements and characteristics produced by the different groups are examined and brought together to form a summary in respect of each individual issue. Fig. 14 (opposite page) presents a graphical illustration of the overall results. Other graphical illustrations in connection with the different group responses to a number of selected supplementary questions are shown on the ensuing pages. All supplementary questions' tables are available at Appendix V.

The chapter concludes with a final summation of the principal social barriers which appear from the study to influence the integration and development of physically handicapped people in social activities and in community life.

1. Personal and Social Relationships (Attitudes)

1. Personal and Social Relationships (Statement Nos. Self 01, 08, 16 and 47; Family 26 and 46; Supporting Services 18, 25 and 39; Outer Community 02, 03, 20, 23, 28, 34 and 35).

Personal and social relationships are dealt with between the disabled person, family and close friends, supporting services and the outer community. The responses given in reply to the above statements are summarised into the following categories:-

1.1 Self

1.2 Family

1.3 Supporting Services

1.4 Outer Community, and

1.5 Summary

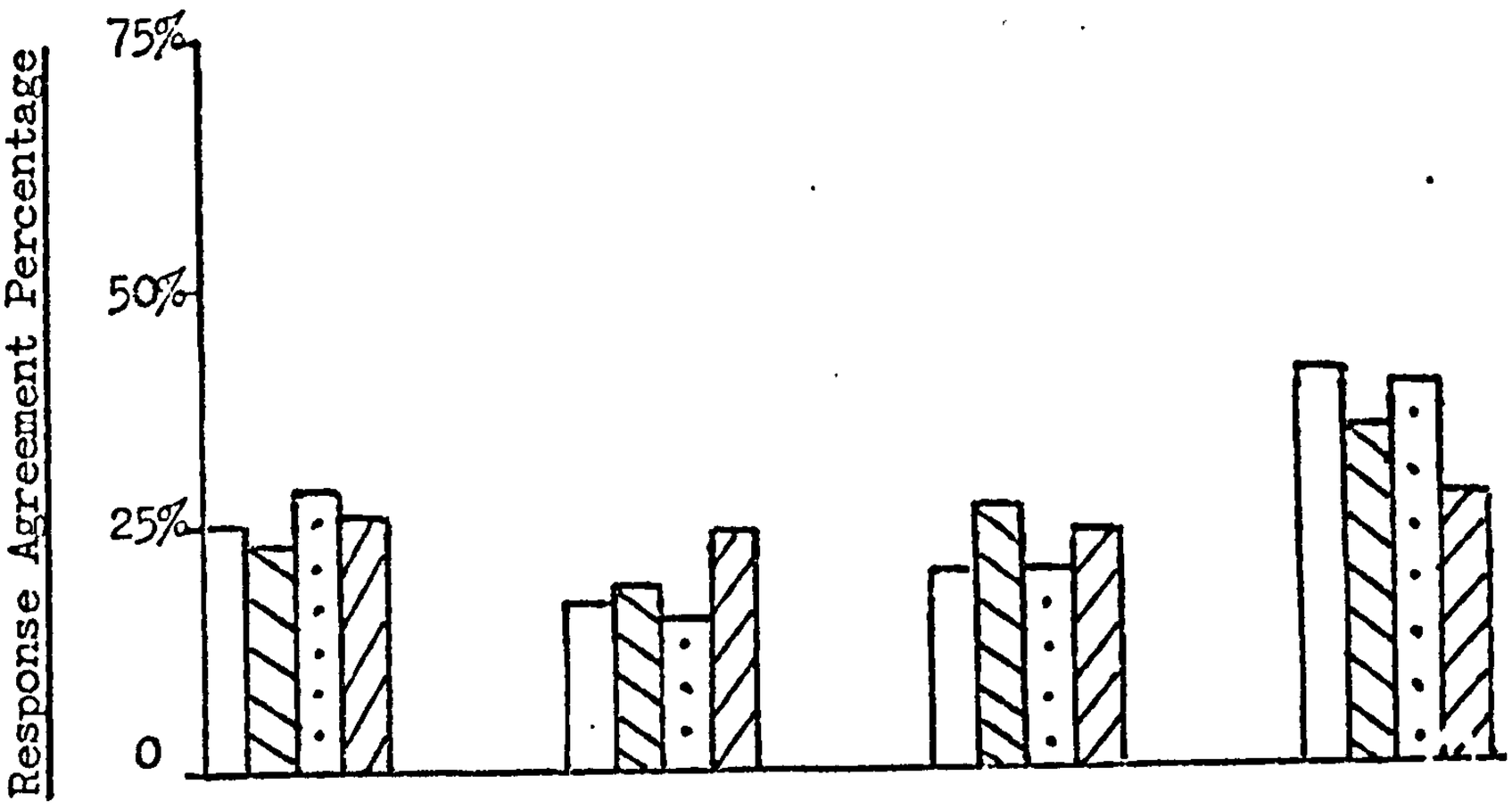
1.1 Self (Statement Nos. 01, 08, 16 and 47)

Statement No. 01 Eighty-six per cent (164) of the disabled and 82% (158) of the caring respondents indicated that the disabled perceived purpose in their lives. A smaller proportion (61% - 117) of the A.B.(2) group expressed a similar view in respect of the disabled whilst 80% (153) of the A.B.(1) group believed that the able-bodied were living with purpose. (Table 01 (1)).

To 39% (70) of the disabled and 38% (68) of the caring groups, attitudes within the outer community were most influential in determining the behaviour of the disabled; an opinion expressed similarly by 27% (43) of the AB.(2) group. Thirty-four per cent (61) of the A.B.(1) group considered that the attitudes of people within the outer community were most influential to the able-bodied. (Table 01 (2) and (3)).

Table 01 (3) Areas influential to behavioural attitude.

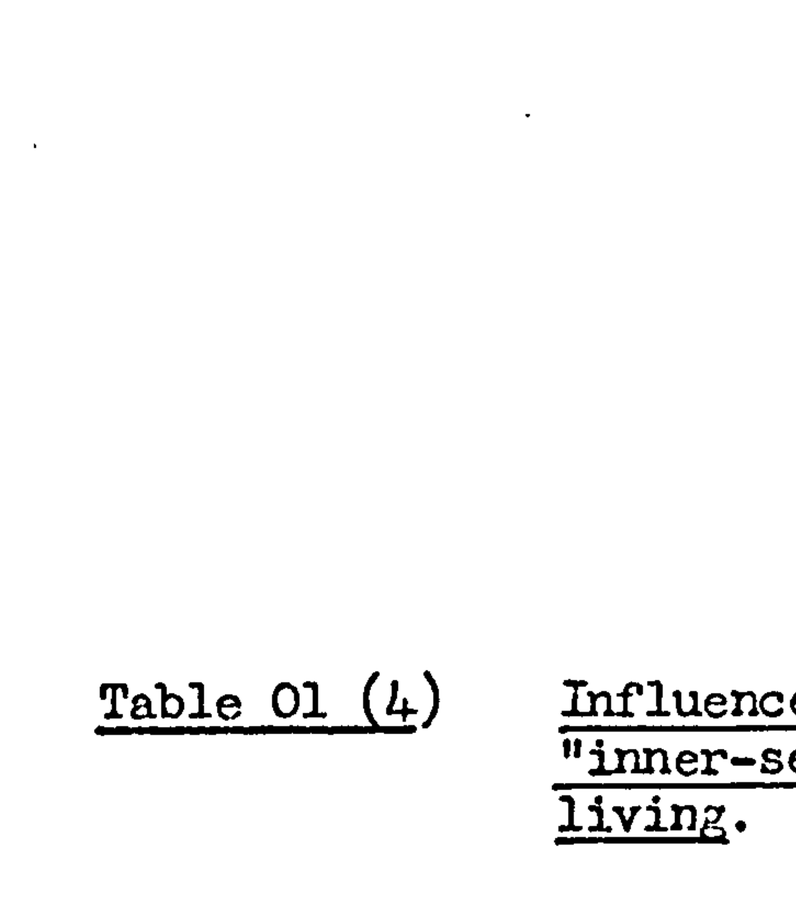
Personal Attitude	Family	Supporting Services	Outer Community



Legend:-

- Disabled (N = 178 = 93%)
- Able-Bodied(1) (N = 180 = 94%)
- Caring (N = 176 = 92%)
- Able-Bodied(2) (N = 160 = 83%)

Table 01 (4) Influence of "self-dependence" and "inner-self" perception to purposeful living.



Legend:-

- Disabled (N = 178 = 93%)
- Able-Bodied(1) (N = 180 = 94%)
- Caring (N = 176 = 92%)
- Able-Bodied(2) (N = 160 = 83%)

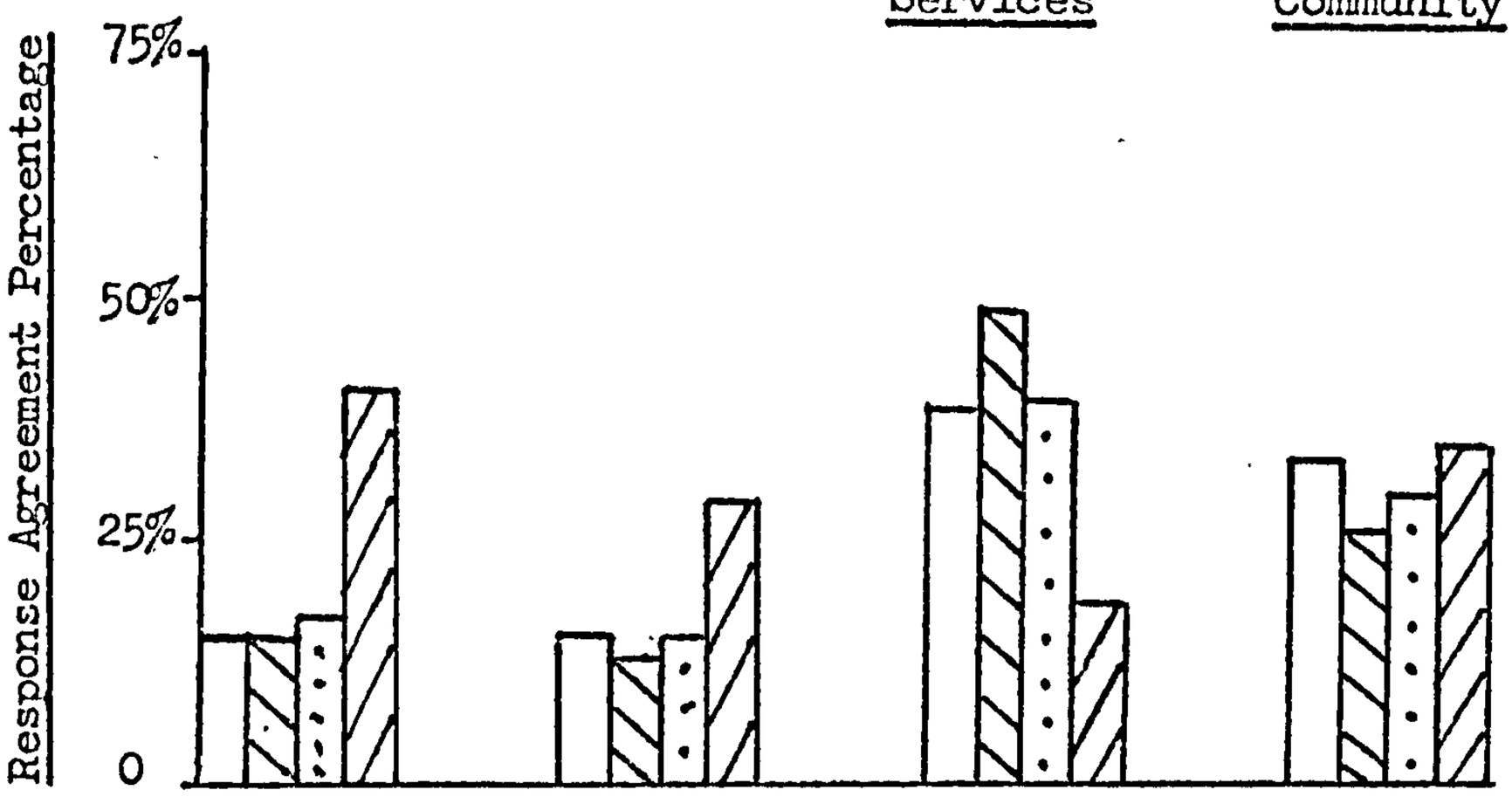
"Inner-self" perception and self-dependence were seen by 48% (78) of the disabled and by 50% (79) of the caring to be particularly important issues in contributing toward the relevant behavioural reaction of the disabled. A similar observation was recorded by 24% (27) of the A.B.(2) group. Fifty-eight per cent (89) of the A.B.(1) group considered the issues to be most important in relation to the able-bodied. (Tables 01 (4)).

In statements made by 52 (32%) disabled and 46 (29%) caring respondents exposure to disability promoted a challenge which had induced a more positive and single-minded attitude to the lives of the disabled than had been experienced by them before the onset of disability. Fourteen (12%) respondents in the A.B.(2) group and 15 (10%) respondents in the A.B.(1) group made statements which supported the experiences of the disabled and caring respondents. Forty-four (27%) disabled and 41 (26%) caring respondents believed that the development of such an attitude originated within the family sector and reached for fulfilment to the outer community.

"Some live dying - best to live dying" was quoted by 5 disabled respondents whilst 4 caring respondents believed that "Life could be understood backwards - but had to be lived forwards".

Statement No. 08 Compared with the responses of 38% (73) of the disabled group, 55% (106) of the caring and 47% (91) of the A.B.(2) groups believed that the disabled hoped to fulfil their ambitions. Fifty-seven per cent (110) of the A.B.(1) group indicated that the able-bodied hoped to fulfil their ambitions. (Table 08 (1)).

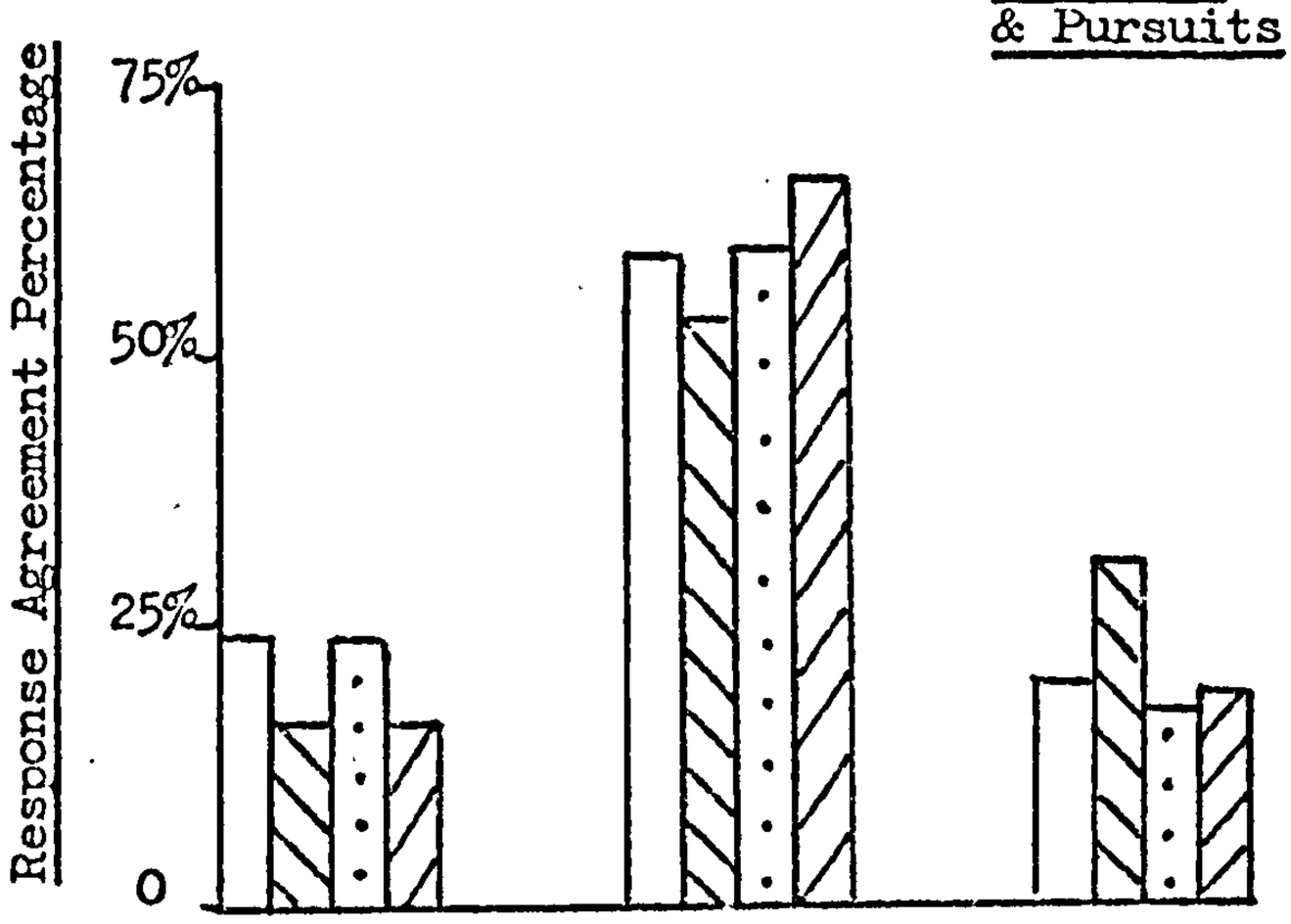
Table 08 (3) Influential areas in relation to fulfilment of ambition.



Legend:-

- Disabled (N = 189 = 98%)
- Able-Bodied(1) (N = 188 = 98%)
- Caring (N = 178 = 93%)
- Able-Bodied(2) (N = 177 = 92%)

Table 08 (5) Influential issues in relation to fulfilment of ambition within Supporting Services sector.



Legend:-

- Disabled (N = 72 = 38%)
- Able-Bodied(1) (N = 91 = 48%)
- Caring (N = 70 = 39%)
- Able-Bodied(2) (N = 32 = 18%)

The disabled (71% - 134) and caring (69% - 123) considered that assistance from the supporting services and outer community domains was most important in helping the disabled to fulfil their ambitions; a view perceived similarly by 32% (58) of the A.B.(2) group. Seventy-three per cent (137) of the A.B.(1) group expressed similar opinions in respect of the able-bodied (Tables 08 (2) and (3)).

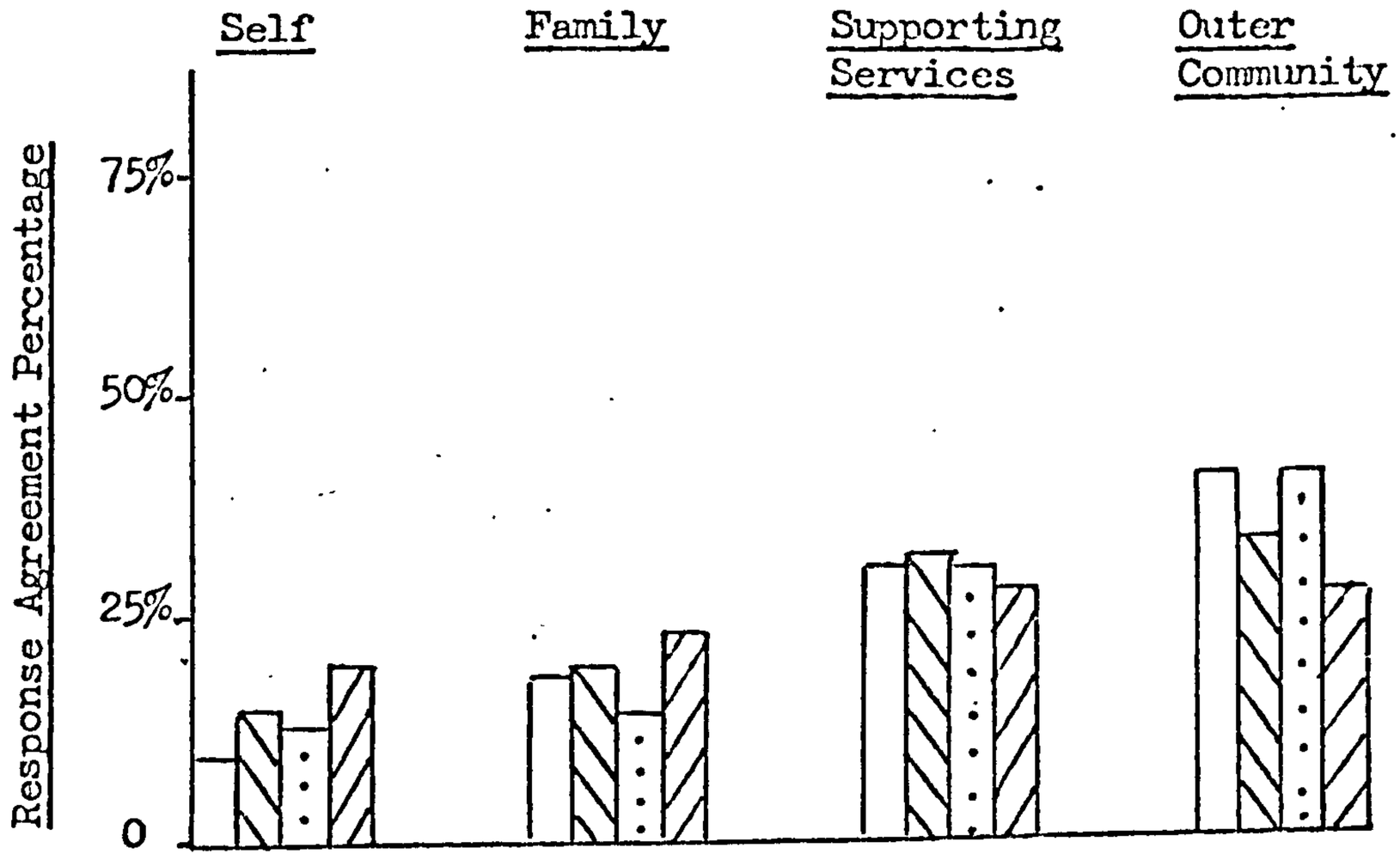
Employment was seen to be an important issue by large proportions of respondents in all groups (disabled, 57%; caring, 59%; A.B.(2) group, 66% and A.B.(1) group, 53%) who considered that the supporting services had an important influence in the fulfilment of a person's ambition (Tables 08 (4) and (5)).

Sixty-two disabled (33%) and 53 (30%) caring respondents stated that understanding and co-operative assistance from the outer community were important to the disabled for them to develop active-participant roles or other intellectual-spectator pursuits. Thirty-four (19%) A.B.(2) respondents believed that it was not so important for disabled people to receive assistance for active-participant roles as it was for able-bodied people.

One hundred and ten (61%) disabled and 103 (57%) caring respondents stated that ambition drive in respect of disabled people was associated with gaining status and recognition as a participative and contributory member of the community. This view was seen similarly by 34 (19%) respondents in the A.B.(2) group. Seventy-eight (43%) respondents in the A.B.(1) group expressed a similar thought in connection with able-bodied people.

Statement No. 16 Sixty-seven per cent (128) disabled and 60% (116) caring respondents considered that able-bodied people had changed their

Table 16 (3) Influential areas relating to change in attitudes.



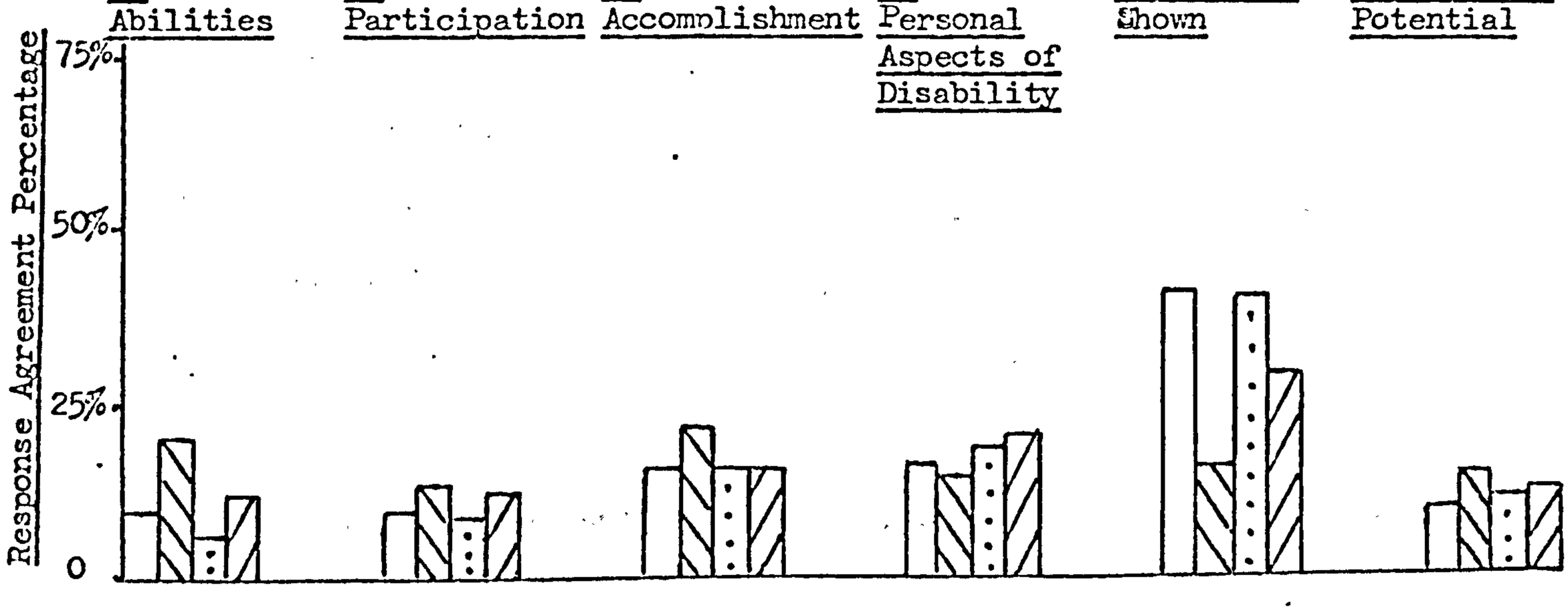
Legend:- Disabled (N = 186 = 97%)

Able-Bodied(1) (N = 187 = 98%)

Caring (N = 180 = 93%)

Able-Bodied(2) (N = 183 = 95%)

Table 16 (6) Influence of "coping" and "succumbing" issues associated with attitude change.



Legend:- Disabled (N = 128 = 100%)

Able-Bodied(1) (N = 86 = 100%)

Caring (N = 116 = 100%)

Able-Bodied(2) (N = 56 = 100%)

attitudes toward the disabled following the onset of disability. Sixty-six per cent (127) of the A.B.(2) group respondents disagreed with the opinions of the disabled and caring whilst 53% (101) of the A.B.(1) group indicated that as able-bodied people they had not experienced any obvious change in attitude towards them (Table 16 (1)).

To 73% (135) of the disabled and 73% (131) of the caring respondents, the areas most influential in connection with attitude change toward the disabled were the supporting services and outer community. This view was seen similarly by 58% (108) of the A.B.(2) group and, in relation to the able-bodied, 66% (124) of the A.B.(1) group. (Tables 16 (2) and (3)).

Responses to changes in positive-negative attitudes within the different domains are seen in Table 16 (4), (5) and (6).

The degree of assistance given to the disabled to overcome their personal and environmental difficulties was a particularly influential issue in the "coping" and "succumbing" aspects of disability as indicated by 41% (53) disabled and 40% (46) caring respondents. (Table (6)). The presentation of "stigmatising" attitudes were revealed in some of the succumbing aspects experienced by the disabled and caring. For example, 33% (30) disabled and 38% (31) caring respondents within the groups referred particularly to the failure of the able-bodied to reveal appreciation of the negative aspects of the personal life of the disabled and a lack of appreciation of their accomplishment (Table (5)). A prevalence of comparisons between disabled and "normal" people by the more able-bodied were frequently interpreted by the disabled and caring respondents to be an emphasis on the shortcomings of the disabled.

The importance of assistance and recognition of abilities and problems of the disabled are also shown in Table 16 (7) which indicates the influence of cognitive factors in both the positive and negative behavioural reaction of attitude change by the different groups.

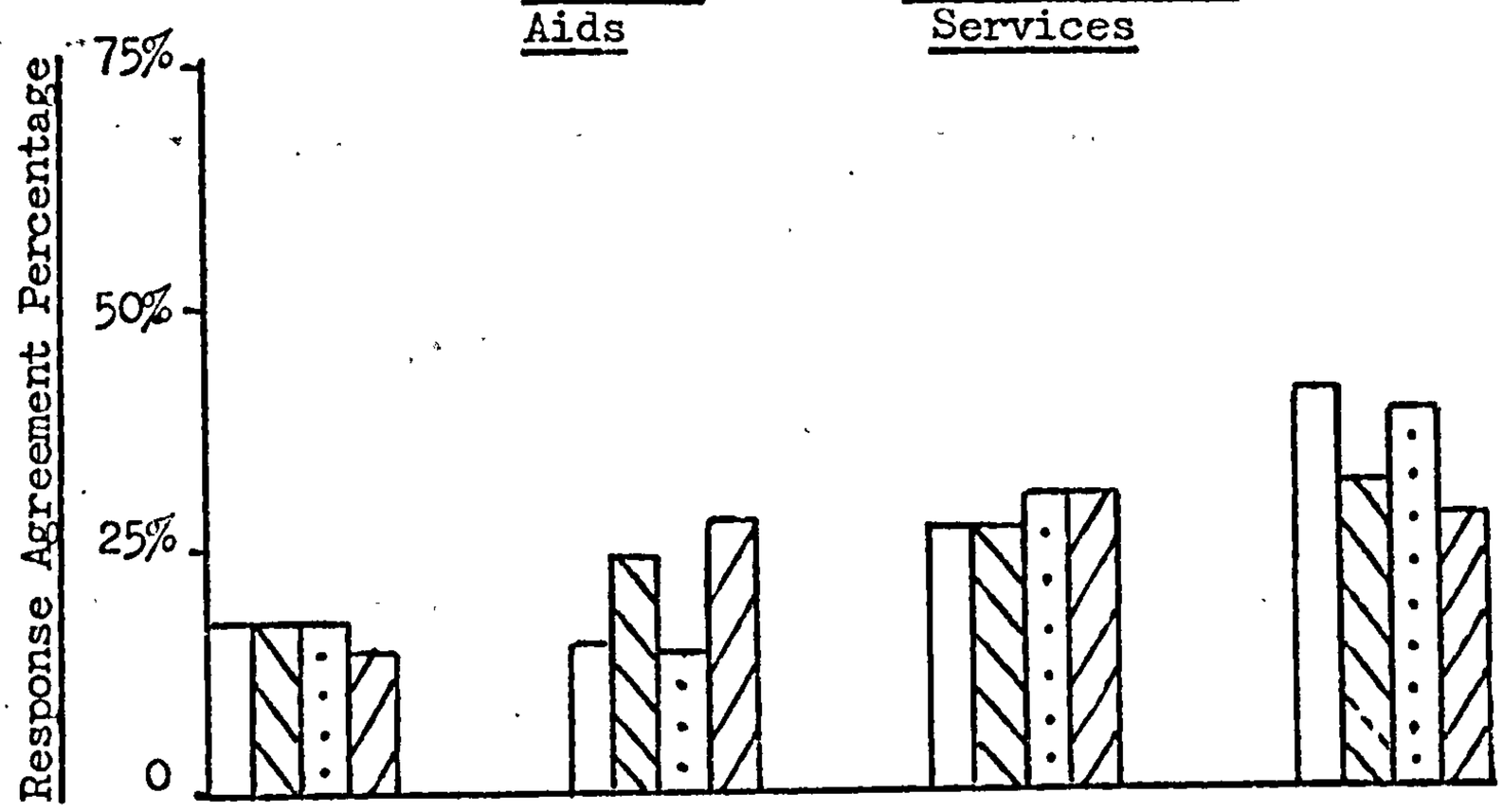
Ninety-five (74%) disabled and 97 (84%) caring respondents specifically stated that there was a need for more education of the public about the realisation and consequences of disability, particularly in connection with social integration, constructive and positive support policies by the Supporting Services and the contributory role of the disabled in society.

Sixty-four (71%) disabled and 69 (84%) caring respondents referred to the influence of expressions of pity and uneasiness which contributed to the negative behavioural reaction in the affective domain of attitude change. Their views were seen similarly by 10 (41%) A.B.$^{(2)}$ group respondents. Expressions of inspiration were seen by 18 (47%) disabled and 19 (56%) caring respondents to contribute most to the positive aspects of attitude change and a similar view was perceived by 7 (21%) A.B.$^{(2)}$ group respondents. (Table 16 (8)).

Ninety-six (53%) disabled and 115 (64%) caring respondents indicated that close interpersonal contact between disabled and able-bodied tended to produce more significant and positive changes in attitudes towards the disabled than relatively superficial contact, particularly where disabled and able-bodied interacted in situations of equitable social status. Agreement with this opinion was recorded by 43 (24%) A.B.$^{(2)}$ and 51 (28%) of A.B.$^{(1)}$ respondents.

Seventy-five (42%) disabled and 67 (37%) caring respondents thought that specific attitudes toward the disabled were part of a

Table 47 (5) Issues which tend to produce "demanding" reaction by disabled



Legend:- Disabled (N = 180 = 94%)
Able-Bodied(1) (N = 185 = 97%)
Caring (N = 178 = 94%)
Able-Bodied(2) (N = 174 = 91%)

large constellation of attitudes and beliefs which might have some relationship with other groups of people who appeared to be different from prevailing norms. Thirty-three (18%) A.B.(2) and 28 (16%) A.B.(1) respondents subscribed to a similar belief.

Statement No. 47 Forty-nine per cent (93) of the disabled and 49% (93) of the caring groups indicated that the disabled were demanding in their nature. A smaller proportion (39% - 74) of the A.B.(2) group agreed with the observation made by the disabled and caring whilst 45% (86) of the A.B.(1) group made a similar response in relation to the able-bodied. (Table 47 (1)).

To 55% (99) disabled and 54% (95) caring respondents the demanding nature of the disabled was most evident in the domains of the supporting services and outer community; a situation seen also by 62% (111) of the A.B.(2) group respondents and, in respect of the able-bodied, 67% (124) of the A.B.(1) group respondents. (Tables 47 (2) and (3)).

The importance of understanding the needs of the disabled within the domains of the supporting services and outer community seemed evident by the responses of the disabled and the caring respondents when they referred to issues which contributed to the demanding nature of the disabled (Table 47 (4) and (5)).

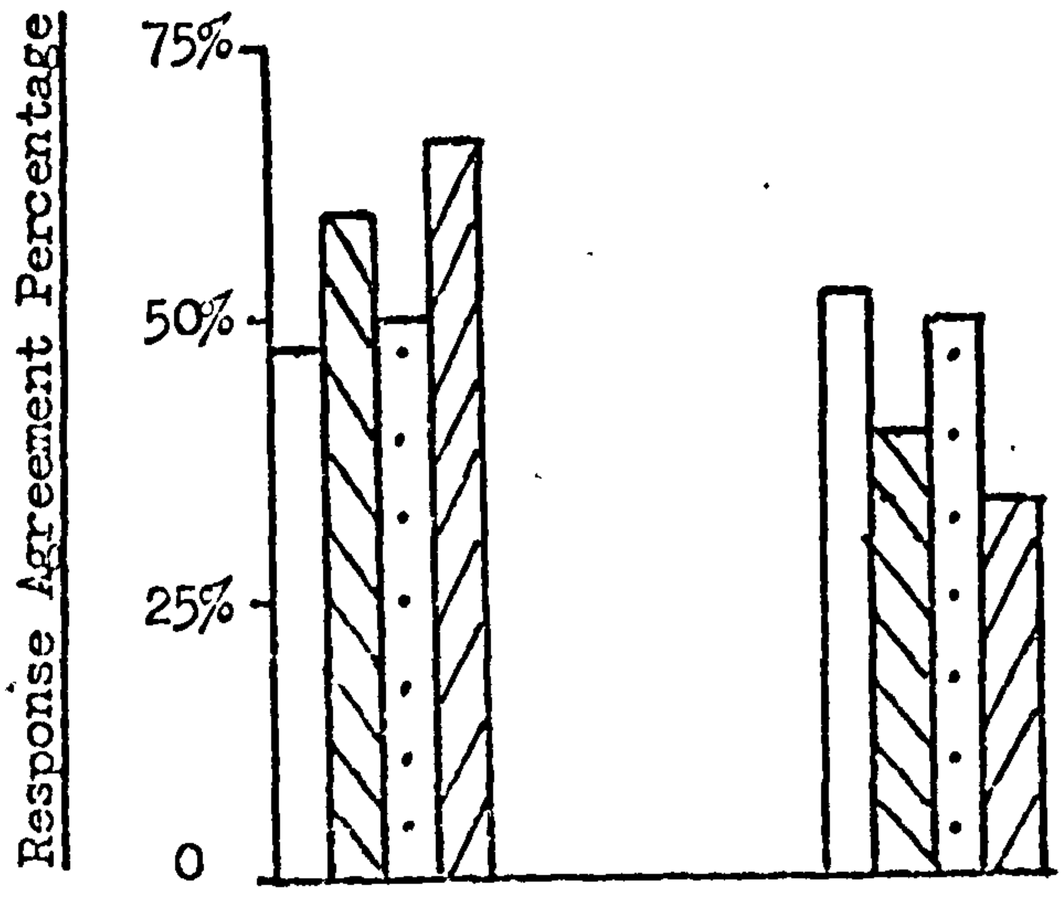
Sixty-eight (38%) disabled and 77 (43%) caring respondents stated that although familiarity tended to reduce aversion and induce liking, the real problems involved with "demanding" behavioural reaction by the disabled were those associated with the usage of "time" and "space". To these respondents, people who were intimate with their "environment"

Table 26 (3) Areas where most concern was experienced in respect of personal relationships.



Legend:- Disabled (N = 181 = 94%)
Able-Bodied(1) (N = 189 = 98%)
Caring (N = 187 = 97%)
Able-Bodied(2) (N = 174 = 91%)

Table 26 (5) Personal issues which give concern in respect of relationships.



Legend:- Disabled (N = 181 = 94%)
Able-Bodied(1) (N = 189 = 98%)
Caring (N = 187 = 97%)
Able-Bodied(2) (N = 174 = 91%)

possessed great scope for self-expression and had the least need to participate in "role-playing" activities.

1.2 Family (Statement Nos. 26 and 46)

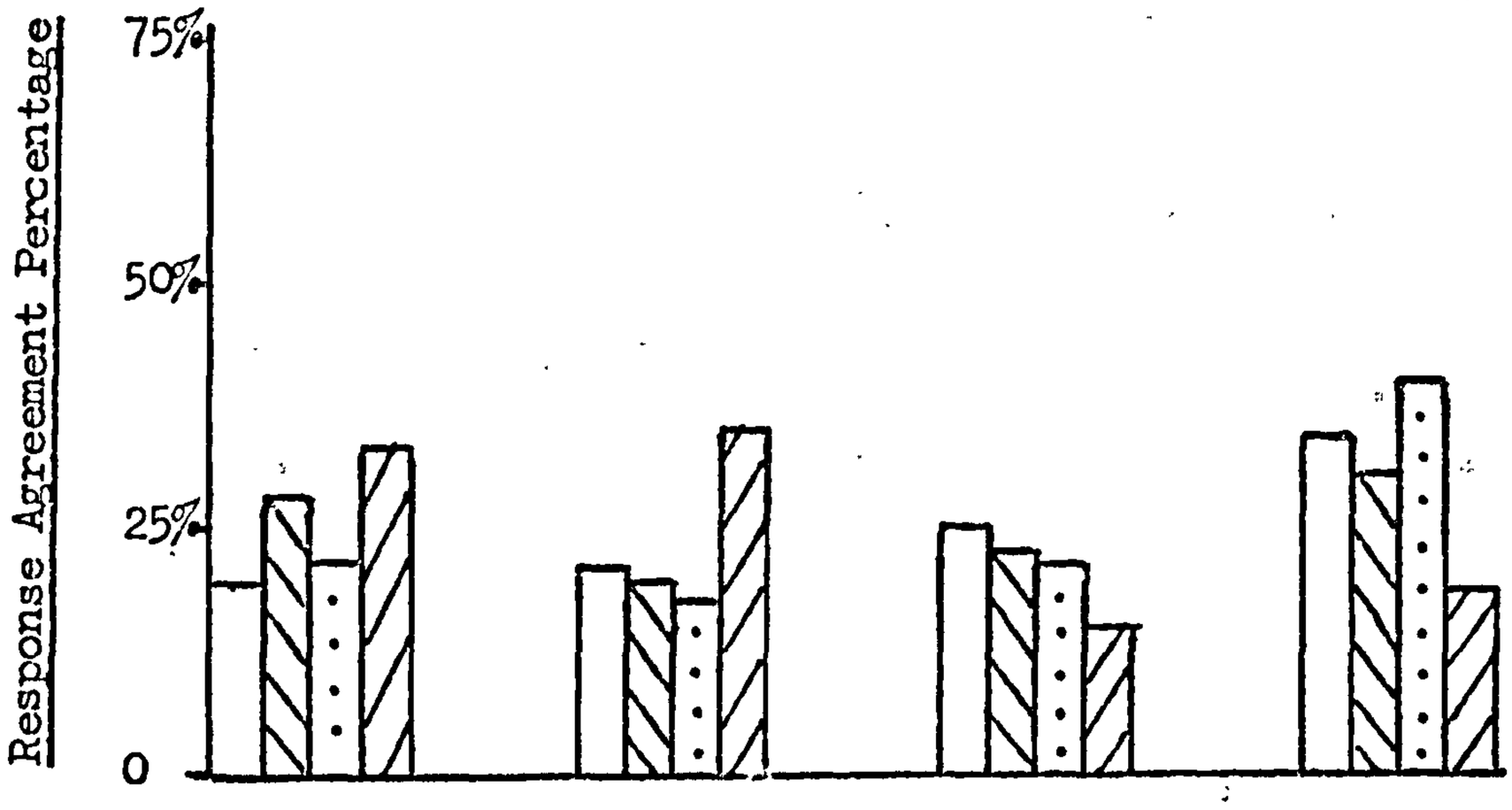
Statement No. 26 Fifty-eight per cent (111) of the disabled and 64% (123) of the caring groups indicated that the disabled worried when they said something to close friends which should have been left unsaid. This view was seen similarly by 38% (73) A.B.(2) group respondents. In relation to able-bodied people, 43% (83) of the A.B.(1) group indicated that they did not worry when reacting in a similar manner (Table 26 (1)).

The supporting services and outer community were seen by 85% (153) of the disabled and 84% (156) of the caring respondents to be domains wherein the disabled experienced most concern about personal relationships. A smaller proportion (66% - 115) of the A.B.(2) group made a similar observation. Seventy-six per cent (143) of the A.B.(1) group indicated that the supporting services and outer community domains were most influential to the able-bodied (Tables 26 (2) and (3)).

Fear of loss of social values are shown in Tables 26 (4) and (5) to be of more importance to the disabled (53% - 96) and caring (50% - 93) than indicated by the A.B.(2) (34% - 59) group. Sixty-six per cent (115) of the A.B.(2) group believed that issues involved with self-devaluation gave greater cause for concern to the disabled than those associated with loss of social values; a view seen in relation to the able-bodied by 59% (111) of the A.B.(1) group.

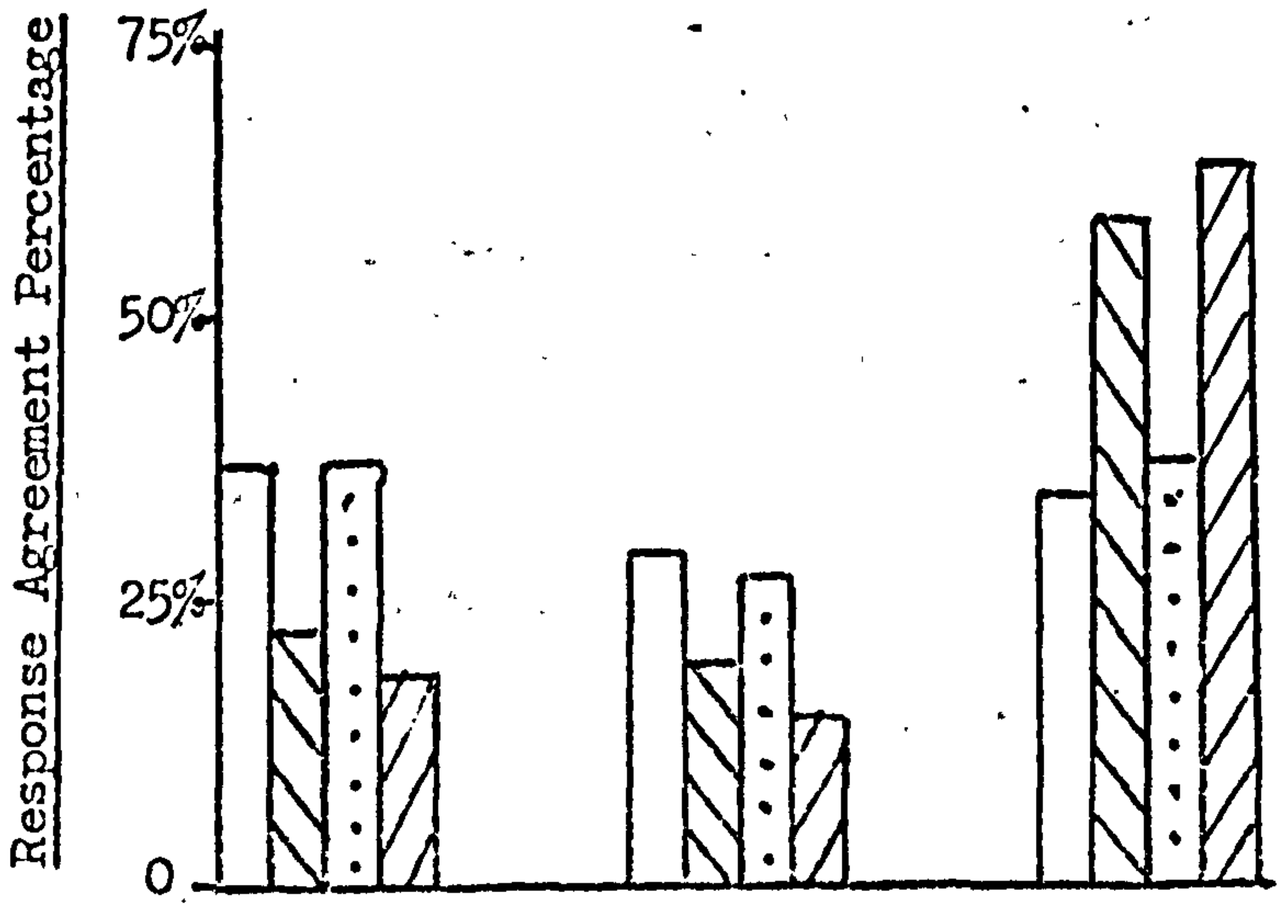
Seventy-three (40%) disabled and 62 (33%) caring respondents believed that the discontinuance of personal relationships with the

Table 46 (3) Areas where optimistic attitude was most prevalent.



Legend: Disabled (N = 173 = 90%)
Able-Bodied(1) (N = 181 = 94%)
Caring (N = 176 = 92%)
Able-Bodied(2) (N = 169 = 88%)

Table 46 (5) Issues considered important in contributing to an optimistic attitude



Legend:- Disabled (N = 173 = 90%)
Able-Bodied(1) (N = 181 = 94%)
Caring (N = 176 = 92%)
Able-Bodied(2) (N = 169 = 88%)

able-bodied could be traced to problems involved primarily with "social deviance". Seventy-four (41%) disabled and 79 (44%) caring respondents believed that positive self-concept and low anxiety were closely related in respect of attitudinal behaviour both in relation to disabled and able-bodied people. Fifty-one (28%) A.B.(2) and 63 (35%) A.B.(1) respondents expressed agreement with the belief. Forty-nine (27%) disabled and 46 (25%) caring respondents thought that ambivalent attitudes representing a mixture of ignorance, fear and over-protection constituted an important social barrier to the integration of many disabled. These respondents also indicated that many families of disabled people frequently found difficulties in finding an appropriate balance between support and encouragement for independence and social integration.

Statement No. 46 Fifty-one per cent (98) of the disabled and 56% (108) of the caring groups believed that the disabled displayed an optimistic outlook; a view perceived similarly by 48% (93) of the A.B.(2) group. A slightly smaller proportion (45% - 87) of the A.B.(1) group believed that they, as able-bodied people, could be described in optimistic terms. (Table 46 (1)).

The outer community to 34% (58) disabled and 40% (70) caring group respondents was the area where evidence was most prevalent to indicate that the disabled were optimistic; a view seen similarly by 19% (32) of the A.B.(2) group. The A.B.(1) group indicated that the outer community was the most influential area in relation to able-bodied people. (Tables 46 (2) and (3)).

The disabled (71% - 123) and the caring 73% - 129) respondents considered that understanding, acceptance and achievement were issues

which contributed most to the development of an optimistic attitude in respect of the disabled. A large proportion of the A.B.(2) group (65% - 111) thought that achievement, alone, by the disabled was the most influential issue. The responses of the A.B.(1) group in relation to able-bodied people were much closer to the A.B.(2) group than those of the disabled and caring respondents. (Tables 46 (4) and (5)).

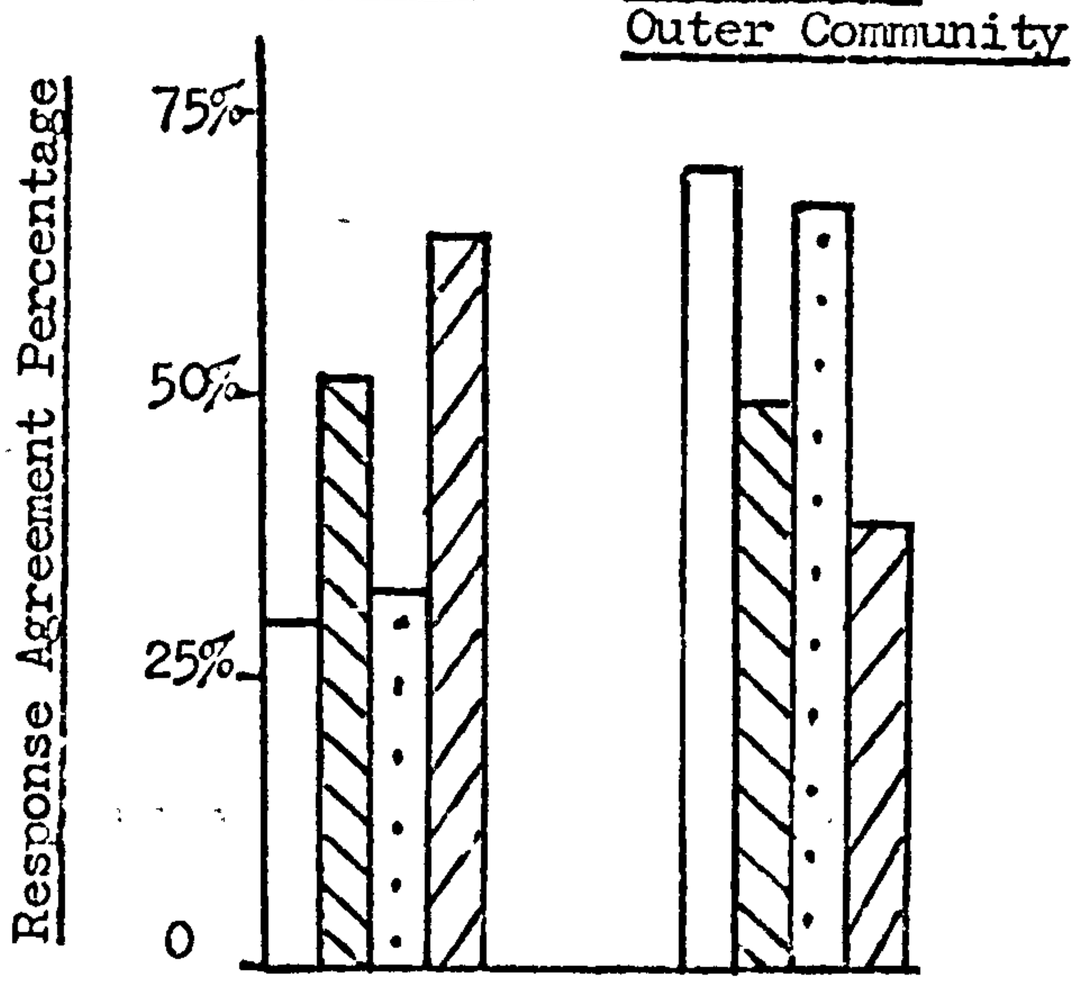
Seventy-seven (45%) disabled and 72 (42%) caring respondents stated that the disabled frequently made use of denial and an unrealistic mode of optimism within the outer community. Behaviour of this nature was perceived by these respondents to be unusual in the family sector as it was in the family environment that the disabled were free of inhibitions and developed a confidence and a positive attitude which enabled them to interact with the supporting services and outer community.

1.3 Supporting Services (Statement Nos. 18, 25 and 39)

Forty-five per cent (86) of the disabled and 41% (79) of the caring groups indicated that the disabled believed that they would be described as unrealistic. A slightly larger proportion (54% - 103) of the A.B.(2) group indicated that disabled people were unrealistic. The responses (41% - 79) of the A.B.(1) group, in respect of the able-bodied, were close to those of the caring respondents. (Table 18 (1)).

Seventy per cent (120) of the disabled and 68% (127) of the caring respondents indicated that a realistic attitude was most important in the supporting services and outer community domains; a view perceived similarly by 38% (66) of the A.B.(2) group. Forty-nine per cent (90) of the A.B.(1) group indicated that a realistic attitude

Table 18 (3) Areas where the presence of a realistic attitude was considered to be most important.



Legend:- Disabled (N = 171 = 89%)
Able-Bodied(1) (N = 183 = 95%)
Caring (N = 187 = 97%)
Able-Bodied(2) (N = 175 = 91%)

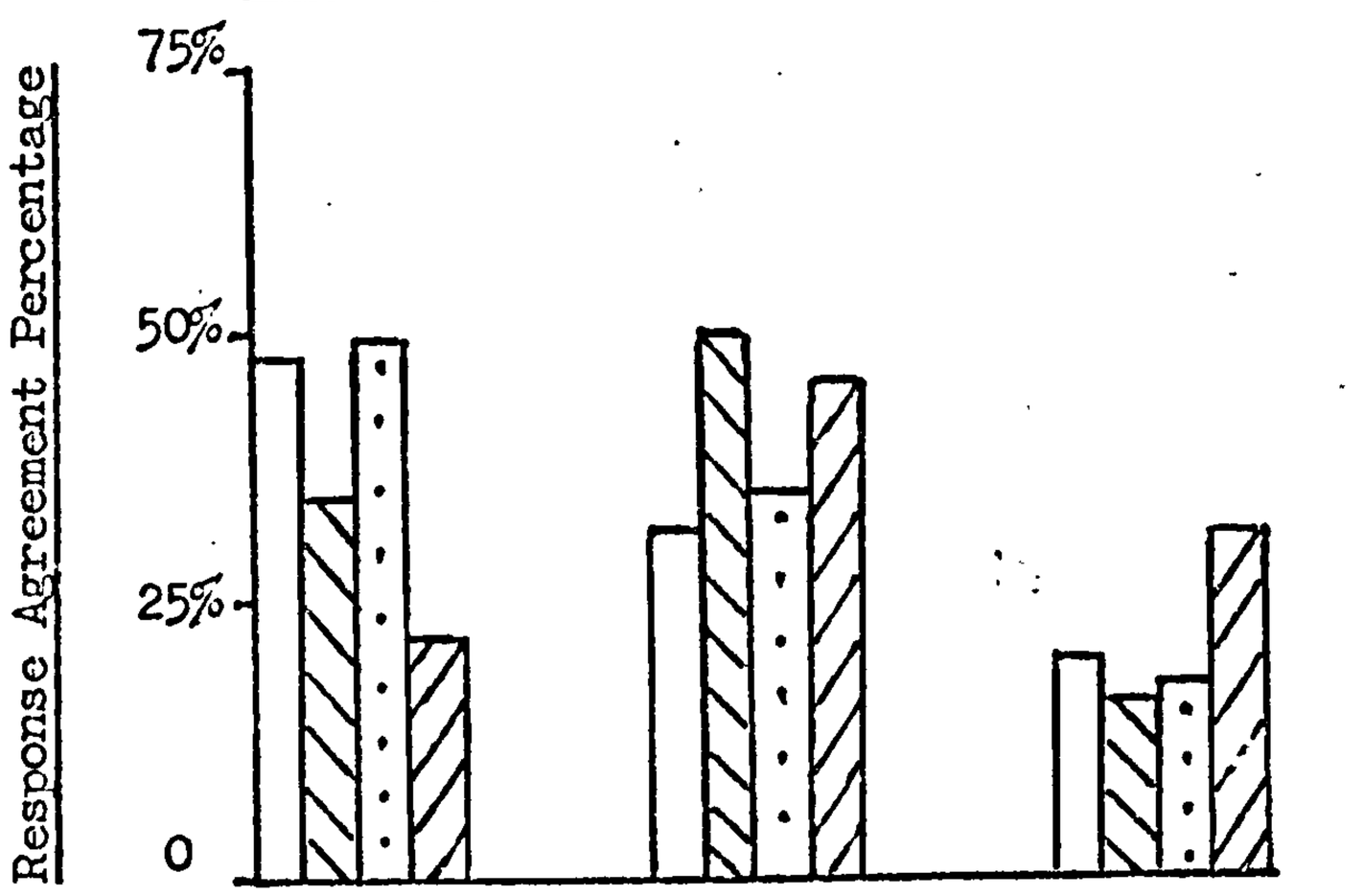
was most important to the able-bodied in the supporting services and outer community domains. (Tables 18 (2) and (3)).

Seventy per cent (121) of the disabled and 71% (133) of the caring respondents indicated that financial benefits, education, employment, access, mobility and social integration were particularly important issues in influencing the attitudes of the disabled. Such issues were believed by 34% (59) of the A.B.(2) group to be important in the formation of a "realistic" attitude by the disabled. Fifty-six per cent (103) of the A.B.(1) group considered the respective issues to be important to the able-bodied (Tables 18 (4) and (5)).

Sixty-two (72%) disabled and 61 (77%) caring respondents stated that much of the "unrealism" attributed to the disabled was due to the failure of the able-bodied to understand the problems of disability. To these respondents this belief was strengthened by the manner in which they perceived how the able-bodied "explained away" why remedial action could not be taken in situations affecting housing, financial benefits, education, employment, access and mobility rather than attempting to suggest appropriate remedial action to assist the disabled.

One hundred and fifty-two (84%) disabled and 129 (72%) caring respondents believed that the real problems of the disabled were primarily sociological in content. This belief suggested to the respondents that the subject should be studied, examined, surveyed and treated in its fulness if maximum good was to be achieved on behalf of both disabled and able-bodied. These respondents also indicated that it was important for all concerned with the health and welfare of disabled people to appreciate that specific "role objectives" were essentially inter-related within a much larger sociological premise.

Table 25 (3) Important issues in behavioural reaction to assistance.



Legend:- Disabled (N = 180 = 94%)

Able-Bodied(1) (N = 189 = 98%)

Caring (N = 185 = 97%)

Able-Bodied(2) (N = 175 = 91%)

General agreement with these observations of the disabled and caring groups were recorded by 83 (46%) A.B.(2) and 92 (51%) A.B.(1) respondents.

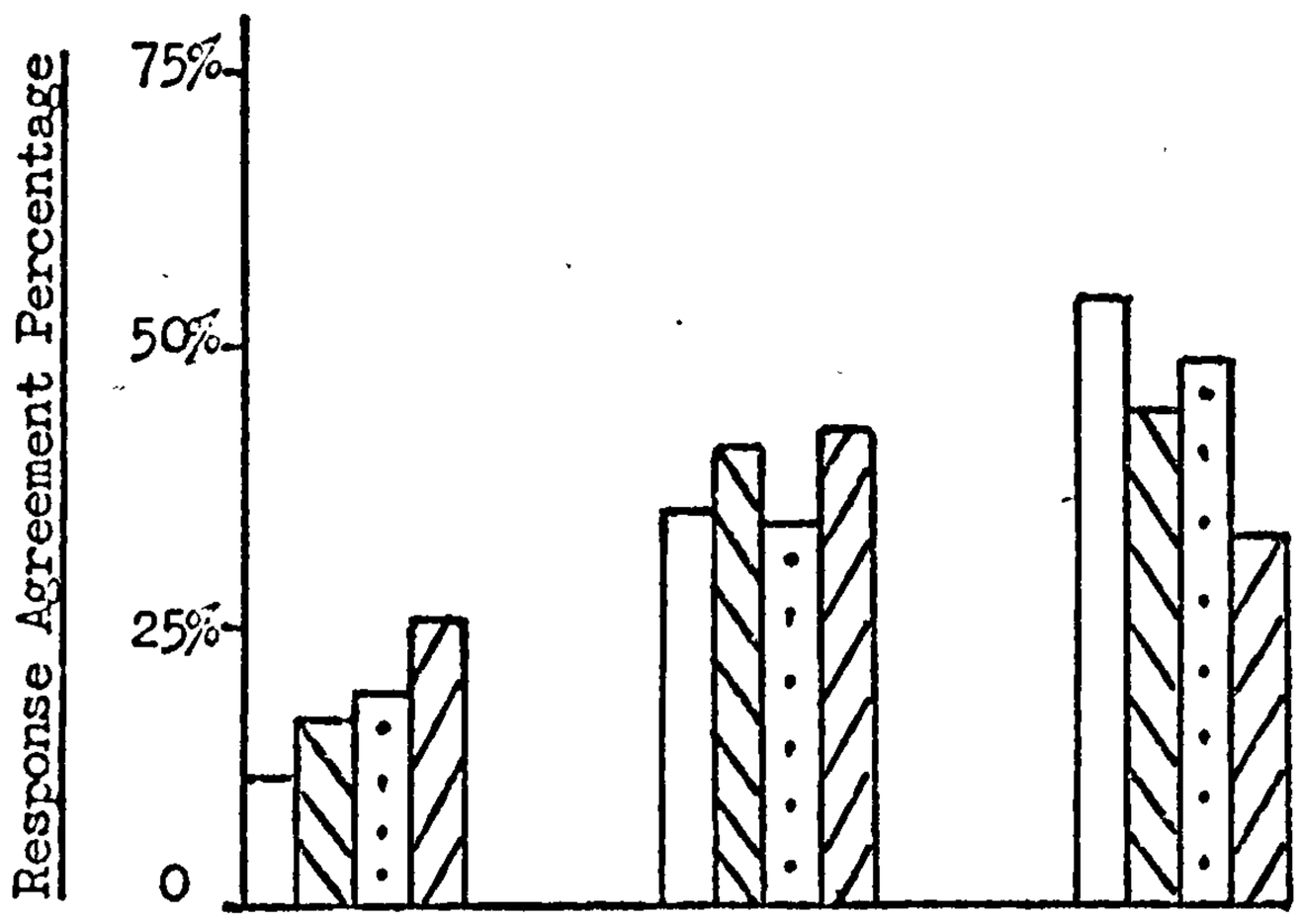
Statement No. 25 Fifty-three per cent (102) of the disabled and 53% (101) of the caring groups indicated that the disabled did not readily accept assistance from other people. This opinion was supported by 55% (105) of the A.B.(2) group respondents. Twenty-nine per cent (56) of the A.B.(1) group indicated that the able-bodied did not readily accept assistance from others. (Table 25 (1)).

To the disabled (48% - 87) and the caring (49% - 91) respondents, the attitude of the disabled to self-valuation was a particularly important issue contributing to behavioural reaction. The importance of this issue to the disabled was perceived by a much smaller proportion (22% - 39) of the A.B.(2) group. Thirty-five per cent (67) of the A.B.(1) group indicated that self-valuation was an important issue in the behavioural reaction of able-bodied people. (Tables 25 (2) and (3)).

The disabled and caring respondents were seen to have views which conflicted with the A.B.(2) group in relation to the contributions made by dependency and "self-image" toward the behavioural reaction of the disabled to acceptance of assistance. Compared with the A.B.(2) group (51% - 20), a smaller proportion of the disabled (24% - 21) and caring (21% - 19) considered the degree of "dependency" to be important to the disabled. On the other hand, whilst the presentation of the "self-image" was considered important to 39% (34) disabled and 43% (39) caring group respondents a much smaller proportion of the A.B.(2) group (15% - 6) made a similar observation (Table 25 (4)).

Table 39 (3) Area which held greatest influence in relation to presence of embarrassment.

	Family	Supporting Services	Outer Community



Legend:- Disabled (N = 184 = 96%)

Able-Bodied(1) (N = 185 = 96%)

Caring (N = 187 = 98%)

Able-Bodied(2) (N = 180 = 94%)

Apart from the success attributed to "will-power" and "determination" many disabled and caring respondents referred to complications which arose with the presentation of the "self-image" and the exercise of motivation towards complete independence and "normalcy", particularly in connection with issues involving status.

Statement No. 39 Fifty-nine per cent (113) of the disabled and 58% (111) of the caring groups indicated that the disabled were often embarrassed in the company of other people; an opinion seen similarly by 49% (94) of the A.B.(2) group. Thirty-seven per cent (71) of the A.B.(1) group indicated that able-bodied people were frequently embarrassed in the company of others. (Table 39 (1)).

To 54% (99) disabled and 49% (91) caring respondents, behavioural attitudes within the outer community provided the greatest influence on the degree of embarrassment for the disabled. A smaller proportion (33% - 60) of the A.B.(2) group expressed an opinion similar to that of the disabled and caring respondents. The responses of the A.B.(1) group were seen to be closer to those of the disabled and caring than those of the A.B.(2) group. (Tables 39 (2) and (3)).

Sixty per cent of both the disabled (110) and caring (112) group respondents indicated that issues involving communication and status were particularly influential in the "embarrassment" situation. Forty-five per cent (81) of the A.B.(2) group made a similar observation and, in relation to able-bodied people, 50% (93) of the A.B.(1) group made reference to the importance of communication and status within the "embarrassment" situation. (Tables 39 (4) and (5)).

Thirty-seven (33%) disabled respondents stated that they frequently experienced a sense of "embarrassment" when they found themselves

Table 02 (3) Areas of importance in relation to valuation of person.

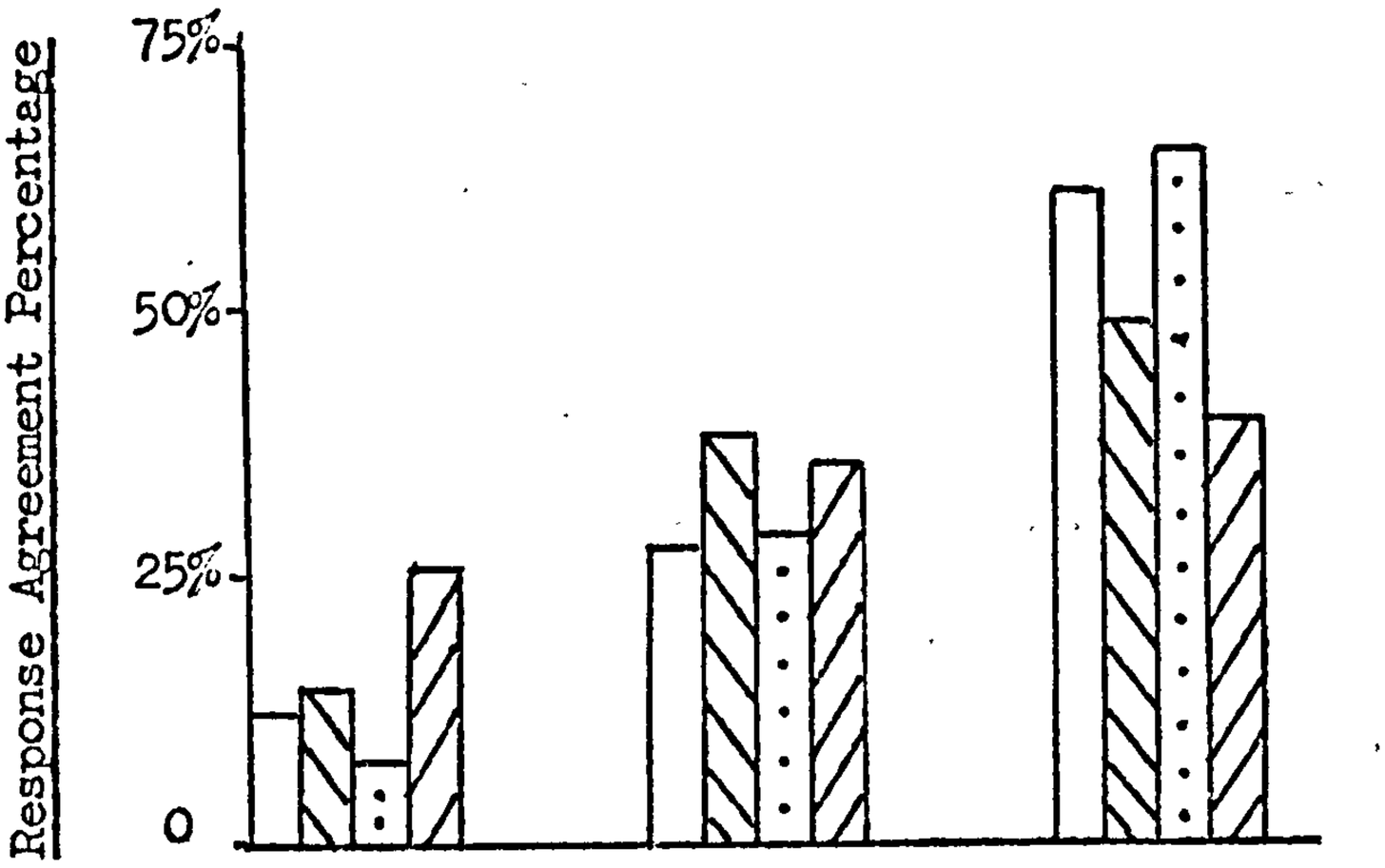
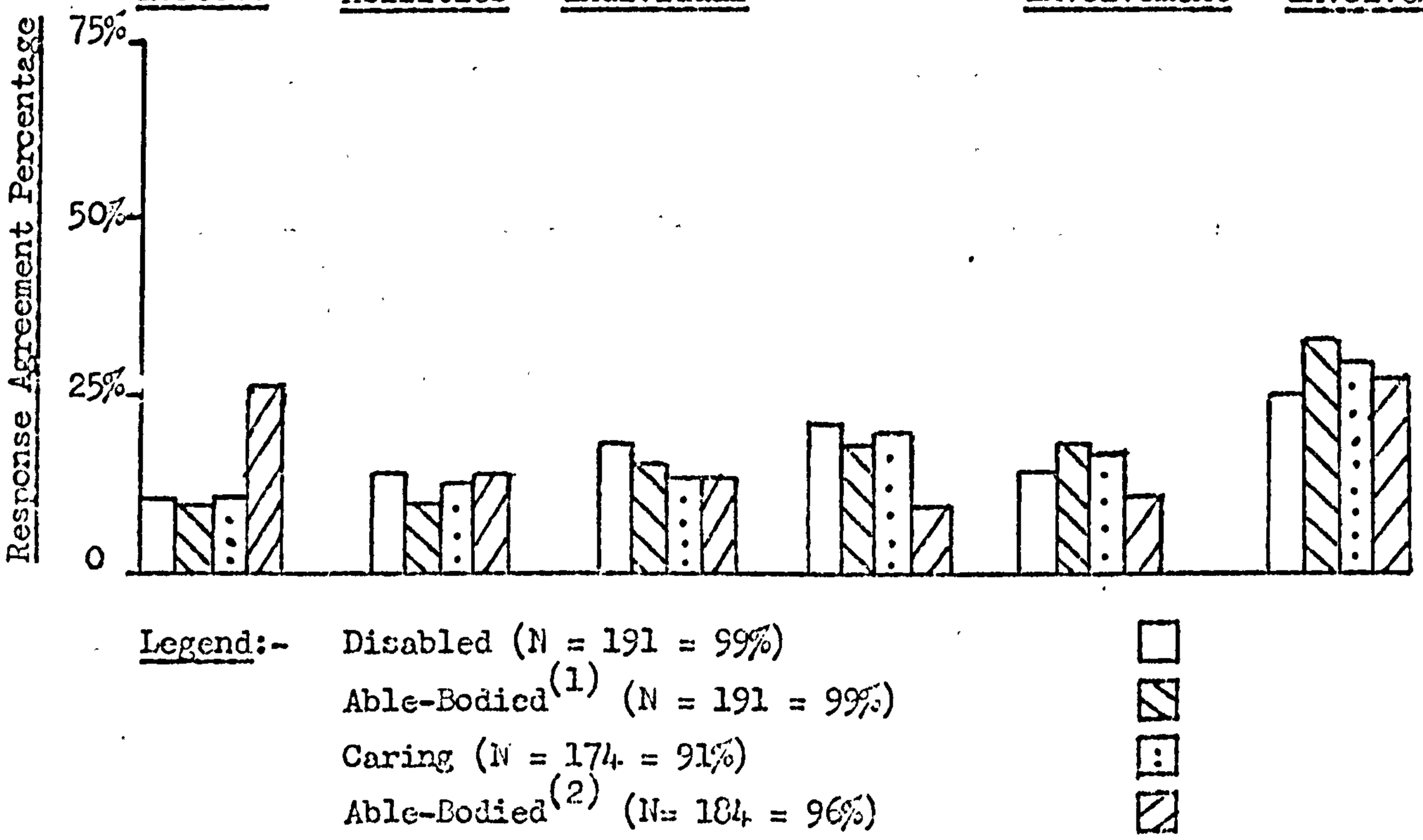


Table 02 (5) Issues which seemed important in the valuation of the person.



integrating, alone, amongst a large group of able-bodied people, particularly people who were unknown to them. Forty-one (58%) A.B.(1) group respondents stated that they were frequently embarrassed when making contact with disabled people, particularly on the initial occasion. Eighteen (43%) persons within this group stated that in many situations they found themselves "more disabled than the disabled".

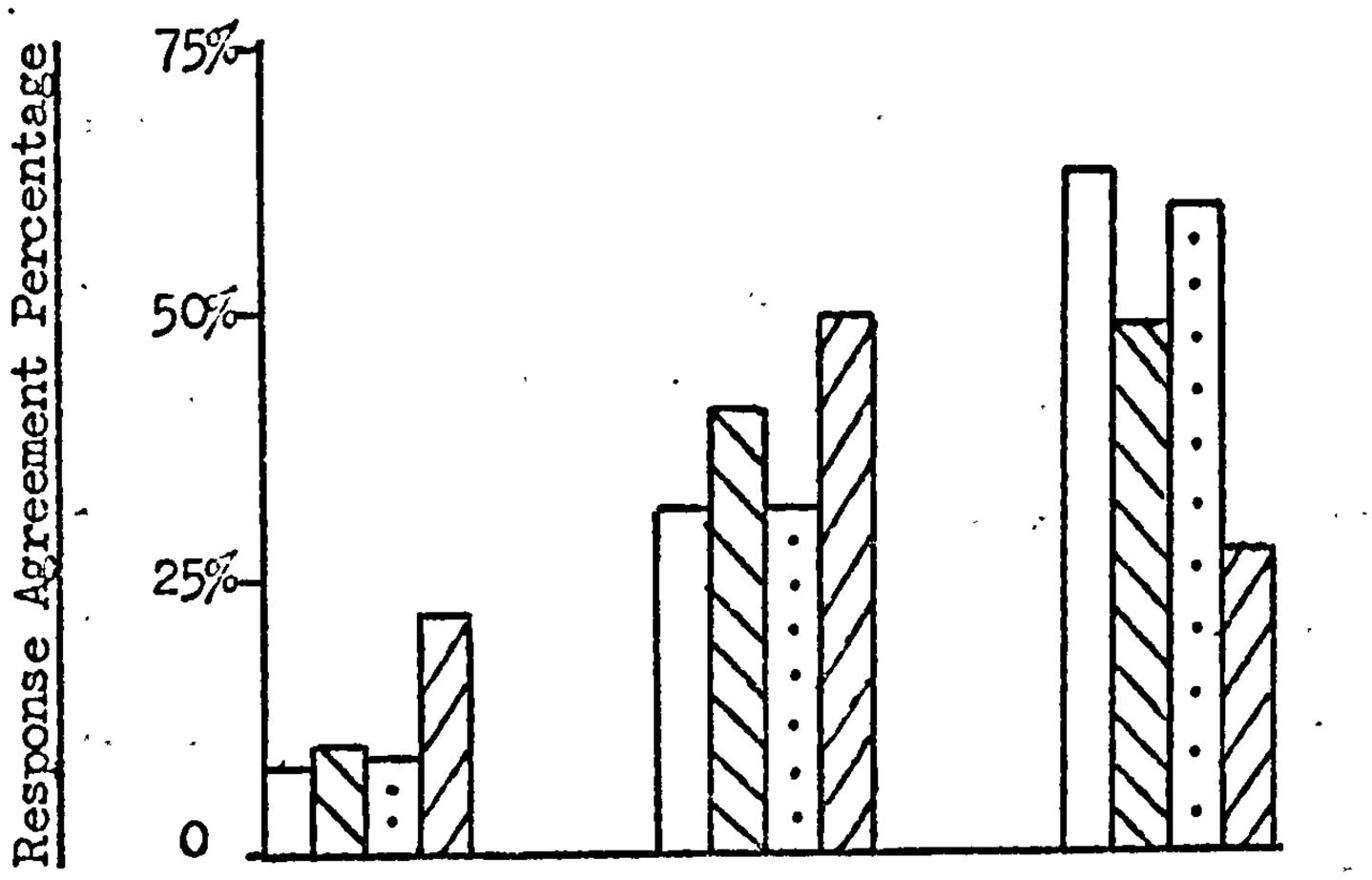
1.4 Outer Community (Statement Nos. 02, 03, 20, 23, 28, 34 and 35)

Forty-seven per cent (90) of the disabled and 46% (88) of the caring groups indicated that the disabled had frequently met persons who appear to think that the physical and mental ability of the disabled are related directly to each other. A smaller proportion (32% - 62) of the A.B.(2) group expressed a similar view. The responses of the A.B.(1) (31% - 59) group in relation to able-bodied people were close to those of the A.B.(2) group. (Table 02 (1)).

To 61% (116) of the disabled and 64% (112) of the caring respondents, the disabled encountered experiences of devaluation more within the outer community than in other areas; a situation similarly perceived by 38% (71) of the A.B.(2) group. Forty-eight per cent (92) of the A.B.(1) group believed that the able-bodied encountered similar experiences in the outer community. (Tables 02 (2) and (3)).

Attitudes to disability, residual abilities and capacities, overall perception of the individual and communication involvement were seen as some important issues in the process of valuation. (Tables 02 (4) and (5). The disabled (45% - 86) and caring (49% - 85) respondents indicated that participative involvement and co-operative responsibility were of primary importance to the disabled within the valuation process. These latter issues were considered important to

Table 03 (3) Areas where friendships were believed to be most difficult to establish.



Legend:- Disabled (N = 189 = 98%)
Able-Bodied(1) (N = 188 = 98%)
Caring (N = 182 = 95%)
Able-Bodied(2) (N = 175 = 91%)

the disabled by 37% (67) of the A.B.(2) group and, in relation to the able-bodied, by 51% (98) of the A.B.(1) group. (Tables 02 (4) and (5)).

Influential issues relating to "psychological spread", lack of involvement with decisions relating to their personal needs and welfare, denial of opportunities because of the belief of biological inferiority, inability of the disabled to contribute to "correct decisions" and to cope with strain, and the apparent belief by many able-bodied that the disabled should be assisted for "pity sake", or because it was "nice to help them" arose, in the opinions of 47% (90) disabled and 46% (88) caring respondents because the able-bodied believed that the disabled were fundamentally different. (Table 02 (6)).

Eleven (34%) able-bodied respondents stated that they believed physical disability frequently caused a deteriorating effect on the mental abilities of a person. They also thought that a measure of segregation was beneficial in respect of persons who were so handicapped. These respondents felt that they were justified in abdicating their responsibilities to the physically disabled if they were able to relate physical and mental handicap outside the "norm" of society.

Statement No. 03 Sixty-two per cent (119) of the disabled and 69% (132) of the caring groups believed that the disabled readily made friends. This opinion was supported by a much smaller proportion (43% - 82) of the A.B.(2) group. Sixty-eight per cent (131) of the A.B.(1) group respondents indicated that the able-bodied readily made friends. (Table 03 (1)).

Compared with 62% (118) disabled and 60% (110) caring respondents, 29% (50) of the A.B.(2) group believed that friendships for the disabled

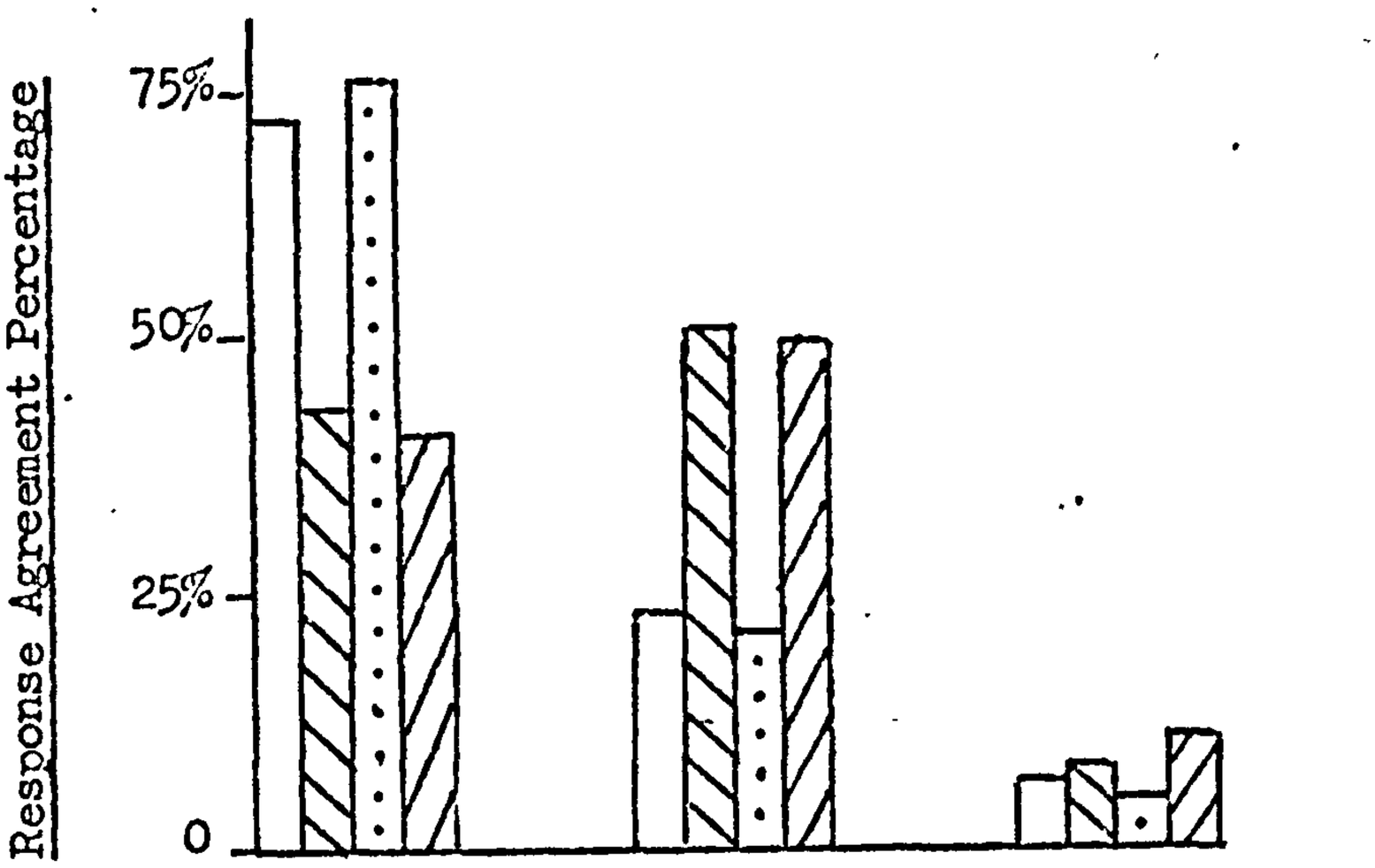
were most difficult to make in the outer community. Fifty per cent (88) of the A.B.(2) group indicated that friendship for the able-bodied was most difficult in the supporting services area. (Tables 03 (2) and (3)).

The importance of self-concept and personal independence to the disabled in social relations were considered important by 54% (103) of the disabled and 57% (105) of the caring groups. Twenty-eight per cent (49) of the A.B.(2) group made a similar observation. The pattern of responses of the A.B.(1) group in respect of the able-bodied resembled the pattern revealed by the A.B.(2) group respondents. (Tables 03 (4) and (5)).

Influential issues within the self-concept and considered important to the reaction of the disabled in the formation of friendships with the able-bodied were perceived by the disabled and caring respondents to include forced and rigid social behaviour, negative attitudes disguised as "concern" by the able-bodied, length of "friendship" periods, lack of shared responsibility and communicative participation, and the presentation of the self-image and general reaction to disability by the able-bodied (Table 03 (6)).

Statement No. 20 Thirty-four per cent (66) of each of the disabled and caring groups indicated that the disabled did not agree with the integration of differently coloured people in society. A larger proportion (48% - 93) of the A.B.(2) group recorded a similar observation. In relation to able-bodied people, 62% (118) of the A.B.(1) group indicated that they did not agree with the integration of different coloured people in society. (Table 20 (1)).

Table 20 (3) Issues which influence opinions relating to integration.



Legend:-

Disabled (N = 177 = 92%)	□
Able-Bodied(1) (N = 178 = 93%)	▨
Caring (N = 178 = 93%)	⁝
Able-Bodied(2) (N = 168 = 87%)	▨

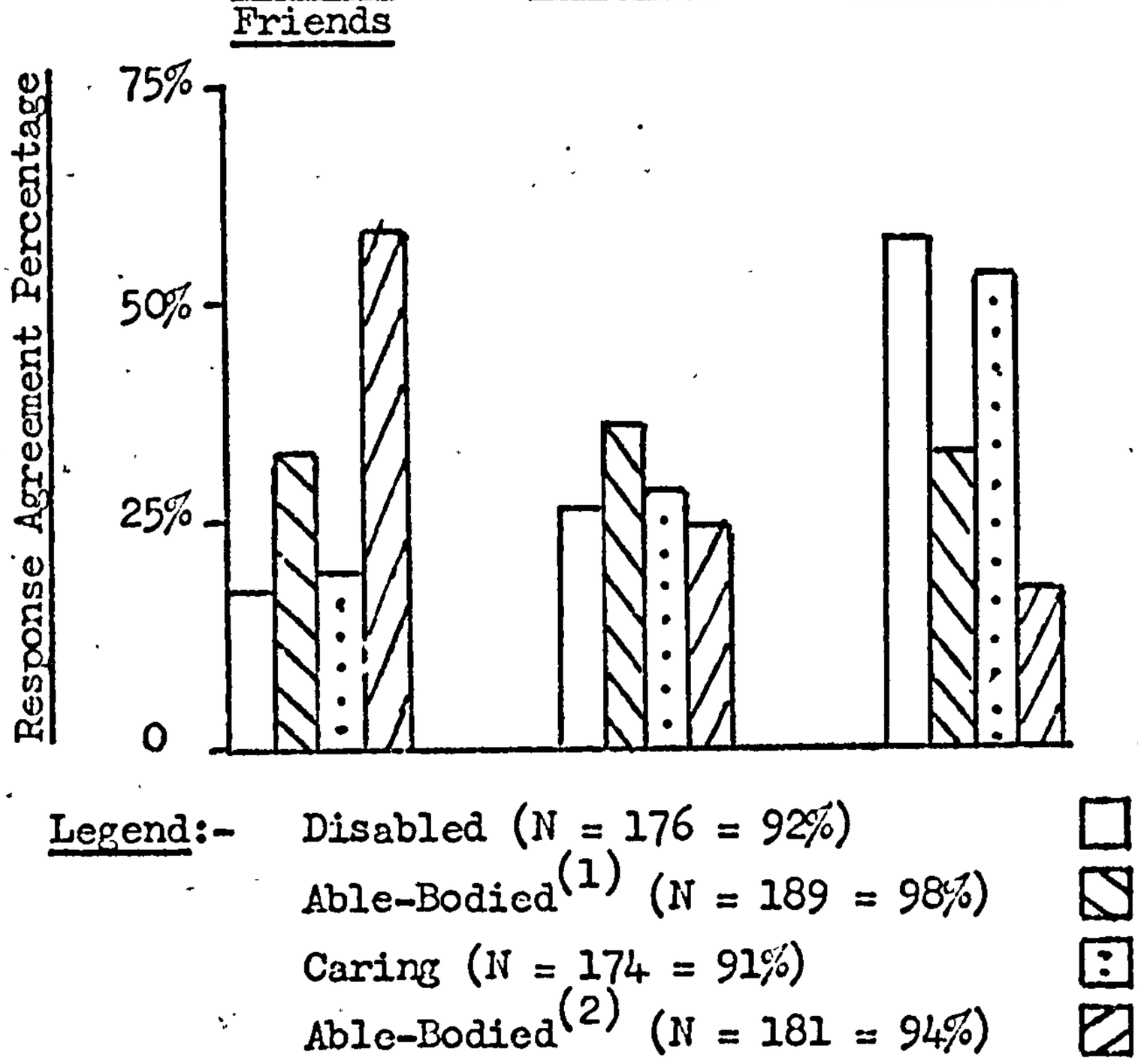
Seventy-one per cent (126) of the disabled and 75% (134) of the caring respondents believed that social attitudes and behaviour were the most influential issues involved with integration. These issues were seen similarly by a smaller proportion (40% - 68) of the A.B.(2) group. The responses of the A.B.(1) group in relation to able-bodied people were close to those of the A.B.(2) group. (Tables 20 (2) and (3)).

Whilst 32 (18%) disabled respondents referred to the importance of understanding individual persons and exhibiting tolerance in group issues, 54 (30%) respondents in the A.B.(1) group indicated that group membership permitted little scope for individuality. In general, these A.B.(1) respondents considered that the significant features and characteristics of one member of a specific group were common to all members of that group.

Statement No. 23 Forty-four per cent (84) of the disabled and 46% (88) of the caring groups indicated that many people who agreed with the disabled did so mainly because they felt that they were doing them good by supporting their views. A larger proportion (53% - 102) of the A.B.(2) group agreed with the views of the disabled and caring respondents. Thirty-four per cent (66) of the A.B.(1) group indicated that many persons who agreed with able-bodied people did so because they thought that they were doing them good by supporting their views. (Table 23 (1)).

Eighty-three per cent (145) of the disabled and 81% (141) of the caring respondents considered that the supporting services and outer community were domains where "sympathy agreement" to the disabled was most evident. This view was seen by a much smaller proportion

Table 23 (3) Areas of influence indicating prevalence of "sympathy agreement".



(42% - 76) of the A.B.(2) group. Evidence of sympathetic behaviour to able-bodied people within the supporting services and outer community was reported by 67% (127) of the A.B.(1) group. (Tables 23 (2) and (3)).

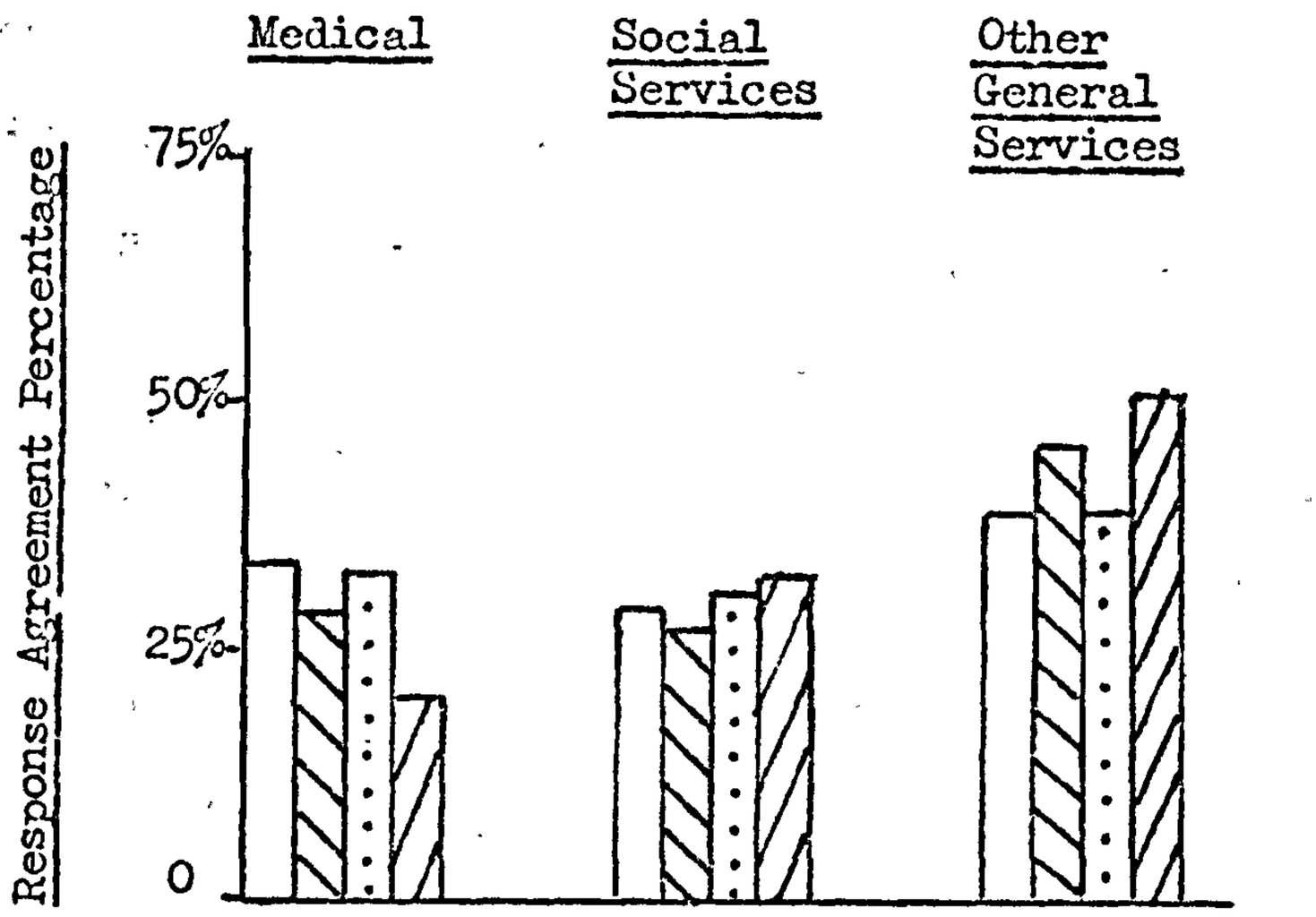
Seventy-five per cent (132) of the disabled and 71% (123) of the caring groups believed that mutual perception (congruence) and understanding were more influential to the disabled in the "sympathetic" relationship than readiness to help. To 50% (91) of the A.B.(2) group, readiness to help was more influential to the disabled than either mutual perception or understanding. The responses of the A.B.(1) group in relation to able-bodied people were seen to be relatively close to those of the A.B.(2) group respondents. (Tables 23 (4) and (5)).

Forty-nine (26%) able-bodied respondents stated that they thought it was wrong to either disagree with or hurt the feelings of the disabled. One hundred and thirty-six (77%) disabled respondents considered that this form of reaction was basically an attribute of inadequate social behaviour.

Statement No. 28 Fifty-seven per cent (109) of the disabled and 55% (105) of the caring groups indicated that the disabled received co-operation from the public services. (Public Services for this statement included the Medical Services, the Social (Health) Services and Other Public Services - each being observed as individual sectors). The views of the disabled and caring were seen similarly by 50% (96) of the A.B.(2) group. Sixty per cent (115) of the A.B.(1) group indicated that the able-bodied received co-operation from the public services. (Table 28 (1)).

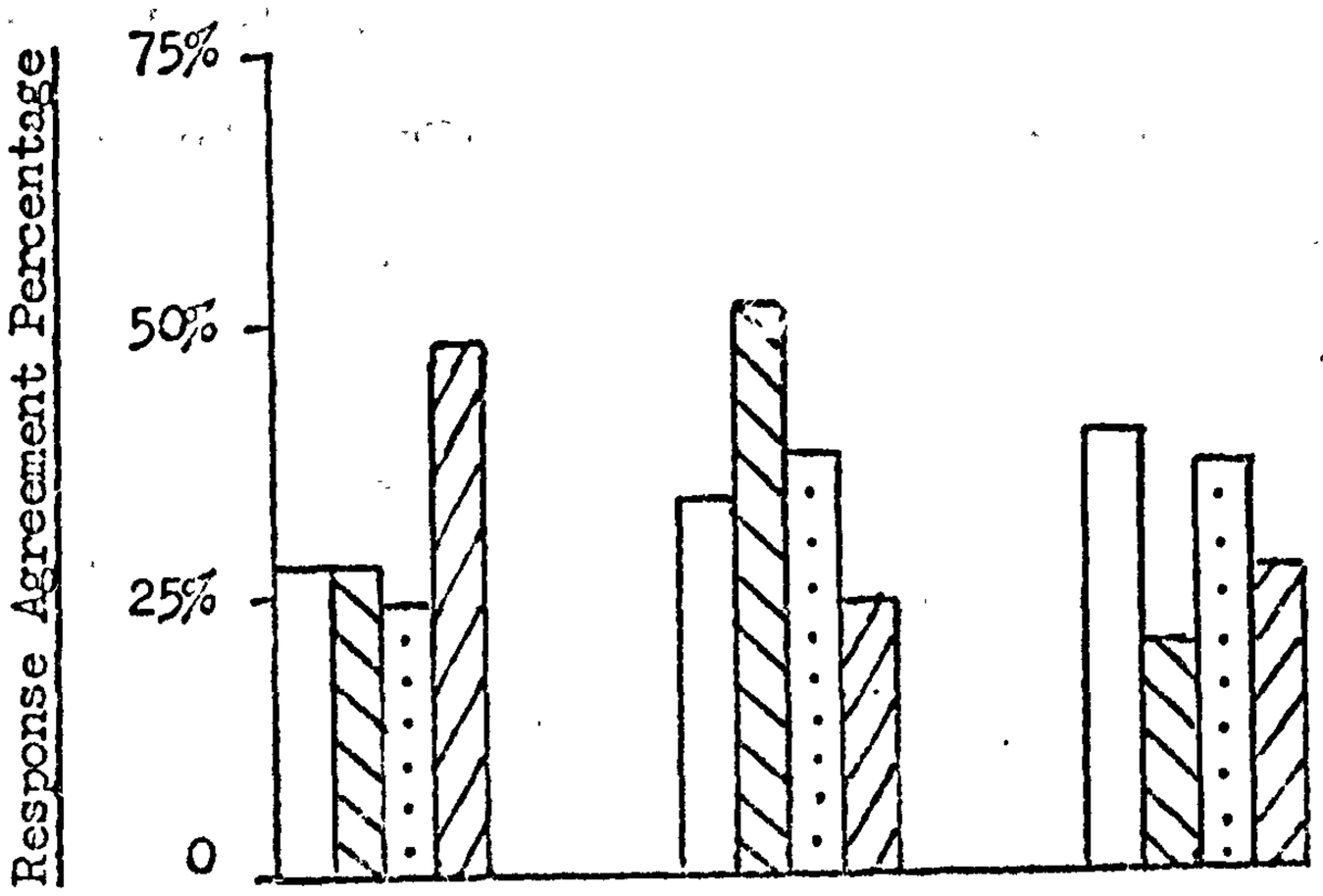
Thirty-eight per cent (70 mean) of each of the disabled and caring groups indicated that the disabled received more co-operation

Table 28 (3) Services which tend to provide most co-operation.



Legend:- Disabled (N = 182 = 95%)
Able-Bodied(1) (N = 179 = 93%)
Caring (N = 186 = 87%)
Able-Bodied(2) (N = 167 = 87%)

Table 28 (5) Issues of co-operative importance with area of "Other General Services"



Legend:- Disabled (N = 69 = 38%)
Able-Bodied(1) (N = 82 = 46%)
Caring (N = 71 = 38%)
Able-Bodied(2) (N = 83 = 50)

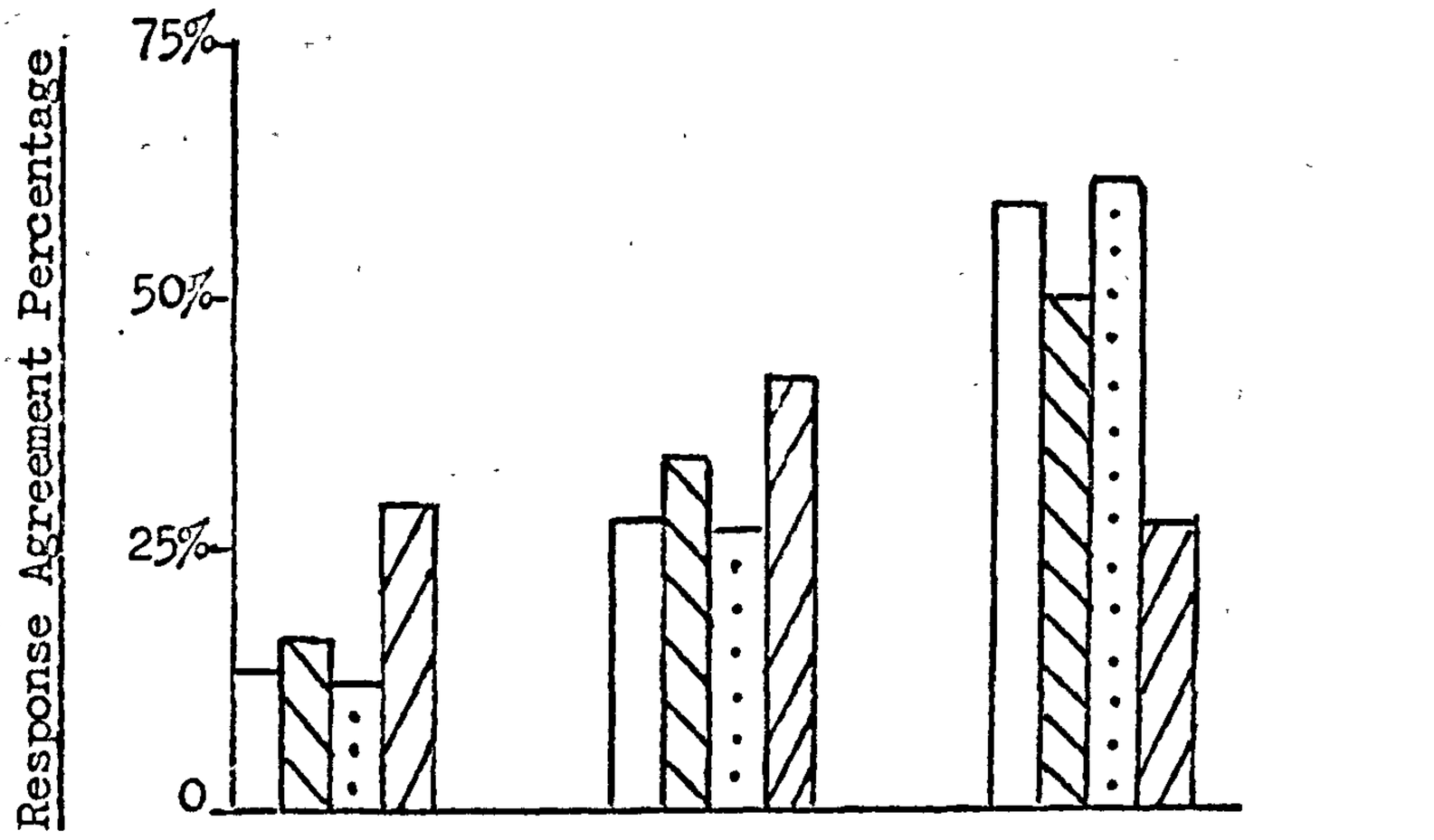
from the general services sector than either the medical (34% mean) or the social services (29% mean) sectors. Fifty per cent (83) of the A.B.(2) group believed that the disabled received most co-operation from the general services sector. The responses of 46% (82) of the A.B.(1) group indicated that the able-bodied obtained more co-operation from the general services than the medical (28%) or social services (26%). (Tables 28 (2) and (3)).

Issues involving communications and social attitudes were seen within the general services domain to be of great importance by 72% (50) of the disabled and 75% (53) of the caring respondents. Fifty-three per cent (44) of the A.B.(2) group expressed a similar opinion to those of the disabled and caring whilst 72% (59) A.B.(1) group respondents indicated that good communications and social attitudes were important to the able-bodied. (Tables 28 (4) and (5)).

Twenty-nine (42%) disabled and 31 (44%) caring respondents stated that assistance given to the disabled frequently depended upon the "status" or "achievement" profile perceived by the potential helper. Assistance for tasks considered below the "norm" was considered by 25 (36%) disabled respondents as a reflection of their low achievement profile.

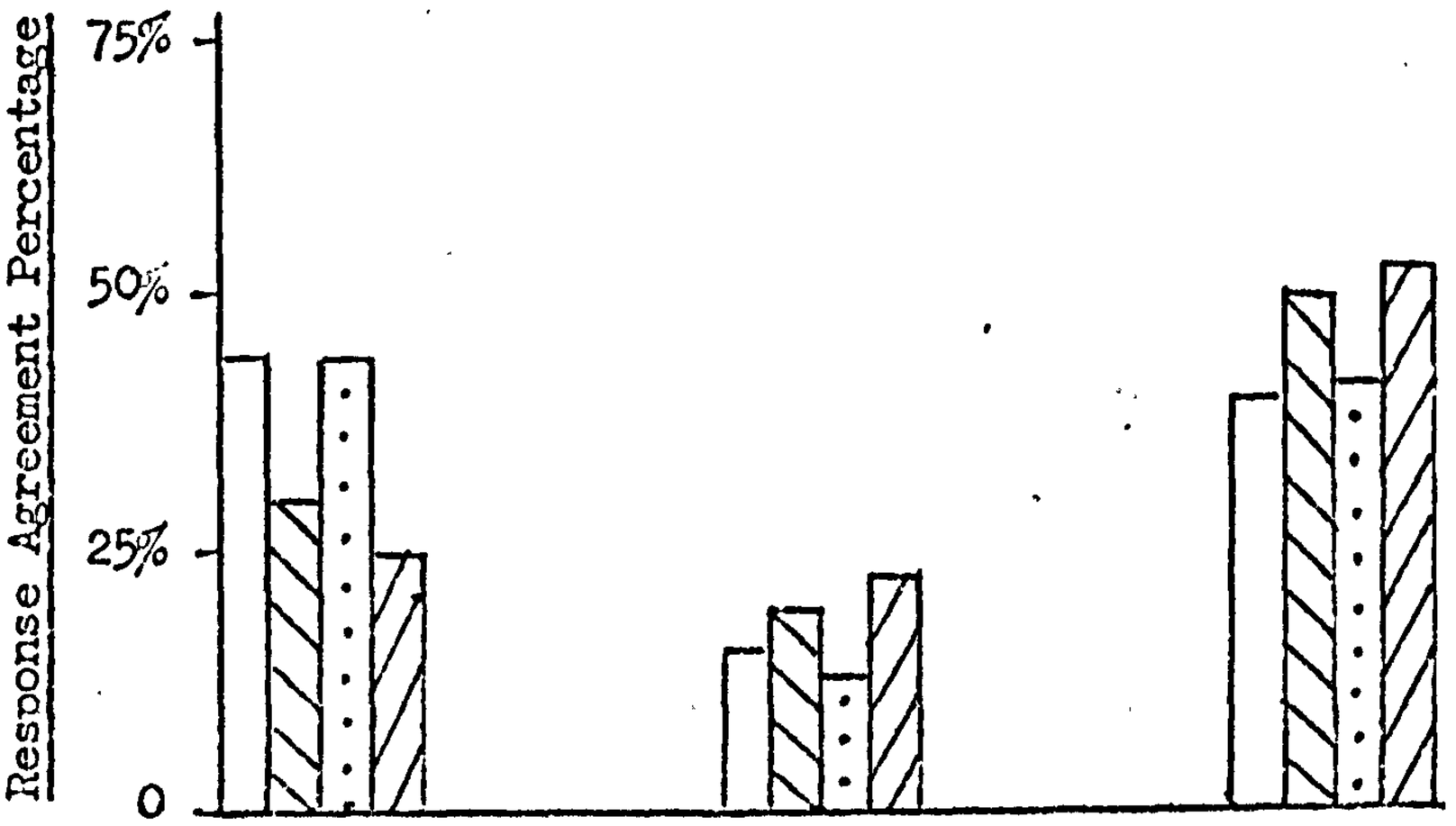
Statement No. 34 Fifty-four per cent (103) of the disabled and 61% (117) of the caring respondents indicated that the disabled had frequently been treated as if they were stereotyped members of a particular group of persons in society. This opinion was supported by 53% (101) of the A.B.(2) group whilst 33% (64) of the A.B.(1) group indicated that able-bodied people were frequently treated in a similar manner. (Table 34 (1)).

Table 34 (3) Area in which stereotyped behaviour was influential



Legend:- Disabled (N = 183 = 95%)
Able-Bodied(1) (N = 189 = 98%)
Caring (N = 170 = 89%)
Able-Bodied(2) (N = 175 = 91%)

Table 34 (7) Type of discriminatory behaviour primarily experienced.



Legend:- Disabled (N = 183 = 95%)
Able-Bodied(1) = (N = 189 = 98%)
Caring (N = 170 = 89%)
Able-Bodied(2) (N = 175 = 91%)

Stereotyped behaviour was seen by 59% (108) of the disabled group and 61% (103) of the caring group to be encountered by the disabled primarily within the outer community; an opinion expressed similarly by 28% (49) of the A.B.(2) group. Fifty per cent (95) of the A.B.(1) group indicated that the able-bodied encountered stereotyped behaviour mainly within the outer community. (Tables 34 (2) and (3)).

Issues where generalised imputations of deviance were considered to be of great influence by the respective groups are shown in Tables 34 (4) and (5)). Travel and outer community interactions were seen by 36% (66) of the disabled and 35% (59) of the caring to be issues of particularly great influence to the disabled. These issues were seen similarly by 24% (42) of the A.B.(2) group and, in relation to able-bodied people, by 27% (51) of the A.B.(1) group.

As indicated by the responses in Tables 34 (6) and (7), ideological discrimination appeared to be the determining influence in deviant behaviour (disabled, 40% - 73; caring, 42% - 72; A.B.(2) 50% - 92; and A.B.(1) 50% - 94). A slightly larger proportion of the disabled and caring referred to the influence of individual discrimination in relation to disabled people.

Seventy-eight (76%) disabled and 85 (73%) caring respondents stated that they perceived the process of labelling as part of an indictment of their "inferiority" to the "norm" of the able-bodied. Sixty-five (65%) respondents in the A.B.(2) group indicated that much of the stereotyped attitude and labelling attributed to the disabled and caring was caused by the behaviour of many disabled in either "over-defining" or "under-defining" their personal situations. Sixteen (16%) A.B.(2) respondents stated that many disabled varied these

definitions from time to time according to whichever way they thought that the particular definition would favour their circumstances.

Fifty-seven (55%) disabled and 49 (42%) caring respondents referred to the tendency for many able-bodied to avoid contact with the disabled. To these disabled and caring respondents avoidance of contact with the disabled, manifesting superficial acceptance or exhibiting straightforward rejection, was a major contributor to individual discrimination. Twenty-three (22%) disabled and 39 (33%) caring respondents believed that the more there was at stake in social interaction, the greater was the degree of individual discriminatory behaviour.

Twenty-nine (28%) disabled and 24 (21%) caring respondents considered that custom or statutory provisions possessed an important influence upon institutional discrimination, particularly in the domains of education and employment.

The influence of egalitarian ideologies and their relationships with "normality" and the "normal role" of the disabled person were seen by many respondents to be an important determining factor in the discriminatory behavioural pattern. Fifty-three (51%) disabled and 55 (47%) caring respondents believed that most of the difficulties which arose from this pattern of behaviour were due to the able-bodied failing to understand the problems involved with disability. On the other hand, forty-seven (47%) A.B.[1] group respondents indicated that most difficulties encountered by the disabled were unnecessarily aggravated because the disabled did not appreciate all the different issues involved with specific situations, particularly those involved with economic and production aspects.

Discrimination against the disabled was seen by 134 (74%) disabled and 129 (72%) caring respondents to refer to the unjustified with-holding of an opportunity, provision or service from a person because of that individual's physical disability or limitation. Although most disabled and caring respondents excluded personal issues such as financial benefits and individual disputes, other issues associated with discrimination and access often seemed too difficult to separate in many situations.

Nine (11%) disabled respondents stated that they felt that they had been subjected to unfair discrimination by the failure of educational authorities to provide suitable car-parking facilities in a space near to the entrance of a college which was reserved for other (able-bodied) students and occasional visitors. Seven (9%) other disabled respondents alleged that they had been refused permission to use a more suitable access to a building despite this access being fairly regularly used by staff, tradesmen and other persons at a particular college. Three (4%) disabled persons were unable to enrol for further education courses because they were unable to guarantee their personal safety on the premises of the college.

Four (5%) disabled respondents referred to official plans that had been approved (but subsequently abandoned) to accommodate disabled people on an upper floor despite an easier solution to accommodate them on the ground floor. Access to the upper floor could not be made by any of these disabled respondents.

Many disabled and caring respondents expressed concern about the introduction of fire prevention measures on a ground floor which suggested that it might seriously affect their situation as "occupants" on an upper floor.

Three (4%) blind respondents, each accompanied by guide dogs, indicated that they had been refused access to buildings because a "no dogs" rule operated. Five (6%) disabled persons stated that they had been unable to accept employment because they could not negotiate stairs to an upper floor despite the fact that the work was subsequently transferred to a lower floor for completion by able-bodied people less academically qualified. Five others were unable to continue work because of problems involving toilet facilities and access. Two (2%) deaf respondents stated that they had been refused employment in a general office because they were unable to use the telephone despite the office being constantly used by at least two employees with normal hearing abilities.

Four (5%) disabled stated that they had been refused permission to enter a public house because they were wheel-chair users. Reasons given to them for no admittance included the fear of upsetting other customers, relatively large space occupied by wheel chairs and unnecessary dirt brought on to the carpet by the wheels of the chairs.

Eight (10%) disabled indicated that they had been requested to pay higher premiums than the able-bodied for insurances concerned with cars, houses and property.

Other individual cases were primarily concerned with access, mobility, sensory and communication problems.

Although five disabled respondents thought that they had experienced some discrimination because they had not been permitted to select a seat of their own choice in a cinema, it is doubtful whether this example could be interpreted as discrimination within the general definition used. In this instance it was believed that

Table 35 (3) Areas where disabled were given most responsibility.

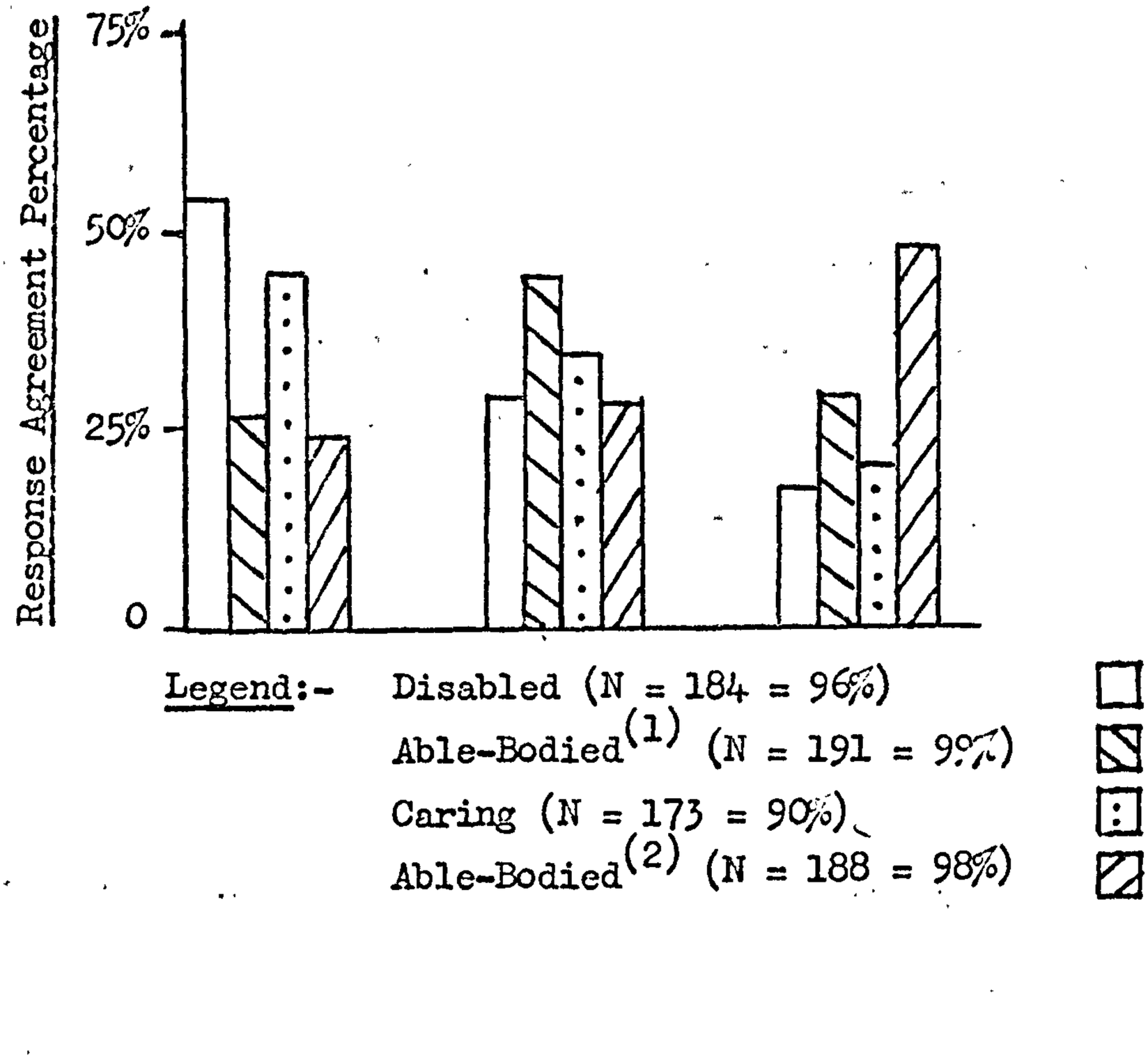
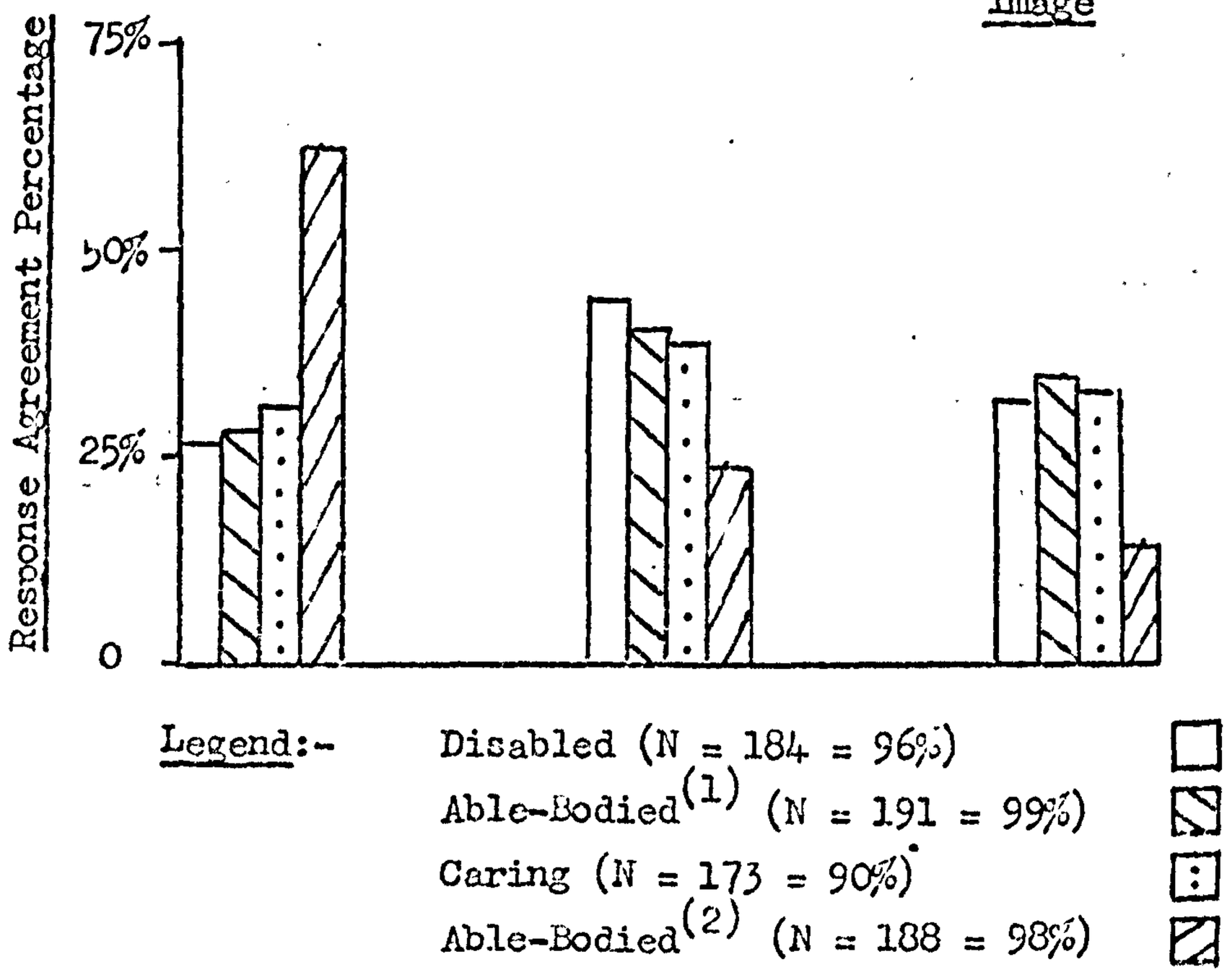


Table 35 (5) Issues of importance influencing the disabled to acquire increased responsibilities.



the cinema manager had requested the respondents to take a seat elsewhere in order to minimise the adverse effects of any potential fire hazard.

Statement No. 35 Fifty-six per cent (107) of the disabled and 52% (99) of the caring group respondents indicated that the disabled were acknowledged as responsible people; an observation made similarly by 63% (121) A.B.(2) group respondents. Seventy-one per cent (136) of the A.B.(1) group indicated that the able-bodied were acknowledged as responsible people. (Table 35 (1)).

To 54% (99) disabled and 45% (77) caring respondents most responsibility incurred by the disabled was within the family domain; an observation seen similarly by 24% (46) of the A.B.(2) respondents. Twenty-six per cent (50) of the A.B.(1) respondents indicated that the able-bodied were given most responsibility in the family area. (Tables 35 (2) and (3)).

Thirty-one per cent (57) of the disabled and 32% (55) of the caring groups referred to the importance of establishing an equilibrium with the self-image as a means of influencing opportunities for the disabled to acquire increased responsibilities. A smaller proportion (15% - 29) of the A.B.(2) group agreed with the opinions of the disabled and caring respondents. Sixty-one per cent (114) of the A.B.(2) believed that re-orientation of personal values were more important to the disabled. The responses of the A.B.(1) group in respect of the able-bodied were fairly close to those of the disabled and caring groups. (Table 35 (4) and (5)).

Eighty-five (46%) disabled and 94 (54%) caring respondents stated that if the disabled were to fit adequately into an adjusted

societal role they must accept some loss of social adequacy, personal independence and obscurity. Forty-three (23%) able-bodied believed that independence, personal abilities and physical integrity were not as important to the disabled in a role of responsibility as they were to able-bodied people.

1.5 Summary

There were indications that an area of mutual incomprehension existed between the disabled and able-bodied groups. The disabled believed that exposure to disability frequently promoted a challenge which induced a more positive and singular attitude than experienced otherwise. The development of such an attitude was seen to originate in the family sector and extend for fulfilment to the outer community. "Inner-self" perception and self-dependence were important issues in contributing toward the relevant behaviour of the disabled.

Ambition to most people disabled in their productive years was seen to be associated with employment, responsibility and recognition as an accepted member of the outer community. Fulfilment of these objectives was perceived to require a re-orientation of pre-disability values and an adjusted behavioural pattern. Apart from the positive application of personal attributes to acquire new abilities and skills, the disabled considered the need for understanding and co-operative assistance from the supporting services and outer community to be important to them if they were to develop active-participative roles and other intellectual-spectator recreational pursuits to attain their ambitions. The need for the disabled to receive assistance for active-participant roles was not seen by some able-bodied to be as important as it was to able-bodied people.

Disability was seen to be associated with loss of psychological security, personality, basic skills, communication, appreciation, occupational and financial status; aspects which were seen frequently to be analysed differently by the disabled and able-bodied.

The disabled believed that most of their problems arose because people in the supporting services and outer community failed to appreciate that the disabled had abilities and differences. Difficulties were encountered when the disabled and able-bodied engaged in social interaction and inadequate knowledge about each other's role produced "asynchronies" with negative results.

Conflicting forces were seen to abound in the cognitive and affective spheres of the disabled and able-bodied roles with such elements as "psychological spread" and "pity" perceived as influential determinants in attitudinal change. The essence of providing opportunities and the need to participate in an active and supporting role in society were considered by the disabled to be influential factors in contributing to either a coping or succumbing behavioural reaction. The disabled and caring believed that there was a need for more education of the public about the realisation and consequences of disability, particularly concerning social integration and the contributory role of the disabled in society.

Much of the demanding nature attributable to the disabled was believed to arise from their endeavours to solve problems created by their handicaps. The occupation of "time", "space" and problems involved with communication were seen by the disabled and caring to promote an added dimension to many of their basic handicapping features. In the opinion of many disabled and caring respondents, people who were most intimate with their environment possessed

greatest opportunities for self expression and had the least need to participate in "role playing" activities.

Social interaction with the family was seen by the disabled and caring to be much more realistic than with the supporting services and outer community. Normal relationships with the able-bodied provided the disabled with confirmation of acceptance whilst discontinuance was perceived as a reaction of the able-bodied to social deviance. These views were less important to the able-bodied whose social relationships were usually wider and more varied than those of the disabled. Many disabled and caring respondents thought that ambivalent attitudes representing a mixture of ignorance, fear and over-protection, constituted an important social barrier to the integration of disabled people. These respondents also indicated that it was often difficult for the families of some disabled people to find an appropriate balance between support and encouragement for independence and social integration.

The disabled and caring indicated that understanding, acceptance and achievement were important contributory issues to the development of an optimistic attitude in respect of disabled people. In the family environment the disabled were free of inhibitions and this tended to develop a confident and positive attitude which enabled them to interact with the supporting services and outer community. To many disabled and caring respondents the use of denial and an optimistic outlook was a way to counteract problems of social integration with the able-bodied.

The reality of the problems associated with disability were frequently perceived to be different by the disabled and able-bodied.

To many disabled, the lack of understanding frequently caused distress and frustration in many issues concerning their social health and welfare, e.g. in housing, financial benefits, mobility, education and employment. The disabled and caring believed many such issues were often unidentified by the able-bodied and treated evasively when brought to their attention.

Assistance to the disabled was seen by the disabled and caring to depend largely upon the images presented to each other by the recipient and helper. To many disabled people, the presentation of an acceptable image to others posed as many problems to them as did the restrictions imposed by their more personal handicapping functions. Limited scope to counteract lack of understanding or perception by the disabled was an influential factor. Motivation to get well was also perceived as an influential factor and, to many disabled and caring, to be misplaced when the drive was toward nothing less than complete normalcy. This attitude gave many able-bodied the impression that the disabled were either physically independent or that they did not require assistance.

Fears of and aversions of involvement with the disabled were common among the able-bodied and were often interpreted by the disabled as reactions towards a "deviant". This behaviour adversely affected inter-personal relationships. Active participation, good communications and the feeling of "equal status" were considered by the disabled to be factors contributing towards positive relationships.

The invalidity effect of "psychological spread", particularly the implication of physical and mental inferiority was seen to have a disturbing effect upon many disabled people. Minimising disability effects, maximising the use of capacities and avoiding self-devaluation

were adopted by the disabled to counteract the able-bodied subjecting them to such an experience. The disabled frequently perceived decisions imposed upon them rather than reached by participation, communication and co-operative responsibility. Some able-bodied felt that they were justified in abdicating their responsibilities to the physically disabled if they were able to relate physical and mental handicap outside the "norm" of society.

The handicapping features of disability were often seen to encroach upon the self-concept of disability. Many disabled indicated that they encountered a rigid and forced pattern of interaction with the able-bodied whilst others expressed objections to being categorised into a group which did not yield to individual differences. The degree of valuation, shared interests and responsibilities and communicative participation were issues of importance to the disabled in the formation of friendships. The reaction of others influenced the attitudes of many disabled but it was apparent that their self-image and reaction to disability was a large contributory factor.

Racial discrimination was seen by the responses of the different groups to prevail amongst the able-bodied to a greater degree than it does amongst disabled people. In addition to issues involving deviancy and segregation, a large proportion of the able-bodied evaluated all members of "minority" groups on the basis of group membership rather than upon individual characteristics and differences. The disabled were seen to accept their inability to react traditionally in society more readily than many able-bodied.

The able-bodied counteracted feelings of anxiety about social interaction with the disabled by a form of "sympathetic acceptance". This behavioural reaction was seen by the disabled to be more evident in the supporting services and outer community domains where

interaction with the disabled was often less obvious than in the family sector. Mutual perception (congruence) and understanding were considered by the disabled to be more important than readiness to help. The belief by some able-bodied persons that it was wrong to either disagree with or hurt the feelings of the disabled was considered by the disabled to be basically an attribute of inadequate social behaviour.

The able-bodied were seen to receive more co-operation from public services other than those of the Medical Services and the Social (Health) Services than the disabled. Good communications and social attitudes were influential issues in the way the disabled considered the receipt of assistance. A large proportion of the disabled and caring indicated that assistance given to the disabled often depended upon a "status" or "achievement" profile perceived by the potential helper. Assistance for tasks considered below the "norm" was considered by many disabled to be a reflection of their low achievement profile.

The disabled and caring perceived the stereotyping of the disabled as an indictment of their inferiority. They felt the various personal characteristics of the disabled were ignored by many able-bodied who evaluated them collectively. It was evident that many of these situations could arise through the tendency of some disabled either to over-define or under-define their personal handicaps in an endeavour to negotiate the "inferiority" barrier. Sometimes the approach by the able-bodied to the disabled was observed to reflect little of the actual handicaps inherent in the primary disability. The influence of egalitarian ideologies and their relationships with "normality" and the "normal role" of the individual were frequently perceived

and understood within a restricted area. These situations tended to restrict the removal of many social barriers which confronted the disabled. Avoidance of contact with the disabled, manifesting superficial acceptance or straightforward rejection was seen by a large proportion of the disabled and caring to contribute greatly to individual discrimination. In some cases the more there was at stake in social interaction the greater was the degree of individual discriminatory behaviour. The presence of custom or statutory provisions seemed to many disabled and caring to have an important influence upon institutional discrimination, particularly in the domains of education and employment.

Some losses of social adequacy, personal independence and obscurity were considered inevitable by a large proportion of the disabled and caring if the disabled were to fit adequately into an adjusted societal role. In order to achieve this objective, it was necessary for the disabled to re-orientate personal values, develop and acquire abilities and skills and establish an equilibrium with their self-image. Independence, personal abilities and physical integrity did not seem to some able-bodied to be qualities of as much importance to the disabled as they did to able-bodied people.

In general, apart from difficulties imposed upon them by functional losses, the disabled were seen to be further handicapped by restrictions arising jointly from the handicap and the negative attitude of "significant others" toward their role and status. This cumulative handicap appears to be enmeshed in cultural definitions and social perceptions.

Whilst many disabled people succeeded in establishing social proximity and recognition between themselves and others in their

environment, a large proportion were unable to reduce the social distance and so developed mechanisms that enabled them to withdraw from interaction in the outer community.

Many people within the category of "significant others" were seen to have given only occasional and relatively superficial attention to assisting the disabled in the problems that they were likely to encounter in the social environment.

2. Disability Effects

2. Disability Effects (Statement Nos. Self 21, 40 and 49; Family 17, 32, 43, 44, 45 and 48; Supporting Services 37; Outer Community 29).

Physical disability is not an exclusively medical condition. Social conditions and values are almost inextricably involved and this aspect of the survey indicates that the handicap of disability can be increased or diminished by environmental conditions.

Responses to the various statements were considered under the following headings:

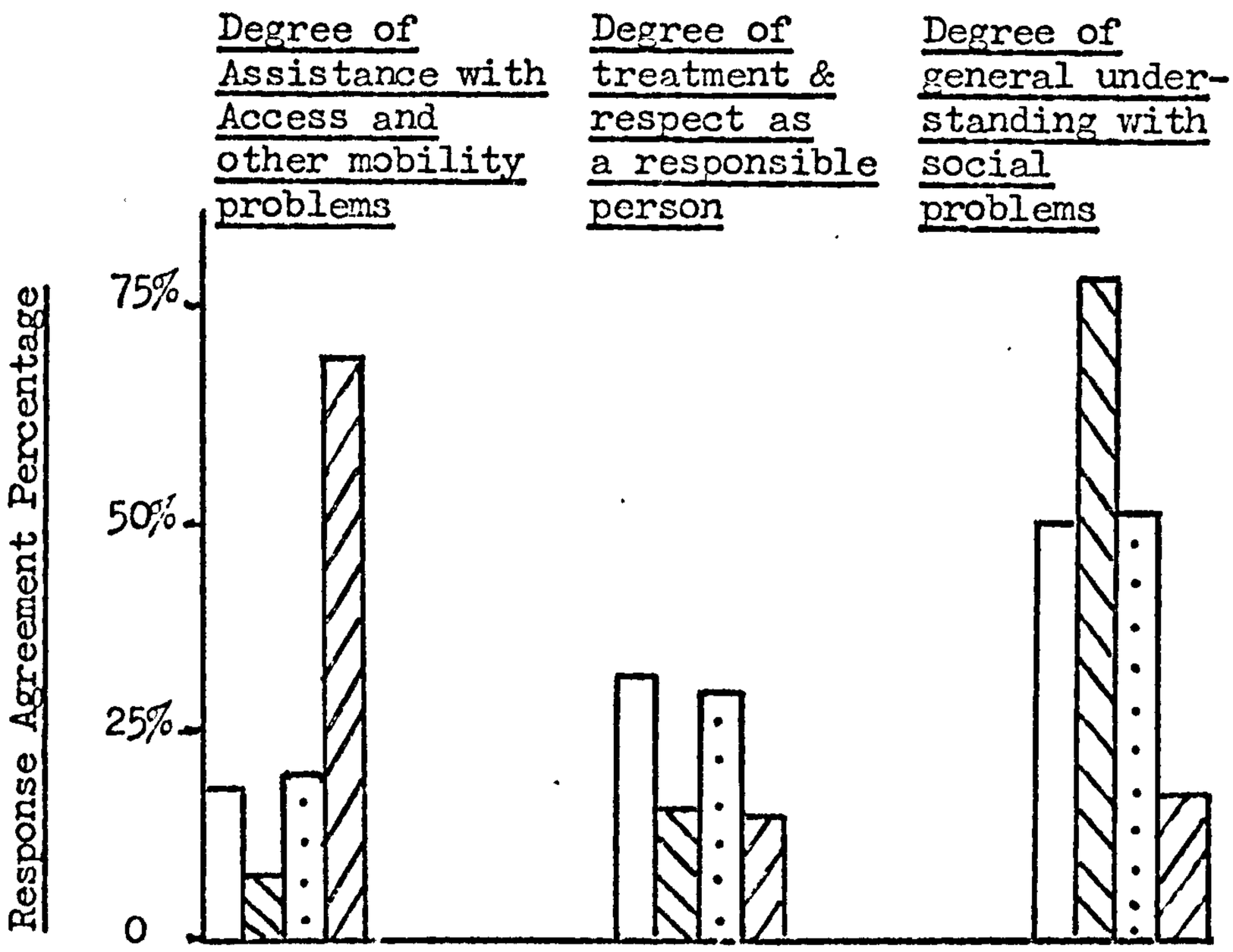
2.1 Self
2.2 Family
2.3 Supporting Services
2.4 Outer Community, and
2.5 Summary

2.1 Self (Statement Nos. 21, 40 and 49)

Statement No. 21 Seventy-three per cent (140) of the disabled and 63% (121) of the caring indicated that the disabled had less leisure time than the able-bodied. This view was seen similarly by a much smaller proportion (31% - 59) of the A.B.(2) group and, contrary to the opinions of the disabled and caring respondents, 71% (137) of the A.B.(1) group respondents indicated that the able-bodied had less leisure time than the disabled. (Table 21 (1)).

Personal interests and ability to use leisure hours were considered important to the disabled by 83% (116) disabled and 82% (99) caring group respondents; an opinion also expressed by 76% (45) of the A.B.(2) group. Forty-seven per cent (65) of the A.B.(1) group indicated that personal interest and abilities were influential issues in respect of the able-bodied. (Table 21 (2)).

Table 40 (5) Issues considered influential with respect to the "nuisance" factor.



Legend:- Disabled (N = 189 = 98%)
Able-Bodied(1) (N = 191 = 99%)
Caring (N = 187 = 97%)
Able-Bodied(2) (N = 190 = 99%)

Apart from the lack of financial means and personal interests, 59% (69) disabled and 60% (59) caring group respondents referred to the need for medical and self-care arising from restrictions imposed by immobility and lack of access as issues which adversely influenced leisure time for the disabled. Thirty-eight per cent (17) of the A.B.(2) group thought these latter issues to be important to the disabled. (Table 21 (2)).

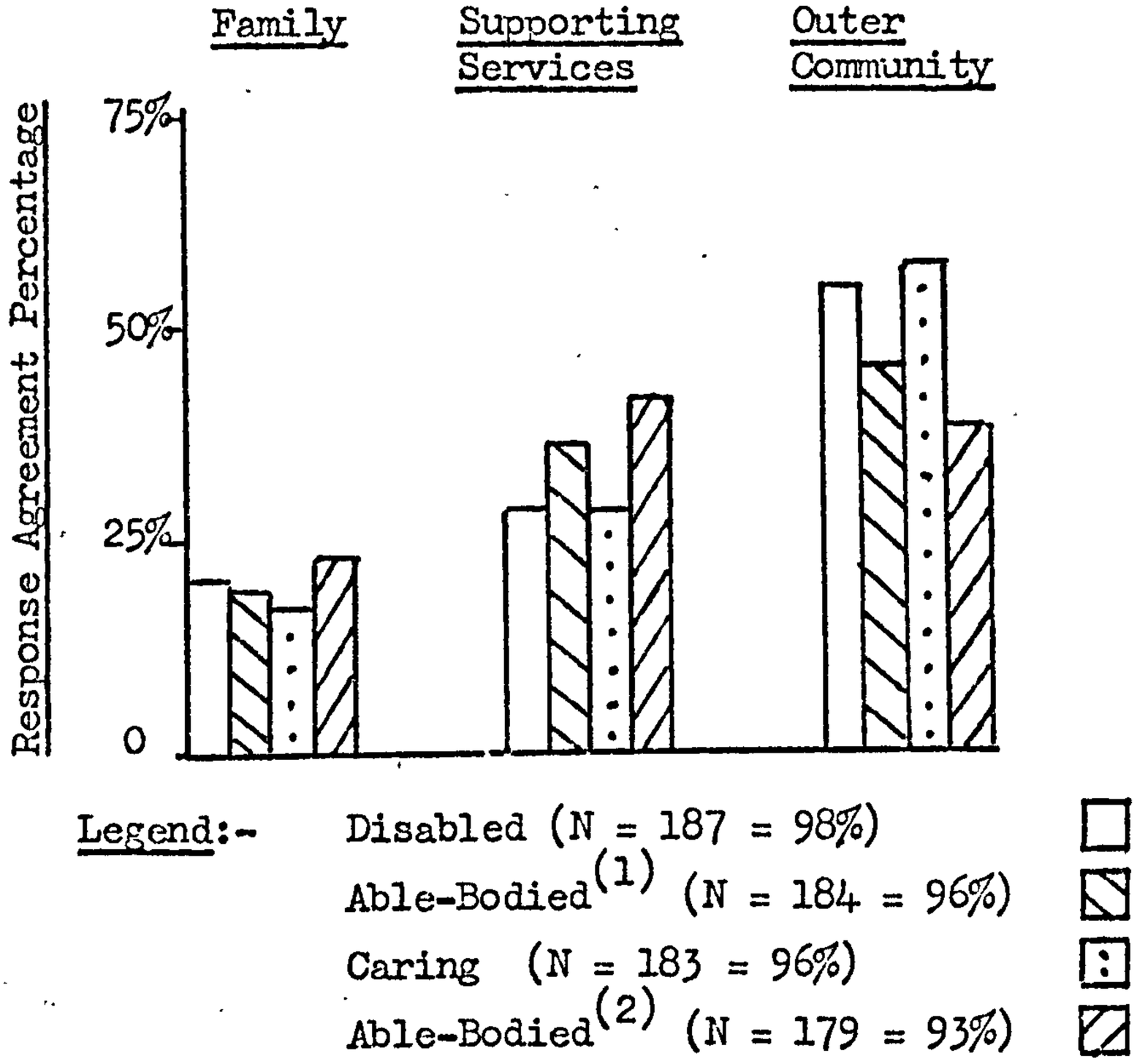
Forty-one (35%) disabled and 37 (37%) caring respondents stated that the quality of leisure for the disabled person was largely determined by his "usefulness" as a member of society.

Statement No. 40 Fifty-four per cent (104) disabled and 62% (119) caring respondents indicated that the disabled were often considered a nuisance in society. This view was perceived by 51% (98) of the A.B.(2) group. Twenty seven per cent (53) of the A.B.(1) group indicated that the able-bodied were often considered a nuisance. (Table 40 (1)).

The "nuisance" factor was seen by 86% (161) disabled and 87% (163) caring responderts to be most prevalent in the supporting services and outer community; an opinion expressed similarly by 72% (137) of the A.B.(2) group respondents. Eighty-two per cent (157) of the A.B.(1) group believed that the able-bodied experienced most "nuisance" in the supporting services and outer community. (Tables 40 (2) and (3)).

Eighty-one per cent (153) disabled and 80% (150) caring respondents referred to the importance of respect and an understanding of the social problems involved with the integration of disabled people into society. A much smaller proportion (32% - 62) of the A.B.(2) group

Table 49 (3) Areas where embarrassment was most prevalent.



Legend:- Disabled (N = 187 = 98%)

Able-Bodied(1) (N = 184 = 96%)

Caring (N = 183 = 96%)

Able-Bodied(2) (N = 179 = 93%)

responded similarly. Whilst 93% (178) of the A.B.(1) group considered respect and problems involving integration important to the able-bodied, a relatively small proportion (16% - 31) referred to the importance of respect as a specific issue. (Tables 40 (4) and (5)).

To 78 (75%) disabled and 90 (76%) caring respondents, problems involving the loss of psychological security, abilities and skills, communication, occupational and financial status were seldom fully recognised by the able-bodied. Within these two groups, 48 (46%) disabled and 63 (53%) caring respondents stated that an influential contributory factor towards the "nuisance" label frequently attached to the disabled was the fundamental failing of many able-bodied to recognise fully that disability involved time, space and physical stress additional to the "norm".

Statement No.49 Sixty-seven per cent (128) disabled and 61% (116) caring respondents indicated that the disabled seldom told the truth when questioned about the effects of their disability if they felt that it might cause embarrassment. This opinion was expressed similarly by 44% (86) of the A.B.(2) group. Forty per cent (77) of the A.B.(1) group were seen to behave likewise if questioned about their physical limitations. (Table 49 (1)).

Fifty-three per cent (99) of the disabled and 56% (102) of the caring groups indicated that the reactions of the disabled to this form of "denial" behaviour occurred mostly within the outer community; an opinion expressed similarly by 37% (66) of the A.B.(2) group. Forty-five per cent (83) of the A.B.(1) group made a similar observation in connection with the able-bodied. (Tables 49 (2) and (3)).

Apart from the importance of honesty and personal relationships, 60% (112) of the disabled and 65% (118) of the caring groups referred to understanding and respect (status) as issues of influence in the behavioural reaction of the disabled. These latter issues were considered important to the disabled by 39% (70) of the A.B.(2) group and, in relation to the able-bodied, by 46% (85) of the A.B.(1) group. (Tables 49 (4) and (5)).

In coping with many social situations which tended to affect their self-image, 69 (38%) disabled respondents stated that they endeavoured to focus attention away from the "self". Eighty-seven (48%) caring respondents recorded agreement with the responses of the disabled. In the opinions of both groups, good-adjustment depended primarily upon a realistic evaluation of both disability and the potential assets of the disabled person. An important influential aspect in the adjustment process was the behavioural reaction of the family, supporting services and outer community.

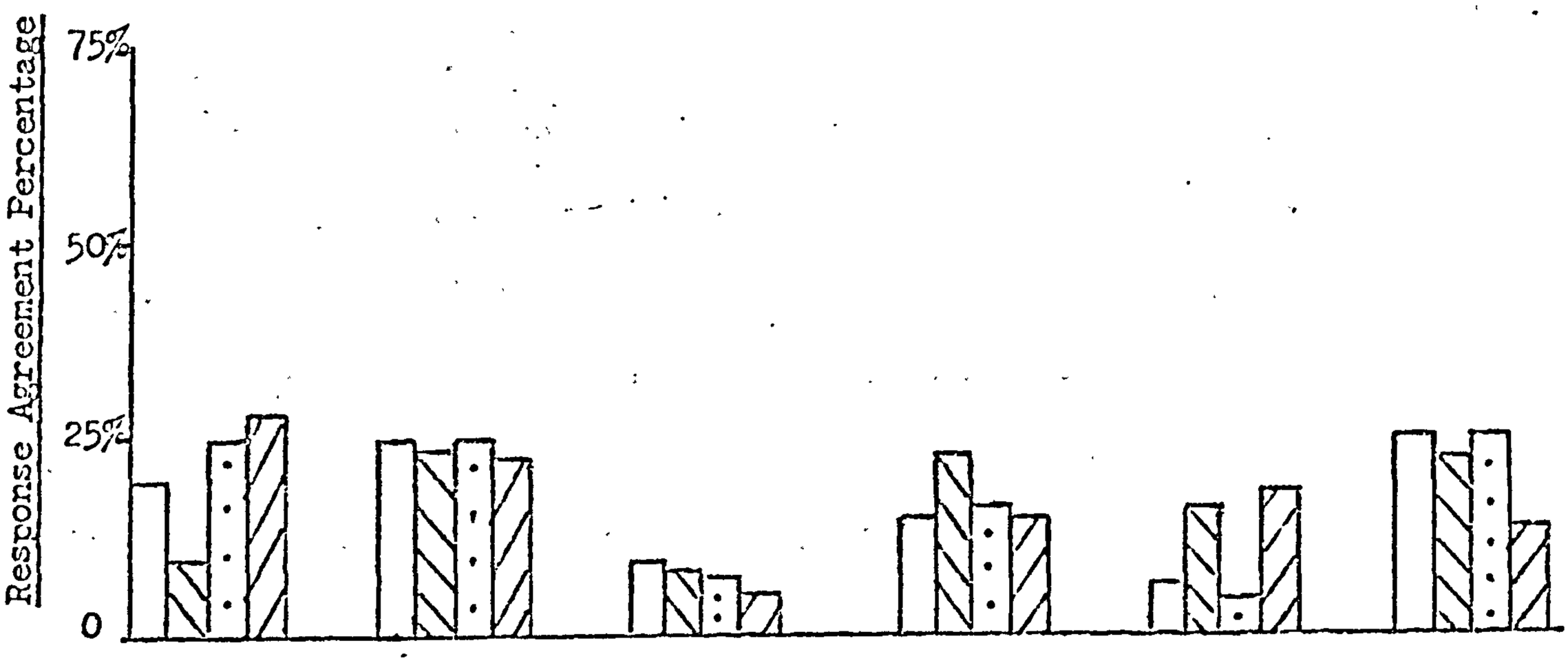
2.2 Family (Statement Nos. 17, 32, 43, 44, 45 and 48)

Statement No. 17 Seventy-two per cent (139) of the disabled and 68% (131) of the caring groups indicated that disability produced an adverse effect on the disabled person's role as a responsible member of his family. This observation was recorded by 65% (125) of the A.B.(2) group whilst, 40% (78) of the A.B.(1) group considered that physical limitations had a similar effect on able-bodied people. (Table 17 (1)).

To 49% (88 mean) of each of the disabled and caring groups, physical handicap had a great influence on issues involving economics and social integration in respect of the disabled an opinion similarly expressed by a smaller proportion (35% - 66) of the A.B.(2)

Table 17 (2) (b) Issues primarily affected by physical handicap.

Affective (Protective) Role	Economic	Education	Employment	Family Integrity	Social Integration



Legend:- Disabled (N = 181 = 94%)

Able-Bodied(1) (N = 191 = 99%)

Caring (N = 179 = 93%)

Able-Bodied(2) (N = 187 = 97%)

group. Forty-five per cent (86) of the A.B.(1) group indicated that physical limitations had a great influence on the same two issues in respect of the able-bodied. (Tables 17 (2) (a) and (b)).

The influence of physical disability on such issues as family integrity, employment, education, finance and loss of social acceptance in relation to the spouse as perceived by the respective groups are shown in Tables 17 (3) (a) and (b)). Concern about social acceptance was seen to be important to the disabled by 16% (24) of the disabled and 17% (25) of the caring groups; an issue believed to be important to the disabled by a smaller proportion (6% - 9) of the A.B.(2) group. Secondary effects which pervaded the personality of the handicapped person derived from concern about the family's health and welfare, loss of the self-image, loss of affection, family shame and the presence of depression, anxiety and aggression.

Tables 17 (3) (c) (d) and (e) show the responses of the married male and female respondents, respectively, and reveal that a larger proportion of the females were concerned more about the family's financial situation, family integrity, employment and education than the males. The male respondents in the different groups expressed more concern than the females about fear of loss of social acceptance and their contribution to the family management role.

The effects of the spouse's disability on the family unit were seen by large proportions of each group to involve altered functions and responsibilities in home management, reduced social and recreational activities, marital distress and financial embarrassment. (Table 17 (4) (a) and (b)).

The effects of a wife's disability indicated that a greater adjustment was required in functional activities and responsibilities in home management than required when the husband became disabled and the wife occupied the conventional role of the male partner. The adverse effects of other aspects such as marital distress and the need to seek financial assistance seemed to be recognised by some respondents in the different groups. (Tables 17 (4), (c) (d) and (e)).

Fifty-seven (70%) disabled and 54 (67%) caring respondents referred to the influence of "psychological spread" and its adverse consequences upon the individual and the family unit within the context of the marital situation. Ten (12%) A.B.(2) group respondents expressed recognition of this issue and its importance to the disabled.

Statement No. 32 Fifty-nine per cent (114) of the disabled and 61% (118) of the caring group indicated that it took more "courage" for a disabled person to decide to marry an able-bodied person than it did for an able-bodied person to marry a disabled person. A similar observation was made by 33% (63) of the A.B.(2) group and 31% (60) of the A.B.(1) group. (Table 32 (1)).

Stress arising from lack of social acceptance was seen by 35% (63) disabled and 32% (57) caring group respondents to be an issue of influence in the "success" of the marital partnership. Smaller proportions of the A.B.(2) group (21% - 36) and the A.B.(1) group (25% - 44) expressed similar views. Twenty-five per cent (43) of the A.B.(2) group believed that status was the most influential feature (Tables 32 (2) and (3)).

Relatively larger proportions of the single respondents in the disabled and caring groups gave more emphasis to adverse consequences

Table 32 (7) Specific issues which tend to contribute to a successful disabled / able-bodied marital partnership.

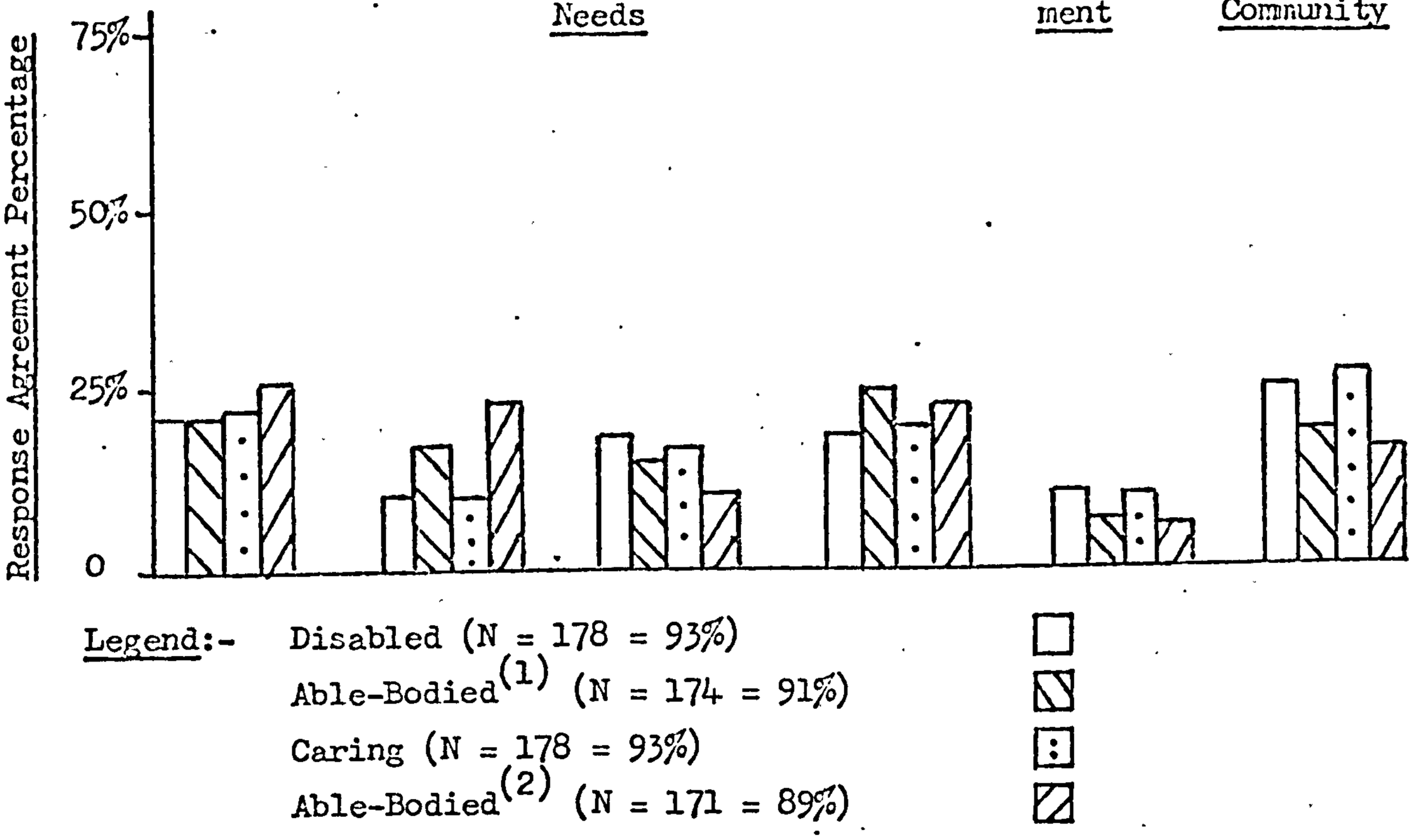
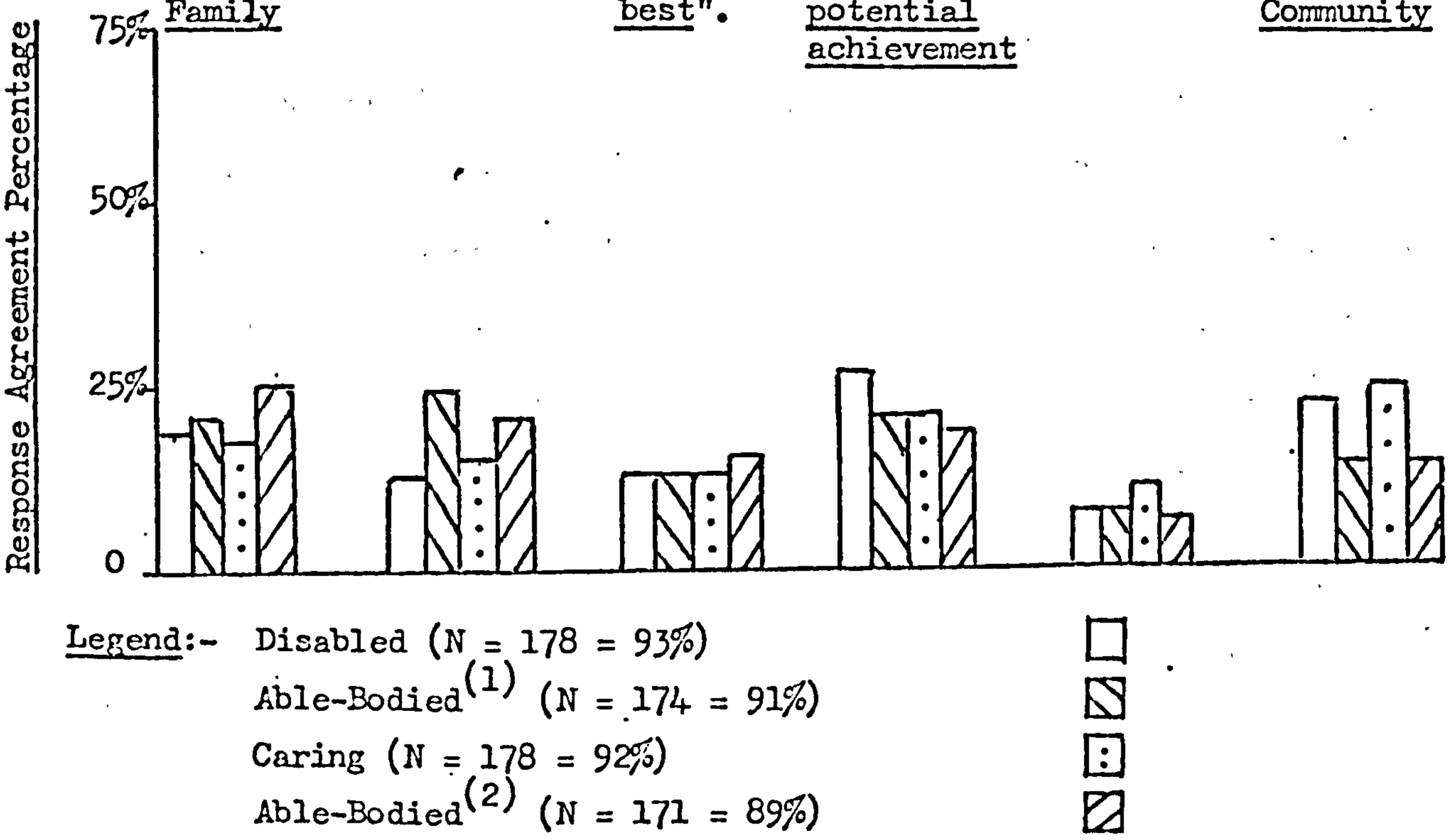


Table 32 (9) Specific issues which tend to handicap a disabled / able-bodied marital partnership



experienced within the self and family sectors than the married respondents. (Tables 32 (4) and (5)).

Apart from the importance of love, belonging and "togetherness", a large proportion of the disabled and caring respondents (25% mean - 45 mean) referred to the importance of acceptance of the marital partnership within the outer community. This issue was not seen by the A.B.(1) and (2) groups to be so important to the disabled as other issues such as avoidance of financial insecurity. (Tables 32 (6), (7), (8) and (9)).

Thirty-seven (26%) disabled and 29 (20%) caring respondents referred specifically to social problems encountered by the able-bodied partners who took over the traditional masculine/feminine roles of their partners following the onset of disability. Ten (28%) disabled and 18 (55%) single able-bodied respondents declared a policy of "no marriage" which involved a disabled partner. Twenty-two (16%) A.B.(1) group respondents stated that they perceived no objections to a marriage with a disabled partner providing there was an understanding that an element of "invalidism" prevailed in the situation. Fifty-five (39%) disabled and 61 (42%) caring respondents stated that marriages involving a disabled person were frequently confronted with moral problems and the adverse consequences of "disability spread" upon the family unit.

Statement No. 43 Fifty-seven per cent (110) of the disabled and 58% (111) of the caring groups indicated that the disabled had lost contact with many of their former close friends following the onset of disablement. A similar opinion was expressed by 63% (120) of the A.B.(2) group. Thirty-seven per cent (72) of the A.B.(1) group

Table 43 (3) Influential issues associated with the continuity of friendship

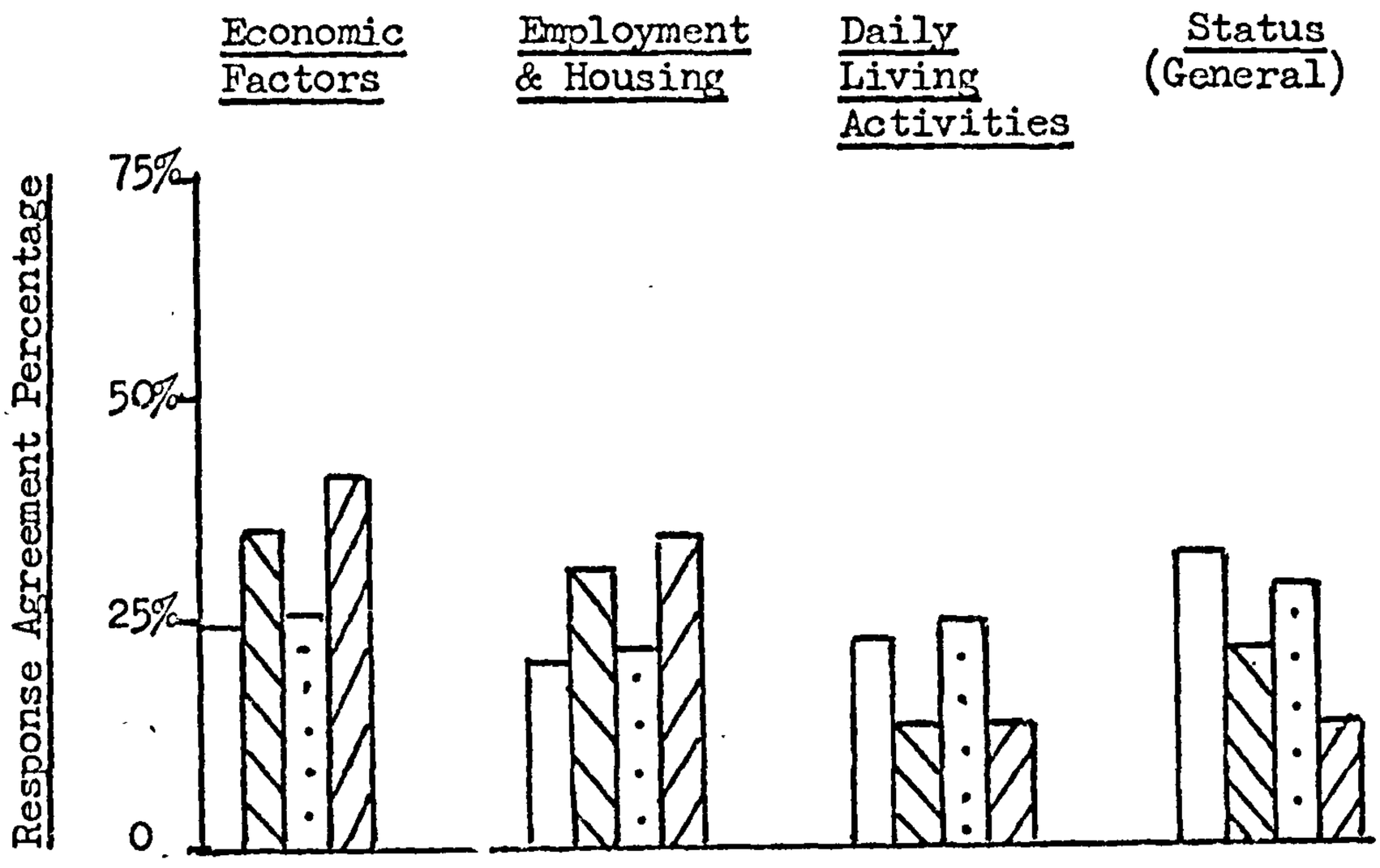
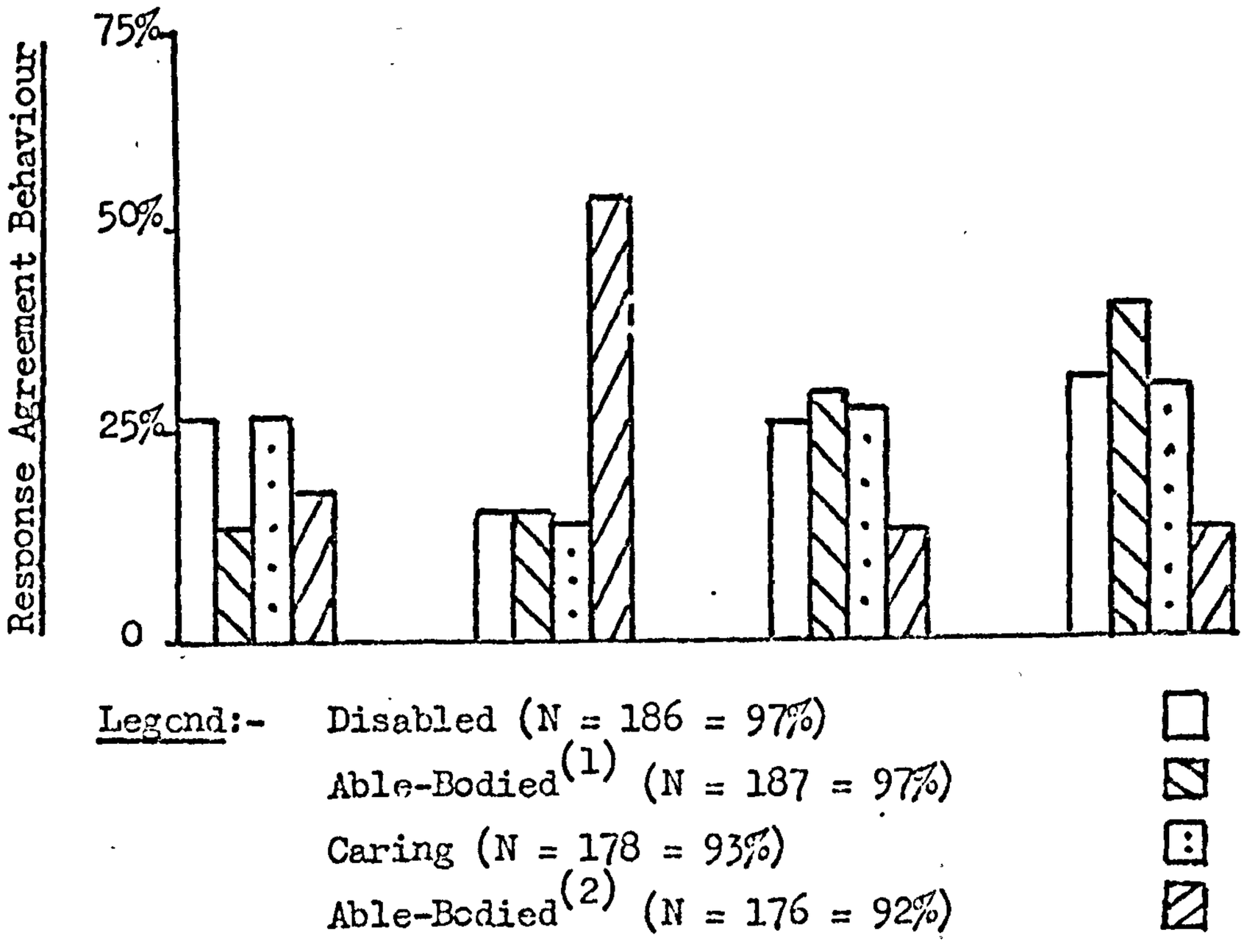


Table 44 (3) Areas which serve to contribute to a better understanding of the behaviour of other people.



indicated that the able-bodied had lost friends within the previous few years. (Table 43 (1)).

Despite the apparent importance of economic factors and issues involved with housing, employment, etc., 55% (100) of the disabled and 53% (101) of the caring group respondents indicated that issues associated with daily living activities and status were most influential in the continuity of friendship relations incorporating disabled people. These issues were believed to be important to the disabled by 24% (43) A.B.(2) respondents and, in connection with the able-bodied, 33% (64) of the A.B.(1) group. (Tables 43 (2) and (3)).

Statement No. 44 Sixty-seven per cent (129) of the disabled and 62% (118) of the caring groups indicated that the disabled possessed a good understanding of the behaviour of others. A similar opinion was expressed by 39% (75) of the A.B.(2) group and, in relation to the able-bodied by 62% (119) of the A.B.(1) group. (Table 44 (1)).

To 59% (109) disabled and 60% (107) caring respondents, the supporting services and outer community were domains which served to provide for the disabled a good understanding of other people. A much smaller proportion (30% - 49) of the A.B.(2) group perceived a similar view. Seventy-two per cent (134) of the A.B.(1) group respondents indicated that the supporting services were most important to the able-bodied. (Tables 44 (2) and (3)).

Attitudes, values and "norms" established by the supporting services and outer community, and effects of the communications media were seen by 45% (84) disabled and 51% (90) caring respondents to be influential issues in promoting an understanding of other people by the disabled. A smaller proportion (26% - 46) of the A.B.(2) group

Table 44 (5) Specific issues which contribute to a better understanding of disability behaviour.

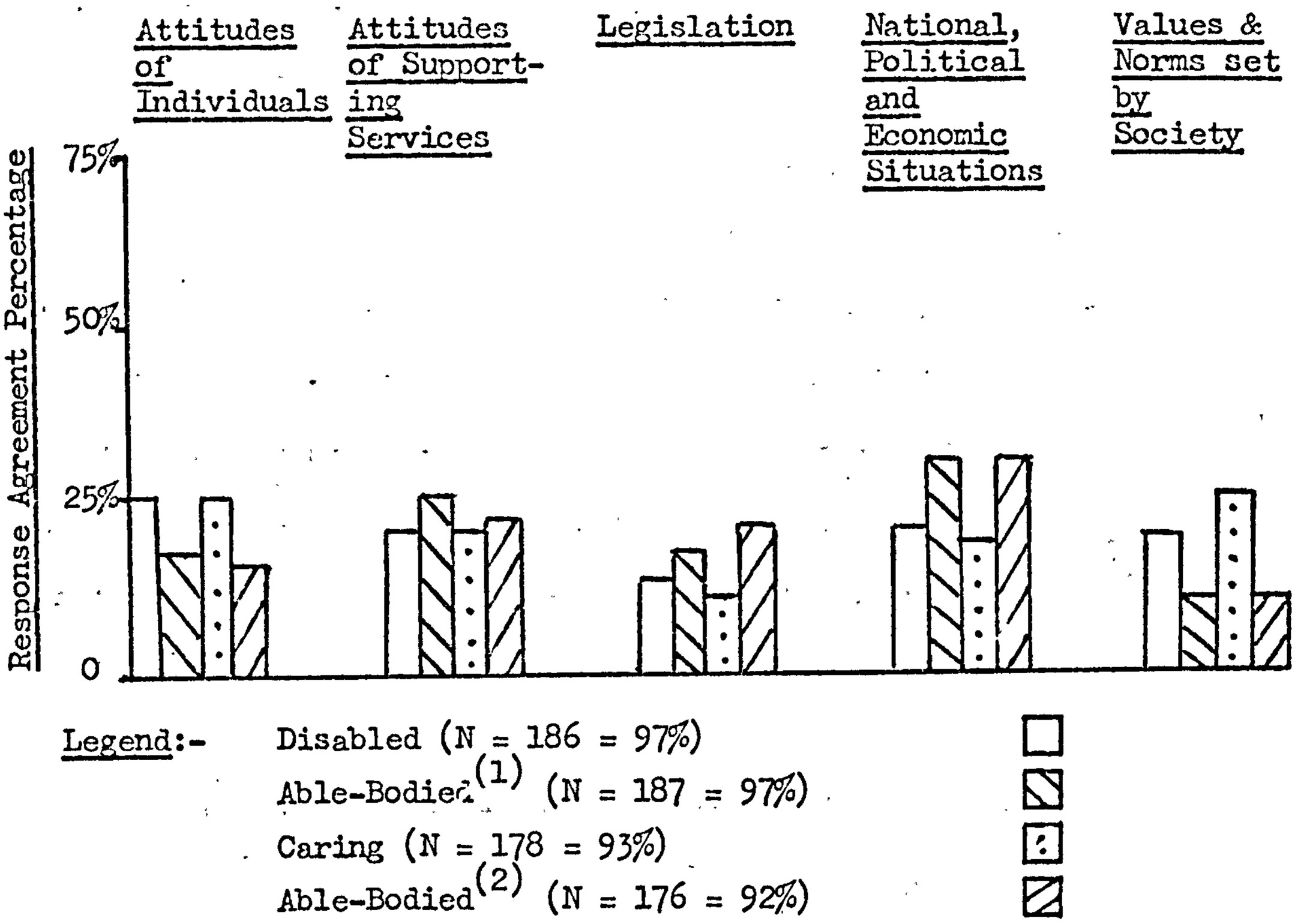
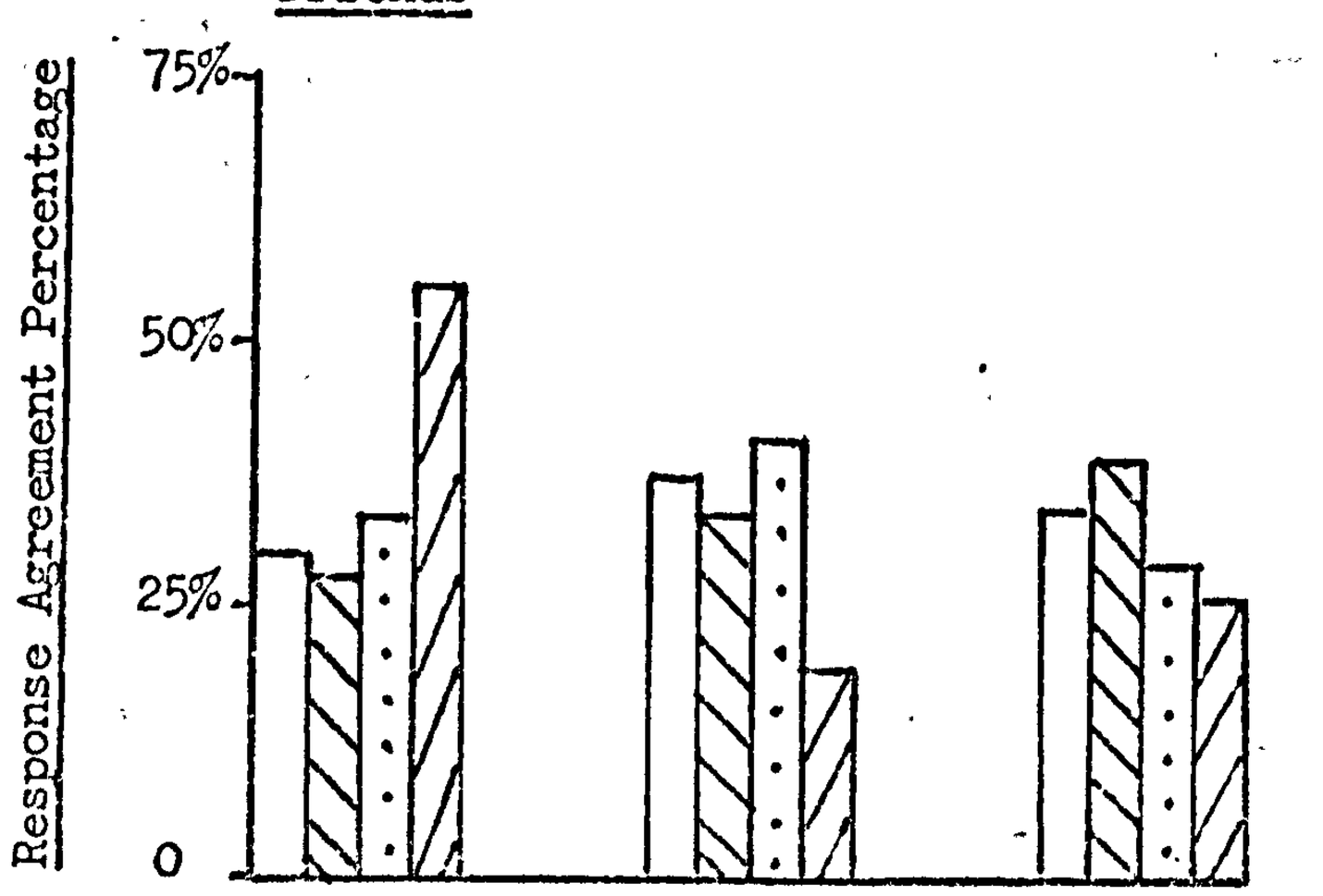


Table 45 (3) Areas which influence social activity of a disabled person's home life.



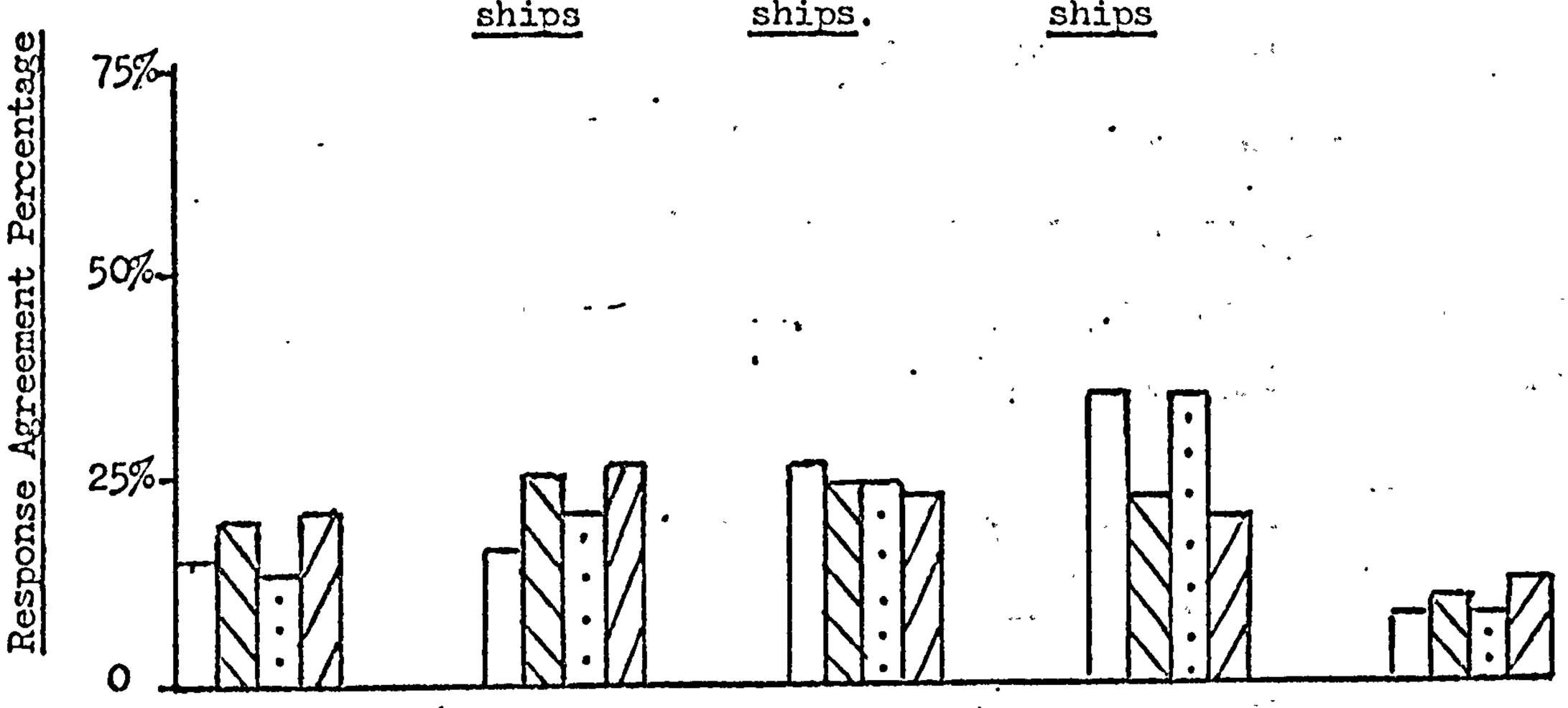
expressed a similar opinion. To 31% (57) of the A.B.(1) group, national, political and economic issues were of most importance in respect of the able-bodied. (Tables 44 (4) and (5)).

Statement No. 45 Forty-nine per cent (93) of the disabled and 53% (101) of the caring groups indicated that the social activities of the home-life of the disabled decreased following the onset of disability. This observation was made by 59% (114) of the respondents in the AB.(2) group and, in relation to the able-bodied, by 46% (88) of the A.B.(1) group. (Table 45 (1)).

In the opinions of 71% (130) disabled and 68% (125) caring respondents, the home-life of the disabled was influenced mainly by issues associated with the supporting services and outer community domains. This view was perceived similarly by 46% (85) of the A.B.(2) group. Seventy-three per cent (138) of the A.B.(1) group indicated that issues involved with the supporting services and outer community were influential to the home-life activity of the able-bodied. (Tables 45 (2) and (3)).

The consequences of stigmatisation were of particular concern to 29% (53) disabled and 24% (43) caring respondents. A much smaller proportion (7% - 13) of the A.B.(2) group perceived this issue to be of importance to the disabled. Twenty-nine per cent (54) of the A.B.(2) group thought that the handicapping features of personal disability were the most influential issue to the disabled. The handicapping features of physical limitations were seen by 23% (43) of the A.B.(1) group to be the most influential issue associated with the home-life of the able-bodied. (Tables 45 (4) and (5)).

Table 48 (3) Issues which contributed to consolidation of marriage following the onset of disability.



Statement No. 48 Forty-five per cent (86) of the disabled and 55% (105) of the caring respondents indicated that the bond of love associated with marriage is weakened if one of the partners sustained a serious physical disability. The opinions of the disabled and caring were supported by 58% (112) of the A.B.(1) group and by 56% (107) of the A.B.(2) group. (Table 48 (1)).

Acceptance and involvement in the outer community were seen by 35% (60) disabled and 35% (63) caring respondents to be important factors which contributed to the consolidation of the marriage. To 26% (46 mean) of the A.B. groups, issues associated with the family and home environment were more influential to the disabled. (Tables 48 (2) and (3)).

Tables 48 (4), (5), (6) and (7) revealed that larger proportions of the single (unmarried) disabled and able-bodied respondents thought that the personal/marital relationships had a greater influence on the security of the marriage than indicated by the married respondents.

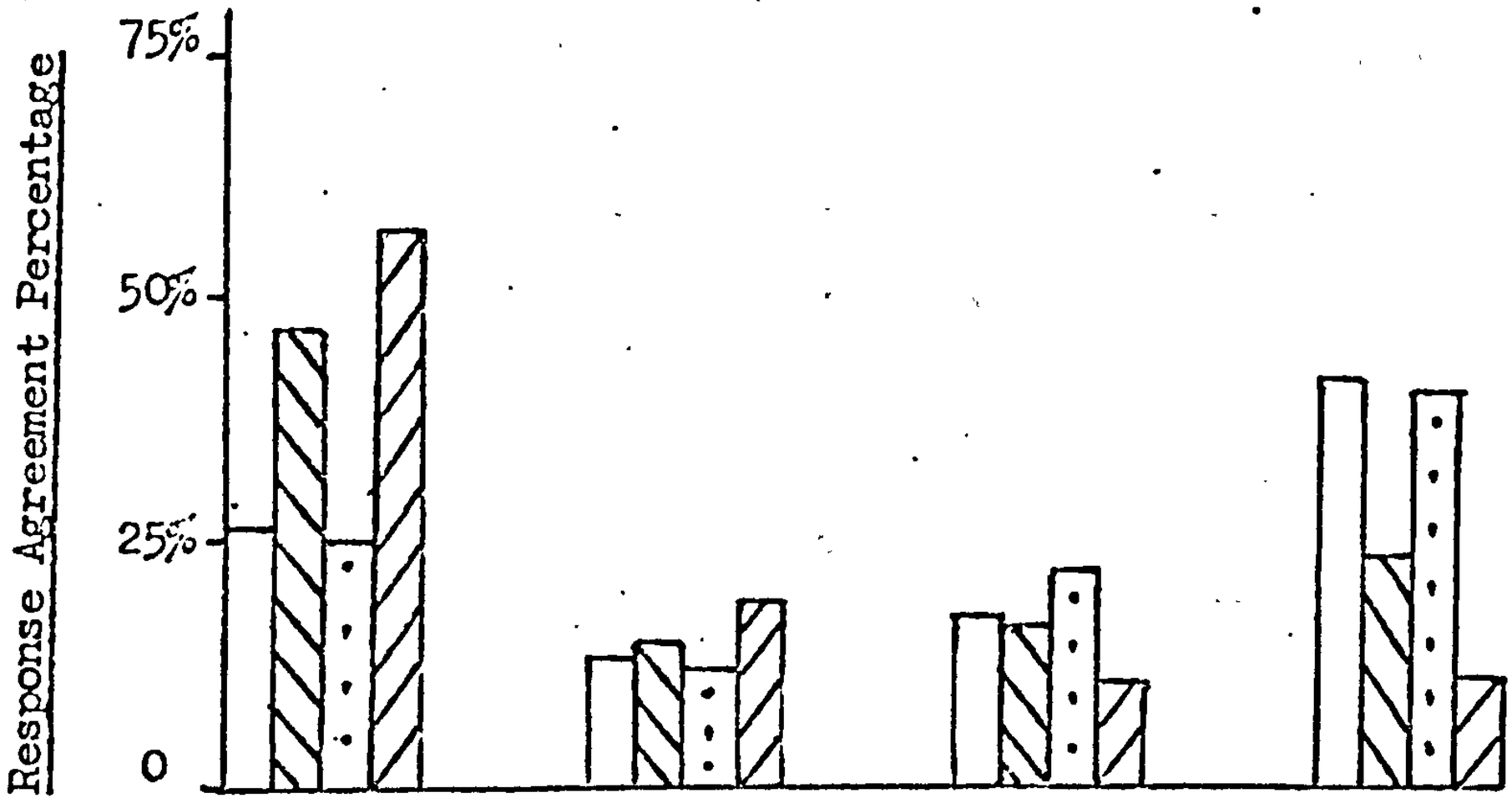
2.3 Supporting Services (Statement No. 37)

Statement No. 37 Seventy-two per cent (138) of the disabled and 87% (167) of the caring groups indicated that the disabled had a difficult role in society. This observation was recorded by 72% (138) of the A.B.(2) group. Forty-eight per cent (93) of the A.B.(1) group expressed a similar opinion in relation to able-bodied people. (Table 37 (1)).

Forty-three per cent (80) of the disabled and 41% (77) of the caring groups indicated that the role of the disabled person was most difficult within the outer community. A similar opinion was expressed

Table 37 (3) Areas where role of disabled people experience greatest problems.

Self	Family	Supporting Services	Outer Community



Legend:- Disabled (N = 184 = 96%)

Able-Bodied(1) (N = 191 = 99%)

Caring (N = 189 = 87%)

Able-Bodied(2) (N = 188 = 98%)

by 12% (22) of the A.B.(2) group and, in relation to the able-bodied, by 22% (42) of the A.B.(1) group. (Tables 37 (2) and (3)).

Communication and social relationship appeared to 34% (63 mean) of the disabled and caring groups to be particularly influential issues within the role of the handicapped. These issues were thought to be influential to the disabled by 14% (26) of the A.B.(2) group.

Fifty-five per cent (103) of the A.B.(2) group respondents believed that the personal effects of disability were the most influential issues in the role of the handicapped person; an issue perceived similarly by 29% (56) of the A.B.(1) group in relation to the able-bodied. (Tables 37 (4) and (5)).

2.4 Outer Community (Statement No. 29)

Statement No. 29 Thirty-six per cent (70) of the disabled and 53% (102) of the caring groups indicated that materialistic values were more important to the disabled than moral values. This opinion was expressed similarly by 64% (123) of the A.B.(2) group. Sixty-seven per cent (128) of the A.B.(1) group indicated that materialistic values were more important to the able-bodied than moral values. (Table 29 (1)).

A slightly larger proportion of the disabled (44% - 77) and caring (44% - 78) indicated that the materialistic values within the domains of the self and family were more important to the disabled than revealed by the A.B.(2) group (40% - 74). Thirty four per cent (64) of the A.B.(1) group referred to the importance of materialistic values to the able-bodied within the domains of the self and family. (Tables 29 (2) and (3)).

Seventy-six per cent (133) of the disabled and 68% (122) of the caring group referred primarily to the importance of materialistic

Table 29 (3) Areas within which materialistic values were considered to be important.

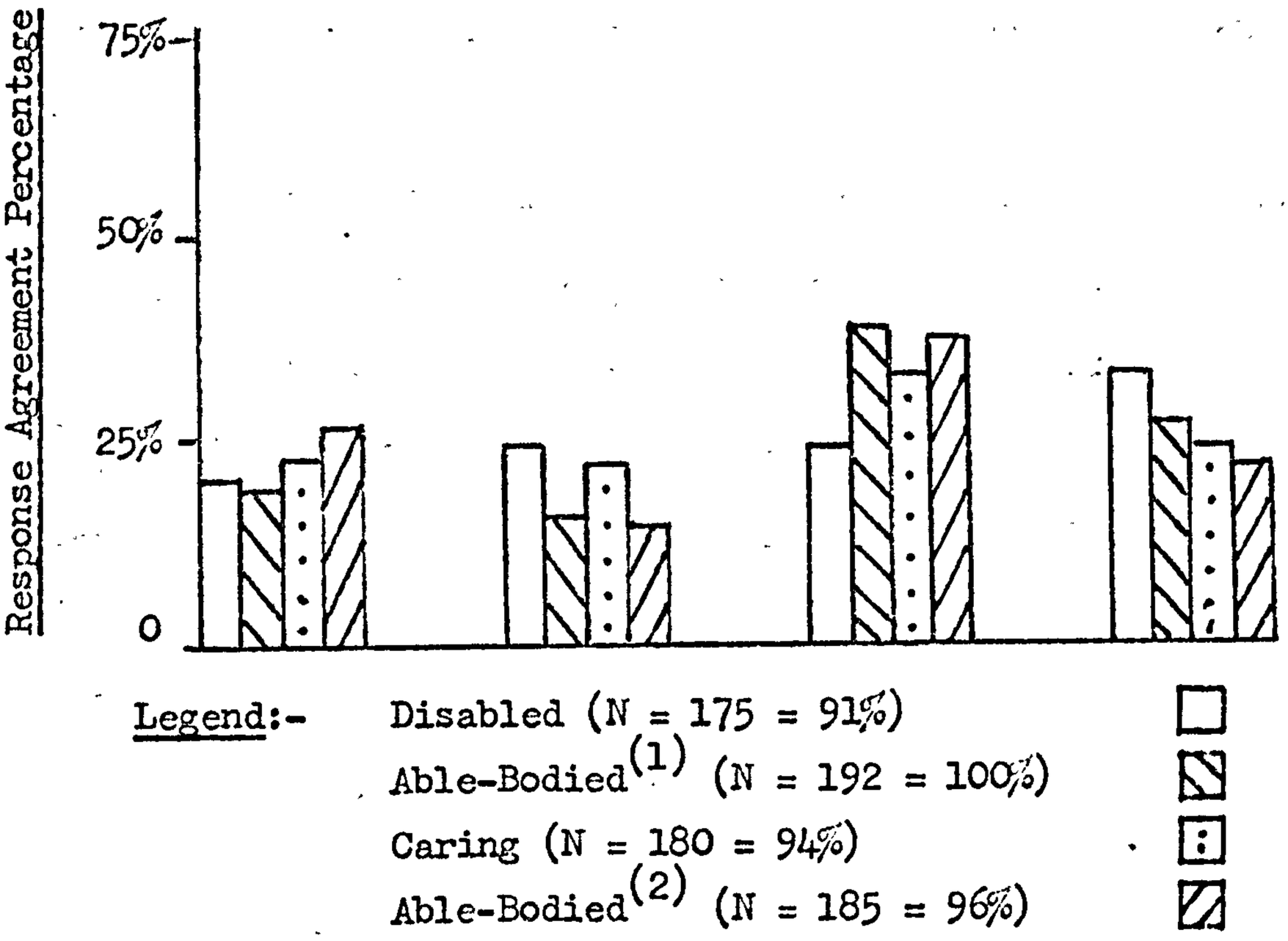
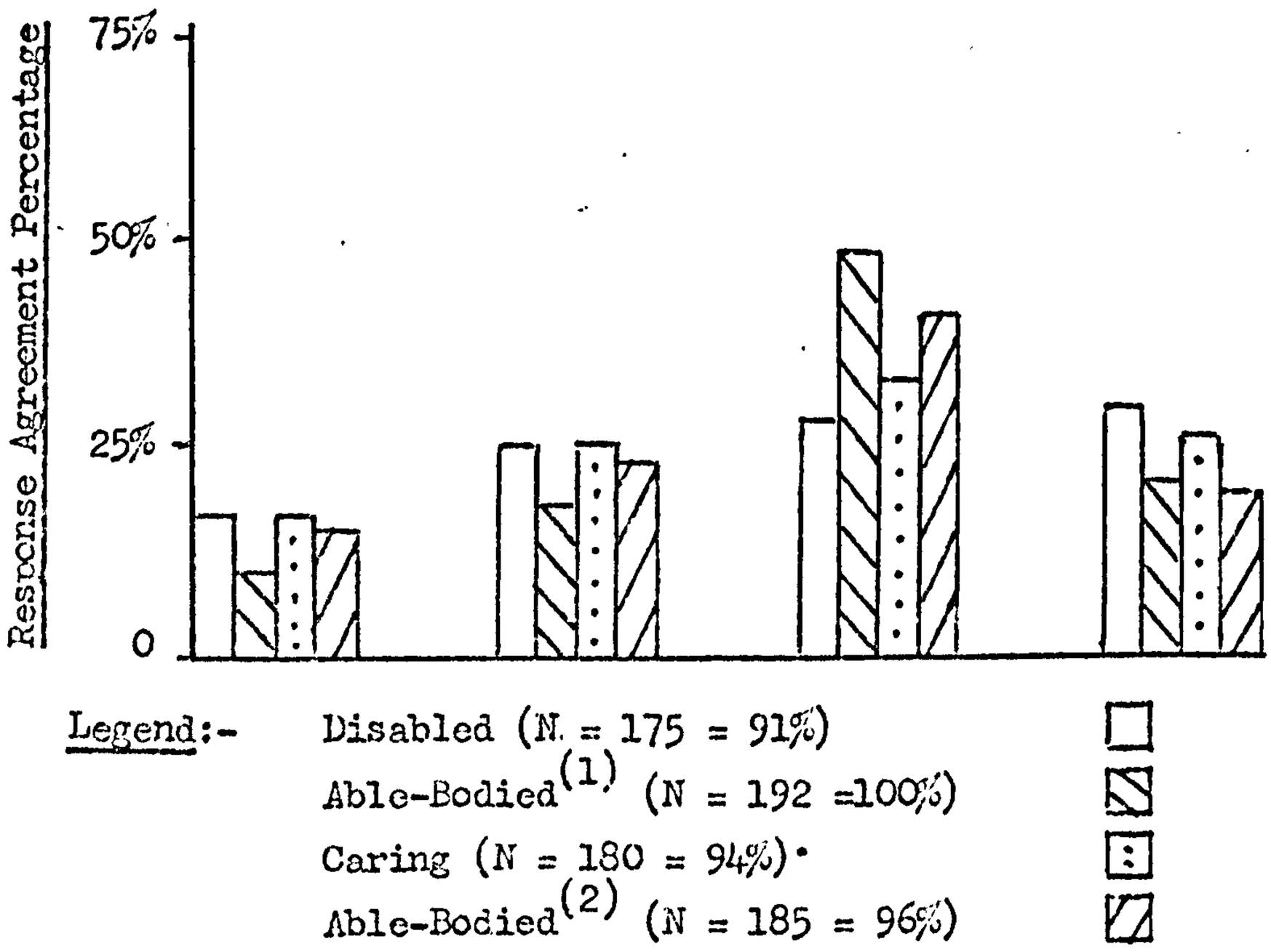


Table 29 (6) Areas within which moral values were considered to be important.



values involving issues associated with the self (health), marriage and family, and social relationships in the outer community. This observation was made similarly by 62% (115) of the A.B.(2) group and, in relation to the able-bodied, 61% (117) of the A.B.(1) group. (Table 29 (4) (a)).

In relation with issues where materialistic values gave the greatest satisfaction, 47% (82) of the disabled and 43% (77) of the caring referred to self (health), marriage and the family. A smaller proportion (31% - 56) of the A.B.(2) group expressed similar agreement. A large proportion (38% - 72) of the A.B.(1) group referred to the satisfaction which materialistic values involving social relationships within the outer community gave to the able-bodied. (Table 29 (4) (b).

Thirty per cent (53) of the disabled and 26% (47) of the caring groups indicated that moral values in the outer community were more important to the disabled than in other domains; an observation made similarly by a smaller proportion (20% - 36) of the A.B.(2) group. A large proportion (49% - 95) of the A.B.(1) group considered that moral values within the supporting services area was of most importance to the able-bodied. (Tables 29 (5) and (6)).

Thirty per cent (53) of the disabled and 26% (47) of the caring groups indicated that moral values were more important to the disabled with issues involving social relationships within the outer community than with issues in other domains. A smaller proportion (20% - 36) of the A.B.(2) group expressed a similar opinion. Twenty-three per cent (44) of the A.B.(1) group referred to the importance of moral issues with social relationships in the outer community to the able-bodied. (Table 29 (7) (a)).

In relation with issues where moral values provided greatest satisfaction, 28% (49) of the disabled and 24% (43) of the caring groups referred to marriage and the family. A smaller proportion (19% - 36) of the A.B.(2) group expressed a similar opinion. A large proportion (33% - 63) of the A.B.(1) group considered that the able-bodied gained more satisfaction from moral values associated with issues involving social relationships in the outer community than from other specific issues. (Table 29 (7) (b)).

2.5 Summary

The disabled and caring perceived the need for a positive and realistic conception of the self as being important to enable the disabled to cope with problems arising medically and socially from their disabilities. The onset of disability was seen to have an adverse effect upon self-esteem and a new self-image was frequently influenced by the nature of the losses incurred by the disability. In many situations, behavioural reaction by the disabled was primarily concerned with ensuring that the focus of objectivity was moved away from the self. As a result there was a tendency for many disabled to "define away" any symptom which may be construed as a deterioration of the self-concept. Adjustment was perceived by them to depend largely upon a realistic evaluation of both the disability and the potential assets. These assets include the behavioural reaction of the family and members of the supporting services and outer community.

The disabled needed to come to terms also with disabilities including loss of psychological security, abilities and skills, communication and information, occupational and financial status and social interactions. An important contributory factor towards the "nuisance" label frequently attached to the disabled was seen to be

caused by the failure of many able-bodied to recognise fully that physical disability encroaches inevitably upon time, "space" and physical stress beyond the "norm" of the able-bodied.

In relation to leisure, many disabled were confronted with limitations which normally did not affect the able-bodied. These limitations restricted not only the nature of leisure but also affected adversely the quality of leisure. The loss of a contributory role and the perceived "usefulness" of the disabled person within the community were personal factors of some considerable influence to the disabled. Restricted freedom, limited facilities and lack of suitable opportunities for the disabled were frequently seen by many disabled as additional handicaps imposed upon them by the able-bodied.

The effect of the role of the disabled person as a responsible member of his family was seen to depend upon many variables. Particularly important was the disabled person's own contribution to the needs of the family. If the woman's role was primarily as "wife and mother" or the man's as "husband, father and breadwinner", the roles were inevitably disturbed by the onset of disability. In some cases, disability was seen to have affected adversely marital and other relationships within the family unit, to have created financial problems, to have restricted social activities and prevented achievement of aspirations. On the other hand, there was some evidence to indicate that marital and family relationships had assisted the disabled to adjust and achieve some measure of self-esteem fairly readily and there were even cases when similar achievements had been made without the presence of marital and family responsibilities. Whilst the effects of "disability spread" were seen by many disabled and caring people to have pervaded both the role of the disabled person and the

family unit, only a small proportion of the able-bodied recognised the consequences of such behaviour to the disabled.

Social activities within the homes of the disabled were seen to depend upon many variables. Their own attitudes and acceptance of disability, the roles of other members of the family and their reaction to disability, as well as the kind of living accommodation, state of marital and family relationships, ties of relationships and friendships within the supporting services and outer community are all relevant. Lack of occupational and creative interests in the home were frequently observed as significant but it was evident that good family relationships and effective interaction with the supporting services and outer community were particularly important to the disabled. The influence of these issues to the disabled were not so clearly seen by the able-bodied.. Although a large proportion of the disabled and caring were aware of the symptoms of negative personality and the encroachment upon the family of the "disability spread" attitude, only a small proportion of the able-bodied indicated recognition of such issues.

Marriage between disabled and able-bodied persons was seen by a large proportion of the disabled and caring respondents as a good indicator of social integration, although personal identity, curtailment of social involvement and limited opportunities for education and employment were issues of great influence to the marital decision. Whilst the able-bodied believed that disability imposed stress upon the marital partnership, they perceived the stress occurring primarily within the confined areas of the self and family; an observation made largely upon the belief that the disabled lived within a restricted environment. The traditional definitions of masculinity and feminity tended to minimise the degree of flexibility that husbands and wives have in alternately occupying roles labelled "masculine" or "feminine",

as frequently demanded by the limitations related to disability of one, or both, spouses. Traditional expectations about the appropriate roles of men and women were seen to have constituted not only a social barrier but also to have impeded the familial integration of the disabled whenever their disability affected the "core" of the masculine or feminine familial roles.

Some disabled respondents accepted a model of conformity by their declaration of "no marriage", whilst others were observed to have rebelled against the labelling process by participating in the marriage partnership. A number of able-bodied considered marriage involving a disabled person was acceptable providing an element of "invalidism" prevailed within the situation.

Problems in deciding which role should be fulfilled by the disabled person to meet with the approval of the family and other significant individuals were frequent, particularly when they were examined in the view of potential marriage.

The consequences of disability frequently were seen to have posed moral problems in the marital and family relationships whilst the "spread of stigmatisation" to the family tended to form a social barrier. In a few cases, these issues had caused a breakdown in the marital partnership and, in others, caused close relatives and friends to dissociate themselves from the disabled.

It was evident that disability frequently tests the basic constructs of a marital partnership and the different elements entwined within the partnership from the supporting services and outer community.

Whilst many able-bodied thought that it was "nice" for disabled people to marry disabled, a large proportion frowned upon "mixed"

marriages between disabled and able-bodied. Some able-bodied who had been involved in "mixed" marriages considered that they had been subjected to suspicion by their able-bodied contemporaries. The disabled and caring respondents valued "mixed" marriages on the basis that such unions symbolised the ultimate proof of successful integration. In the cases of those people who became disabled after marriage, it seemed that the nature of their pre-disability marital relationship was fundamental to the quality of their continued relationships.

The extent of strain which disability imposes upon marital relationships seems to depend primarily upon acceptance of the disabled role by both partners. To those who were the spouse of a disabled partner, instability of the marriage and its consequential effects are generally more apparent soon after the onset of disability when "disabling the normal" is much in evidence. They believed that strong and stable relationships were important so that re-defined roles in the marital partnership could take place readily and smoothly. Moral and practical help from the family, supporting services and outer community were considered important by these respondents to prevent crisis situations.

The importance of individual counselling on such matters as sexual relationship, family responsibilities and social integration was recognised by the disabled and caring although many pointed out that counselling would be more beneficial if the family unit were respected participants. It also seemed evident that some counsellors failed to realise that many problems encountered by the disabled were sociogenic in origin.

Values associated with pre-disability roles frequently depreciate following the onset of disability, particularly those which influence

self-esteem, personal integrity and social adequacy. The termination of personal relationships was often seen to have an adverse effect upon the disabled as opportunities were limited for them to find substitutes for lost friendships.

Friendships with people in the supporting services and outer community were seen to provide stability of orientation and security to many disabled and caring.

The social behaviour of other people was important to the disabled, who consistently referred to misconceptions, prejudices, stereo-typing and patronising attitudes of the able-bodied during social interaction. An honest confrontation with their specific problems and facing disability in its totality assisted the disabled to react positively to an adjusted role.

Legislation tended to provide opportunities to re-assess social attitudes towards the disabled and influence the attitude and behavioural reaction of the supporting services.

The desire of disabled people for moral values is linked with their self-concepts and personal environments. They appeared to wish to re-establish equilibrium at higher levels of living and to perceive more complex and comprehensive behavioural patterns. The emphasis on materialistic values of the able-bodied seemed to have derived from their greater freedom of choice and what they believed to be their independence in making decisions alone.

Many of the problems encountered by the disabled appeared to be sociogenic in origin. Inadequate housing, mobility and access, and the lack of opportunities to engage in education, employment and recreation were considered by them to derive largely from negative attitudes in the supporting services sector.

For many disabled, personal identity and relationships with the supporting services and society tended to be enmeshed within the self-image. Improvement in the quality of life depended upon the mutual endeavour of disabled and able-bodied.

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3. Rehabilitation

3. Rehabilitation (Statement Nos. Self 11 and 33; Family 6, 12, 13 22 and 42; Supporting Services 36).

A rehabilitation service was considered to be broadly concerned with the restoration of the individual to the highest level of functional ability so that his potential as a contributory and fully recognised member of the community may be realised.

Although the respondents, in general, indicated that treatment of the "whole person" was the true concern of rehabilitation services, the disabled and caring believed that its effectiveness was not measured by results during the early stage of rehabilitative treatment but more significantly by the level of continued independence and effective living achieved within the outer community.

Issues having an influence on rehabilitation, as indicated by the relevant statements, were classified under the following headings:-

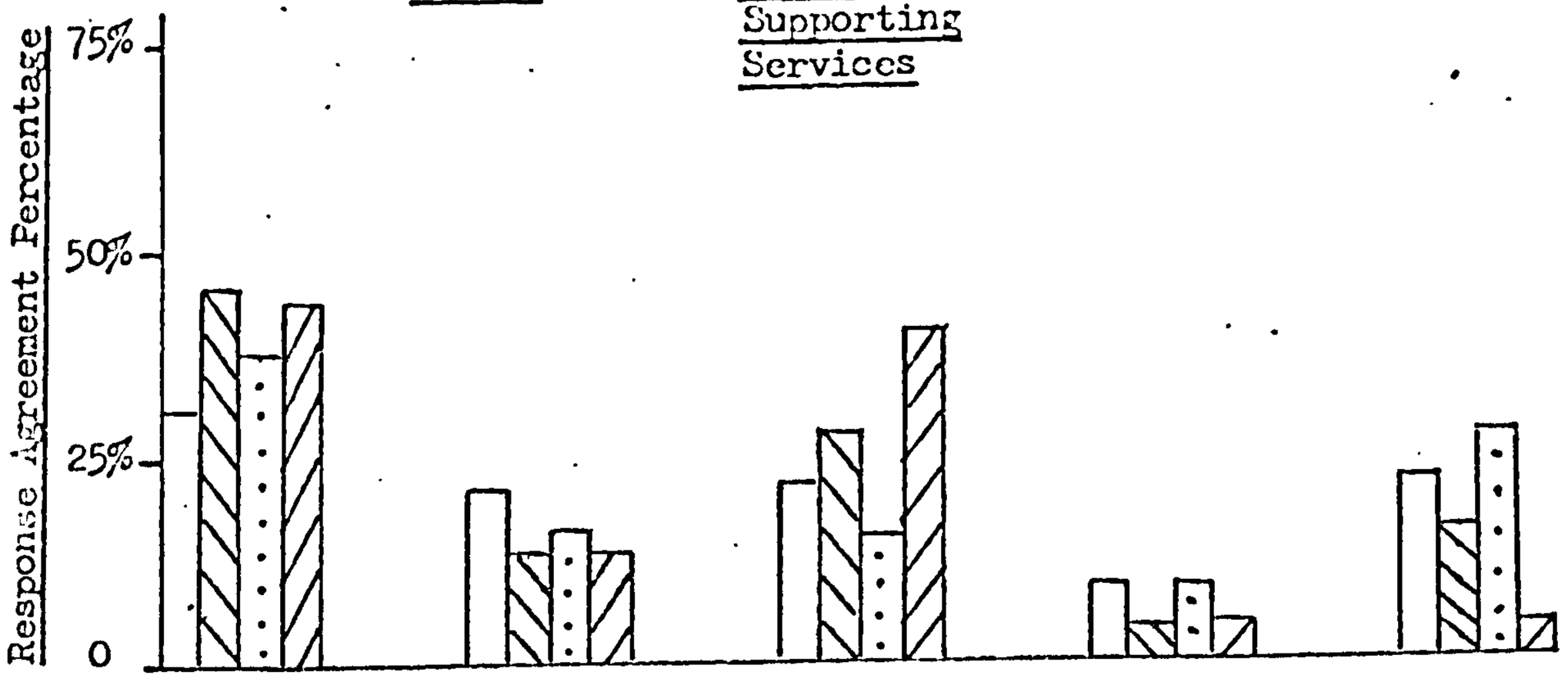
3.1 Self

3.2 Family

3.3 Supporting Services, and

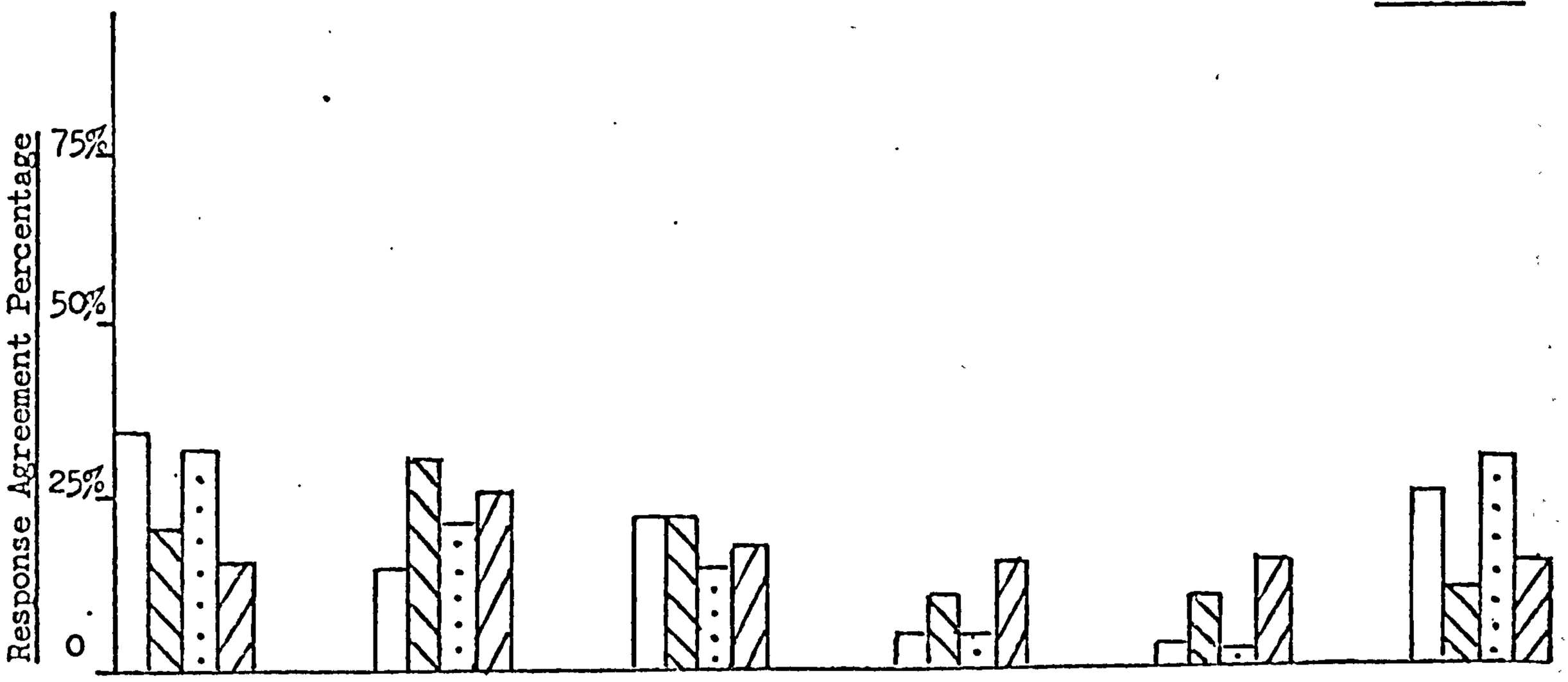
3.4 Summary

Table 11 (3) Some issues of importance in relation to an early adjustment to handicap.



Legend:- Disabled (N = 180 = 94%)
Able-Bodied(1) (N = 188 = 98%)
Caring (N = 187 = 98%)
Able-Bodied(2) (N = 190 = 99%)

Table 11 (4) Influential personal issues involved with the acceptance of disability.



Legend:- Disabled (N = 180 = 94%)
Able-Bodied(1) (N = 188 = 98%)
Caring (N = 187 = 98%)
Able-Bodied(2) (N = 190 = 99%)

3.1 Self (Statement Nos. 11 and 33)

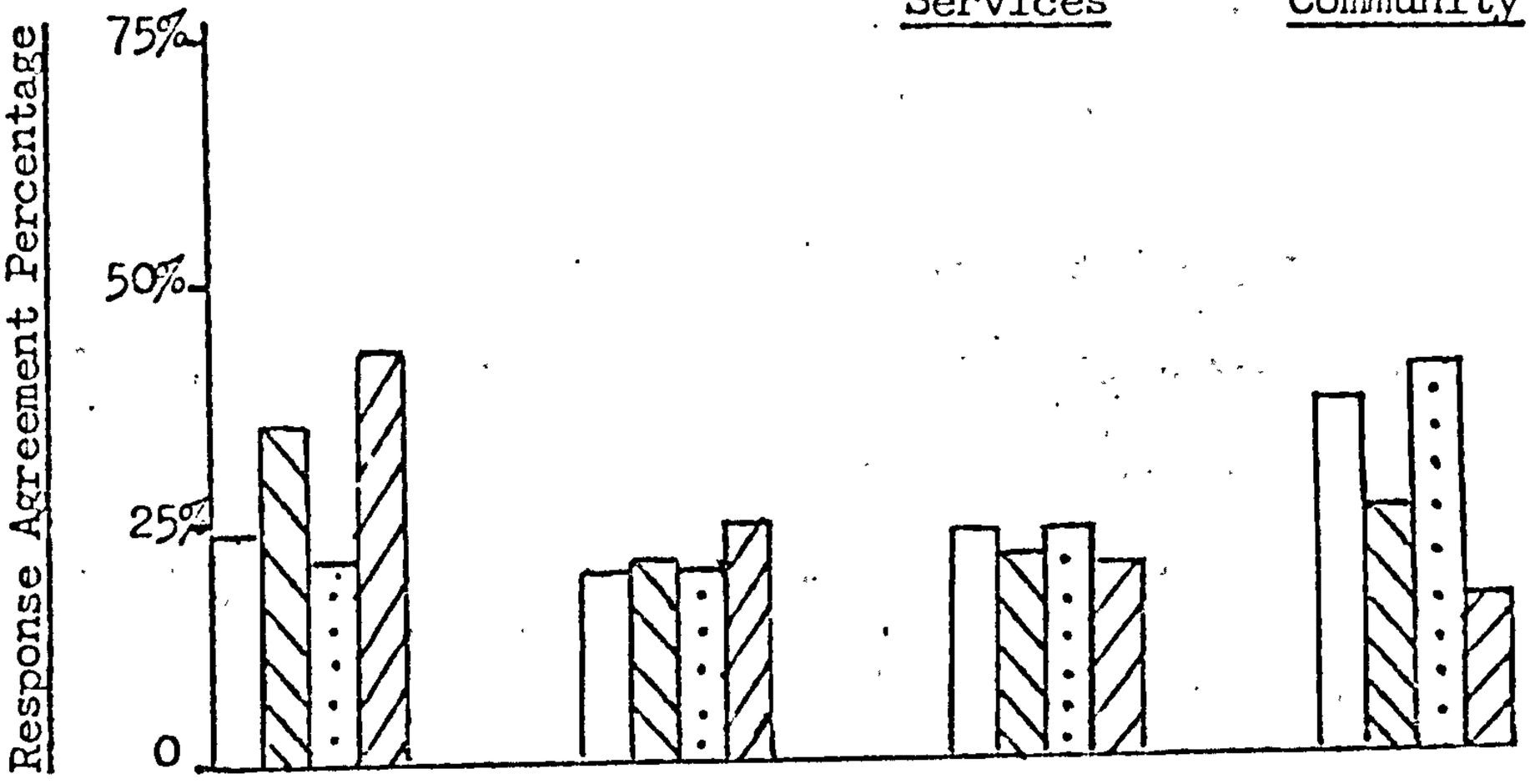
Statement No. 11 Seventy-three per cent (139) of the disabled and 81% (155) of the caring groups indicated that a disabled person should live with handicap as early as possible. This observation was also recorded by 75% (144) of the A.B.(1) and 80% (153) of the A.B.(2) group. (Table 11 (1)).

The maintenance of pre-disability friends and contacts and integration with able-bodied were considered by 40% (72) disabled and 41% (76) caring respondents to be issues of importance in relation to living with handicap as early as possible. Smaller proportions of the A.B.(1) group (27% - 52) and the A.B.(2) group (15% - 28) expressed similar opinions. Seventy per cent (131) A.B.(1) group and 81% (154) A.B.(2) group respondents believed that adjustment to the disability role and opportunities for adjustment in the outer community were the most influential issues arising from living with handicap as early as possible. A much smaller proportion of the disabled (51% - 91) and caring (50% - 94) expressed similar opinions. (Tables 11 (2) and (3)).

Personal assets (or body holding), status and personal valuation were considered by 79% (142) disabled and 74% (137) caring respondents to be important to the disabled in assisting them to accept their disabilities more readily. Fifty-two per cent (97) A.B.(1) group and 46% (87) A.B.(2) group respondents agreed with the disabled and caring. (Table 11 (4)).

In the opinions of 115 (81%) disabled and 106 (77%) caring respondents the importance of personal assets, status and self-valuation were not fully realised by them until after the onset of disability.

Table 11 (7) Areas providing most influence in relation to adjustment to handicap.



Legend:- Disabled (N = 180 = 94%)

Able-Bodied(1) (N = 188 = 98%).

Caring (N = 187 = 98%)

Able-Bodied(2) (N = 190 = 99%)

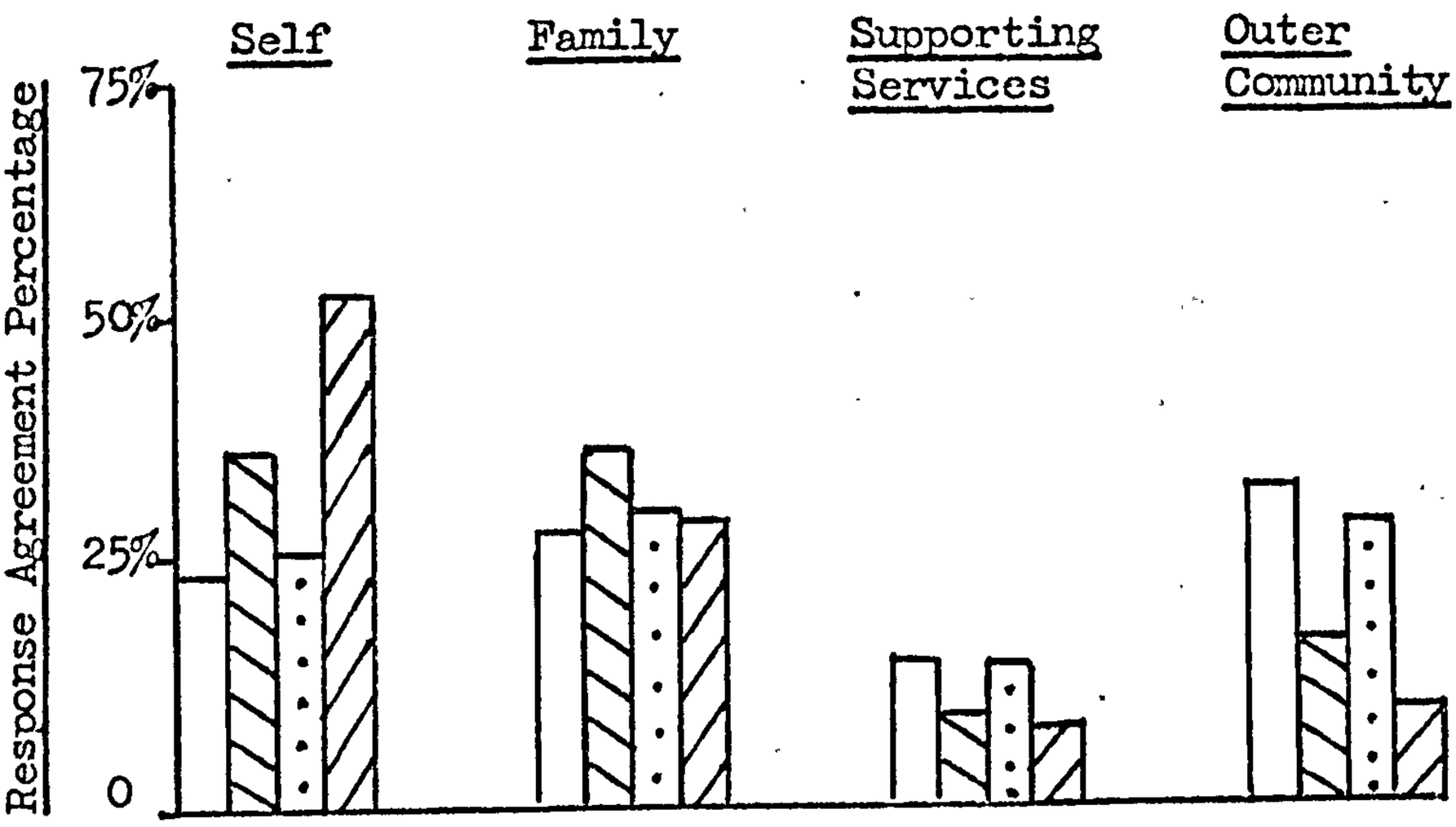
Reformulating a new "self" predicated on worth and value was considered of primary importance in the rehabilitative process by 39% (70) disabled and 40% (75) caring respondents. Similar consideration to these issues were given by 17% (32 mean) of each of the A.B. groups. (Tables 11 (5) and (6)).

Sixty-six (94%) disabled and 69 (92%) caring respondents stated that they believed an early appreciation of the reality and consequential effects of disability were of primary importance to the disabled. In their opinions, this knowledge, despite the probability of shock and grief, was the foundation of a stable and mature acceptance of disability. They also believed that there was an optimum period at which it was important for the disabled to accept the limitations of disability and commence the development of an adjusted role in society. This latter observation was not recorded by the able-bodied respondents.

Thirty-six per cent (65) disabled and 39% (72) caring group respondents indicated that the outer community provided considerable influence upon the disabled in adjustment to disability, whilst the A.B.$^{(1)}$ group (35% - 65) and A.B.$^{(2)}$ group (42% - 79) respondents believed that personal attributes provided more influence upon the disabled than the outer community and other domains. (Table 11 (7)).

Forty-one (63%) A.B.$^{(1)}$ group and 57 (72%) A.B.$^{(2)}$ group respondents believed that it was not difficult to live with handicap provided the individual accepted the limitations of the physical disability. In their general opinion, coming to terms with the "disabling function" was the greatest problem encountered by the disabled.

Table 33 (3) Influential areas in relation to moral support.



Legend:-

- Disabled (N = 186 = 97%)
- Able-Bodied(1) (N = 192 = 100%)
- Caring (N = 187 = 98%)
- Able-Bodied(2) (N = 163 = 85%)

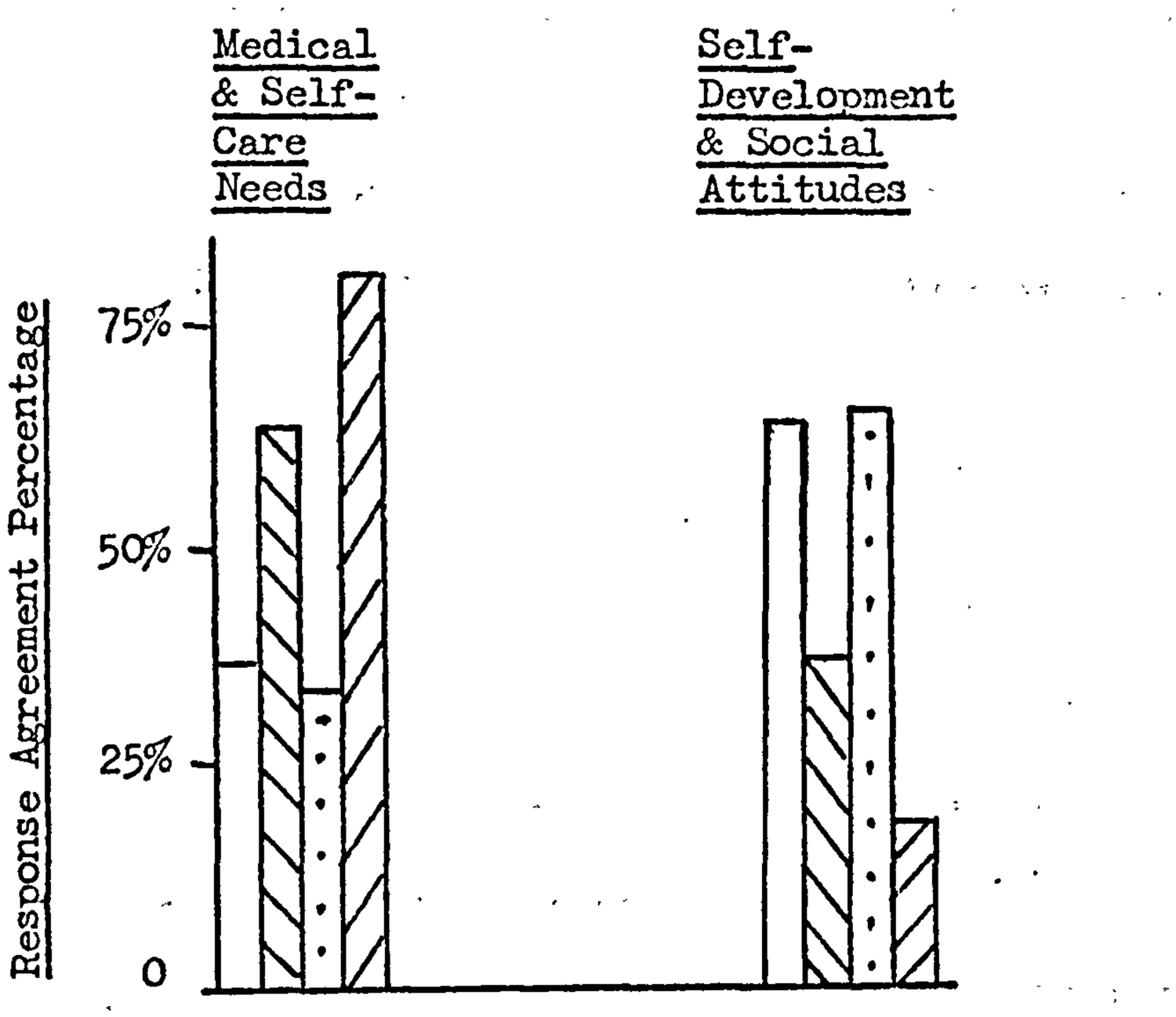
Statement No. 33 Sixty-four per cent (123) of the disabled and 50% (97) of the caring groups indicated that the disabled obtained moral support when they talked to persons more disabled than themselves. A similar observation was made by 53% (101) of the A.B.(2) group. Seventy-seven per cent (148) of the A.B.(1) group indicated that they received moral support when talking to disabled people. (Table 33 (1)).

Sixty-two per cent (116) disabled and 60% (112) caring respondents considered that moral support for the disabled was particularly important to them from within the family and outer community. A much smaller proportion (40% - 65) of the A.B.(2) group expressed a similar opinion. Fifty-four per cent (104) A.B.(1) group respondents referred to the family and outer community as important areas for the provision of moral support to able-bodied people. (Tables 33 (2) and (3)).

Issues of moral influence which were considered by the disabled (35% - 75) and caring (31% - 58) respondents to be important to the disabled included acceptance as a pre-disability group member, adjustment to personal loss of physical ability and the degree of "valuation" set against the individual by the supporting services and outer community. These specific issues were seen to be important to the disabled by 11% (18) A.B.(2) group respondents. In connection with able-bodied people 26% (50) A.B.(1) group respondents referred to the importance of such issues. Acceptance of disability by the disabled person and the family and close friends were considered particularly important issues to 67% (109) A.B.(2) group and 49% (95) A.B.(1) group respondents. Similar opinions were expressed by 32% (59) disabled and 37% (69) caring respondents. (Table 33 (4) and (5)).

Ninety-two (49%) disabled and 97 (52%) caring respondents indicated that they perceived moral support to act as a compensatory

Table 06 (3) Issues of importance in determining personal needs of disabled



Legend:-

Disabled (N = 178 = 93%)	□
Able-Bodied(1) (N = 184 = 96%)	▨
Caring (N = 186 = 97%)	⁝
Able-Bodied(2) (N = 172 = 89%)	▨

factor for loss of values incurred by the physical handicap. This aspect was considered by them to be particularly important during the early stages of disability when they believed that there was a tendency for the "mourning period" to be over-estimated. They regarded that an important contributory factor to the re-orientation of feelings and attitude behaviour was the conceptual differences they perceived between themselves and others as they realised the potential of their own assets.

3.2 Family (Statement Nos. 06, 12, 13, 22, 42)

Statement No. 06 Sixty-two per cent (119) of the disabled and 53% (101) of the caring respondents indicated that the disabled person understood more about his personal needs than the caring person. A smaller proportion (36% - 70) of the A.B.(2) group expressed a similar opinion. In relation to able-bodied people, the responses of the A.B.(1) group did not reveal any clear view. (Table 06 (1)).

Issues determining the value of knowledge generally important to the disabled person were considered by 64% (115) disabled and 66% (123) caring respondents to be associated with self-development and social attitudes. Nineteen per cent (33) of the A.B.(2) group revealed agreement with the disabled and caring. In relation to able-bodied people, 37% (68) expressed a similar view. Fifty-three per cent (92) of the A.B.(2) group believed that issues relating to socio-medico knowledge were more important to the disabled. (Tables 06 (2) and (3)).

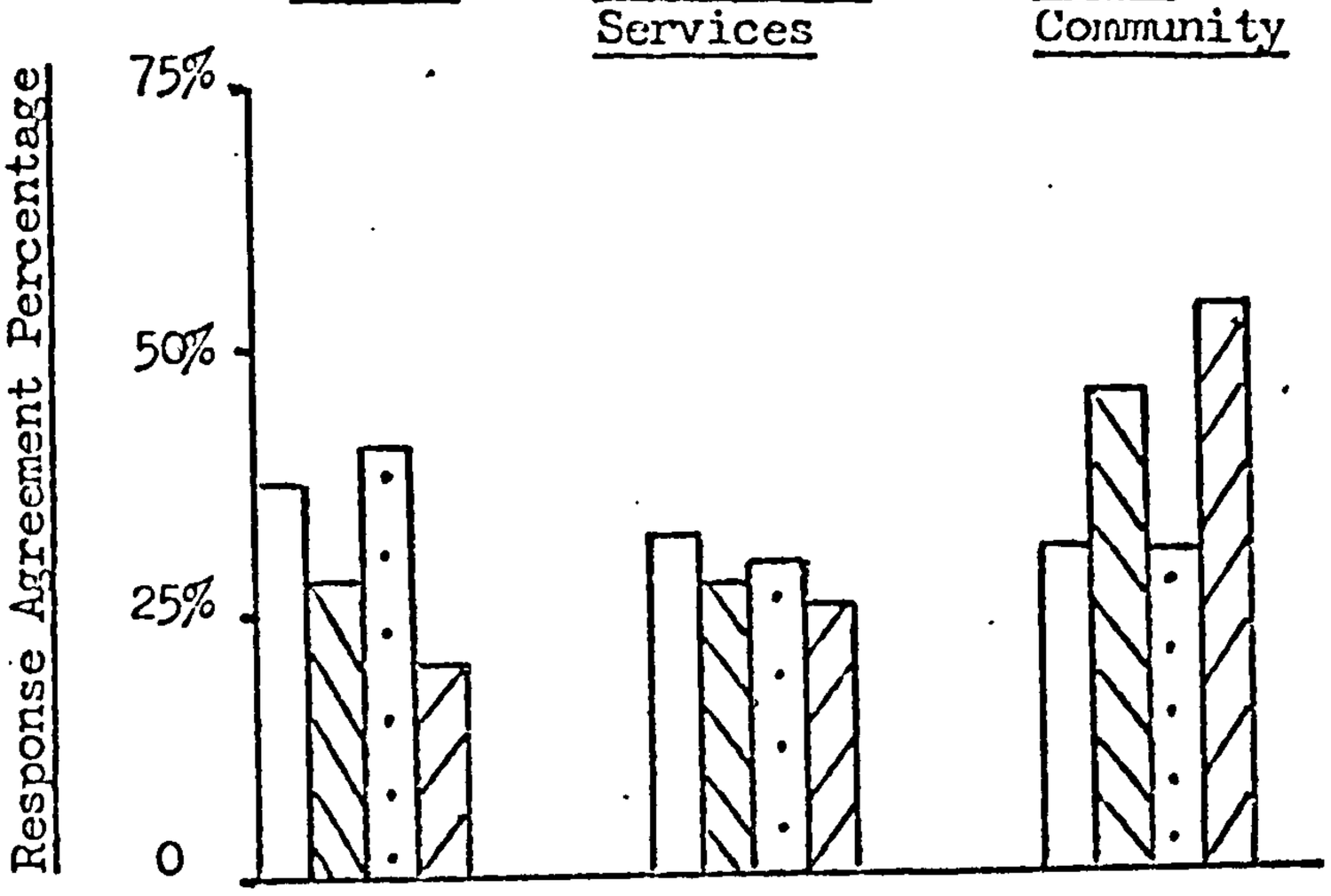
To 52% (92) disabled and 47% (88) caring respondents, loss of status and social integrity and problems associated with education, employment and self-dependence were issues of particular importance to the disabled. A much smaller proportion (22% - 37) of the A.B.(2)

group respondents made a similar observation. Forty-five per cent (82) of the A.B.(1) respondents indicated that these specific issues were important to the able-bodied. (Tables 06 (4) and (5)).

To 73 (83%) disabled and 78 (87%) caring respondents many of the problems encountered by the disabled in the community were beyond their control, as for example, those associated with physical access, mobility, housing, education, employment and social integration. The existence of these situations indicated to the disabled and caring that many able-bodied failed to understand fully the needs of the disabled and that an uninitiated majority had established and were controlling "superior norms" in respect of the disabled.

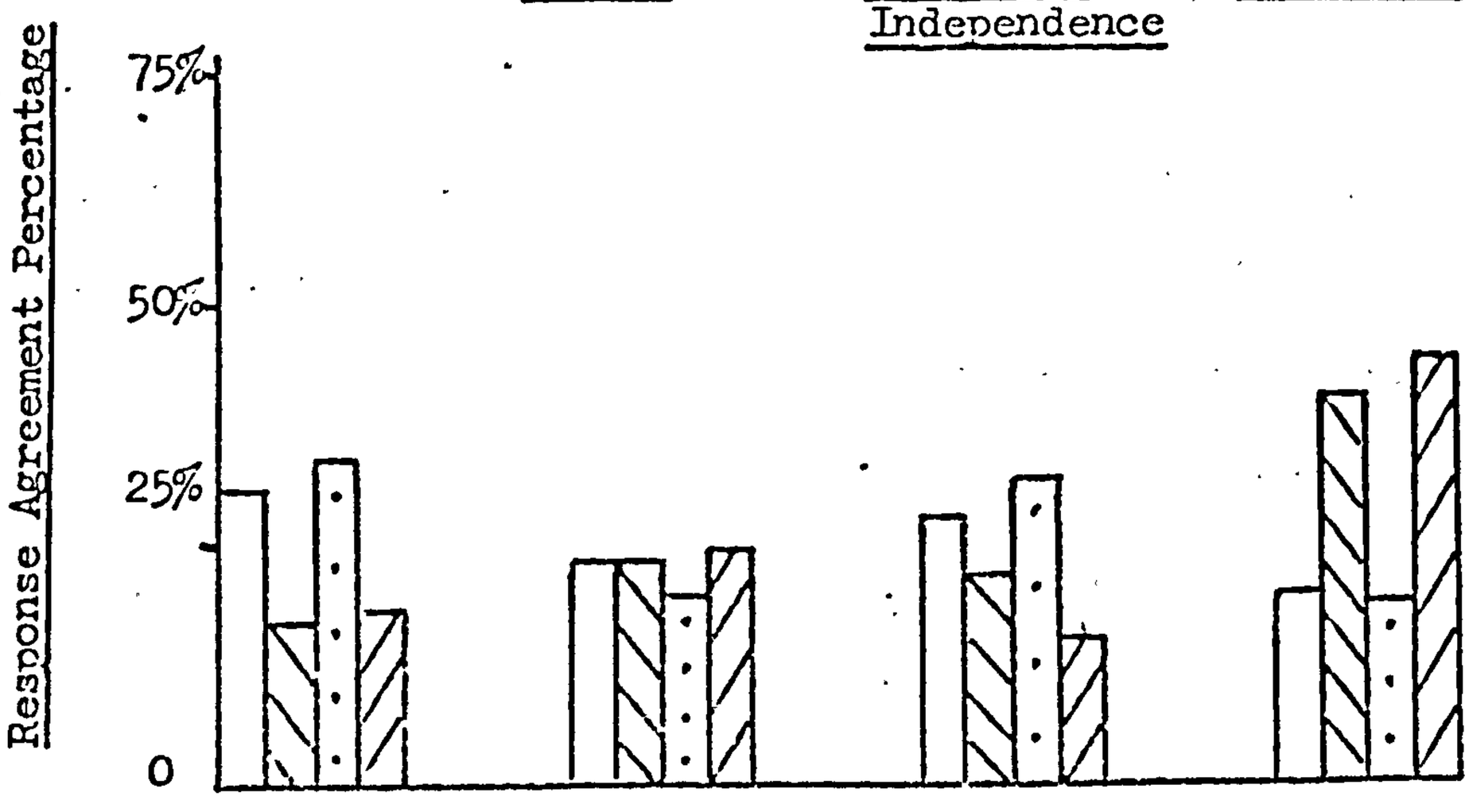
Thirty-nine (64%) disabled and 59 (86%) caring respondents referred to the adverse effects of "psychological spread" and "disabling the normal" in connection with disability. The caring respondents, in particular, indicated that they were frequently involved with the physical and social limitations and constraints imposed by handicap. The effects of these features were seen by the caring to have a tendency to erode the family's physical and social integrity and it was because of the necessity to preserve personal values and social adequacy that the caring believed that they had a greater awareness of some of the important issues involved with the personal needs of the disabled. Although these respondents made particular reference to the need for an awareness of the adverse effects of "psychological spread" and "disabling the normal" within the family, they also considered that it was within the family unit that the disabled person found adjustment, security and social integrity more readily.

Table 12 (3) Areas of importance in assisting disabled to participate in outdoor activities.



Legend:-
- Disabled (N = 176 = 92%)
- Able-Bodied(1) (N = 189 = 98%)
- Caring (N = 188 = 98%)
- Able-Bodied(2) (N = 178 = 93%)

Table 12 (5) Important benefits arising from participation in outdoor activities.



Legend:-
- Disabled (N = 176 = 92%)
- Able-Bodied(1) (N = 189 = 98%)
- Caring (N = 188 = 98%)
- Able-Bodied(2) (N = 178 = 93%)

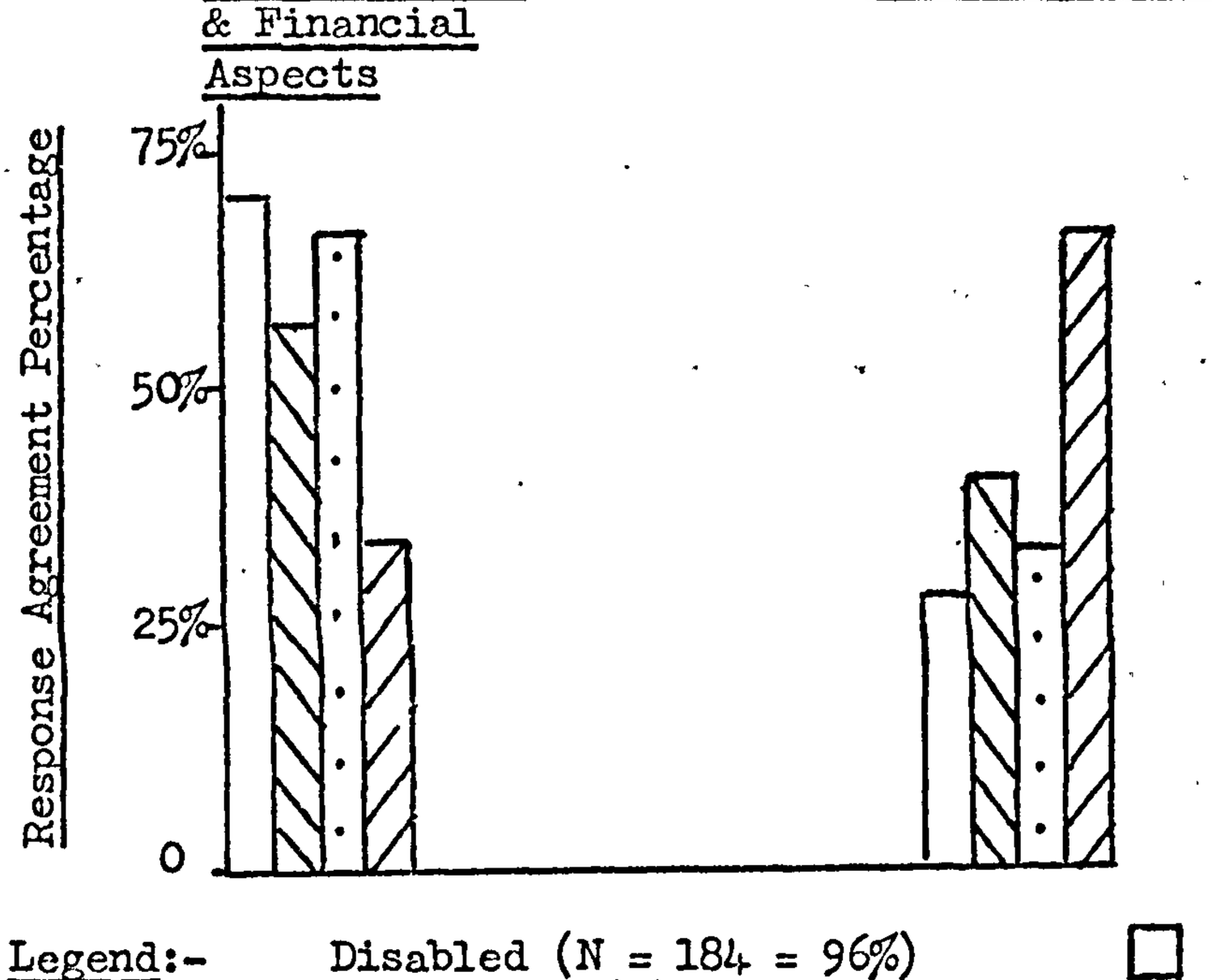
Statement No. 12 Seventy-two per cent (138) disabled and 73% (140) caring group respondents indicated that the attitude of the family and close friends of the disabled was an important factor in assisting the disabled to participate in outdoor activities. This view was seen by 50% (95) A.B.(2) respondents and, in relation to the able-bodied, 46% (89) A.B.(1) respondents. (Table 12 (1)).

Although 69% (122) disabled and 70% (131) caring group respondents referred to the importance of the family and supporting services in assisting the disabled to take part in outdoor activities, a much smaller proportion (46% - 81) of the A.B.(2) group made a similar observation. Fifty-four per cent (97) of the A.B.(2) group believed that the outer community was the most influential area in relation to assistance for the disabled. The responses of the A.B.(1) group were seen to be closer to the disabled than the A.B.(2) group respondents. (Table 12 (2) and (3)).

Adjustment and development of the self and the maximisation of potential ability and independence were in the opinions of 58% (101) disabled and 63% (119) caring respondents important benefits arising from the participation of outdoor activities by disabled people. A much smaller proportion (32% - 58) of the A.B.(2) group expressed a similar observation. In the opinions of 44% (78) of the A.B.(2) group the most important benefits arising for the disabled from their participation in outdoor activities were involved with the development of social interests. Thirty-seven per cent (70) of the A.B.(1) group indicated that the able-bodied benefited from the same issues. (Tables 12 (4) and (5)).

Seventy-seven (83%) disabled and 81 (84%) caring respondents considered disability to be a multi-handicap which necessitated

Table 13 (3) Issues considered important in denoting an "awareness" of personal problems.



Legend:-

- Disabled (N = 184 = 96%)
- Able-Bodied(1) (N = 187 = 97%)
- Caring (N = 186 = 97%)
- Able-Bodied(2) (N = 169 = 88%)

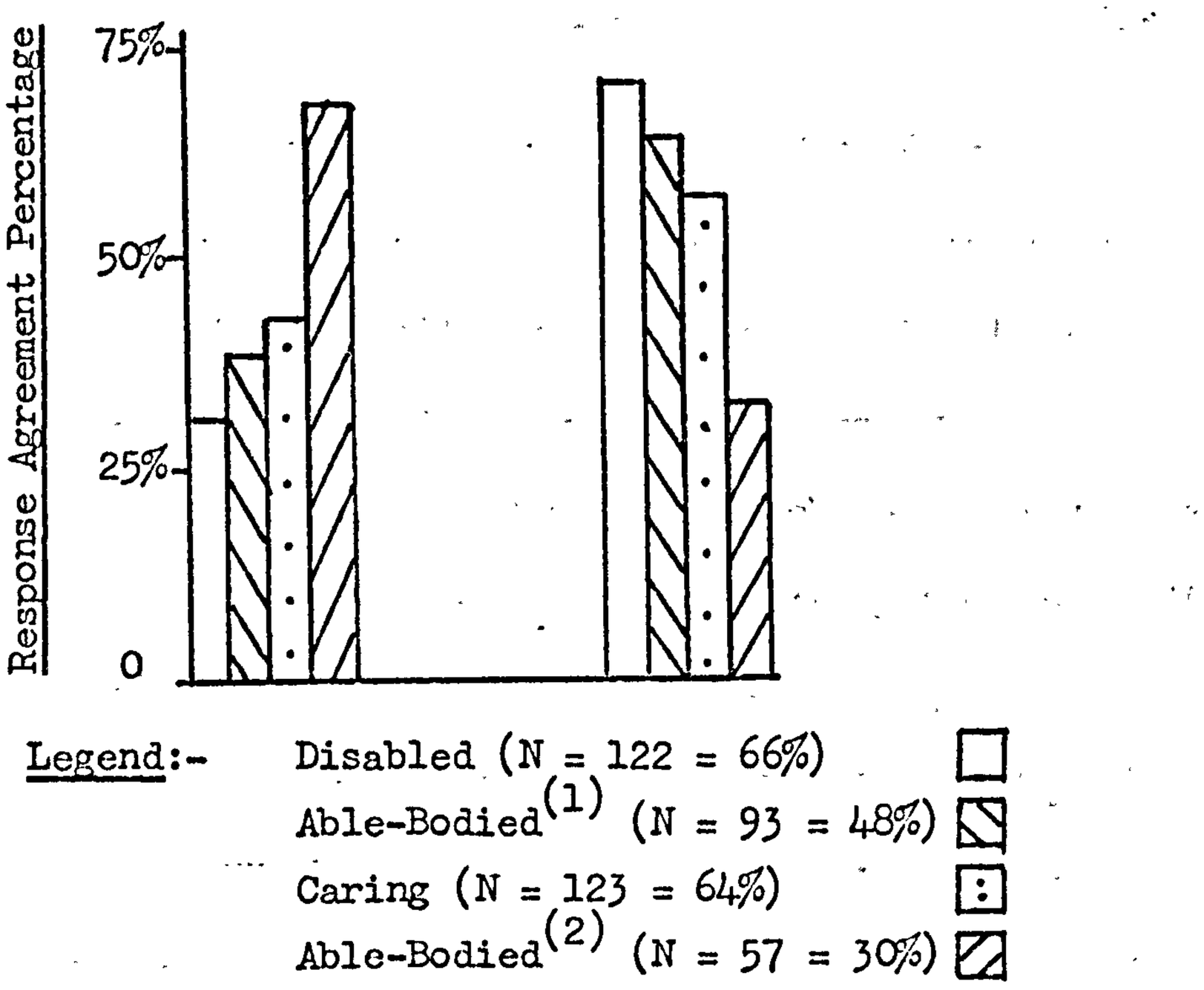
personal adjustment. Apart from the medical aspects of disability, they perceived the restoration and adjustment of personal values by the disabled to originate within the family unit and progress to maturity through the supporting services and outer community. To these respondents, participation in outdoor activities had a much more positive influence upon the personalities of disabled people than realised by many able-bodied.

Whilst 44% (78) of the A.B.(2) referred to the importance of the outer community to the disabled and 40% (76) of the A.B.(1) group referred to its importance in relation to the able bodied (Table 12 (5)), 34 (22%) respondents from this overall total believed that it was not expected for them to extend the token of friendship to the disabled in the outer community beyond a perfunctory measure.

Statement No. 13 Sixty-two per cent (119) of the disabled and 68% (131) of the caring groups indicated that close friends of the disabled were unaware of the personal problems associated with the disability. A much smaller proportion (28% - 53) of the A.B.(2) group expressed a similar opinion. In relation to the able-bodied, 35% (68) of the A.B.(1) group indicated that close friends were unaware of problems associated with their physical limitations. (Table 13 (1)).

Issues which were considered by 71% (131) of the disabled group and 67% (125) of the caring group to be important in indicating an awareness of the personal problems of the disabled included self-care, social relationships and financial matters. These issues were perceived by 34% (58) of the A.B.(2) group to be similarly important. To 58% (109) of the A.B.(1) group respondents, the same issues

Table 22 (2) Issues about which information was not considered adequate.



Legend:- Disabled (N = 122 = 66%)
Able-Bodied(1) (N = 93 = 48%)
Caring (N = 123 = 64%)
Able-Bodied(2) (N = 57 = 30%)

indicated an awareness of personal problems of the physical limitations of the able-bodied. (Tables 13 (2) and (3)).

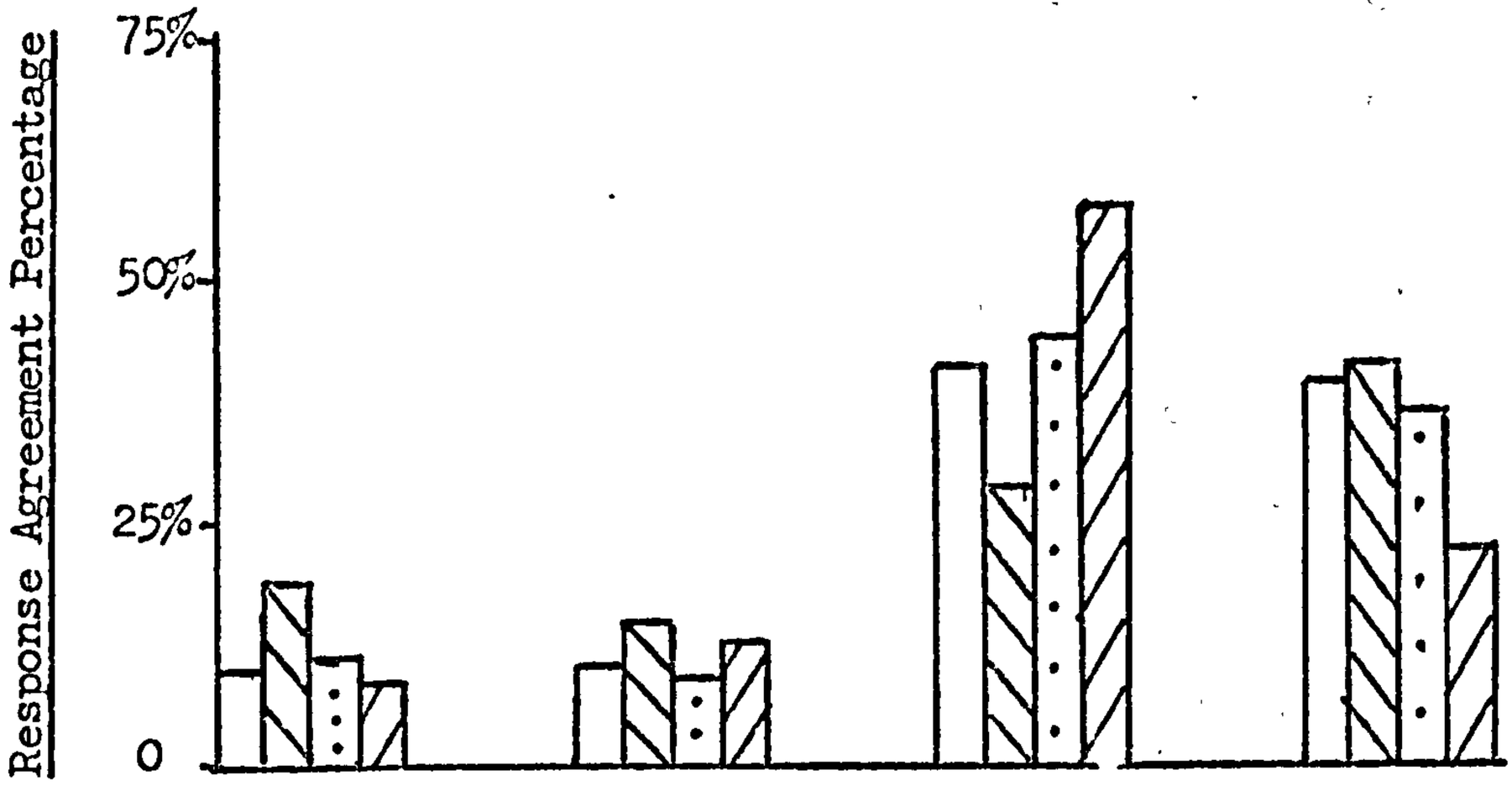
The preservation of social adequacy and independence was considered to be of primary importance by 93 (51%) disabled and 88 (47%) caring respondents. Failure to do so was seen by them to produce depreciatory feelings about the disabled person's contribution to the supporting services and outer community. To these respondents, the able-bodied tended to assess many of the problems of the disabled only in terms of the outward and physical aspects of disability whereas, in the opinions of the disabled and caring, the real problems were frequently much deeper than those exposed at the surface.

Statement No. 22 Sixty-six per cent (126) of the disabled and 64% (123) of the caring groups indicated that the disabled had not been well informed about matters relating to disability. A much smaller proportion (30% - 57) of the A.B.(2) group expressed agreement with the opinions of the disabled and caring. In relation to the able-bodied, the responses of the A.B.(1) group did not reveal any clear view. (Table 22 (1)).

Whilst 69% (87) of the disabled and 58% (71) of the caring groups indicated that the disabled lacked adequate information about social issues, a smaller proportion (33% - 19) of the A.B.(2) group expressed a similar opinion. Sixty-three per cent (59) of the A.B.(1) group believed that the able-bodied lacked adequate information about social issues. (Tables 22 (2) and (3)).

Eighty-six per cent (75) disabled and 79% (56) caring respondents made particular reference to inadequate information about issues involving the supporting services and outer community. A much smaller

Table 22 (5) Issues considered important in theflow of information.



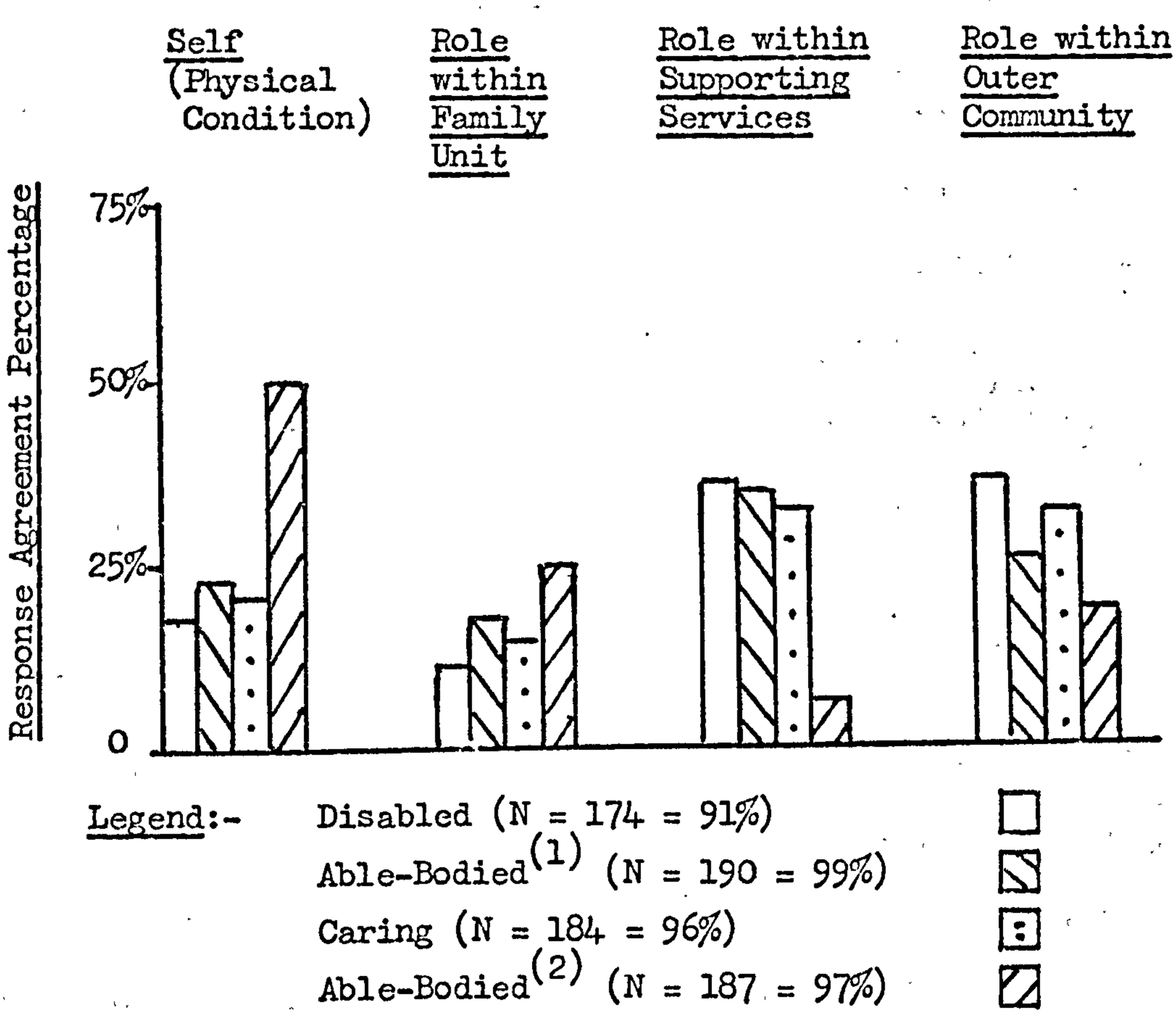
proportion (53% - 10) of the AB.(2) group respondents expressed agreement with the opinions of the disabled and able-bodied. Eighty per cent (47) of the A.B.(1) group indicated a similar opinion in respect of the able-bodied. (Table 22 (2) and (3)).

The influence of attitudes as an aspect in the flow of information was considered important by 39% (69) disabled and 36% (65) caring group respondents. A smaller proportion (22% - 42) agreed with opinion of the disabled and caring. In relation to the able-bodied, 41% (78) of the A.B.(1) expressed a similar opinion. (Tables 22 (4) and (5)).

Ninety-eight (78%) disabled and 88 (72%) caring respondents indicated that more information about the social aspects and consequences of disability should be focussed upon the able-bodied as well as the disabled. In their opinions, the real problems of disability were issues involved with the social consequences. The disabled and caring believed that problems involving issues such as access, education, employment and social integration could only be resolved by the able-bodied as they were the people largely responsible for their existence. In the opinions of the disabled and caring respondents, the remedies for such adverse consequences depended mainly upon assistance given by the able-bodied and this necessitated the able-bodied being "educated" further about the consequences and social aspects of disability.

Ninety-six (76%) disabled and 91 (74%) caring respondents considered it important for all supporting agencies to have a good knowledge of the social consequences of disability as well as the specialised knowledge of their individual disciplines.

Table 42 (3) Influential situations relating to attitude and behaviour associated with self-discipline.

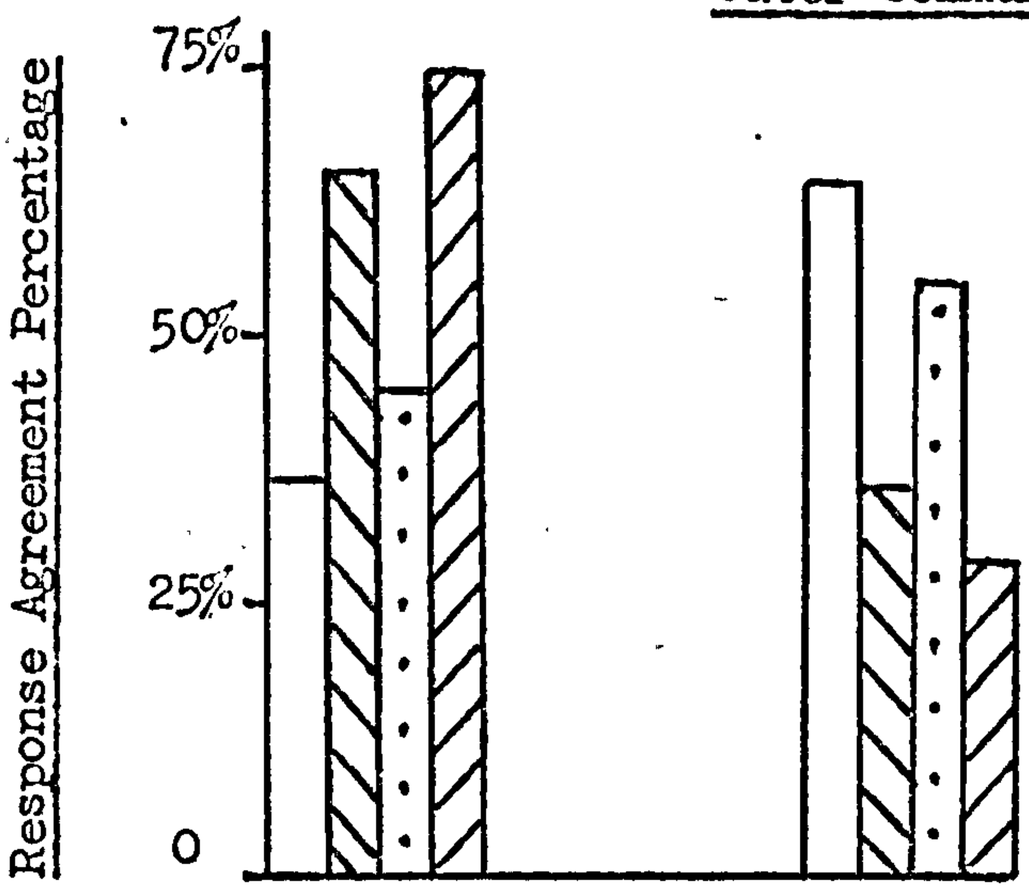


Statement No. 42 Fifty-three per cent (101) of the disabled and 64% (123) of the caring group respondents indicated that self-discipline was important to the disabled. A much smaller proportion (34% - 66) of the A.B.(2) group expressed a similar opinion. In relation to the able-bodied, 33% (63) of the A.B.(1) group referred to the importance of self-discipline. (Table 42 (1)).

Influential issues relating to the attitude and behaviour of disabled people to self-discipline were considered by 72% (125) of the disabled group and 65% (119) of the caring group to be involved with their roles in the supporting services and outer community. A much smaller proportion (26% - 49) of the A.B.(2) group expressed agreement with the opinion of the disabled and caring. Sixty per cent (115) of the A.B.(1) group indicated that the supporting services and outer community were the most influential areas in respect of able-bodied people. (Tables 42 (2) and (3)).

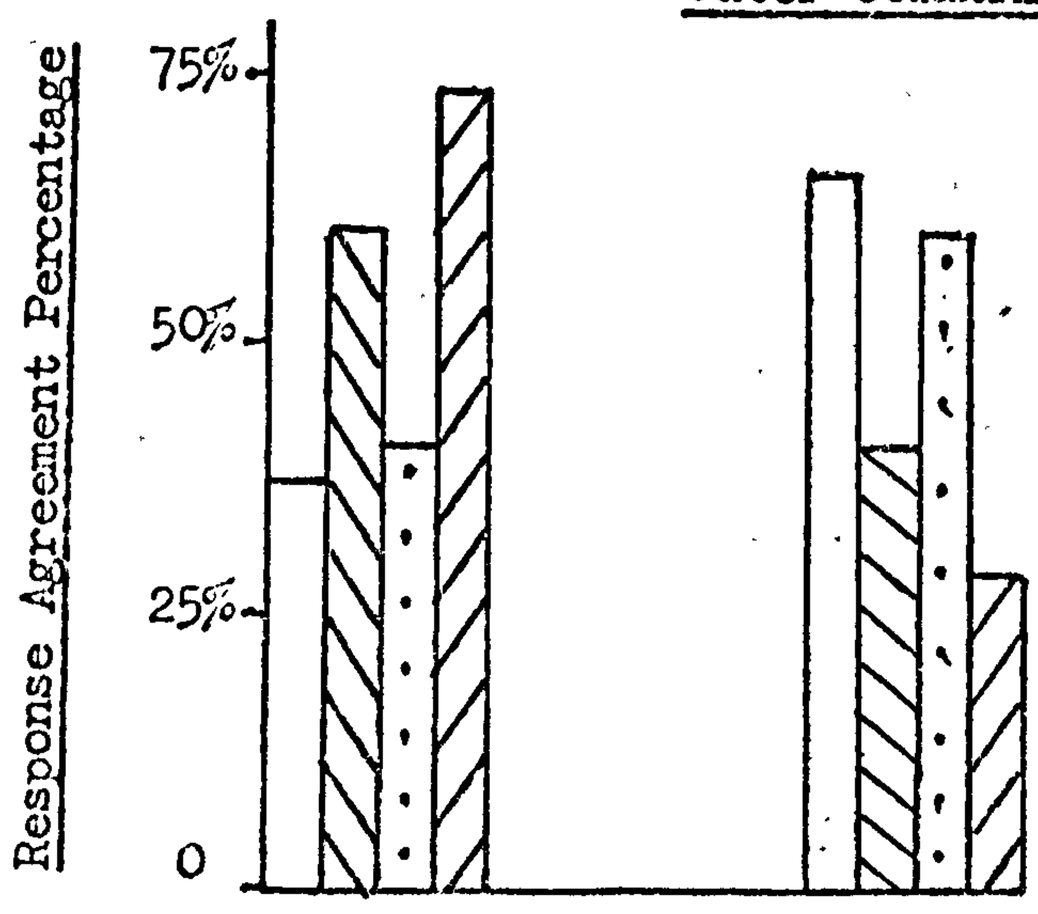
The restoration of physical integrity, personal independence and social adequacy were seen by 139 (80%) disabled and 146 (79%) caring respondents as the primary benefits arising from self-discipline for the disabled. Ninety-seven (52%) A.B.(2) respondents thought that self-discipline by the disabled was most beneficial to them within the home where their role as an independent and respected member of the family was important. Physical integrity, personal independence and social adequacy were considered by 102 (54%) A.B.(1) group respondents to be important benefits arising from self-discipline for the able-bodied.

Table 36 (3) Areas where the provision of physical aids were thought to be of great importance.



Legend:- Disabled (N = 186 = 97%)
Able-Bodied(1) (N = 182 = 95%)
Caring (N = 182 = 95%)
Able-Bodied(2) (N = 188 = 98%)

Table 36 (5) Issues of importance in relation to the provision of aids for the disabled.



Legend:- Disabled (N = 186 = 97%)
Able-Bodied(1) (N = 182 = 95%)
Caring (N = 182 = 95%)
Able-Bodied(2) (N = 188 = 98%)

3.3 Supporting Services (Statement No. 36)

Statement No. 36 Fifty-seven per cent (110 mean) of each of the disabled and caring groups indicated that the disabled had frequently been prevented from taking an active role in society because of a lack of physical aids. A similar proportion (55% - 105) of the A.B.(2) group expressed agreement with the disabled and caring. Thirty per cent (57) of the A.B.(1) group indicated that the lack of physical aids had frequently interfered with the normal role of the able-bodied. (Table 36 (1)).

Sixty-four per cent (119) of the disabled and 55% (100) of the caring groups indicated that the provision of physical aids were of great importance to the disabled in the supporting services and outer community sectors. A much smaller proportion (28% - 53) of the A.B.(2). group expressed a similar opinion. Thirty-five per cent (64) of the A.B.(1) group indicated that the provision of physical aids to the able-bodied were of more importance to them within the supporting services and outer community than in other domains. (Tables 36 (2) and (3)).

Sixty-four per cent (118) of the disabled and 60% (110) of the caring referred to the importance of specific groups of aids to the disabled for the purpose of participating in the supporting services and integrating in the outer community. The provision of practical aids for the self and adaptations in the home were considered by 72% (136) of the A.B.(2) group to be of primary importance to the disabled. The responses of the A.B.(1) group were closer to those of the disabled than those of the A.B.(2) group. (Tables 36 (4) and (5)).

Table 36 (6) shows the responses of the various groups in relation to the importance of specific items provided for the use of handicapped people.

Ninety-seven (52%) disabled and 85 (47%) caring respondents stated that a lack of information and effective communication were issues of great influence in connection with the provision and efficiency of physical aids for the disabled.

One hundred and thirty-seven (74%) disabled and 144 (79%) caring respondents considered that there was insufficient research carried out for the purpose of developing and promoting the efficiency of much of the equipment currently in use by the disabled.

Sixty-nine (37%) disabled and 82 (45%) caring believed that the introduction of the Chronically Sick and Disabled Persons' Act, 1970, had done little to improve the situation of the disabled in respect of the provision of physical aids.

3.4. Summary

The able-bodied appeared to perceive the emotions, aspirations and needs of the disabled only in relation to the "disabling function...." The disabled believed that early adjustment to their handicap depended primarily upon social relationships, including the maintenance of pre-disability friendships and contacts. Such relationships were perceived by both disabled and caring respondents as a "bridge" between the self and the outer community but this aspect of disability was generally unobserved by the able-bodied. To the able-bodied it was relatively easy for the disabled to adjust to life following the onset of disability and this suggested that they were unaware of areas involved in the process of re-orientation. They interpreted living with handicap as a simple transition from one role to another.

Despite the temporary experience of shock and grief, the disabled believed that the reality and consequential effects of disability

should be discussed with the disabled person as early as possible. They indicated that failure to do so caused difficulties with the self-concept and frequently caused conflicting social pressures which resulted in problems of alienation. This aspect of disability was not seen clearly by the able-bodied.

Disability was seen to incur a loss of values which were frequently associated with a "mourning" period. During this period a large proportion of the disabled concentrated on "loss aspects" until they came to react positively to re-orientated feelings and the positive attitude and behaviour of other people. An important contributory factor to the re-orientation of feelings and attitude behaviour by the disabled was the conceptual differences they perceived between themselves and other disabled as they realised the potential of their own abilities and assets.

In coping with disability, it seemed as if the disabled tend to become environmentally orientated as they strive to focus and modify their "outer world" to suit their physical and social needs. The able-bodied, on the other hand, tend to focus on the personality factors of the disabled and their behavioural reaction to individual situations.

Physical disability was seen by a large proportion of the disabled and caring to handicap not only the disabled person but frequently those with whom they enter into social relationships. The caring people, in particular, were often involved with the physical and social limitations and constraints enforced by the process of "disabling the normal".

Although there was evidence to indicate that in some cases the family's physical and social integrity had been eroded, it was within the family unit that the disabled person found adjustment, security

and social integrity more readily and easily. This was important to them for the restoration and development of personal values and social adequacy.

Despite the importance of knowledge about self-care and special needs to deal with problems of impairment and self-management, the difficulties of many disabled were centred on the development and expression of the self in the outer community where, in the opinions of the disabled and caring, "superior norms" were established and controlled by an uninitiated majority.

Disability was seen by the disabled and caring respondents as a multi-handicap which necessitated some personal adjustment. Apart from the medical aspects of the disability, the restoration and adjustment of personal values was seen by the disabled to originate within the family unit and progress to maturity through the supporting services and outer community.

Participation in outdoor activities by the disabled had a more positive influence upon their personalities than was realised by the able-bodied for while they saw the need for disabled people to participate in outdoor activities, they failed to recognise its importance to self-development and the maximisation of potential ability and independence for the disabled.

Several able-bodied seemed prepared to interact with the disabled provided perfunctory attention only was paid to each other.

Disability appeared to be a dominant feature for the disabled in many situations and it frequently produced depreciatory feelings about the validity of the disabled person's contribution to the supporting services and outer community. Consequently, the preservation of

social adequacy and independence by the disabled and caring were important.

Although they were the main architects of many problems encountered by the disabled during the process of integration, a large proportion of the able-bodied failed to recognise the relevant issues and specific difficulties.

Whilst the able-bodied tended to assess the problems of the disabled in terms of the outward and physical aspects of disability, the disabled and caring perceived many problems of the disabled as being deeper than those exposed at the surface and frequently much more severe, as for example, those associated with social relationships and those involved with attempting to conform to a "norm" established by the able-bodied.

Situations arising from organisational failure, mismanagement and misinterpretation of information, apathetic attitudes and lack of knowledge about various aspects of disability were perceived by a large proportion of the disabled and caring people as additional handicaps for the disabled. These respondents believed that it was important for all supporting agencies to have a good knowledge of the social aspects of disability as well as the specialised knowledge relating to their different disciplines. A large proportion of the disabled and caring considered that there was a need for more education amongst the able-bodied about the different handicapping conditions and social consequences of disability in order to ameliorate misconceptions leading to discrimination. Although, themselves, frequently lacking information about the social aspects and consequences of disability, the disabled and caring contended that it was important for such information to be focussed on the "able-bodied" as well as the "disabled", particularly

as many of these social problems, such as access, employment, etc., could only be solved by the able-bodied.

Self-discipline was seen by the disabled and caring to be more important as a contributory factor towards social integration and achieving a successful role in society than the able-bodied. A large proportion of the disabled believed that self-discipline was essential to the restoration of physical integrity, personal independence and social adequacy. These aspects were not readily identified by the able-bodied who believed that discipline for the disabled was more involved with the restricted roles of the self and the family.

Divergence between what the disabled person desired for the self, family, participation in the supporting services and outer community, and what the able-bodied thought they desired was much in evidence when considered in the terms of physical aids. Apart from the lack of effective information about many physical aids, a large proportion of the disabled and caring referred to the inefficiency and crudeness of much equipment, as for example, invalid cars, wheel-chairs, calipers and other personal equipment. The disabled and caring considered that there was a need for continuing development of all devices and methods for improving the daily living activities of the disabled within the home and, particularly, for improving the mobility of many disabled outside the home.

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4. Education

4. Education (Statement Nos. Self 27; Family 14; Supporting Services 30; Outer Community 15 and 31).

The survey revealed that the influence of education was an important factor in the behavioural reaction of a large proportion of the disabled respondents.

Influential issues were classified under the following headings:-

4.1 Influence on the self and social interaction

4.2 " " self-perception

4.3 " " employment

4.4 " " basic needs

4.5 " " opportunities

4.6 " " personal aspects, and

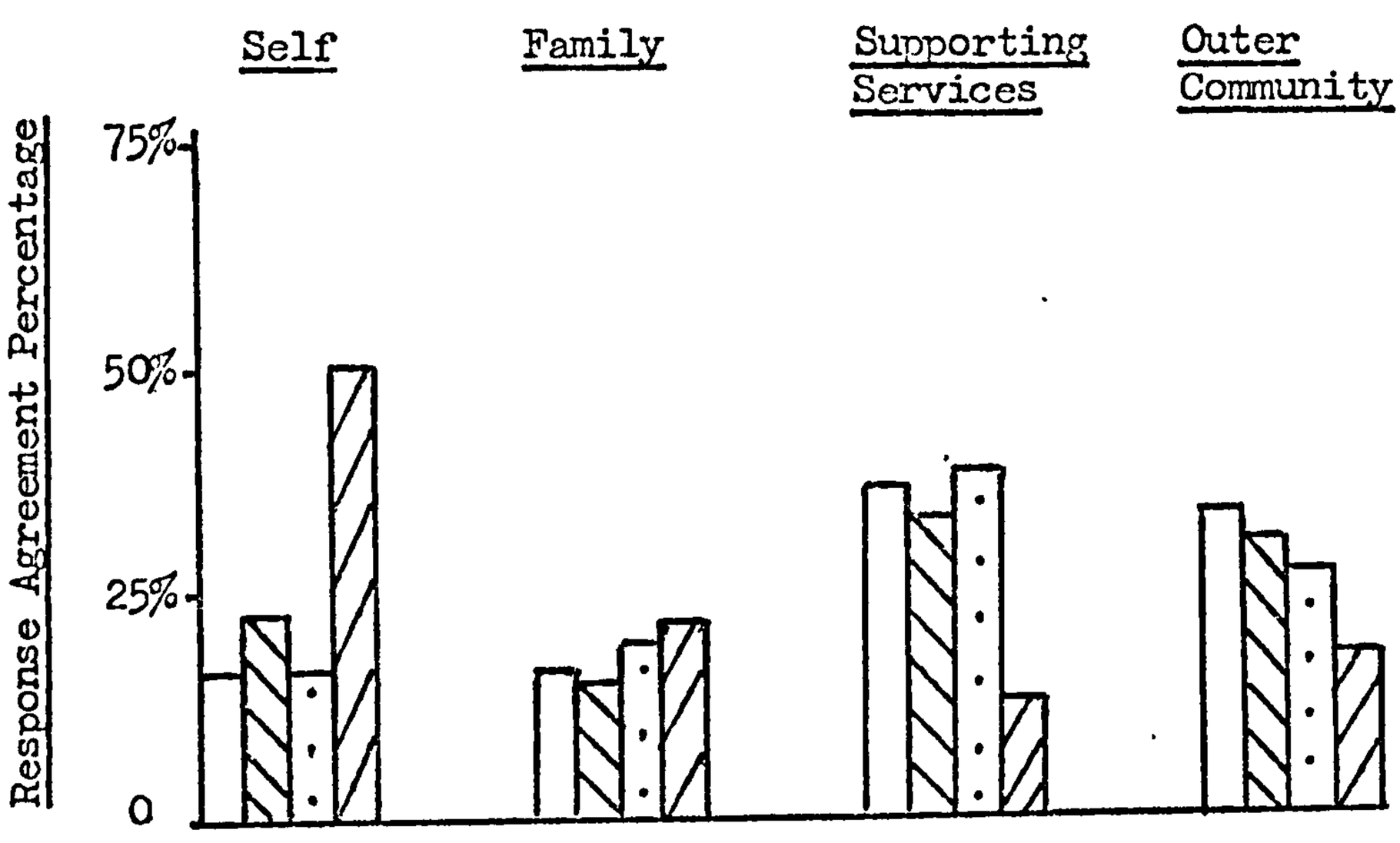
4.7 Summary

4.1 Self and Social Interaction (Statement No. 14)

Statement No. 14 The lack of educational attainment was seen by 67% (129) disabled and 74% (142) caring group respondents to have an adverse effect upon the disabled following the onset of disability; a view seen similarly by 23% (44) of the A.B.(2) group and, in respect of the able-bodied, 35% (68) of the A.B.(1) group respondents. (Table 14 (1)).

The overall influence of educational attainment upon the disabled was seen by 68% (123) disabled and 65% (121) caring group respondents to have the greatest effect within the supporting services and outer community domains. In the opinion of 71% (127) of the A.B.(2) group, educational attainment for the disabled person had its greatest

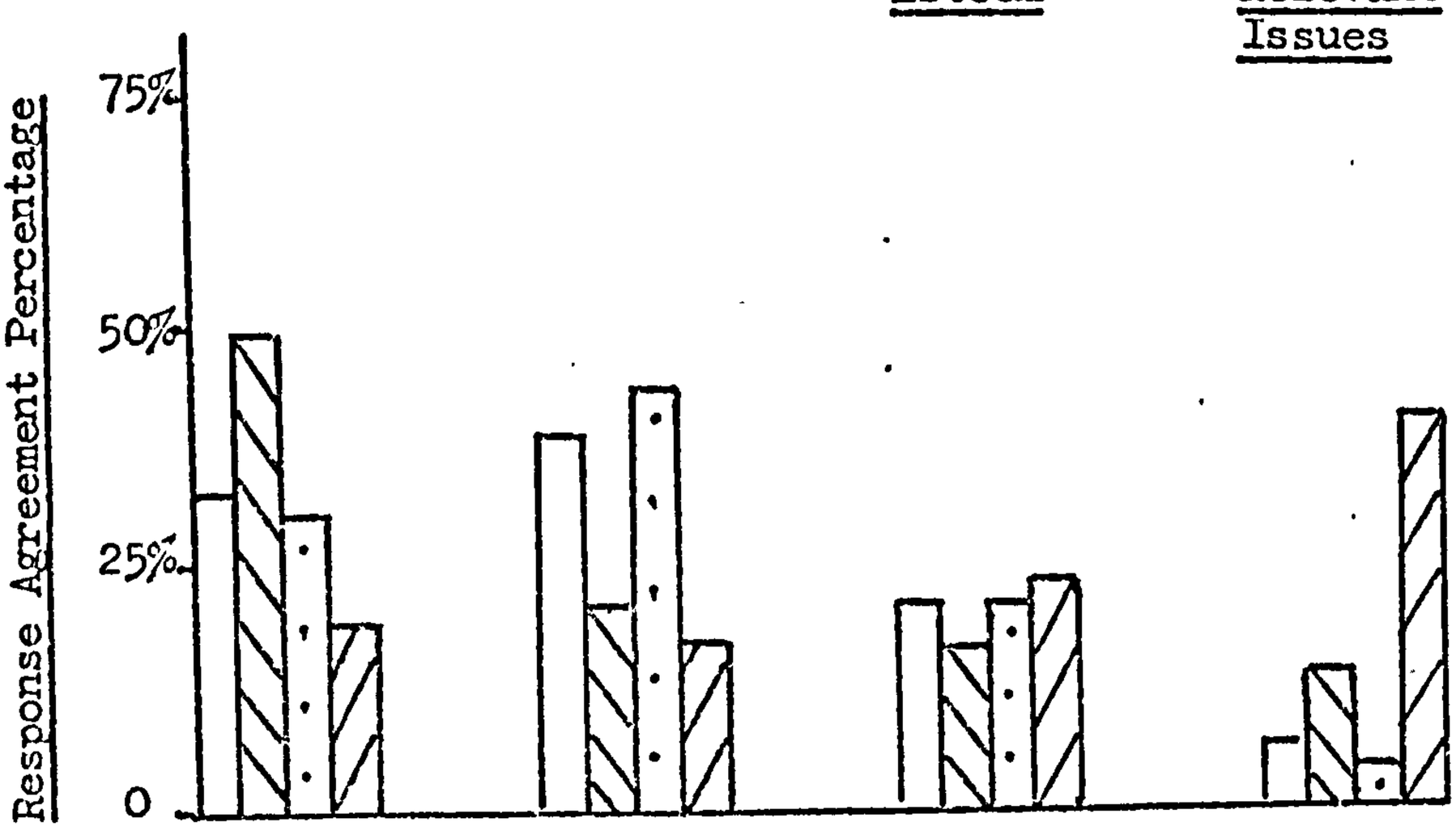
Table 14 (3) Areas where educational attainment produced an influential effect.



Legend:-

- Disabled (N = 180 = 94%)
- Able-Bodied(1) (N = 192 = 100%)
- Caring (N = 186 = 97%)
- Able-Bodied(2) (N = 179 = 93%)

Table 14 (5) Beneficial issues arising from educational attainment.



Legend:-

- Disabled (N = 180 = 94%)
- Able-Bodied(1) (N = 192 = 100%)
- Caring (N = 186 = 97%)
- Able-Bodied(2) (N = 179 = 93%)

influence within the self and family sectors. Sixty-two per cent (118) of the A.B.(1) group indicated that educational attainment was important to the able-bodied within the supporting services and outer community sectors. (Tables 14 (2) and (3)).

Important benefits arising from educational attainment were considered by the disabled and caring respondents to concern social integration (disabled, 39% - 70 and caring, 43% - 79) and employment (disabled, 33% - 60, and caring, 31% - 58). Eighteen per cent (32) of the A.B.(2) group held a similar view in relation to integration and 19% (35) in connection with employment. (Tables 14 (4) and (5)).

Fifty-seven (53%) disabled respondents, compared with 29 (39%) A.B.(1) group respondents believed that self-esteem (recognition, respect and status) and self-fulfilment (opportunities and abilities for contribution, development and accomplishment) emanated from the lower social needs, such as security, money and other materialistic needs.

To the disabled and caring respondents, education was perceived as an important element in employment and social interaction. However, the able-bodied did not see educational attainment to be of great value to the disabled as to them the physical limitation and restriction imposed by disability were dominant in any situation.

4.2 Self-perception (Statement No. 15)

Statement No. 15 More than two-thirds (67% - 129) of the disabled and 73% (140) caring group respondents indicated that the desire to know and understand was important to the disabled; an observation made by 50% (95) of the A.B.(2) group. About two-thirds (68% - 130) of the A.B.(1) group indicated that knowledge was important to the able-bodied. (Table 15 (1)).

Table 15 (3) Areas where knowledge was considered to be important.

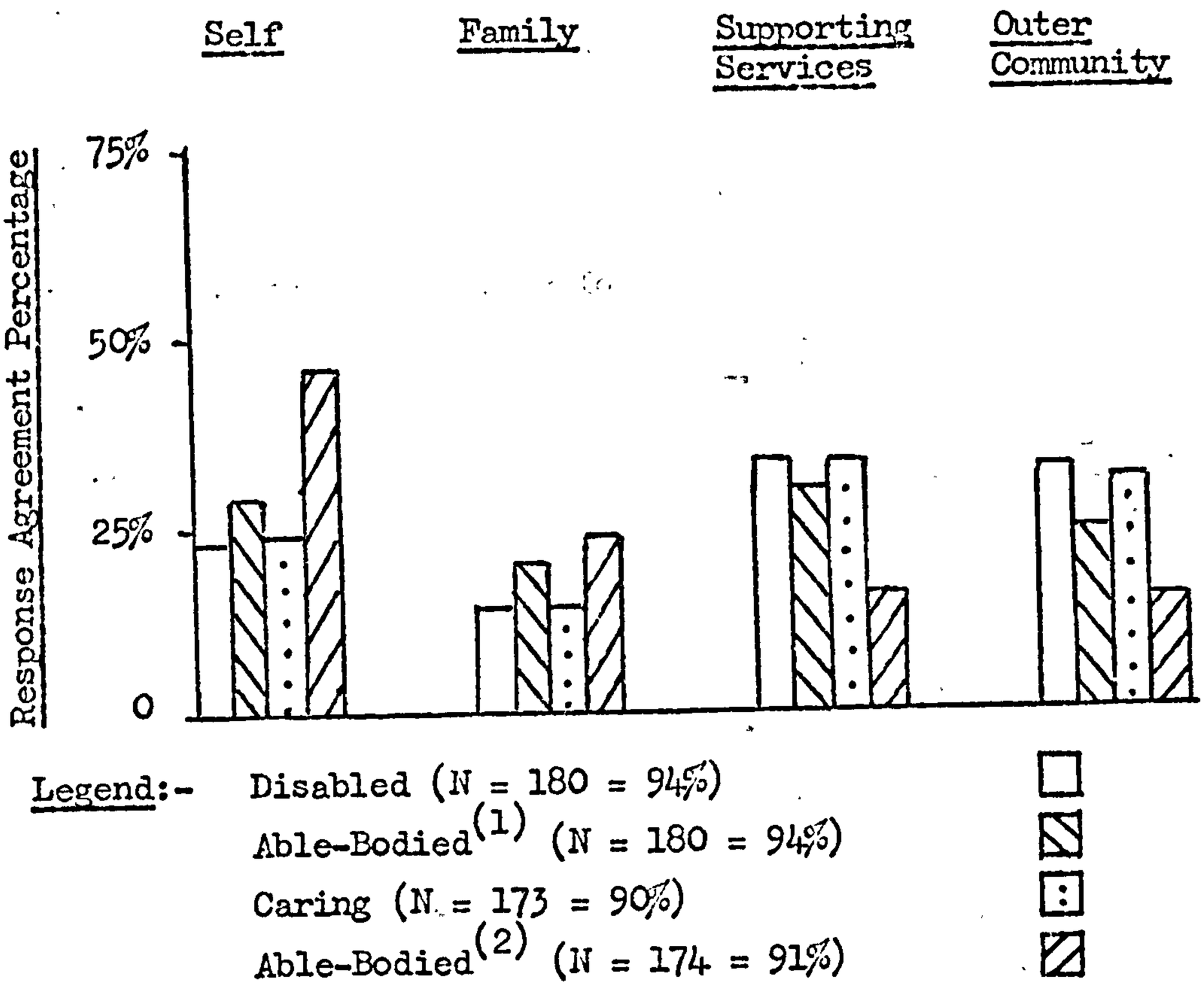
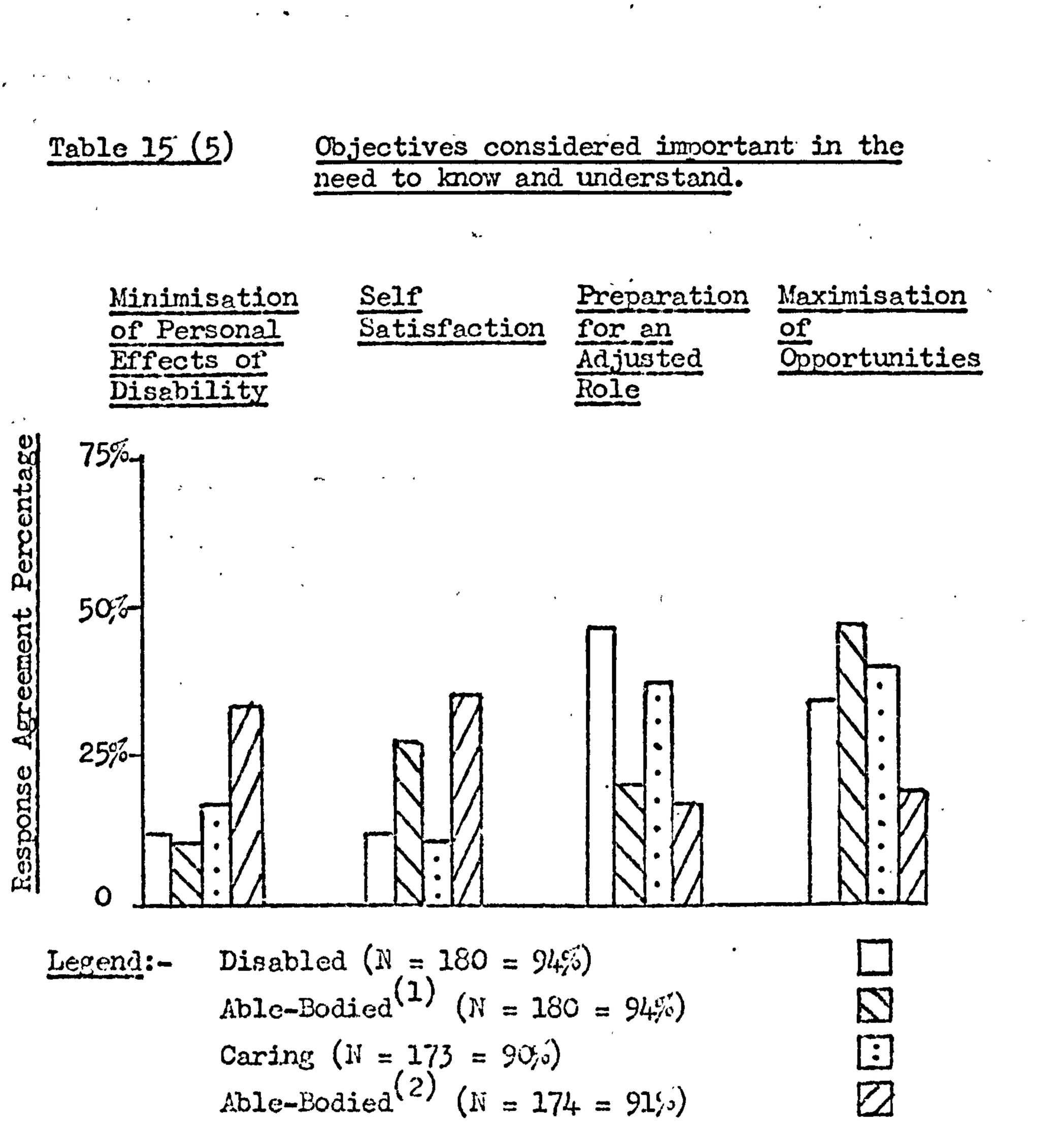


Table 15 (5) Objectives considered important in the need to know and understand.



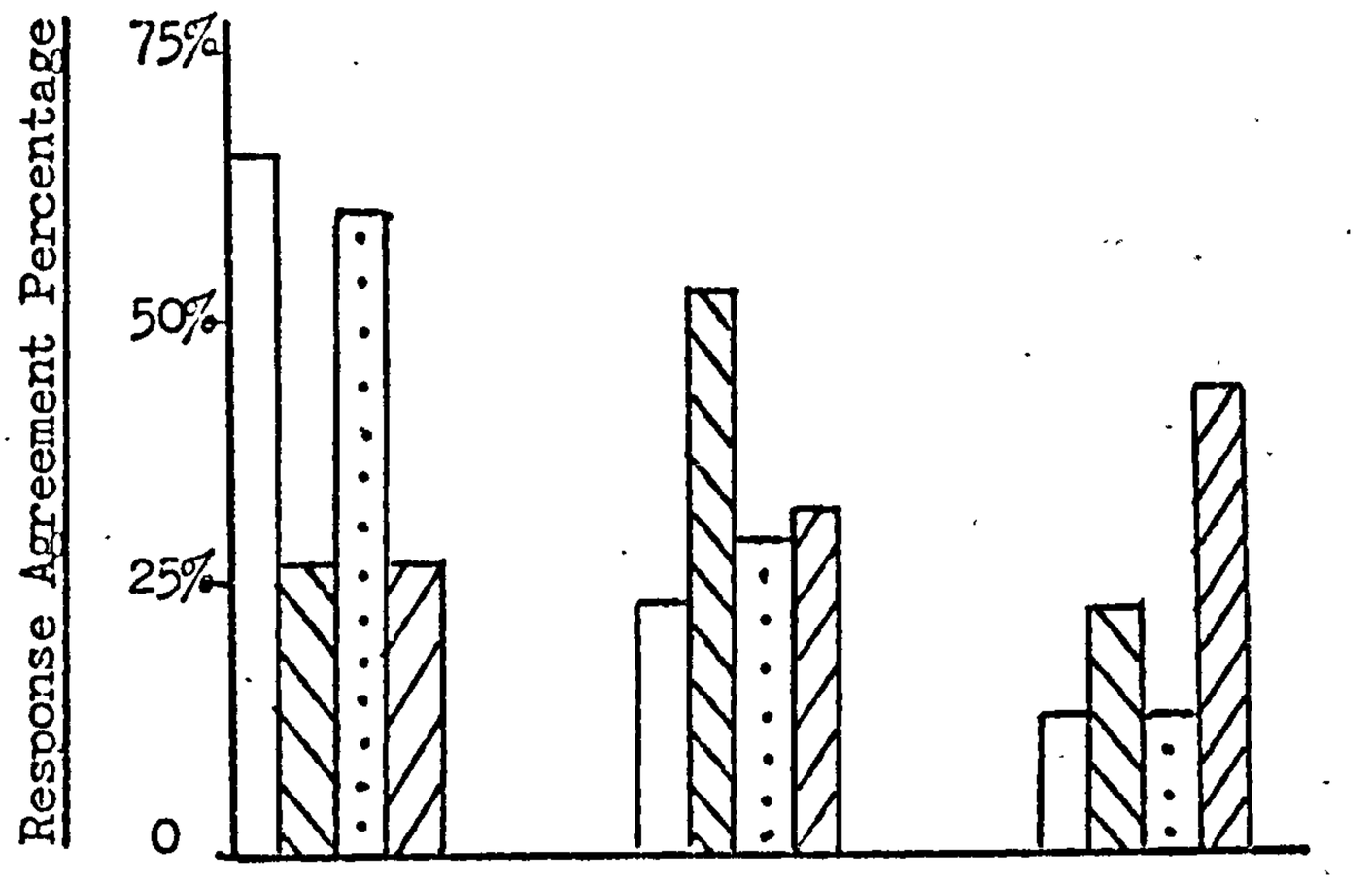
To 65% (117) disabled and 64% (111) caring group respondents, knowledge to the disabled was particularly important in connection with issues relating to the supporting services and outer community. Thirty-one per cent (54) of the A.B.(2) group concurred with the disabled and caring whilst, in respect of the able-bodied, 53% (96) of the A.B.(1) group referred to the importance of knowledge. (Tables 15 (2) and (3)).

Minimisation of the personal effects of the disability and self-satisfaction were important objectives to 22% (40) of the disabled and 26% (45) of the caring groups. A larger proportion, (65% - 113) of the A.B.(2) group made a similar observation in relation to the disabled. On the contrary, 78% (140) of the disabled and 74% (128) of the caring groups referred to the importance of knowledge to assist the disabled to prepare for an adjusted role in the community and to maximise their opportunities for improvement in the supporting services. These objectives were seen by 35% (56) of the A.B.(2) group to be important to disabled people. About two-thirds (64% - 115) of the A.B.(1) group indicated that preparation for an adjusted role in the community and the maximisation of opportunities for improvement in the supporting services area were important to the able-bodied. (Tables 15 (4) and (5)).

The motivation to learn was seen by 106 (76%) disabled respondents, compared with 48 (42%) A.B.(1) group respondents, to be primarily associated with an outlook to adjust to the "norm" of the outer community.

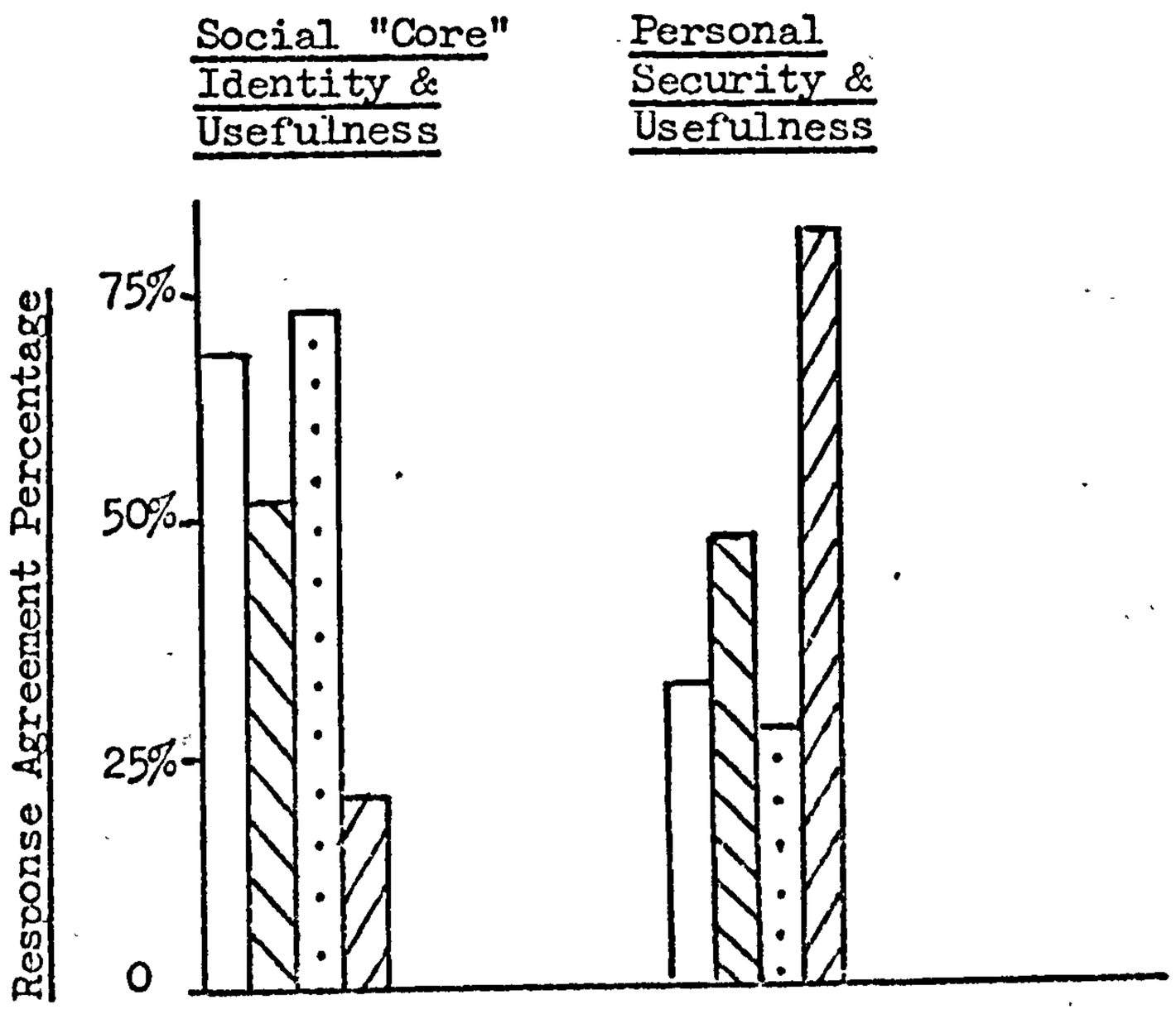
Knowledge about the self was seen by the disabled and caring to be important to the disabled as a means for adjusting more readily to changes necessitated by the consequences of disability and to provide a basis to enable the disabled to acquire new skills compensating for those they know to have been permanently lost. Knowledge about the supporting services and outer community was seen by the disabled

Table 27 (3) Influential issues involved in the need to "educate" for employment.



Legend:-
- Disabled (N = 181 = 94%)
- Able-Bodied(1) (N = 186 = 97%)
- Caring (N = 187 = 97%)
- Able-Bodied(2) (N = 174 = 91%)

Table 27 (5) Issues of value involved with the "education-employment" relationship.



Legend:-
- Disabled (N = 181 = 94%)
- Able-Bodied(1) (N = 186 = 97%)
- Caring (N = 187 = 97%)
- Able-Bodied(2) (N = 174 = 91%)

and caring to be essential to fulfil their roles as contributory members of society.

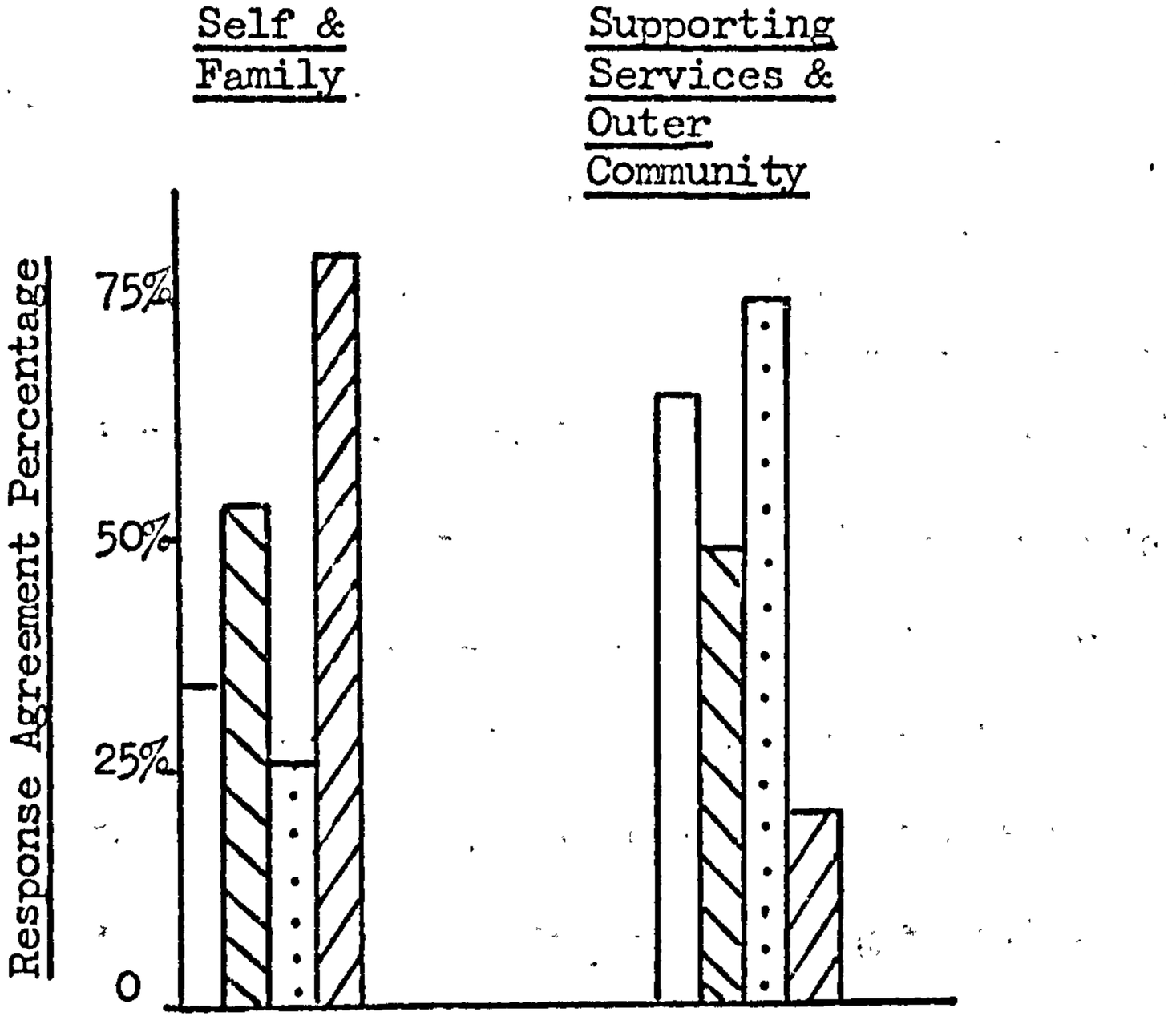
4.3 Employment (Statement No. 27)

Statement No. 27 - Sixty-nine per cent (133) disabled and 80% (154) caring group respondents indicated that the disabled must 'over-educate' themselves in order to gain employment. This view was seen similarly by 32% (62) of the A.B.(2) group and, in respect of the able-bodied, 29% (55) of the A.B.(1) group. (Table 27 (1)).

Important factors associated with the need to 'over-educate' for employment were seen by 88% (159) disabled and 88% (164) caring group respondents to be concerned mainly with opportunities to gain employment and to have a choice of employment. A large proportion (42% - 73) of the A.B.(2) group thought that further education for the disabled was most important in connection with job satisfaction. Fifty-two per cent (97) of the A.B.(1) group considered that further education for the able-bodied was important mainly for job selection. (Tables 27 (2) and (3)).

Values arising from the education-employment relationship were seen by 68% (123) of the disabled and 73% (135) of the caring groups to be involved with social identity (mean 26%) and social usefulness (mean 44%). The importance of social identity and social satisfaction to the disabled were considered by 11% (20) and 10% (17), respectively, of the A.B.(2) group. A large proportion (51% - 89) of the A.B.(2) group thought that the greatest values to the disabled from the education-employment relationship were associated with personal security and well-being. In connection with the able-bodied, the responses of the A.B.(1) group were much closer to those of the disabled

Table 27 (7) Areas where values of the education-employment relationship were seen to be influential.



Legend:-

Disabled (N = 181 = 94%)		
Able-Bodied(1) (N = 186 = 97%)		
Caring (N = 187 = 97%)		
Able-Bodied(2) (N = 174 = 91%)		

and caring although 39% (72) of the group indicated that personal security and well-being were of primary importance to the able-bodied (Tables 27 (4) and (5)).

The importance of social identity and social usefulness to the disabled were also indicated by Tables 27 (6) and (7) where the overall pattern of responses relating to important domains in the education-employment relationships was observed to be close to the pattern shown in Tables 27 (4) and (5).

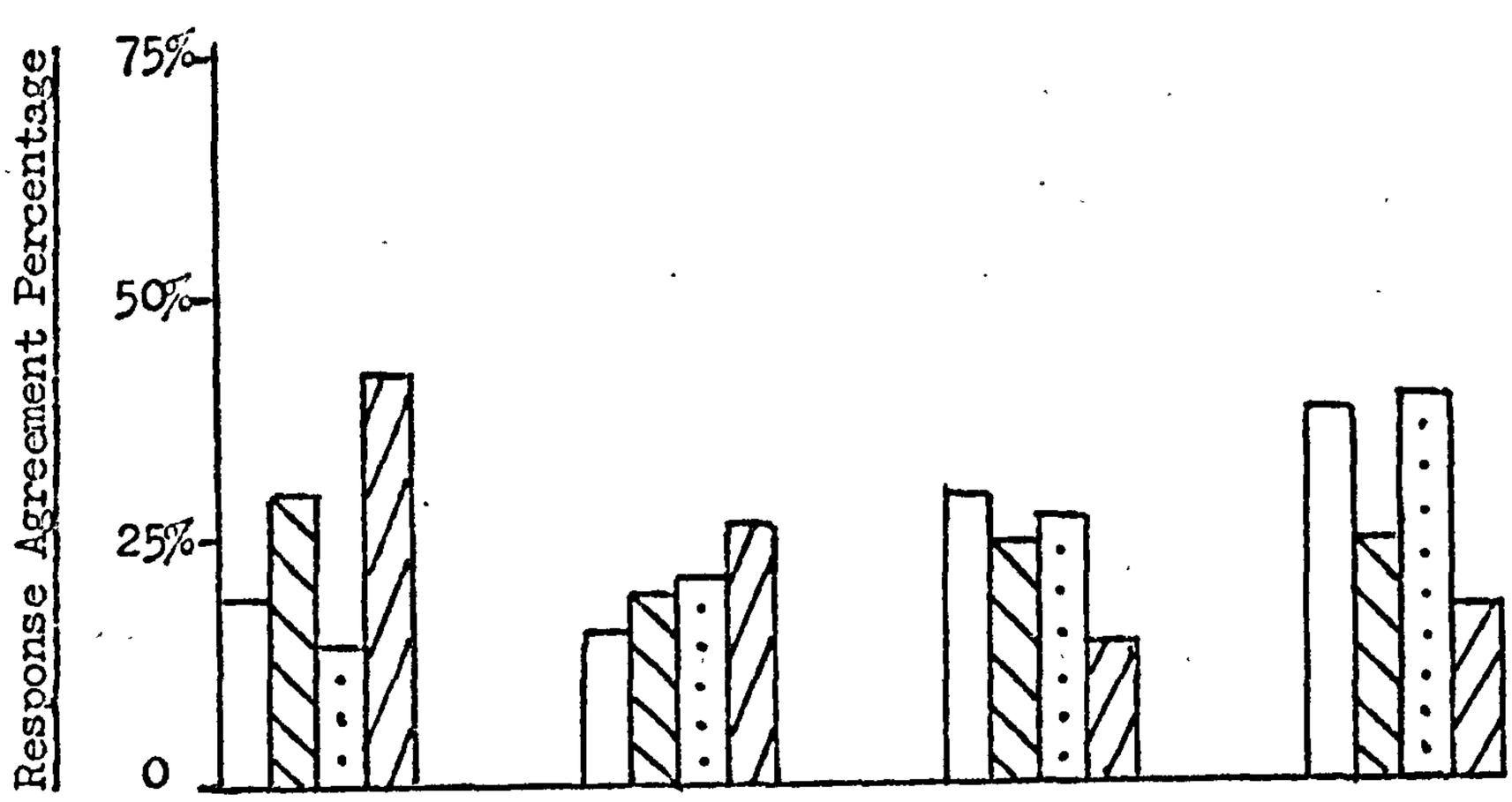
The able-bodied were unaware of the importance of academic attainment to disabled people and did not see that the disabled had few alternatives in employment but with suitable opportunities could substitute mental ability for physical skills. To a large proportion of the disabled and caring respondents, employment was valued for its instrumental usefulness, intrinsic importance, core identity and personal security and well-being.

Seventy-seven (77%) disabled and 69 (69%) caring respondents thought that employment provided individuals with dignity and prestige - a vital need for disabled people. They regarded employment to be a vital source which provided persons with the opportunity and responsibility for displaying competence and achieving social status.

4.4 Basic Needs (Statement No. 31)

Statement No. 31 Sixty per cent (116) of the disabled and 63% (121) caring group respondents indicated that the able-bodied did not have a good understanding of the basic needs of the disabled. Sixty-one per cent (117) of the A.B.(2) group and 71% (137) of the A.B.(1) group expressed disagreement with the opinions of the disabled and caring. (Table 31 (1)).

Table 31 (3) Area in which a good understanding of the basic needs ofthe disabled were important.



Legend:- Disabled (N = 185 = 96%)

Able-Bodied(1) (N = 184 = 96%)

Caring (N = 180 = 94%)

Able-Bodied(2) (N = 175 = 95%)

About 65% (120) of the disabled and 65% (116) caring group respondents considered that an understanding of the basic needs of the disabled was most important with issues related to the outer community (37%) and to the supporting services (28%). These areas were seen to be of primary importance to the disabled by 32% - 57 (outer community, 18% and supporting services, 14%) of the A.B.(2) group. Fifty per cent (93) of the A.B.(1) group indicated that these particular areas were important to the needs of the able-bodied. (Tables 31 (2) and (3)).

Despite the importance of understanding the needs of self-care, housing, education, employment and financial issues, 34% (62) of the disabled and 33% (59) of the caring group respondents considered that the greatest understanding of their basic needs was required with issues concerning social integration. A large proportion (46% - 81) of the A.B.(2) group perceived difficulties with self-care and daily living activities to be more important to the disabled than difficulties associated with social integration (24% - 41). (Tables 31 (4) and (5)).

Eighty-six (64%) disabled respondents, as compared with 39 (41%) A.B.(2) group respondents, believed that the solution to many of their problems within the supporting services and outer community depended to a large extent upon organisational and community pressure from the majority rather than from judicial assessment of all the factors involved with each situation. (Table 31 (5)).

The overall results indicate that differences existed between what the disabled and caring respondents perceived as needs important for the disabled and those which the able-bodied believed to be important to the disabled. Whilst the disabled and caring respondents

Table 30 (3) Sectors of education which influence the opportunities for disabled people.

Legend:- Disabled (N = 177 = 92%)
Able-Bodied(1) (N = 182 = 95%)
Caring (N = 187 = 97%)
Able-Bodied(2) (N = 176 = 92%)

believed that most of the difficulties of the disabled arose from social attitudes and relationships, the able-bodied perceived the problems of the disabled to be primarily personal and physical in nature and quantity.

4.5 Opportunities (Statement No. 30)

Statement No. 30 Sixty-six (127) of the disabled and 72% (139) of the caring groups indicated that colleges, schools and other educational centres had not made the most of their opportunities to assist the disabled to overcome their handicaps. A similar opinion was expressed by 44% (85) of the A.B.(1) group and 50% (95) of the A.B.(2) group. (Table 30 (1)).

Understanding the educational needs of the disabled and the provision of a good counselling, guidance and communication service were seen by the disabled (72% - 128) and the caring (63% - 119) group respondents to be issues which were particularly influential in assisting the disabled to overcome their handicaps. A similar observation was made by 60% (109) of the A.B.(1) group and by 48% (85) of the A.B.(2) group respondents. The needs for physical and human resources were believed to be of primary importance to the disabled by 40% (73) of the A.B.(1) group and by 52% (91) of the A.B.(2) group. (Tables 30 (2) and (3)).

Issues of importance for the disabled and indicated by the disabled (22% - 38) and caring (27% - 50) group respondents to be so within the area of physical resources were seen to include car park facilities, toilets and relevant facilities, and special provisions relating to wheel-chair users and others with specific problems. A large proportion (37% - 65) of the A.B.(2) group and the A.B.(1) (34% - 62) group expressed agreement with the opinions of the disabled

and caring respondents. (Table 30 (5)). Within these different groupings, 29 (76%) disabled, 40 (80%) caring, 31 (48%) A.B.(2) and 29 (42%) A.B.(1) group respondents indicated that the lack of physical resources had restricted disabled people from overcoming their handicaps. (Table 30 (4)).

Lack of staff to cater for the general needs of the disabled and staff with special knowledge of the needs of the disabled were seen to be important issues within the domains of human resources. (Tables 30 (6) and (7)).

Twenty-seven per cent (48) disabled and 25% (47) caring group respondents indicated that issues which tended to govern the degree of "awareness" by educational staff of the needs of the disabled in the academic environment of schools, colleges and other educational centres included:-

4.5.1 Provision of courses directed to develop self-dependence and to foster social integration,

4.5.2 General knowledge about the adverse effects of disability in relation to handicapped students, and

4.5.3 Knowledge about coping with handicap in an integrated environment.

Agreement with the observations of the disabled and caring respondents was recorded by 19% (34) of the A.B.(2) and 29% (53) of the A.B.(1) group respondents. (Tables 30 (8) and (9)).

Thirty-two per cent (41) disabled and 29% (40) caring group respondents indicated that they had experienced situations in which the lack of "awareness" by the educational staff could have been readily classified into the issues previously mentioned. (Table 30 (8)).

Forty-five per cent (80) disabled and 38% (72) caring group respondents indicated that influential issues which governed the information sector of the educational environment at schools, colleges and other educational centres in connection with disability included:-

4.5.4 Information about access, physical facilities and resources

4.5.5 Co-ordination between employer (or potential employer and the educational centre

4.5.6 Constructive guidance about suitable courses and personal needs

4.5.7 Continuous assessment about personal and study progress

4.5.8 Availability of an effective careers official or tutor, and

4.5.9 The need for positive attitudes toward the presence of handicapped students.

Thirty-eight per cent (49) disabled, 32% (45) caring, 28% (24) A.B.(1) and 43% (41) A.B.(2) group respondents indicated that the counselling and guidance given to disabled students were unsatisfactory. (Table 30 (10)).

Lack of information about access, physical facilities and resources, lack of information about suitable courses and the needs of students to complete courses, and the lack of continuous assessment about personal requirements and study progress were seen by the respondents to be issues which created particularly difficult problems within the counselling and guidance sector. The cumulative responses relating to the overall importance of these issues are shown in Table 30 (11).

Apart from the lack of effective guidance about their academic programme, 12 disabled respondents commented about the lack of

respect of their teachers in connection with personal disability problems despite the fact that they had referred specifically to their handicap on their enrolment forms and had also referred their teacher to their personal handicap at the commencement of the course. Five (5) students complained about the lack of consideration in respect of their communication difficulties and 3 wheel-chair users referred to problems they encountered in using the toilets.

Whilst relatively large proportions of the A.B.(2) group made reference to the importance of physical facilities and suitable courses for the disabled, no mention was made about either personal progress or the need for positive attitudes toward the disabled. (Tables 30 (10 and (11).

Table 30 (12) indicates that although 11 (16%) more disabled respondents (69) than A.B.(1) respondents (58) attempted educational courses following the "disability" age, 26 (40%) disabled were unable to commence courses as compared with 4 (7%) of the A.B.(1) group respondents. Eight (15%) A.B.(1) group respondents stated that they commenced higher education courses following further education courses but no disabled respondent was seen to have followed the same academic path. On the contrary, 10 (23%) disabled respondents stated that they commenced further education courses following further education courses. Two (3%) of the A.B.(1) group respondents stated that they had also continued with further education.

Issues involved with employment were considered the motivating influence by 87% (60) of the disabled group who had attempted to continue with their education following the onset of disability; a motivating influence which was stated during the interviews to have affected 93% (54) of the A.B.(1) group. (Table 30 (13)).

Difficulties in coping with physical problems, unsuitable courses, staff problems and inability to guarantee personal safety against undue risk were reasons given by those disabled respondents (26 - 38%) who were unable to commence further educational courses (Table 30 (13)).

Issues of importance in the objectives of further education for the disabled were seen by 67% (118) disabled and 62% (115) caring respondents to be related to the testing of reality, providing opportunities, solving problems, interpreting, examining and assessing values and ideals. To 61% (111) A.B.(1) group and 65% (116) A.B.(2) group respondents, the most important objectives of further education for the disabled were associated with the development of abilities and skills for academic qualifications and for employment. (Tables 30 (14) and (15)).

Seventy-four (74%) disabled, 81% caring, 63% A.B.(1) and 68% A.B.(2) group respondents believed that the prospects of disabled people to adjust themselves to disability and to active participation in the outer community were related to their standard of educational attainment (Table 30 (16)).

In general, the disabled and caring believed that educational authorities were not making full use of their resources to assist the disabled. They considered that policies of negative discrimination against the disabled by such means as inadequate physical and human resources, lack of hygiene facilities, inefficient information and communication services and the prevalence of a negative outlook toward integrated education did little toward assisting the disabled to solve their most difficult problems.

Fig. 15 Indemnity Form used for Admission for Further Education

INDEMNITY

In consideration of my admission by .....

..... to ..... College

for the Session ....., I HEREBY AGREE that I will make no claim against the Council for damages for personal injury if such injury is solely attributable to my physical disability and that if such injury is not solely attributable any claim will be reduced in proportion as it is not so attributable.

I FURTHER AGREE that I will make no claim against the Council on the ground only that they owe a higher duty of care to me owing to my physical disability than they owe to any normal fit person.

..... September, 19 ... (Signed) .....

4.6 Personal Issues

4.6.1 Admission

Whilst 3 disabled respondents were unable to commence further education courses because they were unable to guarantee their personal safety on the premises of the college (Table 30 (13)), 3 other disabled respondents were allowed to attend only after they had each completed an indemnity form which indicated that the student was responsible for his own safety and welfare and that he could not make any claim against the Authority for any injury he might receive on the premises on the basis that they owed a higher duty of care to him owing to his physical disability than they owed to any normal fit person. Two of these students had severe mobility problems and during their two-years' course negotiated two flights of stairs to reach their classroom. (An extract from an indemnity form used by one of the respondents is shown on the opposite page).

4.6.2 Car Parking Facilities

Nine disabled respondents stated that despite repeated attempts to gain adequate car-parking facilities at their respective colleges, no such provision was made for them during periods of attendance ranging from 1 year to 3 years. Another student stated that he attended the college one hour before it was necessary for him to commence studies in order to occupy a suitable place near to the main entrance of the college.

4.6.3 Toilets

Eight disabled respondents (and their caring respondents) complained about inadequate toilet facilities and the hardships incurred as a consequence of this failure. The respondents seemed particularly disturbed at the apparent lack of understanding shown by

the educational staff when an approach was made to them about improving the situation.

4.6.4 Physical Barriers

Twelve disabled respondents stated that they had to negotiate physical barriers before they entered the college from the outside premise. For example, 7 students stated that they had to negotiate a flight of steps without the advantage of hand rails. These were extremely dangerous during the darkness and in inclement weather.

4.6.5 Financial Problems

Three disabled respondents stated that they had been unable to accept opportunities to attend a college of further education because they were unable to afford the travelling costs and the course entrance fee. The respondents were unemployed and below the age of 25 years.

4.6.6 Integrated Education

Integrated education to 16 (33%) disabled and 13 (27%) caring respondents meant a system of further education which developed the abilities and skills of students from within the framework of a college or other educational centre. It was seen by the respondents to provide social and academic advantages for both handicapped and able-bodied students not only to the self but also with the family, supporting services and outer community sectors. The view of the disabled and caring was perceived similarly by 11 (21%) A.B.(1) and 6 (18%) A.B.(2) group respondents (Table 30 (9)).

4.6.7 Positive Aspects

Twenty-one disabled respondents, supported by the caring respondents, declared that educational involvement was one of the best features that had occurred to them since the onset of their disabilities. Ten

respondents believed that the family or immediate friends had been the main influencing factor, 7 referred to the influence of disabled colleagues and 4 to the influence of a member of an educational staff.

4.7 Summary:

The process of education was seen by the disabled and caring respondents to be an important contribution to the fundamental aim of preparing the disabled to fulfil their potential. To them, education included not only academic aspects but many others such as those associated with physical, aesthetic, social, moral and spiritual needs.

The disabled and caring believed that an honest endeavour to understand was a prerequisite in the educational environment. In such a situation, they considered that it was possible to initiate and develop constructive modes of interaction among people of varying abilities and different beliefs. In addition, they thought that handicapped people should be given every opportunity to develop and strengthen their remaining abilities and talents. To do this, they believed that a measure of positive discrimination was justified and although special education was necessary in certain cases, opportunities to develop and acquire latent abilities and skills were, in their opinion, the outcome of a system geared to an integrated network.

The replies of a large proportion of respondents suggested that many educators were failing to assist disabled people to discover their full potential. Indeed, evidence during the survey suggested that in the view of many disabled and caring respondents, disability frequently induced a maladjusted perception by many educators and administrators. Many respondents, particularly the disabled and caring, felt that too much emphasis appeared to be placed on the negative features of living rather than on the positive aspects of fulfilling a full and enhanced life.

As a consequence, the behaviour caused repercussion within the broader province of the outer community. For example, many disabled and caring perceived themselves as information agents for those who had little awareness of the different issues involved with disability. Others, aware of the misconceptions that many able-bodied people had about the disabled accepted the situation too readily because of their fear of failure to maintain a social relationship.

In the general opinion of the disabled and caring respondents organisational changes and additional resources were necessary in certain educational establishments if many disabled were to have a real opportunity of fulfilling their potential. Equally important to them was the vital need that such changes should be accompanied by changes in attitude which would produce a positive united reaction from disabled and able-bodied to overcome the consequences of disability.

5. Motivation

5. Motivation (Statement Nos. Self 50; Outer Community 24)

For the purpose of this investigation, "motivation" was briefly described as that reaction to physical disability which finds expression in the personality, in communication and in activity - all of which appear purposeful and meaningful to both the disabled and able-bodied.

Issues involved in the responses from the different groups were examined under the following headings:-

5.1 Self

5.2 Outer community, and

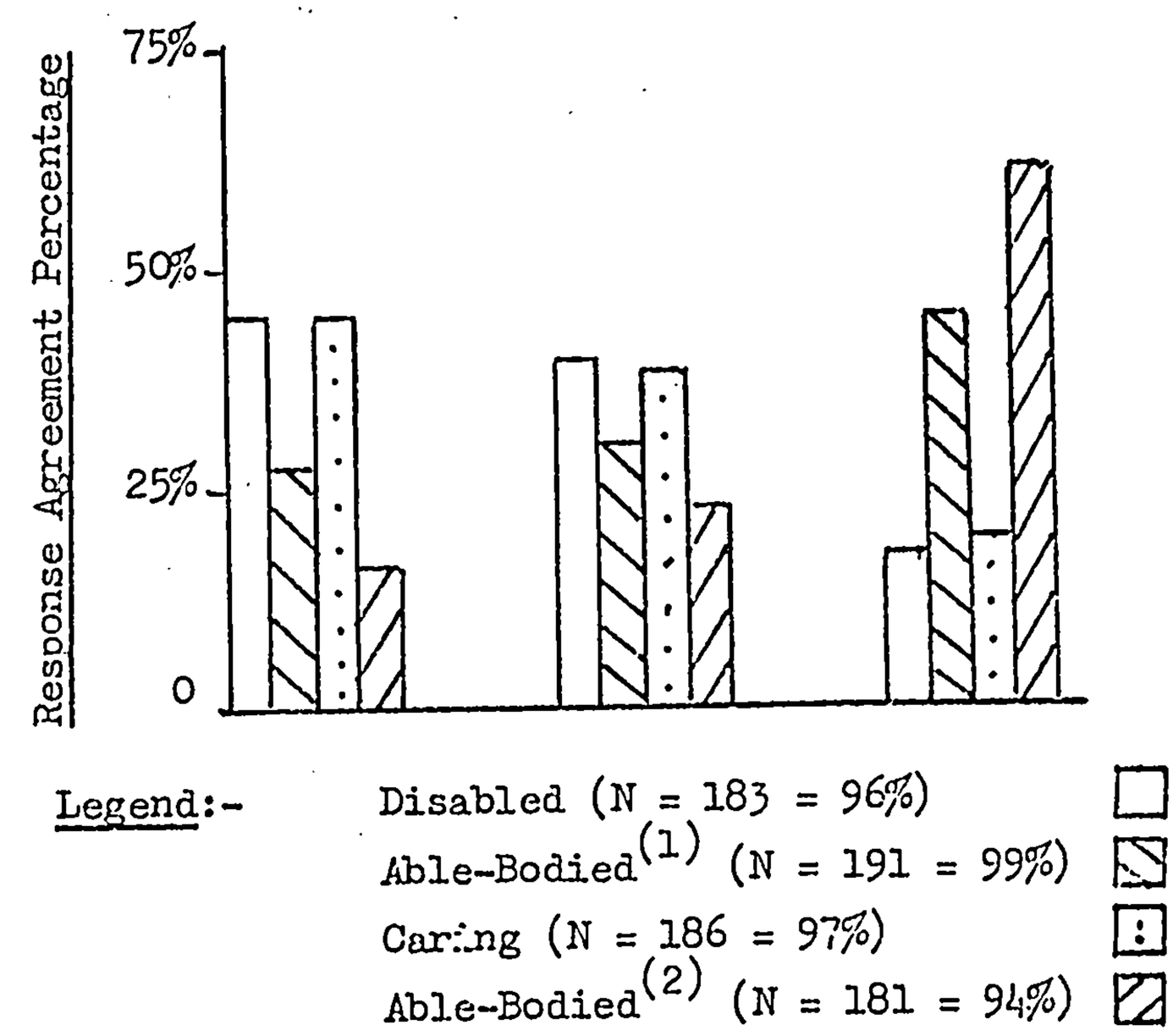
5.3 Summary

5.1 Self (Statement No. 50)

Statement No. 50 Sixty-five per cent (124) of the disabled and 58% (111) of the caring group respondents indicated that the disabled were not likely to avoid action because of fear of failure. Agreement with this opinion was expressed by a smaller proportion (48% - 93) of the A.B.(2) group. Forty-five per cent (87) of the A.B.(1) group indicated that the able-bodied were not likely to avoid action because of fear of failure (Table 50 (1)).

The disabled and caring indicated that the self, family, supporting services and outer community were all areas of importance to the disabled when having to deal with unknown situations. An examination of the responses suggested that the self (28% - 52 mean) was considered the most important area. A smaller proportion (14% - 26) of the A.B.(2) group recorded agreement with the disabled and caring. In turn, 32% (57) of this group of respondents thought that

Table 50 (5) Issues of importance in dealing with unknown situations.



Legend:-

- Disabled (N = 183 = 96%)
- Able-Bodied(1) (N = 191 = 99%)
- Caring (N = 186 = 97%)
- Able-Bodied(2) (N = 181 = 94%)

the supporting services were the most influential area to the disabled in respect of unknown situations. The responses of the A.B.(1) group in relation to the able-bodied seemed to be closer to the disabled than those of the A.B.(2) group. (Tables 50 (2) and (3)).

Self-devaluation and social values were seen by 83% (152) disabled and 81% (151) caring respondents to be important issues to the disabled when they were confronted with unknown situations. They indicated that an influential aspect in making relevant decisions are the predominating environmental and cultural values. A much smaller proportion (39% - 71) of the A.B.(2) group thought that self-devaluation and social values were more important to the disabled in unknown situations. Fifty-six per cent (108) of the A.B.(1) group respondents indicated that self-devaluation and social values were important to the able-bodied. (Tables 50 (4) and (5)).

One hundred and fifteen (63%) disabled and 132 (71%) caring respondents attributed much of the lack of success of many disabled to fulfil a more satisfying role of recognition and self fulfilment to the restrictions and limited opportunities imposed upon them by the supporting services and outer community. Particular reference was made by the disabled and caring respondents to issues involving access, mobility, education, employment and social integration.

Ninety-four (52%) A.B.(2) group respondents thought that many disabled failed to find a more satisfying role in the supporting services and outer community because of a lack of personal aspiration.

Whilst 108 (59%) disabled and 136 (73%) caring respondents considered that pertinacity was an important quality within the concept of motivation for disabled people, seldom did the able-bodied respondents refer to its importance.

In the opinion of 97 (53%) disabled and 112 (60%) caring respondents, limited choice tended to develop a greater singleness of purpose and sense of application than from those situations which existed within a large repertoire of behavioural opportunities. A smaller proportion (64 - 35%) of the A.B.(2) group respondents expressed agreement with the disabled and caring.

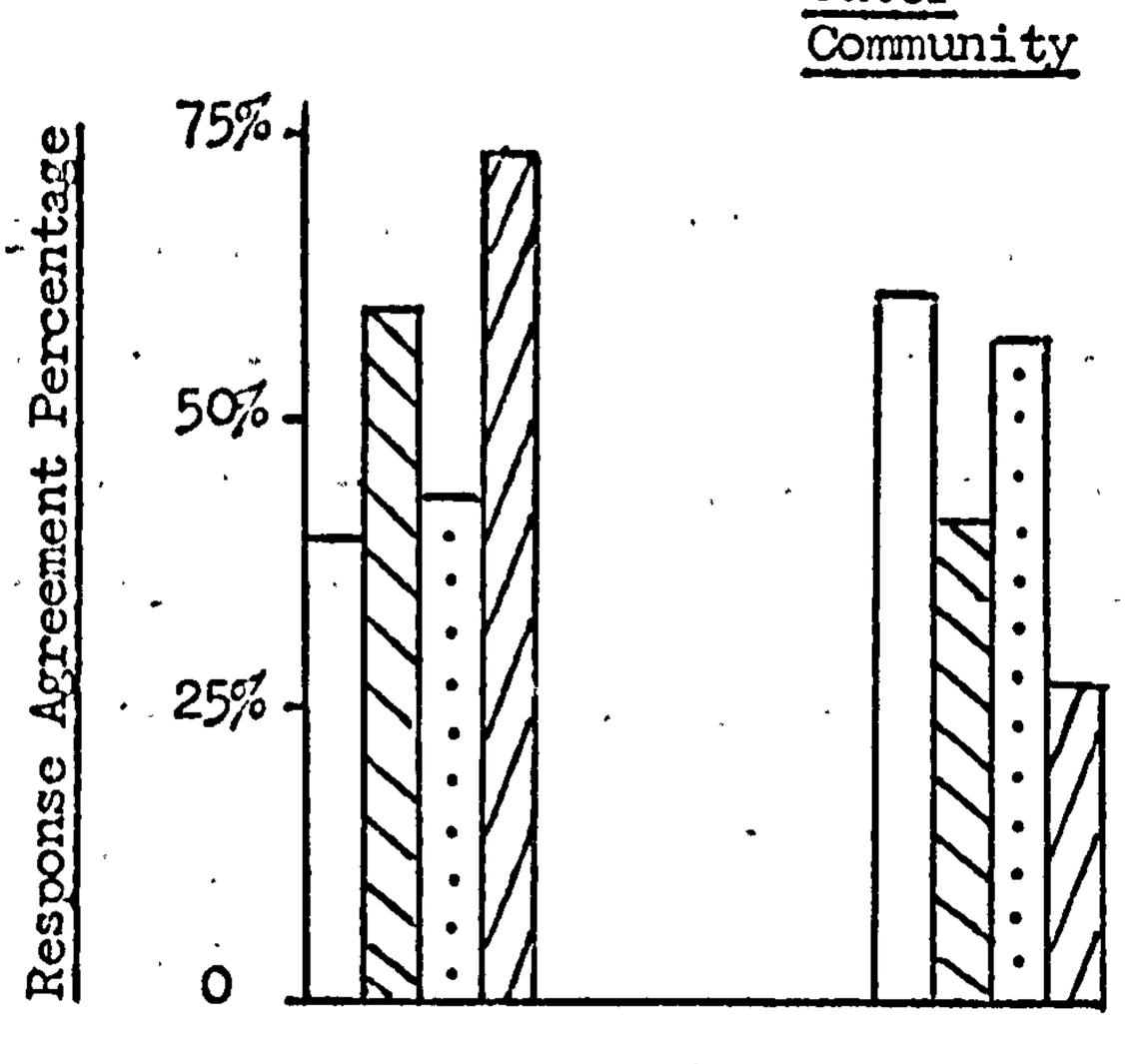
It was frequently perceived during the interviews that some disabled had experienced conflict between pain reduction and nurturance and the desire for restored autonomy and achievement. The disabled indicated that the issue was determined by the willingness of the individual to tolerate pain and avoid dependent modes for longer range expectations related to the fulfilment of needs for the self-image. Nevertheless, differences were seen to exist not only between individuals but also between the ways in which disabled people reacted to the usage of disabling functions and abilities rather than change to an alternative mode of reaction which might have assisted them to achieve more adequate results.

5.2 Outer Community (Statement No. 24)

Statement No. 24 Forty-seven per cent (90 mean) of each of the disabled and caring group respondents indicated that financial reward was not an important motivating factor to the disabled. Agreement with this opinion was expressed by a larger proportion (52% - 99) of the A.B.(2) group. Thirty-two per cent (61) of the A.B.(1) group indicated that financial reward was not an important motivating factor towards the able-bodied (Table 24 (1)).

To 61% (104) disabled and 58% (108) caring respondents the provision of financial resources were important to the disabled for

Table 24 (3) Areas where financial provision were considered to be most beneficial.



Legend:- Disabled (N = 171 = 89%)
Able-Bodied(1) (N = 190 = 99%)
Caring (N = 187 = 98%)
Able-Bodied(2) (N = 177 = 92%)

developing recognised roles within the supporting services and outer community. A much smaller proportion (28% - 50) of the A.B.(2) group considered the provision of financial resources to be important to the disabled in these roles. Forty-two per cent (80) of the A.B.(1) group indicated that financial provisions were important to the needs of the able-bodied within the supporting services and outer community. (Tables 24 (2) and (3)).

Sixty-eight (65%) disabled and 73 (68%) caring respondents considered that motivation toward maximum recovery by the disabled was more by personal interest, positive belief and practical assistance from the family, supporting services and outer community than by agencies providing material help toward tangible goals. Agreement with this observation was expressed by 31 (62%) A.B.(2) group respondents. The disabled and caring believed that one of the most difficult problems in the motivation of disabled people concerned the maintenance of a recognised level of performance. They indicated that an increasing level of aspiration was often needed to maintain a level of performance. This aspect of disability did not receive much consideration from the able-bodied.

Twenty-five (78%) disabled and 32 (91%) caring respondents referred to the importance of the family in developing the motivational concepts of disabled people. Many signified that a troublesome home and family situation tended to produce an adverse influence although there was some evidence that such situations did occasionally produce a positive reaction. The former view was supported particularly by those disabled who had been able to regain employment or had made use of other accomplishments. The need for the family to understand the importance of and difficulties with motivation were frequently cited by the disabled and caring respondents.

Seventy-seven (74%) disabled and 82 (76%) caring respondents indicated that members of the Health and Social Services, especially the medical profession, had an important influence on the motivational concept of disabled people. Thirty-six (35%) disabled and 43 (40%) caring respondents thought that doctors frequently preferred to issue prescriptions to the disabled rather than make an honest appreciation of the future or to advise the disabled about how they might successfully cope with their handicaps. They also thought that many doctors and other para-medical workers concerned themselves too much with the clinical conditions of the disabled. Treatment in many cases was considered to produce only marginal improvement. In their opinions, more attention by the medical profession to the problems and adverse consequences of disability with social issues would be more beneficial and valuable to the disabled.

Fifty-five (53%) disabled and 64 (59%) caring thought that continuous assessment and regular feed-backs from a good rehabilitation programme were an important stimulus to motivation. They indicated that clinical and motivational objectives appeared mainly within the province of the hospital staff and that little or no guidance was given by staff at local Health Centres, Units or other supporting service agencies to enable disabled and caring people to fulfil a programme which would lead to greater independence and increased integration in the community. Some of the disabled and caring respondents within this group believed that people who were disabled by a progressively disabling condition were more difficult to motivate than people who were disabled by other forms of disability.

The majority of respondents in the A.B.(2) group did not see motivation as an issue of value to the disabled and caring within the

supporting services and outer community. Eighty-five (48%) A.B.(2) respondents believed that disability was an adverse influence on most forms of motivation.

5.3 Summary:

The disabled tend to be more concerned than the able-bodied with motivational goals that produce self-esteem and fulfilment of purpose within the supporting services and outer community.

Motivation towards maximum recovery was perceived by the disabled to derive more from personal interest, positive belief and practical assistance by the family and supporting services than by agencies providing material help towards tangible goals. They indicated that motivation should be seen as an important element in a comprehensive health and social process.

The disabled and caring indicated that when confronted with a small number of options, people tend to accept a challenge more positively; the decisions frequently being determined by the existing environmental and cultural values.

Although physical restrictions to many disabled and caring tended to cause a feeling of personal inferiority, they seemed to adjust more easily and readily when they were expected to succeed or were positively supported by the supporting services and the outer community in their expectancy.

6. Finance

6. Finance (Statement Nos. Supporting Services 10 and 41)

The problems of the disabled are complex and vary amongst individuals within the same "disabled" category so that the full financial costs of physical handicap are not readily ascertained. But clearly, financial anxiety following the onset of disability has an adverse influence on a large proportion of the disabled and their families because of the dual consequence of loss of income and extra costs of living.

Financial anxiety was seen to be a relative and subjective issue and, for the purpose of this study, was considered as financial stress which had been experienced for more than six months by the respondents and to have been caused by or adversely affected by the physical disability or handicap.

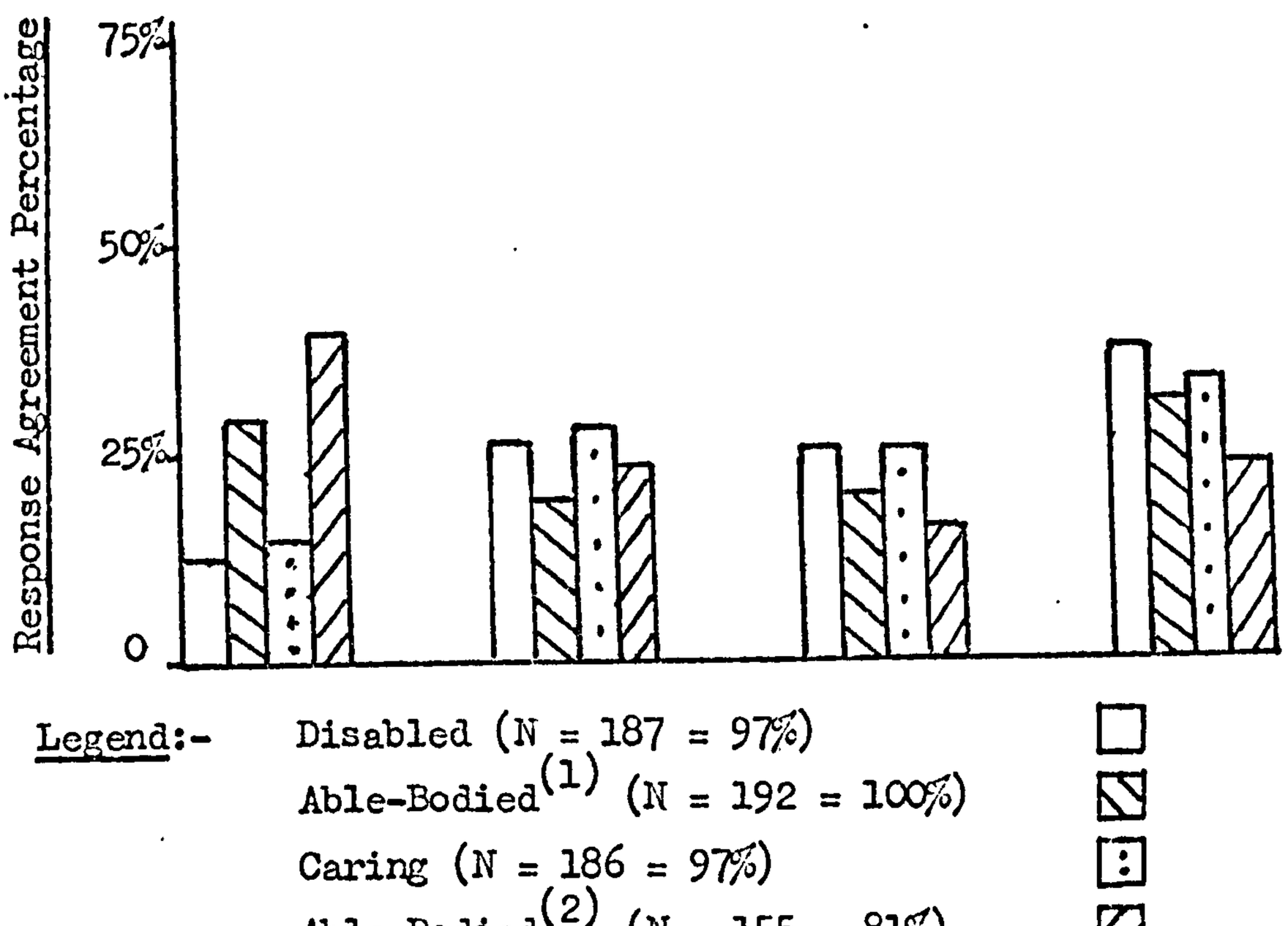
It was recognised that a "point of time" survey in relation to financial issues did not afford the accuracy of a longitudinal study and this seems particularly important to note in a study which involves a measure of disability where so many different personality characteristics and different conditions for financial benefit exist.

Issues involved in the responses from the different groups were examined under the following headings:-

6.1 Supporting Services, and

6.2 Summary

Table 10 (3) Area where financial position was thought to be most influential.



6.1 Supporting Services (Statement Nos. 10 and 41)

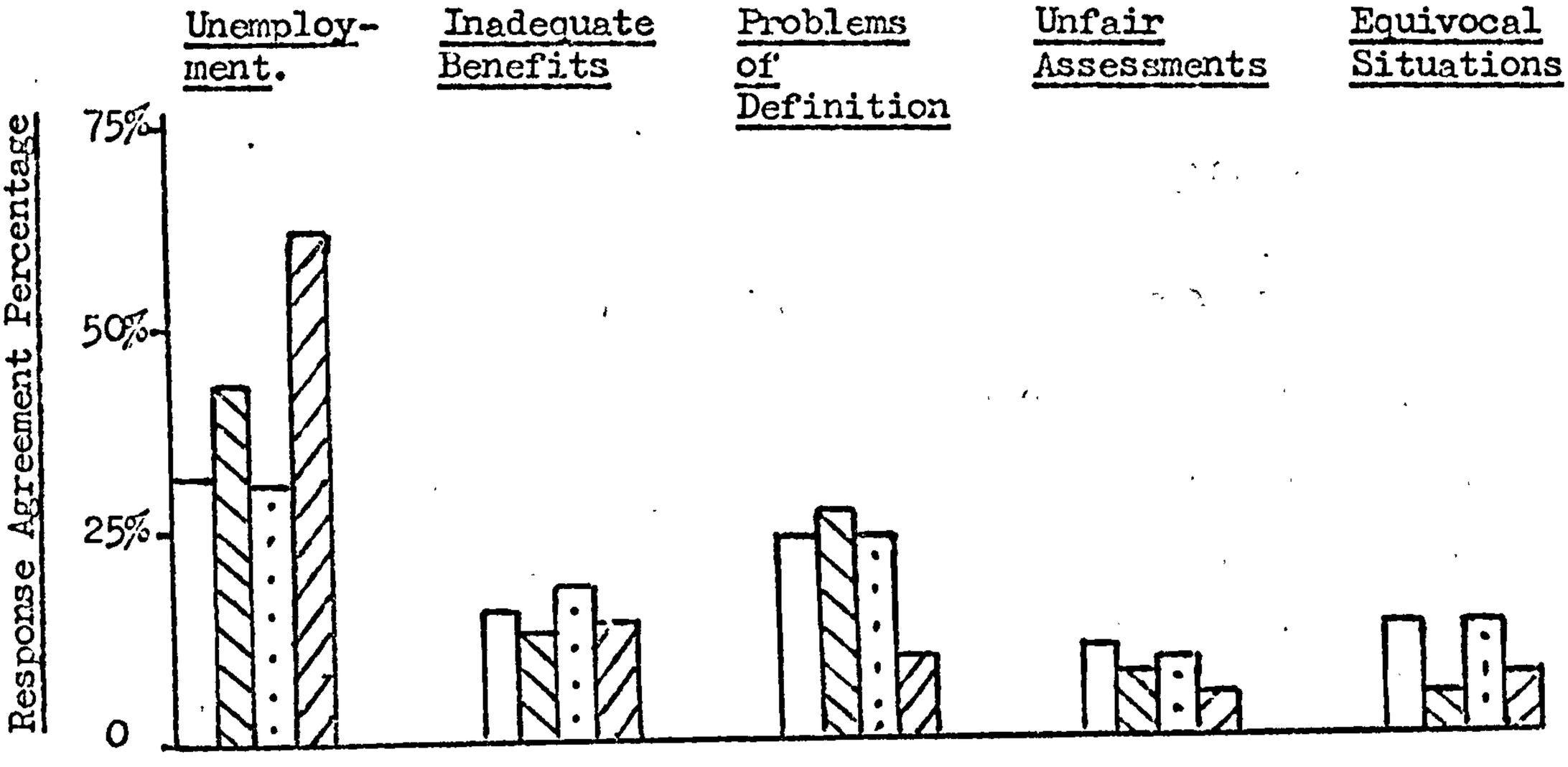
Statement No. 10 Sixty-seven per cent (129) disabled and 63% (121) caring respondents indicated that financial insecurity brought much anxiety to disabled people. A much smaller proportion (35% - 67) of the A.B.(2) group respondents agreed with the disabled and caring. Forty-one per cent (78) of the A.B.(1) group indicated that financial insecurity brought anxiety to the able-bodied. (Table 10 (1)).

To 62% (116) disabled and 59% (110) caring respondents financial security was important to the disabled within the supporting services and outer community. This view was perceived by a much smaller proportion (38% - 60) of the A.B.(2) group respondents. The responses of the A.B.(1) group in relation to able-bodied people were seen to be closer to those of the disabled than the A.B.(2) group. (Tables 10 (2) and (3)).

Adaptations, maintenance, access and mobility were considered by 54% (101) disabled and 52% (97) caring respondents to be issues which involved the disabled with extra financial expense; an observation similarly recorded by 25% (40) A.B.(2) group respondents. To 54% (83) of the A.B.(2) group, personal care and hygiene were issues which involved the disabled with much financial expense. Fifty-seven per cent (109) of the A.B.(1) group indicated that the able-bodied sustained extra financial expense with the same issues to which reference was made in respect of the disabled and caring respondents. (Tables 10 (4) and (5)).

Unemployment was seen by 41% (76) disabled and 42% (79) caring respondents to have an adverse influence on the income of disabled people. A larger proportion (72% - 111) of the A.B.(2) group expressed agreement with the disabled. Fifty-one per cent (97)

Table 10 (6) Issues which contributed to financial anxiety.



Legend:- Disabled (N = 187 = 97%)

Able-Bodied(1) (N = 192 = 100%)

Caring (N = 186 = 97%)

Able-Bodied(2) (N = 155 = 81%)

indicated that unemployment had an adverse influence on the income of able-bodied people. (Tables 10 (6) and (7)).

Twenty per cent (38) of the disabled and 19% (35) of the caring respondents referred to difficulties in reconciling definitions of disability with the needs and rights of the disabled in addition to other equivocal situations which were frequently encountered by many disabled. These issues were seen by a much smaller proportion (8% - 12) of the A.B.(2) group to have an adverse influence on the income of the disabled. (Tables 10 (6) and (7)).

Seventy-eight (42%) disabled and 86 (46%) caring respondents indicated that some fundamental reforms were necessary to rectify anomalies where people with similar handicaps received different financial benefits. Although it was made clear to all respondents in the survey that no specific information was required about personal incomes, it was indicated by some disabled and caring respondents during the survey that a number of disabled were financially handicapped by the relationship of their individual disability to its entitlement for financial benefit. The complexities of entitlement of financial support because "of right" and that entitlement of support because "of need" confused many disabled and caring within this group. The position was further aggravated by the relationship of such issues as unemployment benefit, sickness, compensation, invalidity benefit, supplementary benefit, family allowance, constant attendance allowance, etc.

The position of "rights" and "needs" in relation to financial support to the disabled was also seen to have an important social influence on 26 (14%) disabled and 27 (14%) caring respondents. It was alleged by these respondents that many able-bodied implied that

their disability dues were a form of "charity" payment rather than a just entitlement. Four disabled and 4 caring respondents within this group stated that because of the "stigma" attached to the "charity" label they had not made applications for their full entitlement for financial support.

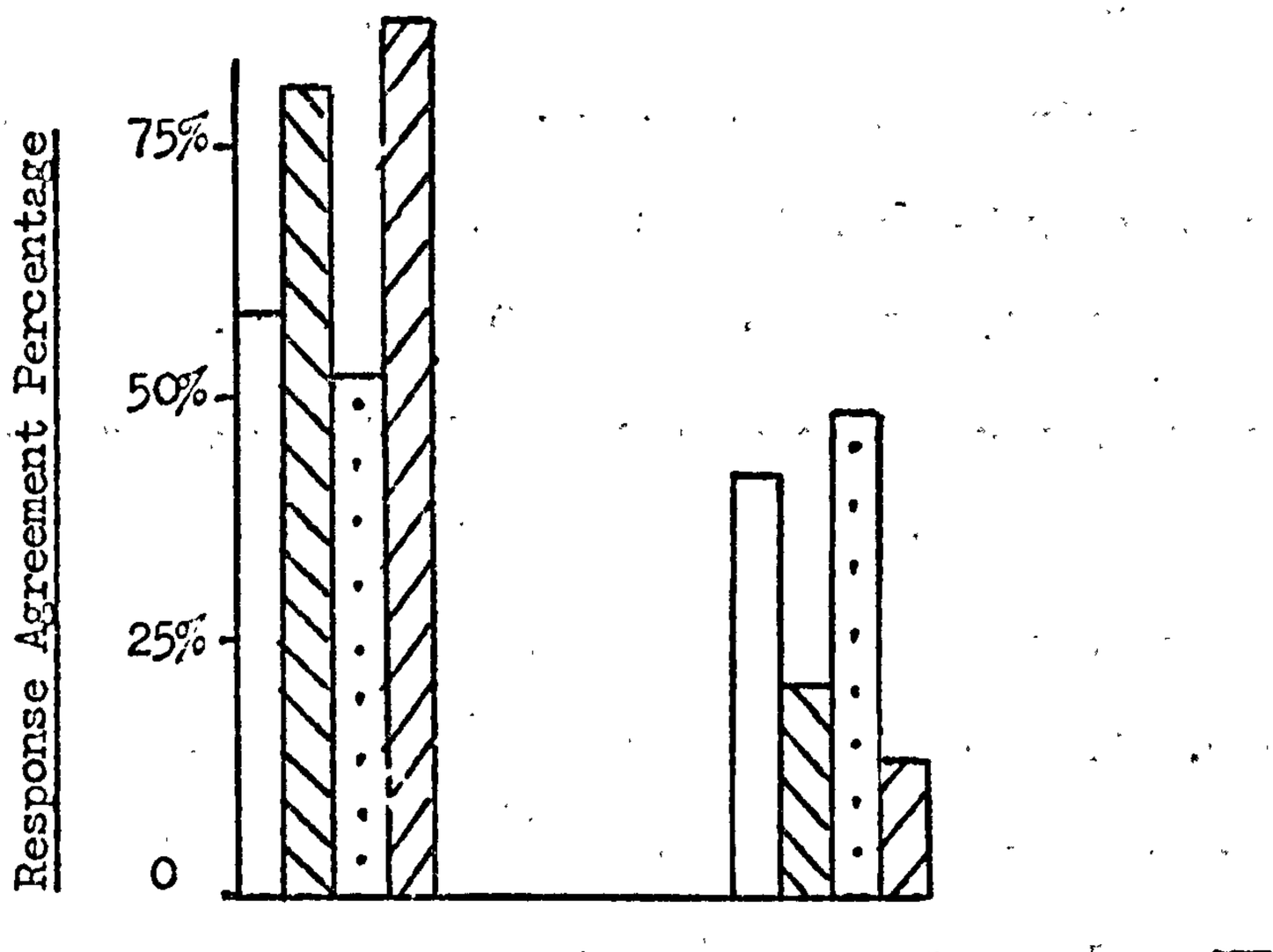
Sixty-nine (37%) disabled and 74 (40%) caring respondents indicated that much anxiety about financial support was caused by lack of information and understanding between the supporting agencies and the "customer". Twenty-two (12%) disabled and 28 (15%) caring respondents indicated that their anxieties might have been caused by their own misunderstanding of the information supplied to them. Either a lack of agreement or a lack of co-operation between social service personnel and other personnel with the D.H.S.S. on issues relating to the provision of financial support and aids to the disabled appeared to have been experienced by 43 (23%) disabled and 54 (29%) caring respondents.

Thirty-three (18%) disabled and 35 (19%) able-bodied respondents referred to problems incurred by disabled people who, in attempting to regain status as an accepted member of the community, found themselves in equivocal positions. These problems tended to be particularly applicable to those disabled who obtained employment.

Those disabled without a marital partner, or the member of a family with dependent children, or in a low social class, seemed to be more likely to have financial problems.

Statement No. 41 Eighty-six per cent (166) disabled and 88% (169) caring respondents indicated that disabled people should receive a National Disablement Income in accordance with their individual disability. This view was perceived similarly by smaller proportions

Table 41 (3) Issues which influenced belief that disabled people should receive a National Disablement Income.



Legend:- Disabled (N = 189 = 98%)
Able-Bodied(1) (N = 178 = 93%)
Caring (N = 188 = 98%)
Able-Bodied(2) (N = 187 = 98%)

of the A.B.(1) group (65% - 124) and the A.B.(2) group (66% -127) (Table 41 (1)).

Fifty-seven per cent (95) disabled and 51% (86) caring respondents who expressed agreement with the main statement indicated that a National Disablement Income provided a fairer system than a form of assessment system which appeared to consist of many different elements with each element being subjected to different interpretations by different assessors and potential recipients. Larger proportions of the A.B.(1) group (76% - 94) and the A.B.(2) group (85% - 108) expressed similar agreement. (Table 41 (2)).

To those respondents (disabled, 39% - 9; caring, 47% - 9; A.B.(2) group, 54% - 32; A.B.(1) group, 50% - 27) who expressed disagreement with the main statement, abuse of the system was considered the most influential issue, particularly by the able-bodied respondents. (Table 41 (2)). See further, Table 41 (3).

The disabled and caring respondents indicated that the loss of personal assets and the financial costs of disability were very high. They recognised that many of the financial aids and other provisions for the disabled were an unrequitable cost for care and assistance. One hundred and forty-nine (79%) disabled and 152 (81%) caring respondents indicated that the disabled sustained financial loss in attempting to cope with their physical limitations and in endeavouring to regain status as an accepted member of the community.

6.2 Summary:

The basic requirement for many disabled people seemed to be independence and social recognition within the community and this involved a measure of integration and freedom to move and participate in activities and pursuits they desired.

It was significant that many of the disabled appeared to be experiencing some degree of financial hardship in addition to unavoidable sufferings and discomforts as a result of their disabilities. Some were unaware of their entitlements in the social services whilst others rejected entitlements because of feelings of "charity" or "stigma" payments.

Extra costs were seen by the disabled and caring respondents to be the inevitable outcome of disability whilst large proportions of all groups perceived the financial situation of many disabled to be exacerbated by unemployment.

Whilst the disabled and caring recognised that many of the demands made by them were considered part of an unrequitable cost for care and assistance, they indicated that financial stress was sustained by attempting to cope with physical disabilities and by endeavouring to regain status as an accepted member of the community. In trying to regain status, some disabled found themselves in equivocal positions (e.g. severely disabled and employed, partially within the national insurance system) or those who could not reconcile their definition of their needs with their definition of their rights.

The diversity of circumstances and needs and the variety of sources from which financial assistance could be gained were seen to place many disabled people in an invidious position. Evidence frequently indicated that a substantial gap existed between the reality of individual circumstances and the rhetoric of financial and social policy provision. A number of instances were revealed which indicated that apparently equal disabling functions and equal handicaps did not produce equal financial benefits.

A large proportion of respondents in all the different groups indicated that the provision of a National Disablement Income seemed a moral and judicial right and the solution to many anomalies which caused financial stress to the disabled and caring people.

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7. Employment

7. Employment (Statement Nos. Supporting Services 19; Outer Community 38).

Disability frequently presents a major discontinuity in an individual's career as well as a devaluation of the "self" in independence and of status within society. Opportunities for employment are not easy to obtain for the disabled in a society which designs its working environment primarily for able-bodied people.

Responses in reply to the above main statements and other relevant issues are summarised as follows:-

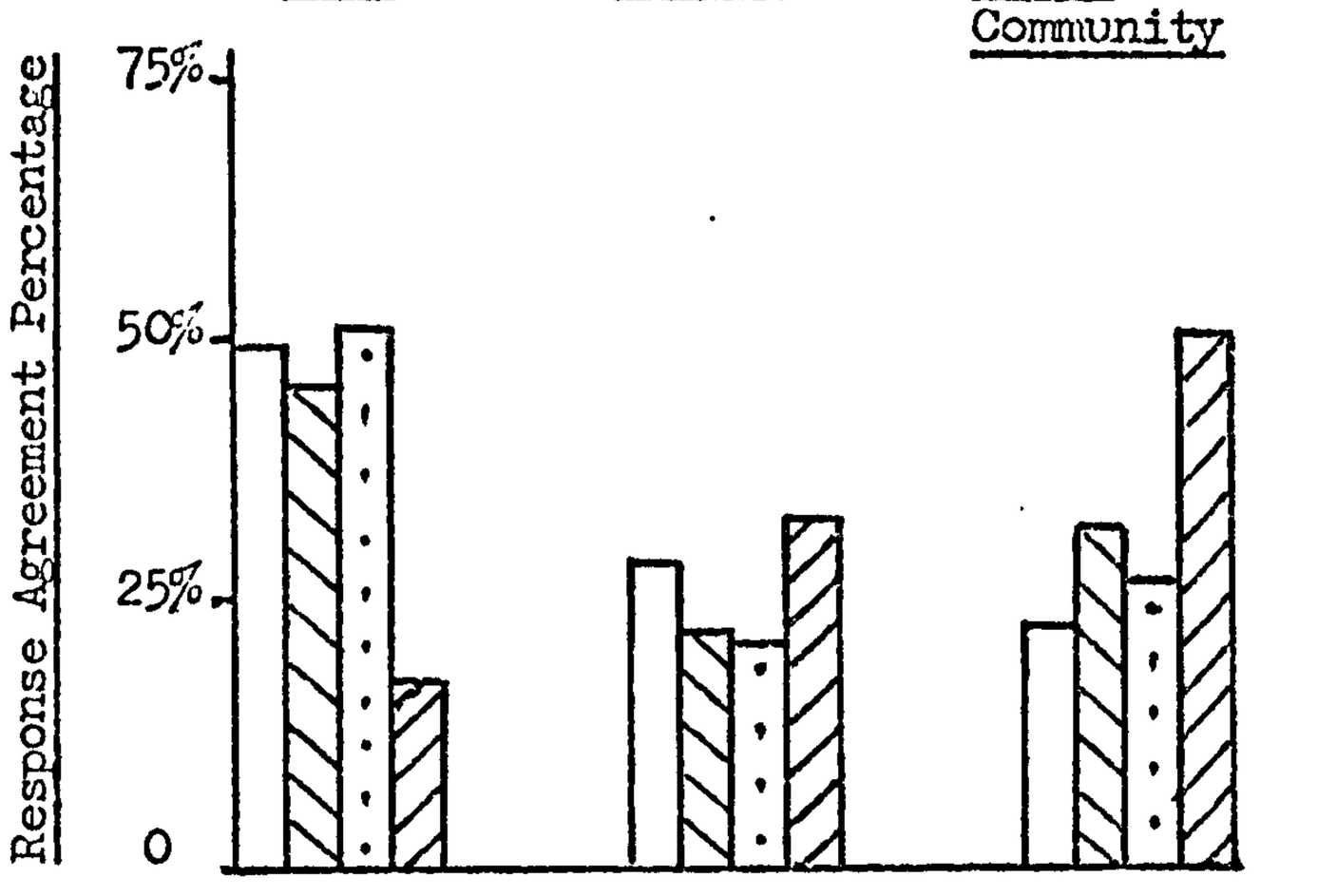
7.1 Responses to Statements
7.2 Open Employment
7.3 Sheltered Employment
7.4 Rehabilitation and Training
7.5 Industrially Injured, and
7.6 Summary

7.1 Responses to Statements (Nos. 19 and 38)

Statement No. 19 Forty-six per cent (89) of the disabled and 65% (124) of the caring group respondents indicated that limited opportunities to gain suitable employment has an adverse effect on the attitude of disabled people. A smaller proportion (37% - 70) of the A.B.(2) group expressed similar agreement. Thirty-three per cent (64) of the A.B.(1) group indicated that limited opportunity to gain suitable employment has an adverse effect on the attitude of able-bodied people. (Table 19 (1)).

Limited opportunity for the disabled to gain employment was perceived by 49% (83) disabled and 51% (94) caring respondents to have its greatest influence on the "self." A much smaller proportion

Table 19 (3) Areas where employment was considered to have greatest influence.



Legend:- Disabled (N = 168 = 87%)

Able-Bodied(1) (N = 180 = 94%)

Caring (N = 186 = 97%)

Able-Bodied(2) (N = 178 = 91%)

(18% - 32) of the A.B.(2) group expressed similar agreement. Fifty per cent (89) of this group thought that limited opportunity for employment for the disabled revealed its greatest influence within the outer community. The responses of the A.B.(1) group in relation to able-bodied people were closer to those of the disabled than the responses of the A.B.(2) group. (Tables 19 (2) and (3)).

Adequacy of the individual, self-development, individual responsibility, motivation and the feeling of being "needed" were considered by 50% (83) of the disabled and 51% (94) of the caring to be important benefits arising from employment. A much smaller proportion (17% - 32) of the A.B.(2) group expressed agreement with the disabled and caring. Financial support, easier social integration and change of environment were thought by 60% (107) of the A.B.(2) group to be more important benefits to the disabled. The responses of the A.B.(1) group were seen to be closer to those of the disabled than those of the A.B.(2) group. Tables 19 (4) and (5)).

Previous employment with an employer (23% - 11), personal contacts (17% - 8) and the possession of academic qualifications (17% - 8) were seen by 57% (27) employed disabled respondents to be important to disabled people in obtaining employment. Fifty-five per cent (26) of those who cared for the disabled expressed similar agreement. A much smaller proportion (28% - 13) of the A.B.(2) group showed agreement with the opinions of the disabled and caring respondents. Thirty-eight per cent (18) A.B.(1) group respondents expressed agreement about the importance of the same issues in connection with the prospects of able-bodied people gaining employment. (Table 19 (6) (a)).

Previous employment with an employer was not seen by respondents who had been unsuccessful in finding employment to be as important as indicated by those disabled who had found employment. The responses in Table 19 (6) (b) indicate that 46% (27) of the disabled respondents who had failed to find employment considered previous employment with an employer (12% - 7) personal contacts (24% - 14) and the possession of academic qualifications (10% - 6) to be important to the disabled in obtaining employment. Forty-eight per cent (28) of those who cared for this group of disabled expressed similar agreement. A much smaller proportion (29% - 17) of the A.B.(2) group revealed similar agreement with the opinions of the disabled and caring. In relation to the able-bodied, 29% (17) A.B.(1) group respondents referred to the importance of the same issues.

The responses of the different groups in Tables 19 (6) (a) and (b) are shown cumulatively in Table 19 (7).

Social relationships (15% - 7), ease of access and mobility (19% - 9) and amount of physical strain (13% - 6) were seen by 48% (22) employed disabled respondents to be important issues in the job situation for disabled people. Forty-eight per cent (23) of those who cared for the disabled expressed similar agreement. A smaller proportion (35% - 16) of the A.B.(2) expressed agreement with the opinions of the disabled and caring respondents. Twenty-one per cent (10) of the A.B.(1) group referred to the importance of social relationships (15% - 7), ease of access and mobility (4% - 2) and physical strain (2% - 1) to able-bodied people. (Table 19 (8) (a)).

The responses in Table 19 (8) (b) indicate that 49% (29) disabled respondents who had failed to find employment considered social relationships (24% - 14), ease of access and mobility (15% - 9)

and degree of physical strain (10% - 6) to be important issues in the job situation for disabled people. Forty-two per cent (25) of those who cared for the disabled made a similar observation. A larger proportion (51% - 30) of the A.B.(2) group expressed agreement on the same issues with the disabled and caring. Twenty-seven per cent (15) A.B.(1) respondents referred to the importance of social relationships (19% - 11), ease of access and mobility (4% - 2) and degree of physical strain (4% - 2) to able-bodied people. (Table 19 (8) (b)).

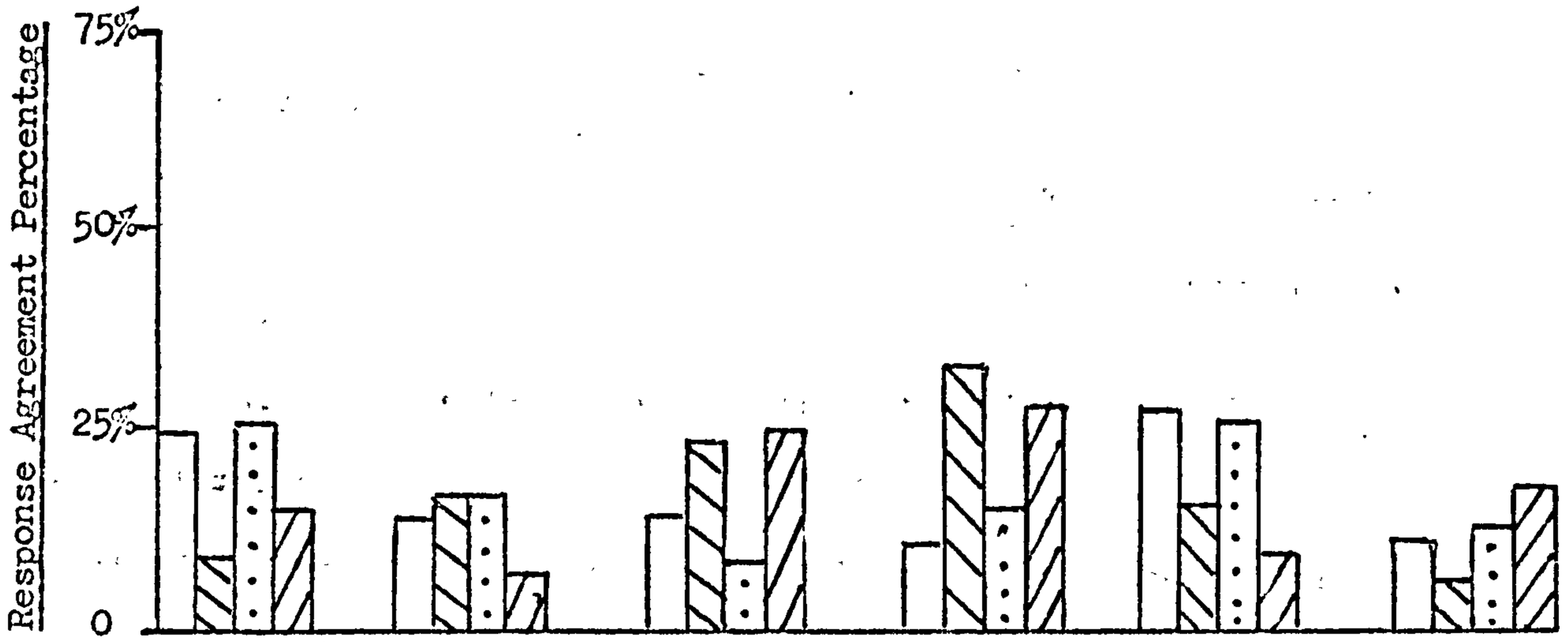
The responses of the different groups in Tables 19 (8) (a) and (b) are shown cumulatively in Table 19 (9).

Lack of opportunities to gain physical skills (24% - 12), mental skills/abilities (16% - 8) and academic qualifications (22% - 11) were issues perceived by 62% (31) of the disabled who had been unable to find employment as important contributory reasons. Sixty-six per cent (33) of the caring group expressed similar agreement. A smaller proportion (44% - 22) of the A.B.(2) group revealed agreement with the disabled and caring. Other issues perceived to have an adverse influence on the potential employment of disabled people included inadequate physical and sensory skills, physical appearance and "disability risk". Whilst 14% (7) disabled and 12% (6) caring respondents referred to the adverse influence of "disability risk", a larger proportion (31% - 16) of the A.B.(2) group made similar reference (Table 19 10)).

Issues seen by the employed disabled respondents which tended to have a major adverse effect on their financial incomes included transport and mobility (66% - 31), personal medical care, laundry and heating (21% - 10) and direct loss of income (13% - 6). Those who cared for the disabled expressed similar agreement. Whilst a larger

Table 38 (3) Issues considered influential in determining opportunities for employment for disabled.

Access, Transport, etc.	Education Attainment	Skills and Adaptability	Financial Incentive	Potential	Employment "Risk"



Legend:-

Disabled (N = 182 = 95%)	□
Able-Bodied(1) (N = 179 = 93%)	▨
Caring (N = 186 = 97%)	⁝
Able-Bodied(2) = (N = 177 = 92%)	▨

proportion (94% - 44) of the A.B.(2) group referred to extra costs incurred by the disabled for transport and mobility, no reference was made to a situation where a disabled person had accepted a loss of income to gain employment. (Table 19 (11) (a)). The responses of those disabled who had been unable to obtain employment and their "matched" respondents were seen to be close to the responses of their employed colleagues. (Table 19 (11)(b)).

The responses of the different groups in Tables 19 (11) (a) and (b) are shown cumulatively in Table 19 (12). Changes in the employed/unemployed roles of the disabled and A.B.(1) respondents following the "disability age" period are shown in Table 19 (13).

Statement No. 38 Sixty-seven per cent (129) disabled and 69% (133) caring group respondents indicated that opportunities available for disabled people to obtain employment were limited. A much smaller proportion (48% - 93) of the A.B.(2) group expressed a similar opinion. Forty-nine per cent (94) of the A.B.(1) group indicated that opportunities available for able-bodied people were limited. (Table 38 (1)).

Transport, access and accommodation (24% - 43), educational attainment (14% - 25) and degree of opportunity "potential" (27% - 49) were perceived by 65% (117) of the disabled group as issues which tended to limit the opportunities for "open" employment for the disabled. Sixty-seven per cent (123) of the caring group expressed a similar observation. A much smaller proportion (31% - 56) of the A.B.(2) group agreed with the opinions of the disabled and caring. Sixty-nine per cent (121) of the A.B.(2) group thought that practical skills and ability to interchange (24% - 42), financial incentive (28% - 50) and degree of employment risk (17% - 29) were issues of more influence in determining opportunities for employment for the disabled. The responses of the A.B.(1) group in relation to able-bodied people were seen to be closer to the A.B.(2) group than the disabled and caring groups. (Table 38 (3)).

7.2 Open Employment

The disabled and caring stressed the importance of being actively engaged in an environment which was socially accepted as "normal". To be employed when disability occurred was perceived by them to be extremely unfavourable, with no simple relationship existing between occupational problems and degree of handicap.

Inter-related issues which appeared to cause concern to the disabled included:-

7.2.1 Application for employment

7.2.2 Financial aspects

7.2.3 Mobility, physical aids and access

7.2.4 Environmental conditions, and

7.2.5 Registration

7.2.1 Application for Employment

Forty-three disabled (41%) and 38 (36%) caring respondents indicated that the disabled were frequently unfairly discriminated against when they applied for a job and stated that they were disabled. Nineteen (18%) disabled stated that achievement to obtain personal interviews by written applications were obtained only when they omitted to refer to their disabilities. Whilst revealing an awareness that it might have been unfair to withhold information about one's disability from a potential employer, these disabled respondents believed that their experiences indicated the existence of some handicapping features which did not generally confront able-bodied people in their search for employment. Nine disabled respondents further indicated that not only had they to fulfil the job expectations of the potential employer but they had to control the "disability embarrassment" of the interviewers.

Fifty-five (52%) disabled and 46 (43%) caring respondents considered that many employers and able-bodied people assumed that disability could be compensated adequately by placing disabled people in jobs with lower intellectual ability than that indicated by the disabled person's academic qualifications and experience. Seventeen (16%) disabled within this group considered that many of their able-bodied colleagues thought that disabled people should be grateful for employment and that they should neither expect to be considered equivalent in status to the able-bodied nor consider themselves eligible for promotion. Professionally qualified disabled respondents, although they were fewer in number, appeared to be vulnerable to downgrading. For example, 9 (19%) disabled were in occupations below the status of their occupation at the time of their disability despite the fact that they had each obtained a higher academic/professional qualification following the onset of their disability.

Although 23 (22%) disabled respondents thought that D.R.Os., gave priority to recording "successes" for the manpower/employment agency to fulfilling the individual needs of disabled people, 15 (14%) respondents within this group believed that the D.R.O.s, were frequently "stymied" by the negative attitudes of employers.

Sixty-six (62%) disabled and 74 (70%) caring respondents indicated that designated occupations for the disabled had an adverse influence on the attitudes of disabled people because of the segregating nature of their jobs. (e.g. car attendants, lift attendants, etc.) This view was not seen similarly by 87 (82%) A.B.(2) group respondents, many of whom pointed out that "beggars cannot be choosers".

The existence of employment policies, statutory requirements, rules and customs, pre-entry physical standards which seemed to have

little relationship to the physical requirements of the job were other issues seen cumulatively by 55 (52%) and 49 (46%) caring respondents to have an adverse influence on the employment prospects of many disabled.

7.2.2 Financial Aspects

Sixteen (76%) disabled and 18 (72%) caring respondents referred to the unfairness of various compensatory payments and the "therapeutic earnings limit" or "earnings stop" rule in connection with the employment of disabled people.

Fifty-eight (55%) disabled and 61 (58%) caring respondents referred to need for adequate mobility allowances to assist the disabled in gaining and maintaining employment.

7.2.3 Mobility, Physical Aids and Access

Eighteen (38%) disabled and 14 (30%) caring respondents pointed to restrictions encountered by the disabled in travelling to and from their employment. Whilst 12 (26%) disabled referred to the problems and difficulties presented by the use of the three-wheeled invacar, 5 respondents considered them to be more beneficial to them for carrying out their employment than the receipt of a financial mobility allowance. Car-parking facilities, access, steps, doors, toilets, restricted working space and movement were frequently quoted by the disabled as major obstacles to them at their places of employment. Nine disabled persons in the sample were unable to negotiate problems associated with access, steps and toilets. One disabled person accepted a job which involved an extra 32 kilometres' (20 miles) travelling per day because he could not cope with steps and restricted toilet facilities at a higher paid and more desirable job nearer to his home.

Despite support from the Employment Services Agency for agreed structural alterations and adaptations for the needs of disabled employees, 6 disabled persons alleged that their employers had made no attempt to make use of this provision. These respondents, in addition to 16 (34%) other disabled persons, complained about the lack of interest by the Trade Unions in stressing the need for structural changes, modifications and the provision of physical aids for disabled people at their places of employment. Fourteen (30%) disabled and 21 (45%) caring respondents referred to the lack of positive action by employers in response to the spirit of the relevant provisions of the Chronically Sick and Disabled Persons' Act, 1970.

7.2.4 Environmental Conditions

Seven (15%) disabled respondents referred to difficulties encountered in attempting to maintain a role expected from them by their employers and able-bodied colleagues. These respondents thought that many able-bodied failed to understand that disability involved the disabled person with time, space and stress above that which were required by the able-bodied. Nineteen (40%) employed disabled persons considered that employers failed to see the benefits that were likely to accrue for the disabled at their place of work by adjusting work schedules, job specifications and modifications to plant and equipment.

Twenty-nine (62%) disabled respondents made reference to the apparent lack in number of disabled people who were employed in administrative and managerial positions at their place of work. To these respondents, this situation appeared particularly disconcerting as policies were frequently made which involved the disabled but they were not asked to contribute anything of an advisory nature which could affect their health and welfare.

Although "disability risk" was seen by 16 (31%) A.B.(2) group respondents to have an adverse influence on the opportunities of the disabled to gain employment, 29 (62%) employed disabled people stated that they had not been voluntary absent from their job in the previous 3 years. Twenty-one (74%) of these respondents were occupied in open employment.

Twenty-seven (57%) disabled indicated that they were provided with little scope for initiative or advancement by their employers. Nineteen (70%) respondents within this group believed that their presence as an employee was perceived by their employers and many of their fellow-employees to be a form of "social compensation" and that the disabled were fortunate in being given the opportunity to be allowed to participate in a "working" relationship.

7.2.5 Registration

Thirty-two (30%) disabled persons stated that they had found that registration as a disabled person had little positive effect on their opportunities to gain employment. Thirty-one (29%) disabled who had not registered stated that they had not done so in order to avoid antipathies as potential applicants for employment.

It seemed to these disabled and many of their caring partners that the scheme for registering disabled persons to be an administrative exercise rather than a positive help for opportunities to employment. For example, 29 (27%) disabled and 36 (34%) caring respondents indicated that the registration of people with relatively minor handicaps and the ability of some employers to arrange for members of their workforce to fulfil the requirements of the Quota Scheme tended to discriminate against the severely handicapped. Thus legislation

was not seen by them to support adequately the opportunities for the employment of disabled people. They believed that Quota Scheme for Disabled Persons was largely ineffectual and too easily manoeuvred by employers against the more seriously handicapped.

On the other hand, 29 (27%) disabled and 34 (32%) caring respondents thought that if disabled people were able to gain employment without the support of statutory provisions they were more likely to obtain the benefits which arise from job satisfaction and the fulness of employment.

7.3 Sheltered Employment

Fifty-three (50%) disabled and 49 (46%) caring respondents perceived employment for the disabled in sheltered workshops as their last chance to gain employment and respectability in society. The advantages of sheltered employment were seen by these respondents as providing a self-satisfying and independent role for the disabled.

The disadvantages concerned:-

7.3.1 Allocation of work,

7.3.2 Financial aspects,

7.3.3 Integration, and

7.3.4 Other aspects.

7.3.1 Allocation of Work

The requirement that a handicapped person should be able to achieve about one-third of the performance of an able-bodied person before taking-up sheltered employment was not considered favourable by 28 (26%) disabled and 35 (33%) caring respondents. They believed that if the principle of the right to work was not to be violated, the

system must hold some flexibility to provide for gainful employment even to the most seriously disabled.

Thirty-two (30%) disabled and 37 (35%) caring respondents thought that sheltered employment was too often used as a diversion for disabled people. In their opinions, the general attitude should be focussed more sharply toward efficient productive employment.

7.3.2 Financial Aspects

Twenty-eight (26%) disabled and 46 (43%) caring respondents perceived sheltered employment as a form of cheap labour and an indirect way to give financial subsidies. They indicated that some of the work carried out in sheltered employment would not be done in open industry for a similar low wage return to the work-force. In expressing their opinions about this aspect of disability, 25 (24%) A.B.[(2)] group respondents believed that one person's "best" was equivalent in merit to another person's "best" but pointed out that financial remuneration must be allied to a system which has some relationship with output achieved. In their opinions, fairness should incorporate circumstances which allowed differentials in basic rates.

7.3.3 Integration

Forty-nine (46%) disabled and 51 (48%) caring respondents drew attention to a lack of creditability frequently made by the able-bodied in respect of disabled employed in sheltered workshops. This form of stigma was seen by the disabled and caring to be particularly evident when attempts were made by the disabled to transfer to open employment. They considered that liaison between sheltered and open employment agencies, educational and training establishments and Trade Unions was not sufficiently close to provide opportunities for

competent disabled workers to transfer to open industry in a reasonably free and unbiased movement.

7.3.5 Other Aspects

A large proportion of the disabled and caring respondents observed the position of sheltered workshops to be balanced between an economically efficient and viable industry and a semi-rehabilitation centre protecting its disabled employees. This situation appeared to them to be a contradiction of normalisation and encompassing many of the associated problems. The simulation of conditions to a profit-making industrial undertaking and apply "sheltered" working conditions to most of its work-force seemed to leave the respondents in a "no-go" area.

7.4 Rehabilitation and Training

Expressions of concern about the counselling and training received by the disabled in connection with their prospects for employment were frequently made by disabled and caring respondents. Issues inter-related with the rehabilitation and training aspects of disability were summarised as follows:-

7.4.1 Counselling

Thirty-eight (36%) disabled and 42 (40%) caring respondents indicated that the most fruitful source for information about opportunities for employment for the disabled was the family, close friends and associated working groups. A relatively small proportion (11 - 10%) stated that they had received practical assistance from the appropriate supporting service agencies in relation to employment. However, comments made by some respondents suggested that the disabled often expected too much from employment agencies as far as choice of

jobs were concerned. In the opinions of 31 (29%) A.B.(2) group respondents, the disabled could not expect to have a free choice of jobs when they were largely dependent upon able-bodied colleagues.

Thirty-nine (37%) disabled and 38 (36%) caring respondents indicated that the medical and educational professions were not particularly influential with potential employers. These professions were perceived to offer little constructive guidance to either the disabled or caring in matters concerning employment. Nineteen (18%) disabled and 14 (13%) caring respondents thought that both professions wished to be dissociated from employment agencies. Some of these respondents thought that such attitudes might have been caused by a lack of appreciation of the need by the disabled for employment whilst the staff were undergoing training at medical schools and colleges.

Frustration and disappointment about employment problems appeared to be linked with the actual nature of the work to be performed and the relationship with the economic structure of the community. Forty-one (69%) disabled referred to the demoralising effects of lengthy periods of disability accompanied by a dearth of good counselling and guidance from educational, rehabilitation and training service agencies. They considered that these services operated in isolation and were more concerned with the administrative image of their respective service than assisting the disabled to gain employment or to assist them to cope over an extended period of difficulty.

7.4.2 Training

Thirty-one (30%) disabled indicated that insufficient attention was given to changing conditions and consequent difficulty in gaining job satisfaction in the field of employment. This was seen as a cause

of frustration, low morale and depression. At the very best, choice for many of them appeared to be limited to a number of stereotyped occupations, which did not appear to challenge the initiative, and there was often no choice for those with professional aspirations, who consequently had little chance to re-establish themselves.

Although the importance of training people for occupations which they could satisfactorily fulfil appears obvious, 8 (8%) examples were given in the sample where disabled people had completed specific training to the satisfaction of the agency and then found that they were unable to carry out the job for which they had been trained.

7.5 Industrially Injured

Seventy-two (68%) disabled and 88 (83%) caring respondents made reference to problems associated with the concept of injury and illness for those people whose disability appeared to originate at the place of their former occupation. Simple quantitative measures of physical impairment used in assessment did not appear to them to be equitable and appropriate. The complicated systems associated with compansation and sickness and their relationship to the individual respondent's pre- and post-disability values were seen by many to have produced confusion and distress.

7.6 Summary:

Employment was seen by both disabled and able-bodied respondents to be a vital factor towards status and social recognition and a key factor towards their self-concept and indpendence. It provided the individuals with dignity and an opportunity for displaying competency and "togetherness".

The desire and readiness of society to honour the rights of disabled people was considered by the disabled and caring as a test of acceptance and the key to establishing independence and respect for many disabled.

Evidence from the survey indicated that many disabled people were unable to separate themselves from their disability. Apart from fundamental adjustment to pre-disability values, compensatory satisfaction without the element of employment was frequently perceived to create more difficulty for the disabled than for the able-bodied. Fears about a disabled person's ability to cope with employment, anticipated problems linked with their safety and welfare and unsettled industrial relationships did not seem to be well-founded.

Although legislation was not seen to support adequately the opportunities for the employment of disabled people, particularly in connection with open industry, views differed as to whether greater opportunities for the disabled were better achieved by compulsion or by persuasion.

Sheltered employment was considered important for the more seriously disabled although many respondents considered that this mode of occupation would be better if more emphasis was given to employment and its associated benefits rather than as a diversion.

Although it was generally recognised by the disabled and caring respondents that the attitudes of the able-bodied were equally important to the positive and participative qualities of the disabled, it seemed to many disabled and caring respondents that able-bodied employees failed to recognise the benefits of employment to the disabled. It also seemed that disability was a handicap to employment for the

disabled even when educational attainment, aptitude and ability for a specific job were sufficient in competition with the able-bodied.

Resettlement and employment training agencies were frequently seen by the disabled to be ineffective and the "quota" system designed to encourage employers to assist the disabled into gainful employment was considered by many disabled and caring respondents to be of little benefit.

The existence of restrictive employment policies, statutory requirements, rules and customs, pre-entry physical standards which had little relationship to the physical requirements of the job, environmental conditions which prevented job adaptations or inflexible working hours, and the absence of adequate safety measures which catered for the needs of individual forms of disability were issues seen by many disabled and caring respondents as barriers which exacerbated the prospects of employment for disabled people.

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8. Medical

8. Medical (Statement No. Self 04)

The responses suggested that differences in health perceptions and behaviour were a reflection of social interaction rather than of social position. They have been classified into the following headings:-

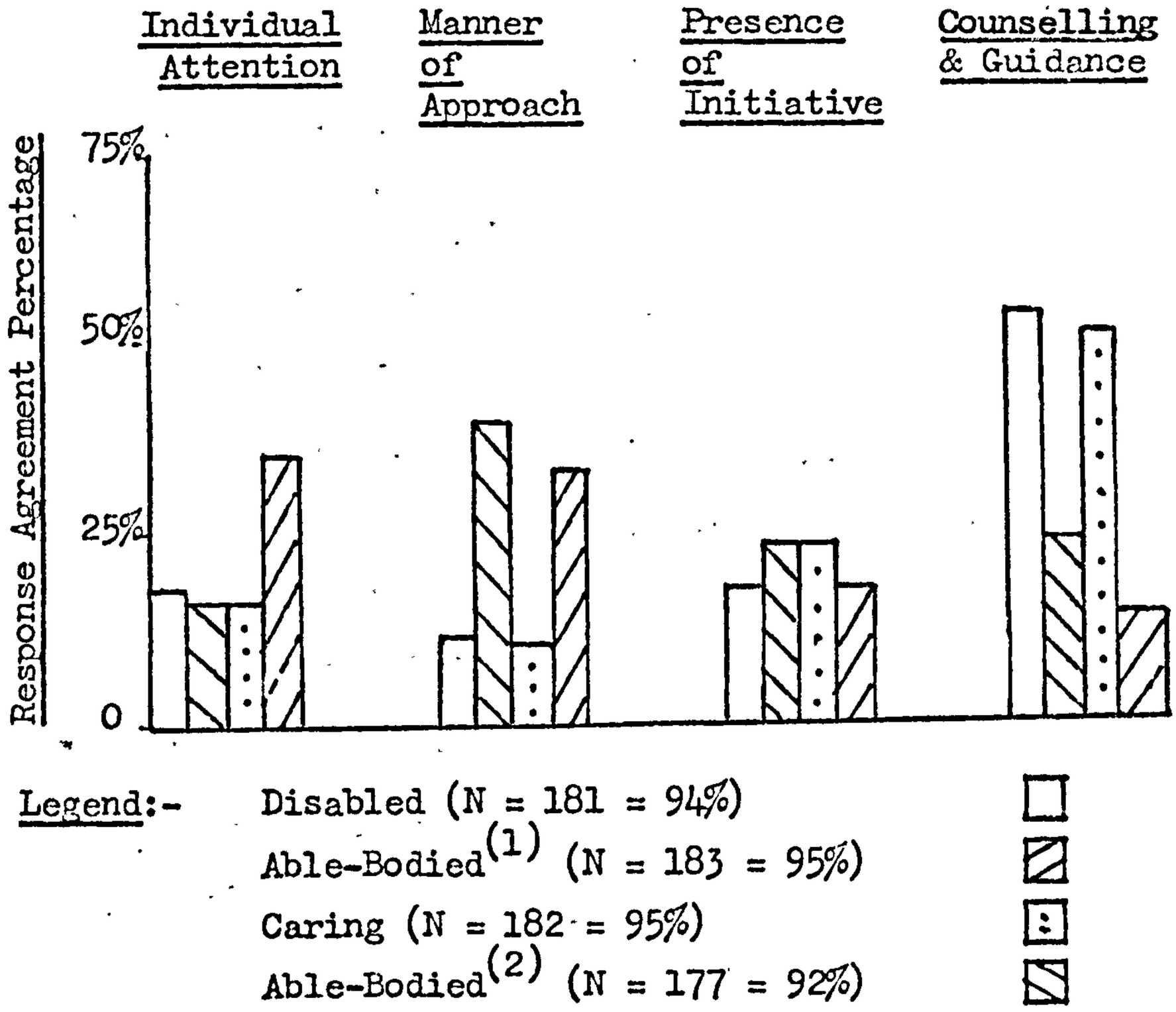
8.1 Responses to Statement
8.2 Counselling and Guidance
8.3 Administration and Organisation
8.4 Physical Aids, Adaptations and Appliances, and
8.5 Summary

8.1 Responses to Statement (No. 04)

Statement No. 04 Forty-three per cent (83) of the disabled and 57% (109) of the caring group respondents indicated that the disabled were treated as "numbers" by medical personnel. A larger proportion (63% - 121) of the A.B.(2) group respondents expressed an opinion similar to those of the disabled and caring. Fifty-four per cent (103) of the A.B.(1) group indicated that able-bodied people were treated as "numbers" by medical personnel. Although a large proportion of the total respondents indicated that they were treated more as "numbers" than as individual persons by Medical Personnel, a considerable number made appreciative remarks about their gratitude and respect to the medical profession, particularly their own family practitioners. (Table 04 (1)).

Issues of primary importance which influenced such behaviour towards the disabled were seen by 53% (96) of the disabled and 51% (93) of the caring respondents to be linked with the counselling and guidance service. A much smaller proportion (14% - 24) of the A.B.(2)

Table 04 (3) Some influential issues in relation to treatment by Medical Staff.



Legend:-

- Disabled (N = 181 = 94%)
- Able-Bodied(1) (N = 183 = 95%)
- Caring (N = 182 = 95%)
- Able-Bodied(2) (N = 177 = 92%)

group revealed agreement with the opinion of the disabled and caring. Twenty-two per cent (41) of the A.B.(1) group indicated that issues involving counselling and guidance influenced the able-bodied. (Tables 04 (2) and (3)). The manner of approach by medical personnel seemed to be more influential to the able-bodied than the disabled and caring respondents. Whilst 11% (19) disabled and 10% (18) caring group respondents referred to the issue as being of primary importance, 33% (59) of the A.B.(2) group believed that the manner of approach by medical personnel was of considerable importance to the disabled. Thirty-nine per cent (71) of the A.B.(1) group indicated that the manner of approach was important to the able-bodied. (Table 04 (2) and (3)).

Quality of information, continuous assessment and personal relationships were seen by 50% (47) of the disabled and 47% (43) of the caring respondents as items of specific importance to the disabled within the counselling and guidance situation. Fifty per cent (12) of the A.B.(2) respondents believed these items to be important to the disabled. Fifty-five per cent (23) of the A.B.(1) group indicated that quality of information (15%), continuous assessment (4%) and personal relationships (36%) were important items to the able-bodied. (Tables 04 (4) and (5)).

Within the administration and organisation sector, respondents in the A.B.(2) group thought that individual attention was more important to the disabled than indicated by either the disabled or caring respondents. The responses of the A.B.(1) group in relation to the able-bodied were close to those of the A.B.(2) group. (Tables 04 (6) and (7)).

Forty per cent (26) of the disabled and 42% (30) of the caring groups indicated that individual attention and information were specific issues of importance to the disabled in connection with the provision of physical aids and adaptations. A smaller proportion (27% - 26) of the A.B.(2) group agreed with the opinions of the disabled and caring. The responses of the A.B.(1) group in relation to the able-bodied were closer to those of the disabled and caring respondents than the A.B.(2) group. (Tables 04 (6) and (7)).

8.2 Counselling and Guidance

It was under this heading that many respondents, particularly the disabled and caring expressed concern. Contributory issues in strained doctor-patient relationships included:-

8.2.1 Failure by doctors to give positive guidance about specific clinical conditions and related treatment

Thirty-five (36%) disabled and 39 (42%) caring respondents indicated that their doctors failed to give any positive guidance about specific clinical conditions and related treatment. Eighteen (44%) A.B.(1) group respondents expressed a similar opinion in relation to the able-bodied. This situation was not seen by the respondents to be conducive to good personal relationships between doctor and patient.

8.2.2 Failure by doctors to pass on information arising from reports made by consultants and other hospital staff about the disabled person

Sixteen (17%) disabled and 18 (19%) caring respondents indicated that the disabled following visits to consultants and other hospital staff were not given the report of their visit or examination by their general practitioner despite requesting a report on the advice of the hospital staff. Eleven (27%) A.B.(1) group respondents revealed a similar experience.

8.2.3 Statements by doctors which appeared to be purposely vague or blurred

Twenty-two (23%) disabled and 29 (31%) caring respondents believed that their general practitioners made statements to the disabled which were purposely vague or blurred. Nineteen (46%) A.B.[1] group respondents expressed opinions similar to those of the disabled and caring.

8.2.4 With-holding information from the disabled which was subsequently gleaned from other sources

Ten (10%) disabled and 9 (10%) caring respondents gave examples where information about a disabled person's medical condition was withheld by the doctor only for the disabled person to obtain information from other official sources. In one example, the disabled person stated that he had attended the surgery of his doctor for more than 18 months and, despite repeated attempts, had been unable to obtain information about the nature of his illness. Whilst waiting to see his doctor during one of his visits to the surgery, the disabled person was handed his medical file by the receptionist and requested to give it to the doctor when he presented himself for medical attention. Upon looking into the file whilst waiting to see the doctor, the disabled person discovered that he had contracted multiple sclerosis. According to the documents in the medical file, this information had been known to the doctor through the hospital staff over a period of more than 12 months. Information to the disabled in other cases was reported to have been inadvertently conveyed either by the caring person or other health or social service officials. Although all these respondents appreciated the dilemma that frequently confronts doctors in their normal doctor/patient relationships, they considered "honesty" to be a vital ingredient in the counselling relationship.

8.2.5 Failure to reveal indication of continuous assessment

Twenty-eight (29%) disabled and 23 (25%) caring respondents indicated that general practitioners failed to make any form of continuous assessment about the medical condition of the disabled respondents.

8.2.6 Failure to establish good personal relationships

Eighteen (19%) disabled and 24 (26%) caring respondents indicated that their general practitioners failed to develop a state of good relations with the disabled respondents. Although these respondents were aware of the pressures exerted upon doctors and that good personal relationships were based upon a mutual understanding and a genuine attempt of each individual to foster the relationship, they believed that no attempt was made by their general practitioners to achieve this objective. It seemed that the hall-mark of a "good" doctor was implied when 72 (73%) disabled, 57 (78%) caring and 53 (66%) A.B.(1) group respondents described him appreciatively as "the old family type", "a guide", counsellor and philosopher", or as a man who "communicates with his patients". The responses of 22 (54% A.B.(1) group respondents revealed agreement with the opinions of the disabled and caring respondents.

8.2.7 Failure to establish inter-staff relationships

Thirty-three (34%) disabled and 29 (31%) caring respondents referred to the position of the general practitioner as a leader of the Primary Health Care Team. Although he was normally the first point of referral whenever medical attention was required, the disabled and caring perceived little contact between him and other members of the Health Care Team. The need to communicate with other medical and para-medical staff appeared to many respondents to be outside their doctor's general terms of reference.

8.3 Administration and Organisation

Seventeen (18%) disabled and 21 (23%) caring respondents pointed to delay in referrals from one doctor to another. To them, this tended to cause strained relationships, particularly if a number of different consultants or doctors were concerned and when there appeared to be some difference of opinions about the disabling condition or treatment. It was evident that in this type of situation, the respondents assumed there was disagreement between medical staff or a complicated condition which demanded complicated treatment. Failure to communicate the results of clinical tests to the disabled were seen by these respondents to be particularly disconcerting.

Dissatisfaction was expressed by 16 (17%) disabled, 25 (27%) caring and 18 (44%) A.B.(1) group respondents about the local general practitioner's arrangements for surgery calls and visits, and for making personal visits to the homes of the patients. Within this group, 6 (38%) disabled, 7 (28%) caring and 10 (56%) A.B.(1) group respondents considered that the doctor's receptionist/secretary not only frequently attempted to fill the role of the doctor but also provided a screen to ensure that he did not engage himself with more than a specific number of "cases".

One paraplegic, living alone, and confined to wheel-chair mobility for more than 10 years, made a request for the doctor to call and examine bed sores which temporarily restricted his use of the wheel-chair. He reported that the receptionist said, "....if you can't call personally this morning, it may be another 7 days before I can arrange for the doctor to call and see you." Another paraplegic of more than 5 years' disablement, was told by another doctor's receptionist, after complaining about trouble with his bladder and other urinary problems,

"Go to bed and rest for a week and if there is no improvement then let me know and I shall see if the doctor can call and examine you."

Thirty-nine (40%) disabled and 35 (38%) caring group respondents indicated that the disabled reacted more favourably toward consultants and hospital doctors than they did with their general practitioners. This might have been attributable to a quicker initial response to clinical treatment, especially with "accident cases", as compared with the slower rate of physical improvement and environmental adjustment after leaving hospital.

The responses of 28 (29%) disabled and 25 (27%) caring respondents suggested that although the process of "reassurance" was a sensitive area, it was often used by both doctor and handicapped person as a positive means of diagnosis.

The influence of "collusion by anonymity" was perceived by 15 (16%) disabled and 10 (11%) caring respondents to do little to inspire confidence in the disabled person.

8.4 Physical Aids, Adaptations and Appliances

Twenty-three (74%) disabled and 18 (43%) caring respondents stated that as well as showing a lack of knowledge about aids, adaptations and appliances for disabled people, their general practitioners did not seem to show interest in either passing relevant information to para-medical workers or referring the disabled to more appropriate services. In their opinions, many general practitioners appeared to lack adequate knowledge about orthotic practice. The disabled and caring respondents also believed that the many different services working together in this area of physical handicap frequently produced chaos and frustration for the disabled instead of positive goodwill and achievement.

8.5 Summary

Independent of medical knowledge and skills, it seemed clear that a large proportion of respondents, particularly the disabled and caring, looked to the general practitioner as a guide, philosopher and counsellor. Nevertheless, it was in this role that many respondents considered that general practitioners and supporting medical staff failed to appreciate the needs of disabled people. To many disabled and caring, general practitioners were often unable to communicate with the disabled in a manner that instils confidence, whilst other general practitioners were perceived by respondents to confine treatment of disability to strictly clinical conditions. The attitude of a person toward disability was considered by the disabled and caring to be important and they believed that the general practitioner had an important contribution to make in this aspect of disability.

Evidence suggested that relationships were often "distant" between general practitioner and handicapped person. Good relationships were seen to be restricted by organisational weaknesses and failures, lack of adequate explanations, misinterpreted descriptions, diagnostic uncertainty and, in some cases, deliberate mis-management of information.

The value of general practitioners as leaders of primary health teams was frequently seen to be dependent upon the efficiency of their co-ordination with team members.

A large proportion of the disabled and caring considered "success" in the disability role as the measure of the disabled person's self-independence and perceived place of recognition and acceptance in the outer community.

The "hall-mark" of a good doctor appeared to be epitomised by a large proportion of both disabled and able-bodied respondents when they described him appreciatively as "the old family type", "a guide, counsellor and philosopher", or as a man who "communicates with his patients".

The essence of the doctor-patient relationship seemed to be its continuity and the quality of counselling appeared to be the vital component which determined not only the quality of mutual trust between doctor and patient but also the quality of living for the disabled person.

9. Legislation

9. Legislation (Statement No. Supporting Services 05)

Disability and handicap to most respondents in the survey were seen as intensely personal and broadly social. Although "power" was frequently considered as being associated with legislation, many respondents, particularly among the disabled and caring, believed that it could be perceived as a rational and empathetic way of equalising opportunities for personal and social development.

Responses to the main statement and other relative issues were considered as follows:-

9.1 Responses to Statement, No. 05,

9.2 Other issues of general importance, and

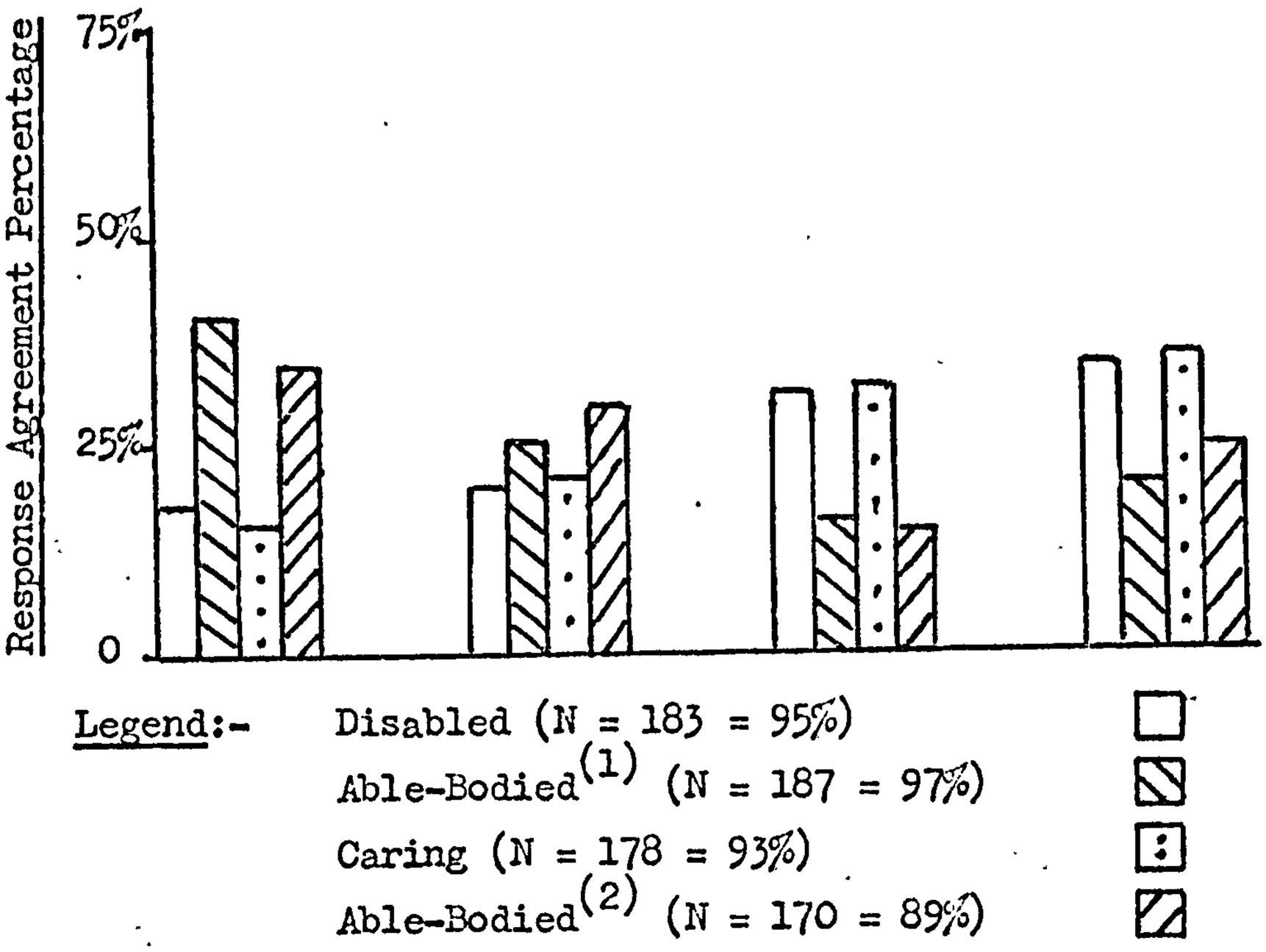
9.3 Summary

9.1 Responses to Statement, No. 05

Statement No. 05 Sixty-one per cent (117) of the disabled and 49% (93) of the caring groups indicated that the provision of adequate legislation would have prevented the disabled from encountering many social problems arising from their physical handicaps. A smaller proportion (46% - 88) of the A.B.(2) group expressed similar agreement. Forty-nine per cent (95) of the A.B.(1) group indicated that the provision of adequate legislation prevented the able-bodied from encountering many social problems. (Table 05 (1)).

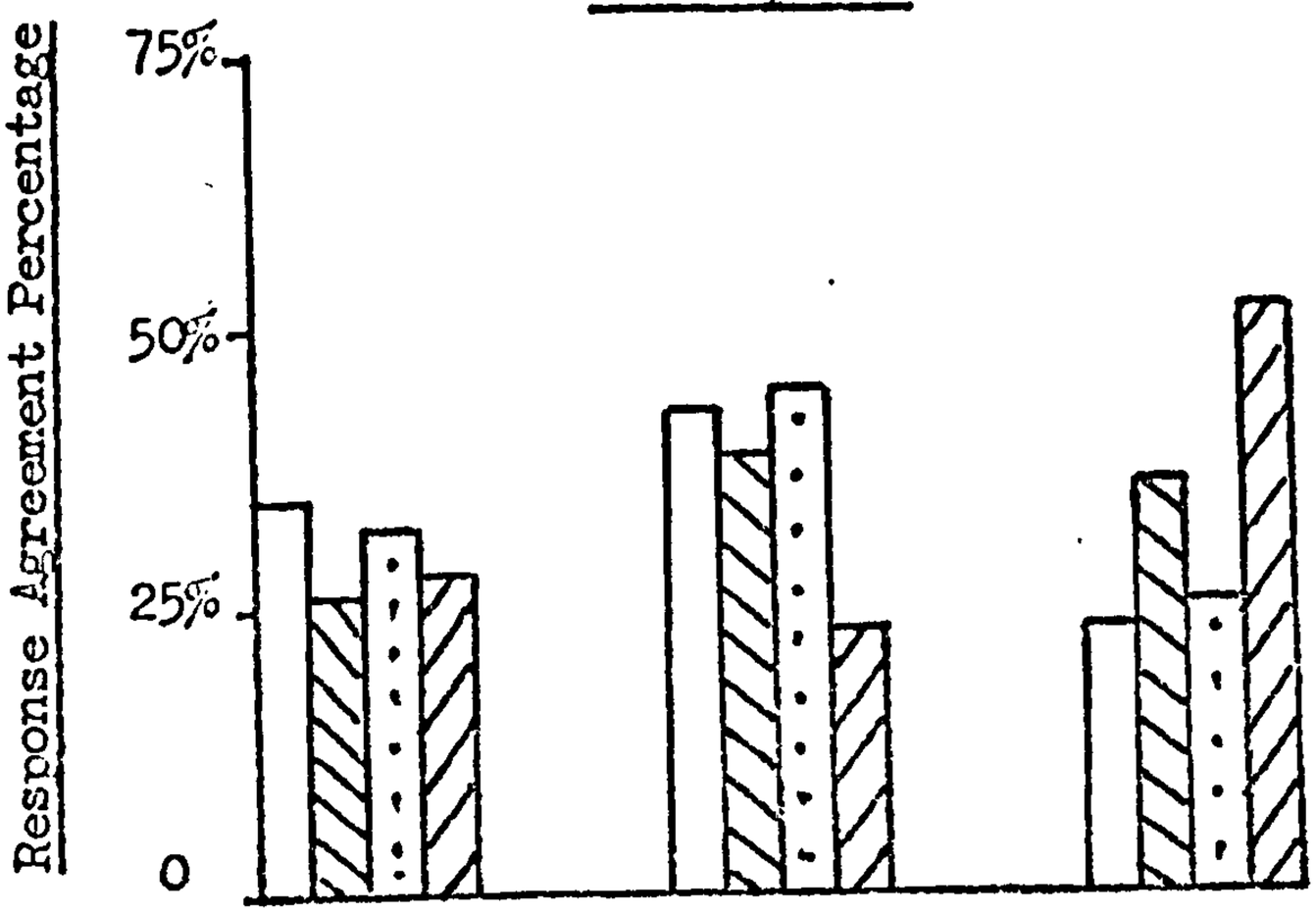
Sixty-two per cent (113) disabled and 64% (113) caring group respondents considered that the supporting services and outer community were domains wherein the provision of adequate legislation was particularly important to the disabled. A smaller proportion (39% - 66) of the A.B.(2) group expressed a similar opinion. Thirty-five

Table 05 (3) Areas where adequate statutory measures were considered to be important.



Legend:-
- Disabled (N = 183 = 95%)
- Able-Bodied(1) (N = 187 = 97%)
- Caring (N = 178 = 93%)
- Able-Bodied(2) (N = 170 = 89%)

Table 05 (9) Objectives considered important with respect to the implementation of legislation.



Legend:-
- Disabled (N = 183 = 95%)
- Able-Bodied(1) (N = 187 = 97%)
- Caring (N = 178 = 93%)
- Able-Bodied(2) (N = 170 = 89%)

per cent (29) of the A.B.(1) group indicated that the provision of adequate legislation was of primary importance to the able-bodied within the supporting services and outer community. (Tables 05 (2) and (3)).

Issues of specific statutory importance to 53% (97) of the disabled and 49% (88) of the caring group respondents were associated with education, employment, mobility, access, leisure and general integration. Forty-one per cent (70) of the A.B.(2) group expressed an opinion similar to those of the disabled and, in relation to the able-bodied, 42% (78) of the A.B.(1) group expressed a similar observation. (Tables 05 (4) and (5)).

Lag behind the need for change and liability to individual interpretations and differences were seen by 52% (94) of the disabled and 51% (90) of the caring groups to be issues of a negative character associated with the introduction of statutory measures. A smaller proportion (28% - 48) of the A.B.(2) group expressed an opinion similar to the disabled and caring. The responses of 35% (65) of the A.B.(1) group revealed similar agreement in respect of the able-bodied. (Tables 05 (6) and (7)).

Seventy-eight per cent (142) of the disabled and 76% (135) of the caring groups considered that self-dependence and opportunities for development were objectives of primary importance in the need for statutory measures for the disabled. A smaller proportion (49% - 83) of the A.B.(2) group expressed similar agreement. Sixty-four per cent (119) of the A.B.(1) group expressed a similar opinion in respect of the able-bodied. (Tables 05 (8) and (9)).

9.2 Other issues of general importance revealed by the respondents were as follows:-

One hundred and thirty-two (72%) disabled and 125 (70%) caring respondents referred to the lack of opportunities for the disabled to participate in the formation of decision-making policies concerning disability. Within this group, 85 (64%) disabled and 97 (78%) caring respondents interpreted this situation as a negative reaction by the able-bodied toward the disabled. Others perceived the reaction as an indication of how the able-bodied protected themselves from involvement with the disabled. Ninety-one (49%) A.B.(2) group respondents, including 3 councillors, indicated that disabled people were loathe to serve on any policy-forming committee or participate in any policy forming decision. Others believed that the disabled were unable to make any constructive contribution to many policy-making discussions and decisions.

Although the provision of statutory measures was seen to have some impact on the removal of physical barriers which had limited the choice and freedom of the disabled, its effect upon the attitude of people toward the problems of disability was not so readily discernible. For example, to 71 (39%) disabled and 64 (36%) caring respondents, legislation tended to increase the fragmentation of personal problems involved with disability, especially when there were differences in the policy of various local authorities. On the other hand, 55 (30%) disabled and 49 (28%) caring respondents, despite recognising that it was impossible to mandate for the exact needs of every disabled individual, believed that many forms of legislation encouraged authorities to enjoy a freedom to either exercise positively or neglect their statutory powers, particularly when statutory provisions contained

such phrases as, "....in so far as it is in the circumstances both practicable and reasonable...." (Chronically Sick and Disabled Persons' Act, 1970) or again, in the same Act, ".... may by regulation....make provision as to the interpretation.....of..... "disabled" and "disability"." Although welcomed generally as statutory recognition of some of the problems of the disabled, 76 (42%) disabled and 80 (45%) caring respondents believed that the Chronically Sick and Disabled Persons' Act 1970, lacked positive direction about promoting measures to develop abilities and to increase self-dependence for the disabled. Fifteen (9%) A.B.(2) group respondents were aware of the introduction of this Act but were unable to pass any opinion about its general objectives.

Seventy-seven (42%) disabled and 84 (47%) caring respondents indicated that the concept of "handicap" and "disability" within the domain of legislation held a "depersonalising" characteristic which engendered a charitable opportunity for the provision of assistance to various categories of handicapped people. Many interpreted this as a perpetuation of disability rather than ability. This opinion was not seen similarly by 74 (44%) A.B.(2) group respondents.

Sixty-three (34%) disabled and 71 (40%) caring respondents considered that it was important for statutory measures for the disabled to be formulated on ethical principles which ensure that the disabled are not objects of a paternalistic, moralistic or pragmatic policy-making programme. They perceived the disabled to be an inherent part of the community and they needed opportunities to develop and achieve. In their opinions, issues of relative importance were:-

9.2.1. Acting on opportunity rather than inadequate opportunity;

9.2.2. Categorising and generalising less about incapacity and reducing negative action;

9.2.3. Endeavouring to identify a continuum of social conditions rather than persisting with the "handicapped versus non-handicapped" dichotomy, and

9.2.4. Providing assistance based on provision of opportunity rather than charity.

9.3 Summary:

Although it was recognised by a large proportion of the disabled and caring respondents that over the years the provision of statutory measures had helped to improve the quality of life for a wide range of disabled and caring people, it also seemed to them that as the widening of definitions about disability and associated needs developed, the roles of many disabled and their consequent benefits became more diffuse and complicated.

In the opinion of a large proportion of the disabled and caring people many problems connected with daily living activities, education, employment and social integration remained unaffected by statutory measures because of the negative attitudes of able-bodied people. To many respondents, particularly the able-bodied, the interpretation and application of needs for the disabled appeared to differ between those who used them responsibly and those who anticipated the benefits, particularly in connection with activities within the supporting services and outer community.

Legislation, by itself, was not seen by a large proportion of the respondents as a wholly appropriate instrument for changing social attitudes as it tended to alter the context of mutual understanding and the "togetherness" of social relationships. To other respondents, legislation appeared as a standard element in a repertoire of measures which is introduced for dealing with harmful behaviour in the broad

aspects of industrial and community life. It created an unforeseeable standard and imposed an obligation which gave people tangible rights in "anti-social" situations.

The disabled and caring generally believed that in a free society only those statutory measures are enforceable which are in accordance with the general conscience and to which all people will actively respond. In many of their opinions it was the essence of moral duties that they should not be enforced as too many regulations and statutory provisions tended to produce negative attitudes and encourage an atmosphere of contempt for the law.

10. Health and Social Services

10. Health and Social Services (Statement No. Supporting Services 07)

The main objectives of the Health and Social Services for the disabled were seen generally by the respondents to be concerned with the provision of appropriate care and support within the community and to assist the disabled to maximise their residual abilities.

Responses to the main statement and other relevant issues were considered as follows:-

10.1 Responses to Statement, No. 07

10.2 Administration and Organisation

10.3 Counselling and Guidance

10.4 Aids, Adaptations and Appliances

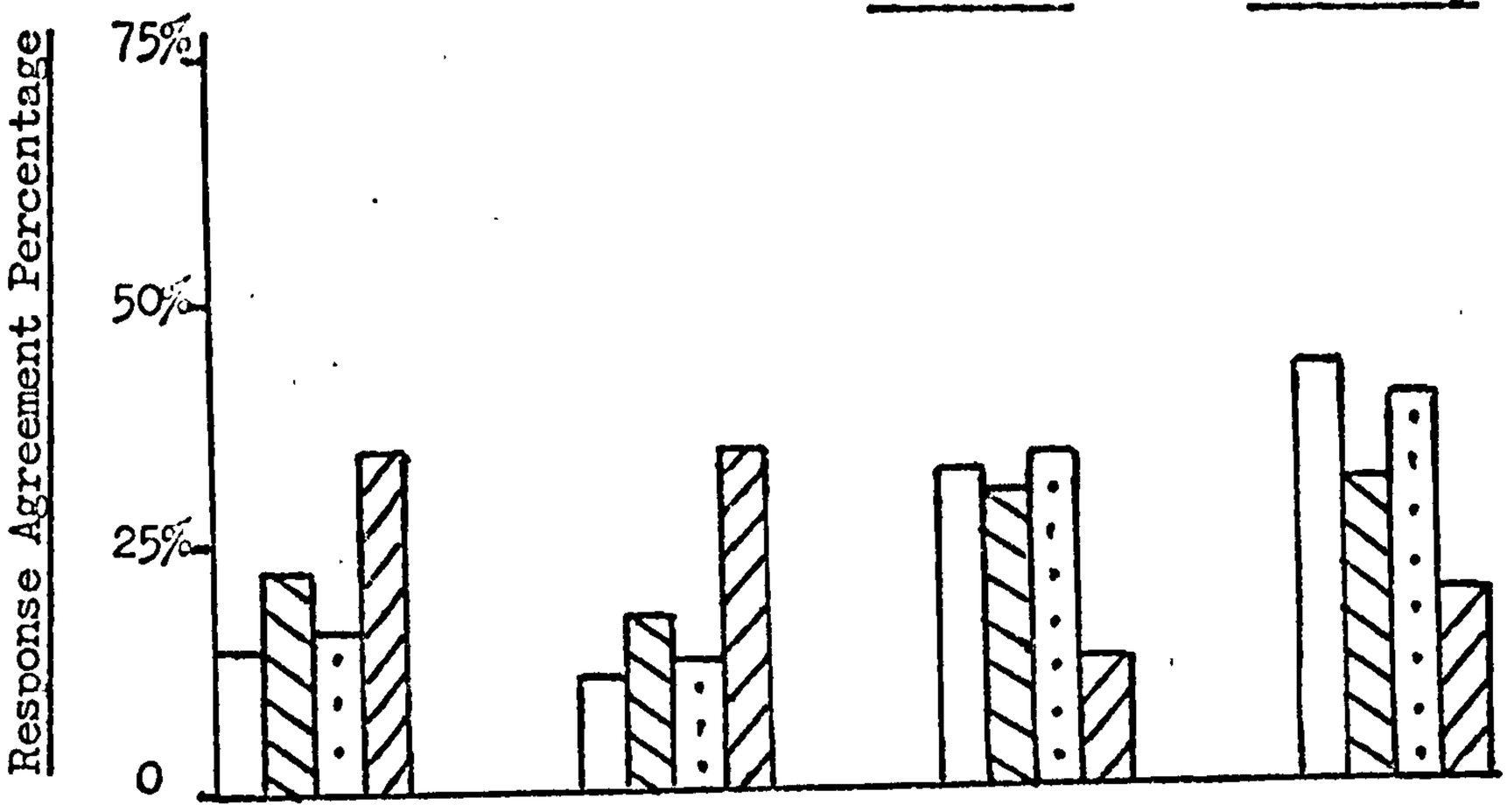
10.5 Attitudes and

10.6 Summary

10.1 Responses to Statement No. 07

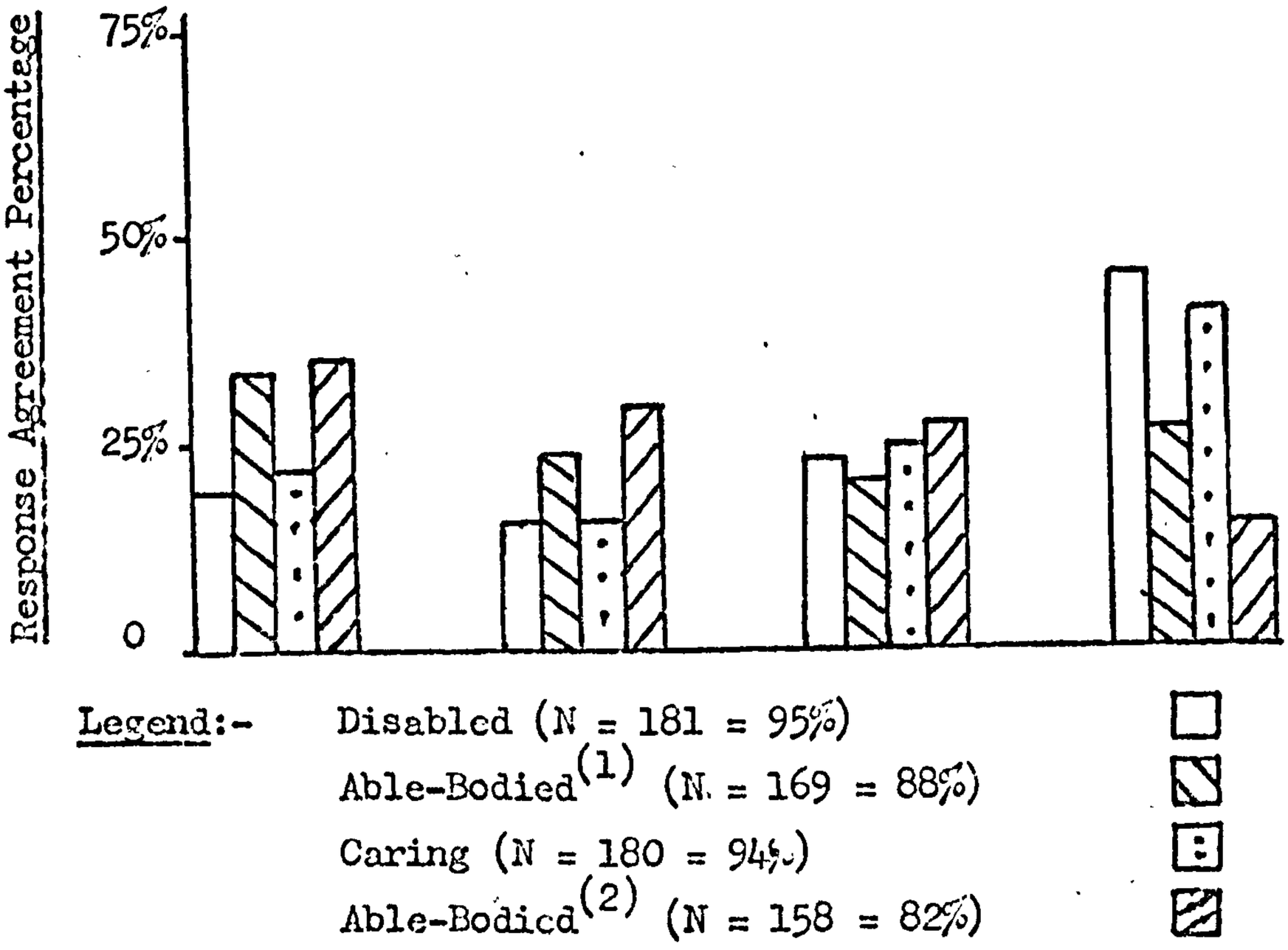
Fifty-three per cent (101) of the disabled and 60% (114) of the caring respondents indicated that Social Service Personnel treated the disabled more as "numbers" than as individual persons. A smaller proportion (36% - 69) of the A.B.(2) group expressed a similar opinion. Forty-six per cent (89) of the A.B.(1) group indicated that Social Service Personnel treated able-bodied people more as "numbers" than as individual persons. Although a large proportion of the total respondents indicated that they were treated more as "numbers" by Social Service Personnel, a considerable number made appreciative remarks about their gratitude and respect to individual members of the staff and the Service, in general. (Table 07 (1)).

Table 07 (3) Areas where assistance from Social Service Personnel was considered to be most important.



Legend:-
- Disabled (N = 181 = 95%)
- Able-Bodied(1) (N = 169 = 88%)
- Caring (N = 180 = 94%)
- Able-Bodied(2) (N = 158 = 82%)

Table 07 (5) Influential issues relating to attitude and behaviour of Social Service Personnel.



Legend:-
- Disabled (N = 181 = 95%)
- Able-Bodied(1) (N = 169 = 88%)
- Caring (N = 180 = 94%)
- Able-Bodied(2) (N = 158 = 82%)

In the opinions of 74% (134) disabled and 71% (128) caring respondents, the assistance given by Social Service Personnel was most important within the supporting services and outer community. A much smaller proportion (32% - 51) of the A.B.(2) group agreed with the disabled and caring. Sixty per cent (101) of the A.B.(1) group referred to the importance of assistance by Social Service Personnel to the able-bodied within the supporting services and outer community. (Tables 07 (2) and (3)).

Sixty-six per cent (119) of the disabled and 63% (112) of the caring respondents indicated that the attitude and behaviour of Social Service Personnel were important to tne disabled in connection with issues involving remedial action and counselling and guidance service. A much smaller proportion (38% - 59) of the A.B.(2) group agreed with the disabled and caring. Forty-four per cent (76) of the A.B.(1) group indicated that remedial and counselling and guidance measures were important issues to the able-bodied. (Table 07 (4) and (5)).

The importance of good advice, transmission of information, continuous assessment and the establishment of good personal relations were seen by the disabled and caring respondents to be important issues within the counselling and guidance service towards the disabled. (Tables 07 (6) and (7)).

Sixty-four per cent (48) of the disabled and 63% (51) of the caring group respondents referred to the importance of communication to the disabled within the administrative and physical aids sectors of the Social Services Organisation. A much smaller proportion (27% - 26) of the A.B.(2) group expressed a similar opinion. Forty-nine per cent (44) of the A.B.(1) group indicated that communication was an important issue within the administrative and physical aids sectors to able-bodied people. (Tables 07 (8) and (9)).

10.2 Administration and Organisation

Sixty-four (63%) disabled and 82 (72%) caring respondents thought that the Health and Social Services Organisation had developed into an administratively top heavy bureaucracy which seemed to be more concerned with the production of "red tape" than assisting the disabled to solve personal problems and difficulties. Thirty-seven (54%) A.B.(2) group respondents expressed agreement with the disabled and caring and, in relation to the able-bodied, 51 (57%) A.B.(1) group respondents recorded a similar observation.

Thirty-six (36%) disabled and 42 (37%) caring respondents referred to different interpretations by different authorities in connection with the eligibility and provision of benefits and services to the disabled. This tended to leave the disabled and caring more in confusion than in a state of contentment.

Reference was frequently made by the disabled and caring respondents about the lack of face-to-face relationships with members of the various services in a genuine counselling situation. Others thought that there was little evidence of effective administration and organisation for the disabled outside the hospital environment.

The apparent lack of continuity in a community rehabilitative service was seen by 49 (49%) disabled and 59 (52%) caring respondents to be one of the major reasons why the disabled encountered so many problems in attempting to integrate into the community.

Seventy-three (72%) disabled and 84 (74%) caring respondents thought that the roles of various personnel in the Social Services were unclear; an observation which was also made by 36 (52%) A.B.(2) group respondents. Many of these respondents believed that the

consequences of vague job descriptions caused a weak and negative communication system. Lack of follow-up duties, an absence of effective counselling and "passing the buck" were regularly reported occurrences. Thirty-four (47%) disabled and 48 (57%) caring respondents within this group indicated that they had experienced much frustration and stress simply because they did not know whom they could approach for guidance and specific assistance.

An unclear perception of the role of the health visitor also seemed to cause concern. For example, 14 (14%) disabled and 10 (9%) caring respondents believed that the role of the health visitor was confined to attention to children of pre-school age.

Dissatisfaction was generally expressed about the irregular and lengthy delays which often occurred when some members of the respective services were expected to attend to the needs of the disabled. Repeated communications, investigations and interviews appeared to some disabled and caring respondents to be a pre-requisite before any practical action was taken. Transfer of information to other departments within the organisation was seen by many disabled and caring respondents as evidence of negative action, ill-defined role definitions and inadequate job descriptions.

Twenty-five (25%) disabled and 31 (27%) caring respondents referred to differences in the standards of service and support given to disabled people by different authorities and indicated that these situations were often the source of stress and adverse relationships.

Sixty-eight (85%) disabled and 52 (79%) caring respondents considered that the Social Service Personnel fulfilled their respective roles competently and contributed a great deal to the welfare of the disabled. Within this group, 32 (47%) disabled and 41 (79%) caring

respondents considered that a number of qualified members of the various services consumed valuable time by carrying out duties and tasks which could be accomplished competently by less qualified people, for example, able-bodied members of the disabled person's family.

10.3 Counselling and Guidance

Thirty-seven (82%) disabled and 30 (70%) caring respondents indicated that within the counselling relationship many counsellors had not only attempted to distantly manoeuvre and control the disabled but expected them to behave in a subservient manner. Many of these respondents also considered that counsellors frequently ignored individual personality and disability characteristics and often rated specific disability groups higher than others in general rehabilitative treatment. The pre-conceived notions of counsellors about disability groups were believed to influence considerably the interaction in the counselling process.

Twelve (27%) disabled and 17 (40%) caring respondents stated that they were often unable to understand the language of counsellors and, in turn, thought that the counsellors would have difficulty in understanding the language of the disabled. Whilst indicating that it was not difficult to pin-point short-comings in the communication barrier, these respondents considered that it was the responsibility of the counsellor to ensure that both he and the disabled were transmitting on the same "wave-length". This opinion seemed to have some support from other 36 (46%) disabled and 44 (61%) caring respondents who claimed that they usually received most benefit from counselling situations when the counsellor was physically disabled.

Although the disabled and caring seemed generally to be aware that the size of case loads was an influential factor in the counselling relationship with staff of the Social Services, 18 (40%) disabled and 22 (51%) caring respondents thought that a large proportion of the counsellors endeavoured to deal with many of the problems arising in the counselling situation by either attempting to change their role definition or by "passing the buck". They believed that many counselling relationships were adversely affected by anomalies inherent in the administration system and to these respondents, blurred and artificial demarcation lines and lack of effective job descriptions appeared to be a source which tended to produce confusion and delayed activity for the disabled.

10.4 Aids, Adaptations and Appliances

Twenty-six (63%) disabled and 39 (72%) caring respondents registered severe complaints involving the issue and provision of physical aids, adaptations and appliances to the disabled. Descriptions about a "pathetic situation" and weaknesses about the design, cosmetics, safety features, provision and services of much of the equipment and appliances for the disabled were common amongst these respondents. Standards of maintenance and spares were often described as "deplorable". Lack of adequate support for mobility needs, particularly for those persons who were dependent upon wheel-chairs and inva-cars (three-wheeled vehicles) for some measure of dependence, was considered to make an important contribution towards segregation. The respondents indicated that very few Social Services personnel seemed to have knowledge about orthotic practice. Other problems relating to physical aids and adaptations were seen by the respondents to be aggravated by an apparent lack of co-ordination between hospital services, social services and medical service departments.

10.5 Attitudes

Fifty-two (51%) disabled and 63 (55%) caring respondents expressed concern about the negative phrases frequently used by many Social Service personnel. References about the activities of the caring person being regulated by such expressions as, "keep him happy", "they're all the same....just ignore him", "he doesn't understand - keep off the subject", or assigned tasks of negative aspects did little to improve relationships or the positive behaviour of the disabled.

Although the disabled and caring considered that general publicity about the disabled was fundamentally good, 64 (63%) disabled and 67 (59%) caring respondents indicated that many individual "success" stories and fund raising appeals designed to produce "tear jerking" reactions from the public frequently produced adverse effects. In their opinions, much of this type of publicity contradicted the philosophy and positive reaction of many disabled and able-bodied people.

10.6 Summary:

The Health and Social Service Organisation appeared to many respondents to be an administratively top heavy bureaucracy which was involved more with the operation of an unwieldy system than fulfilling the needs of the consumer (disabled and/or caring person). To many disabled and caring respondents, the Health and Social Service Organisation lacked personal feeling and offered little scope for confidence and trust.

Whilst the humanitarian concern to provide assistance was seen to be vulnerable to the vagaries of the economic climate and the attitudes and priorities of the politicians, there was evidence from the respondents to indicate that in some cases there was a lack of real

appreciation about the needs of many disabled people. Concern expressed positively was interpreted as action and to many disabled and caring respondents the introduction of legislation underlined the prevalence of a lack of concern, negative attitudes and superficial understanding of the needs of the disabled.

Many disabled and caring indicated that stress and frustration tended to destroy faith and hope. The real problems of the disabled respondents were seen to be fundamentally those encountered in their endeavours to integrate and establish themselves as recognised members of the community. Freedom of choice for integrated activities was limited, independence was frequently reduced and many duties and responsibilities curtailed. The provision of adequate aids and adaptations to cater for the needs of mobility, housing, financial benefits education and employment were considered by the disabled and caring to be the central core of "normality" for the disabled. To the disabled and caring these provisions were not seen as an end in itself but as a means of developing the full potential of the disabled person. This involved the issue, correct instruction and proper usage of safe and efficient equipment, and a "follow-up" assessment. Reference was frequently made by the disabled and caring about the unsuitability of equipment, the lack of proper instruction and inefficient administration which permitted equipment to remain unused and to deteriorate in or about the homes of the recipients. Furtnermore, much of the equipment in use was considered by the respondents to be archaic in design and appearance, inefficient and unsafe in operation, morally wrong and did little to enhance the positive attitude of many disabled. In the opinions of the disabled and caring, many para-medical personnel in the Health and Social Services had insufficient knowledge about good orthotic practice.

Althougn the importance of assistance with daily living activities and problems were frequently mentioned by the disabled and caring respondents, more problems seemed to arise for them from a lack of assistance and guidance with issues concerning the supporting services and the outer community. For example, many were unaware of the existence of specific social services and related benefits whilst others indicated that little attempt had been made by Social Service personnel to assess their personal needs or to refer them to other appropriate supporting services for practical assistance.

Whilst it was generally appreciated that the provision for many needs of the disabled depended upon the availability of financial resources, a large proportion of the disabled and caring respondents indicated that support from some social service agencies was often minimal and ineffective, as for example, those associated with the issue of special adaptations and physical needs.

It also seemed evident from the responses of many disabled and caring respondents that variations occurred between different authorities responsible for the needs of and allocation of services to disabled people and these frequently produced stress and strained relationships.

11. Church

11. Church (Statement No. Supporting Services 09)

It appeared that some opinions were associated with specific beliefs and attitudes consistent with different denominations but this perception was not necessarily correct.

The responses from the disabled and caring groups indicated that the Church had a greater contribution to make to people following the onset of disability than was indicated by the able-bodied groups.

Responses to the statement were classified under the following headings:-

11.1 Responses to Statement

11.2 Self

11.3 Family

11.4 Supporting Services

11.5 Outer Community, and

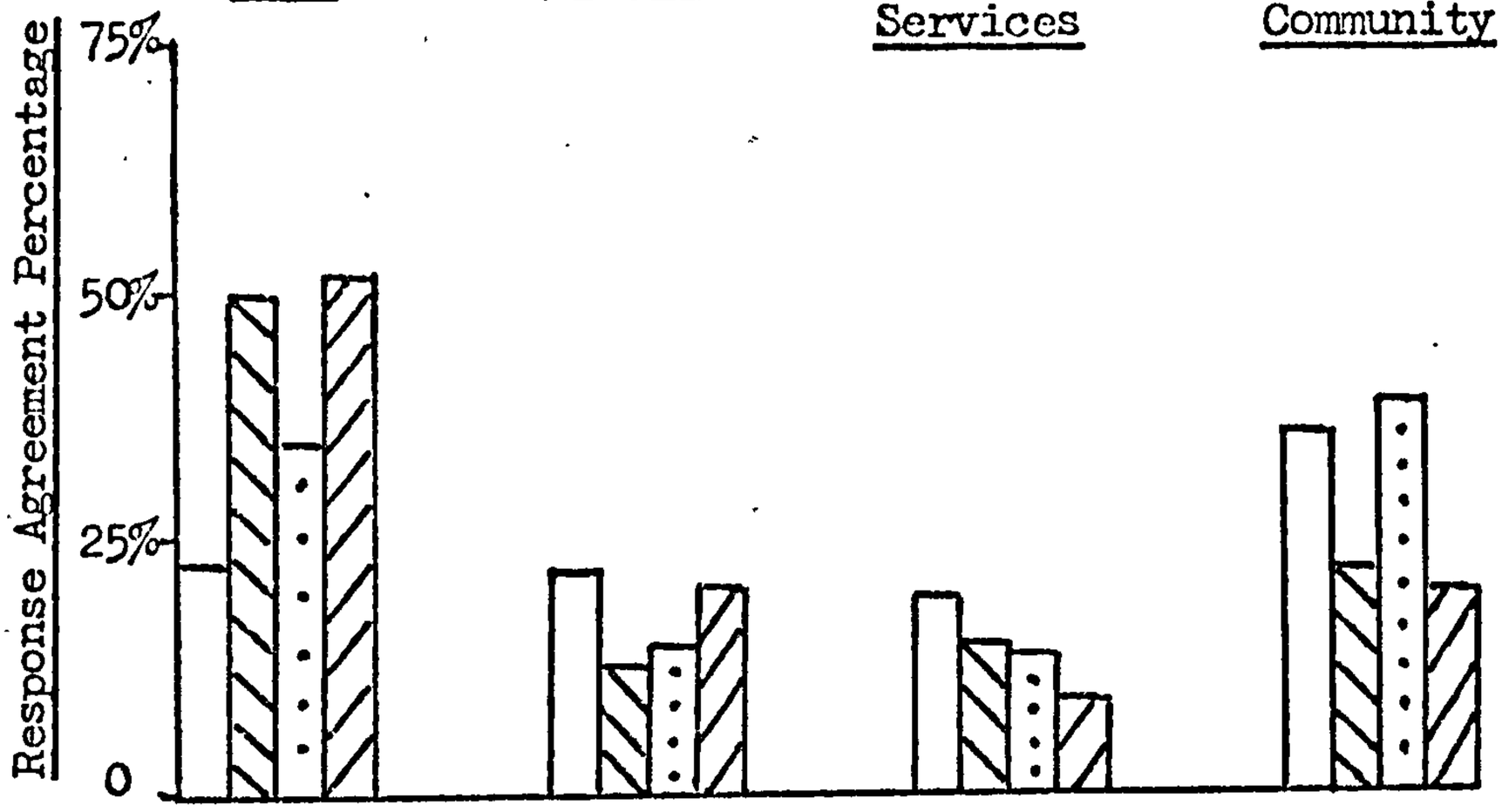
11.6 Summary

11.1 Responses to Statement (No. 09)

Statement No. 09 Sixty-nine per cent (132) of the disabled and 67% (129) of the caring groups indicated that the disabled had not lost interest in the Church following the onset of disability. A much smaller proportion (28% - 54) of the A.B.(2) group respondents expressed a similar opinion. Thirty per cent (57) of the A.B.(1) group indicated that able-bodied people had retained interest in the Church. (Table 09 (1)).

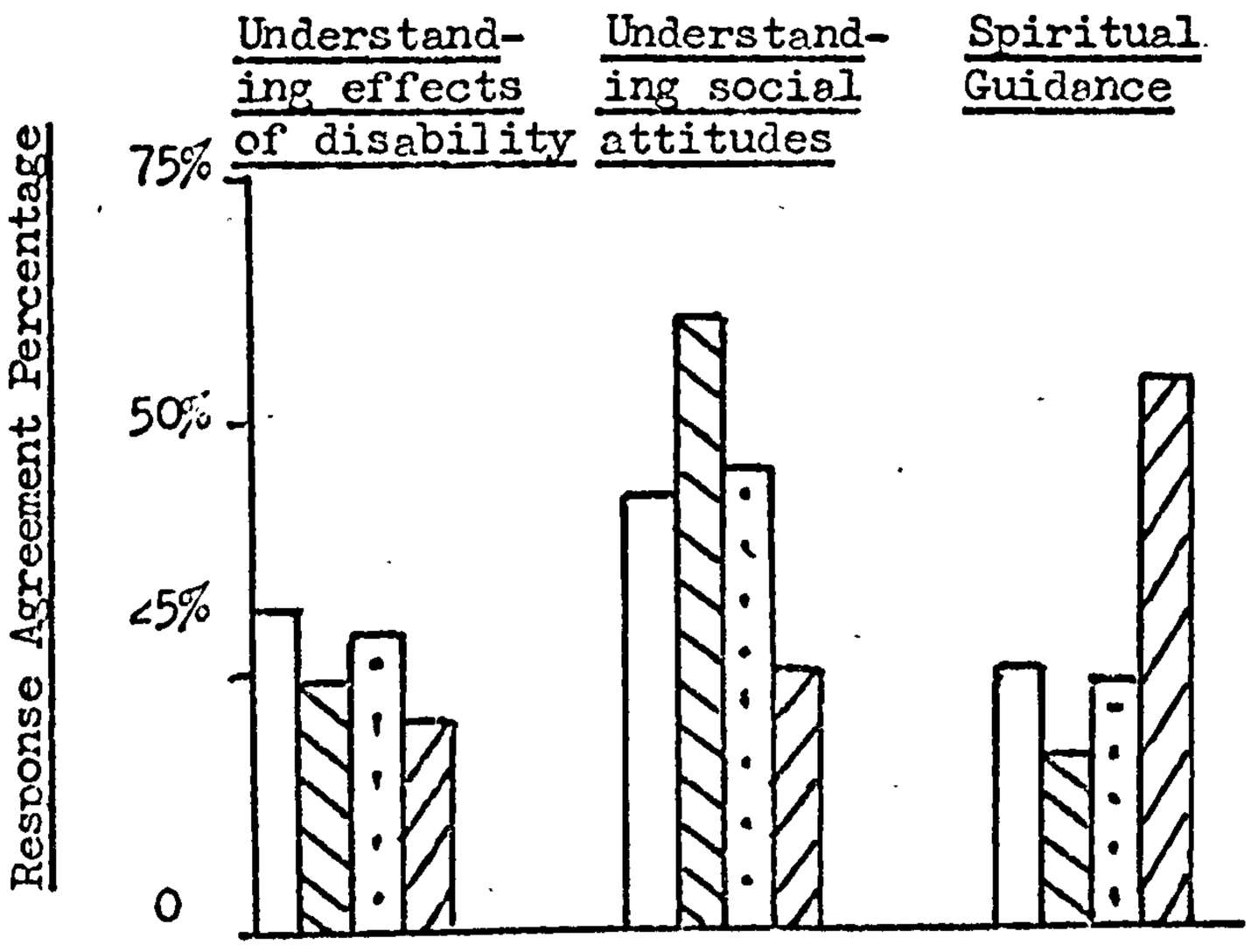
To 55% (97) of the disabled group and 51% (93) of the caring group respondents, the Church seemed to have an important contribution to make for the disabled within the supporting services and outer

Table 09 (3) Areas of importance in relation to interest associated with the Church.



Legend:- Disabled (N = 177 = 92%)
Able-Bodied(1) (N = 179 = 93%)
Caring (N = 182 = 95%)
Able-Bodied(1) (N = 164 = 85%)

Table 09 (5) Issues considered important in maintaining interest of Church.



Legend:- Disabled (N = 177 = 92%)
Able-Bodied(1) (N = 179 = 93%)
Caring (N = 182 = 95%)
Able-Bodied(2) (N = 164 = 85%)

community. This view was seen similarly by 28% (46) A.B.(2) group respondents. Thirty-eight per cent (68) of the A.B.(1) group referred to the importance of the Church to the able-bodied within the areas of the supporting services and outer community. (Tables 09 (2) and (3)).

Important issues associated with the retention of interest by the disabled with the Church were seen by 75% (133) of the disabled and 76% (138) of the caring to include competency in dealing with social attitudes (disabled - 43%; caring - 46%) and revealing an understanding of the effects of disability and physical limitations (disabled - 32%; caring 30%). A similar overall observation was made by 46% (76) of the A.B.(2) group in connection with the relative issues. Eighty-three per cent (149) of the A.B.(1) group indicated that social attitudes (60% - 107) and understanding the effects of physical limitations (23% - 42) were important issues involved with able-bodied people maintaining interest with the Church. (Tables 09 (4) and (5)).

11.2 Self

Thirty-one (23%) disabled and 34 (26%) caring respondents stated that their interest in the Church had increased following the onset of disability. They believed that religious "cushioning" of the feelings of inadequacy provided a form of compensatory rationale and served as a notion of recognition.

Seventy-nine (60%) disabled and 92 (71%) caring respondents referred particularly to the comfort and courage they had derived from religious beliefs and sources. In their opinions, important aspects within the role of the Church were concerned with providing inspiration to the disabled and acting as a motivating force within

the general concept of rehabilitation. These aspects had little appeal to the able-bodied.

Eighty-six (65%) disabled and 93 (72%) caring respondents stated that although they had retained interest in the Church they neither attended Church nor had any social contact with their local clergyman. Personal relationships had terminated because of the apparent low priority that their particular clergyman had shown towards disability. Within this particular group the clergyman's lack of general understanding and guidance relating to issues involved with disability were considered by 35 (41%) disabled and 52 (56%) caring respondents to have been the major cause for their non-participation. The others, 51 (59%) disabled and 41 (44%) caring, indicated that their lack of involvement with the local Church was due mainly to differences of opinions with their clergymen. For example, 33 (38%) disabled and 27 (29%) caring believed that their clergymen were more concerned with "fund raising" activities for the Church than assisting the disabled and caring to find adjustment to the disabled role and a recognised place in the supporting services and outer community.

11.3 Family

Eighty-eight disabled (67%) and 97 (75%) caring respondents believed that the Church was able to offer an important contribution to the unity of the family following the onset of disability. A smaller proportion (22 - 41%) of the A.B.(2) group expressed a similar opinion. Seventeen (30%) A.B.(1) group respondents believed that the Church was able to offer an important contribution to the able-bodied. The disabled and caring thought that the ultimate test of character came when the individual was confronted with a major

handicap and it was in these circumstances that they considered that the influence of the Church had much to offer to the disabled and caring.

11.4 Supporting Services

Ninety-eight (74%) disabled and 87 (63%) caring respondents thought that the Church could make an important contribution on behalf of the disabled within the supporting services, particularly in connection with employment and education. Within this group 12 (9%) disabled and 14 (10%) caring respondents indicated that their respective clergyman had made attempts to assist the disabled to fulfil a recognised role within the supporting services and outer community. The remaining disabled (121- 91%) and caring (124 - 90%) indicated that their clergymen were seldom seen as persons who wanted to become involved with the disabled in aspects associated with improving their role of independence within the supporting services, particularly employment. To these disabled and caring respondents, the role of the Church in the rehabilitation programme was neither impressive nor a positive contributor. They considered that patronising attitudes and "fund raising" commitments did little to assist clergymen to obtain a realistic appraisal of the role and objectives of the disabled.

Whilst 116 (78%) A.B.(1) group and 70 (92%) A.B.(2) group respondents indicated that they measured the activities of the Church by what they observed in the behaviour of the clergyman and his reaction to people in need of guidance and assistance, they believed that few clergymen revealed evidence of personal contact with people in need of practical assistance.

11.5 Outer Community

The disabled and caring groups considered that the Church had an important contribution to make in influencing the behaviour and attitude of the outer community toward disabled people. However, in keeping with the opinions of a large proportion of the able-bodied people, they felt that clergymen tended to confine their activities to the needs of the administration aspects of the Church instead of integrating more with the people in the community and assisting to develop a "bond of togetherness".

11.6 Summary:

The contribution of the Church was seen by the disabled and caring groups to be an important factor in assisting many people to adjust following the onset of physical handicap, particularly those with whom the sociological and psychological effects of handicap were more handicapping than the physical disability.

The Church appeared to have an important role in strengthening family unity, assisting the disabled to acquire maximum independence and establishing practicable and realistic goals for them to integrate more readily and easily into the outer community. Despite the generality of this feeling, many respondents believed that clergymen frequently failed to make realistic attempts to achieve these objectives. Patronising attitudes and "fund raising" activities for the Church were seen to do little towards solving the problems of the disabled. The disabled and caring sought guidance concerning misconceptions about themselves, the supporting services and outer community. In this they were disappointed and many disabled and caring contended that the Church had done little to assist them to

cope realistically with the limitations and restrictions of their physical disabilities or to help them to gain status as an accepted member of the community.

Although there was insufficient evidence to suggest that disability caused non-religious people to become religious, there was reason to believe that the disabled and caring tended to maintain religious beliefs following the occurrence of disability. In some cases, religious "cushioning" of feelings of inadequacy provided a form of compensatory rationale and served as a notion of recognition and adjustment.

In the opinions of the disabled and caring people, the ultimate test of character came when the individual was confronted with a major handicap and it was in these circumstances that people felt the importance of the influence of religious beliefs on the unity of the family. The able-bodied did not generally believe that the Church possessed much influence with the family when disability occurred.

12. General Conclusions

12. General Conclusion

The survey indicated that physical disability was a multi-dimensional phenomenon. Functional limitations from physical handicap or impairment could be influenced, positively or negatively, by a variety of environmental, economic and socio-cultural issues which affected daily living activities and active participation in the outer community. Insufficient education and skills, unemployment and other similar issues tended to seriously aggravate the consequences of disability and formulate real barriers in the process of social integration.

Results from the interviews revealed that the integration of disabled persons into community life was not so much restricted by the direct or indirect action of individuals but more by the side effects of the development of the functions of society that range from the production and distribution of goods to the provision of social services. It seemed that a distinction existed between social barriers arising out of social relationships and those produced from the relevant social system. Consequently, it seems that it is important for any form of strategy for eliminating such barriers to be established from a reliable analysis of the causal factors.

Labelling a person "disabled" without a thorough analysis of the consequences of the handicap on his life tends to place him unnecessarily in the role of a person deemed incapable of adopting a useful function in society and to be associated with many of the negative attitudinal effects that such labelling inevitably produces. This suggests the need for caution in the use of the connotation "disabled person" as well as terms used in identifying social services for the disabled, such as "special" or "sheltered" so as not to create or strengthen avoidable prejudice or discrimination.

Fig. 16

DISCRIMINATORY ATTITUDES AND BEHAVIOUR

Derived from individual, institutional or ideological beliefs which frequently aggravate the adverse consequences of disability.

SELF

PERSONAL ATTITUDES AND BEHAVIOUR

Which frequently determine the personal adjustment to disability and one's behavioural responses to the environmental situation.

SUPPORTING SERVICES

STRUCTURAL FACTORS IN SOCIETY

Which frequently determine opportunities for the disabled to integrate and participate freely in significant areas involving the structure of the community.

DISABILITY

FAMILY

OUTER COMMUNITY

Issues which tend to impede the disabled from achieving their maximum potential within the social environment

It was evident from the survey that if the disabled are to be allowed to integrate freely with the able-bodied in the community, recognition of the following issues was important:-

12.1 Most physically disabled people desired to achieve independence within the community instead of spending the rest of their life within an environment of total disability,

12.2 The disabled are frequently capable of developing their residual resources to particularly high levels if they are provided with the right opportunities,

12.3 Physical handicap tends to expose the individual to the danger of emotional and psychological disturbance which frequently produces a sense of deprivation and frustration,

12.4 The disabled person is an individual with dignity, respect and rights shared in common with the able-bodied person, and

12.5 The disabled person has a primary responsibility to himself, family, supporting services and the outer community to develop his potential to full capacity whilst the able-bodied, in whichever sector, have a responsibility to assist the disabled to reach and maintain this objective.

As illustrated in Figure 16 (opposite page), the principal social barriers affecting the integration of disabled people in community life appear to be involved with the following concepts:-

12.6 Attitudes,

12.7 Discriminatory Behaviour, and

12.8 Socio-economic conditions within the community.

12.6 <u>Attitudes</u>

Negative attitudes toward the disabled seem to arise from the belief that the disabled are fundamentally different from the able-bodied as characterised by the following issues:-

12.6.1 Disability incurs a biological inferiority and limitations that tend to overshadow all remaining functions and abilities of the individual,

12.6.2 As a result of this "inferiority complex" the disabled are often considered to be less intelligent, less able to make the right decisions, less realistic, less logical, less responsible, less productive and less able to determine their own lives than able-bodied people,

12.6.3 Despite variations in individual ability, disabled people were often assessed to be unable to cope with a variety of occupational and other contributory social options, and

12.6.4 Discriminatory attitudes seemed difficult to eradicate because of a general lack of understanding about the problems and needs of the disabled.

12.7 <u>Discriminatory Behaviour</u>

Discriminatory behaviour appears to occur either because of individual prejudice or because prejudice has been incorporated into statutory measures, cultural and customary norms, and the requirements of different social structures and institutions. This behaviour seems to reveal itself more specifically into either individual, institutional or ideological discrimination.

12.8 <u>Socio-economic Conditions Within the Community</u>

As almost all the contributing elements toward human relationships are ultimately related and analysed according to needs, supply and demand, the socio-economic state of the community has a considerable influence on the role and status of the disabled.

The process of integration for the disabled into the community seems to have its roots in many inter-related functions such as the family unit, education, employment, health and social services,

religion, legislation, leisure and other associated activities. Whilst considerable progress has been made to assist the disabled to attain self-dependence and an approved status within the community it seems that many different services have tended to operate with unclear terms of reference and objectives and without the full co-ordination necessary to develop the maximum potential of the disabled.

The post-disability role of the individual is seen to be much different from the pre-disability role. Successful adjustment and integration necessitates not only the assistance of the medical and para-medical services and the understanding and co-operation of all other people in the community but also the maximum co-operative attitude and endeavour from the disabled person.

The future of the disabled appears to depend upon the capacity of the community to combat the issues involved with restricted and irrational prejudices with the maintenance of mutually shared values and respected objectives. There seems to be a need to recognise that it is the balance of the merits of collective authority and purpose against those of personal freedom and self-independence which governs and determines many functions within both the supportive and productive services of the community.

An awareness of what physical disability means and what it involves seems to be a vital element of knowledge not only to assist those members of the community who are disabled but also to assist others in their lives. The able-bodied today are the disabled tomorrow. To the respondents, survival in life did not appear enough - what really appeared to matter to them was a life worth living.

CHAPTER VIII

Main Conclusions and Possible Outcomes

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In this chapter, the salient points from the investigation are revealed as they were produced in response to statements concerning sectors involving the self, family, supporting services and general society (outer community). Comments are frequently added about the possible outcomes of the relevant situations.

The chapter ends with some general observations about the overall results of the investigation.

1. Self

1.1 The survey indicated that an area of mutual incomprehension exists between disabled and able-bodied people.

1.2 Exposure to disability provides a challenge which if accepted tends to develop an attitude more positive and single-minded than that of many able-bodied people.

1.3 Disability frequently compels people to make an almost complete re-orientation in vocational pursuits. Successful re-orientation needs understanding and co-operative assistance from the supporting services and outer community.

1.4 Ambition to most people disabled in their productive years seems to be primarily associated with employment, responsibility and recognition as an accepted member of society.

1.5 Many able-bodied see disabled people as living in a confined environment without real motive for identifying themselves with the activities of the outer community.

1.6 The disabled are handicapped not only by functional loss caused by physical disability but also by restrictions imposed by society and other limitations due to cumulative effects of the disability and society's attitude towards it.

1.7 Any handicap results partly from the disabled person's perception about himself, the clarity with which he defines his role in society and the environmental circumstances in which he finds himself.

1.8 Losses involving psychological security, basic skills, communication, values, occupational and financial status are frequently analysed differently by the disabled and able-bodied.

1.9 A greater understanding of the needs of the disabled by the able-bodied would reduce the number and extent of social differences.

1.10 Disabled and able-bodied people frequently have difficulties in interpreting each other's role in social interaction.

1.11 The demanding nature of many disabled people arises from their endeavours to solve problems emanating from their handicap, particularly those associated with social integration.

1.12 Disability not only tends to restrict the extent of leisure but also the quality of it. Medical and self-care treatment and immobility which restrict social activities are seldom recognised by the able-bodied as important influences in the leisure of the disabled.

1.13 Major handicap is accompanied by a multitude of problems arising from endeavours made to integrate into the daily living activities of society.

1.14 Problems involving the loss of psychological security, abilities and skills, communication, occupational and financial status, and personality organisation cost time, money and labour. They frequently produce stress and other negative behavioural aspects to both disabled and able-bodied.

1.15 Disability seems to have an adverse effect on a person's self-esteem. A positive and realistic conception of the self and potential assets are fundamentally important to the disabled to permit problems to be coped with and differences encountered in the outer community to be accommodated.

1.16 Disabled people tend to see early adjustment to their handicap as fundamental in preserving their pre-disability friendships and contacts. Many able-bodied seem to believe that it is relatively easy to adjust to a different role in society; a belief which is not shared by the disabled.

1.17 Coping successfully with disability implies reasonable independence and the acceptance of social responsibilities.

1.18 Disability does not manifest the same handicapping features in all disabled people although the problems of readjustment are fundamentally similar.

1.19 Values held high prior to disability frequently depreciate following its onset and this particularly affects the person's self-esteem, personal integrity and social adequacy.

1.20 The disabled see an important contributory factor in the re-orientation of their feelings and behaviour to arise from the conceptual differences they perceive between themselves and other disabled as they realise the potential of their own abilities and assets. A similar observation is made by many able-bodied.

1.21 Many able-bodied are unaware of the importance of academic success to disabled people and do not seem to realise that the disabled have few alternatives in employment without an adequate substitute for physical skills.

1.22 The importance of education to provide the disabled with an opportunity for employment and for its intrinsic importance, core identity and personal well-being is not readily appreciated by the able-bodied.

1.23 Beliefs about the behavioural reaction of people tend to change as a result of personal experience.

1.24 Disabled people seem to adjust more easily when they are motivated and expected to succeed or are positively supported by the supporting services and the outer community in their expectations.

1.25 Disabled who are highly motivated and hold appropriate attitudes behave differently from those who are not motivated and hold negative attitudes.

1.26 Although large proportions of the able-bodied and disabled see their general practitioner as a guide and counsellor, many have distant relationships with their doctors. Strained doctor-patient relationships are of particular concern to the disabled and contributory factors to such relationships included:-

1.26.1 Failure by doctors to offer constructive and honest opinions about specific clinical conditions and related treatment,

1.26.2 Failure to pass on to the disabled information arising from reports made by consultants and hospital staff,

1.26.3 Statements by doctors which are purposely vague or blurred,

1.26.4 With-holding information from the disabled which is subsequently gleaned from other sources,

1.26.5 Failure to reveal indication of continuous assessment tests, and

1.26.6 Failure to establish good personal relationships.

1.27 The counselling and guidance practice of doctors to both disabled and able-bodied provides an essential component in the development of a positive attitude in the client's behavioural repertoire.

1.28 Many doctors seem unable to communicate with disabled people in a manner that instils confidence.

1.29 The value of the general practitioner as leader of the primary health team is frequently seen to be dependent upon his ability to co-ordinate the work of the different team members. In some cases, this ability was seen as lacking to some considerable degree.

2. Family

2.1 Social relationships within the family help to develop confidence to engage in social interaction in the supporting service and outer community domains.

2.2 "Normal" relationships are perceived by the disabled as confirmation of social acceptance.

2.3 The disabled see the family environment as free from the use of denial, unrealistic modes of optimism, inhibitions or "unnatural characteristics".

2.4 The extent of the encroachment of disability upon the family unit is determined by the disabled person's contribution to the family needs.

2.5 Tensions within the marital partnership, financial problems, restricted social activities and lack of opportunities to achieve one's aspirations tend to be destructive elements arising from the onset of disability. These issues are often not recognised by the able-bodied.

2.6 Although marriage between disabled and able-bodied is frequently a good indicator of social acceptance between individuals, this can not be readily projected to connote social recognition and acceptance in the outer community.

2.7 The able-bodied see stresses imposed by disability upon the marital partnerships as occurring primarily within the confines of the self and the family.

2.8 Lack of social acceptance, curtailment of social involvement and limited opportunities for education and employment are factors considered important by the disabled when making marital decisions.

2.9 The able-bodied tend to see disabled people living a life which must be in a restricted environment whereas the disabled look to full integration into society.

2.10 The extent of strain which disability imposes upon marital relationships seems to depend primarily upon acceptance of the disabled role by both partners. Concomitant factors such as the intensity and stability of pre-disability relationships, physical integrity, occupation of time and space, social relationships with other members of the family, the supporting services and the outer community are influential variables.

2.11 Instability of a marriage tends to develop soon after the onset of disability when the process of "disabling the normal" is often much in evidence. Moral and practical assistance from the supporting services and the outer community are seen to be important influences in preventing crisis situations.

2.12 Although most disabled are aware of the adverse effects of "social distance", their attempts to reduce the effects are frequently thwarted by their feeling that able-bodied fail to understand the consequences of social disability and other factors involved with life situations, as in the case of love and marriage.

2.13 Able-bodied people tend to look at the external aspects of the family life of the disabled whereas the disabled tend to look at the deeper and more basic aspects.

2.14 The loss of self-esteem, personal integrity and social adequacy affects adversely both pre and post disability relationships. For the disabled and caring people, friendships provide stability, re-orientation and security.

2.15 Misconceptions, prejudices, stereo-typing and patronising attitudes by the able-bodied towards disabled people produce adverse effects in social interaction. These aspects seem much less significant to the able-bodied.

2.16 When the disabled seek an honest confrontation with their associated problems and face their disability in its totality it helps them to react positively to an adjusted role.

2.17 The disabled see the prevalence of positive attitudes and behaviour in the able-bodied as a product of self-analysis, education and accurate information.

2.18 The social activity within a disabled person's home-life depends upon many variables including his attitude, the role of other members of the family and the reactions of the family to the disability.

2.19 Absence of occupational and creative interests in the home is frequently seen as a social problem.

2.20 Knowledge of the effects of disablement is particularly important to the disabled. This included family relationship and an understanding of interaction with the supporting service and outer community domains.

2.21 The family is seen as an intimate unit in social and emotional terms and its specific values and qualities are not easy to reproduce elsewhere.

2.22 Physical disability frequently handicaps social relationships and tends to erode the physical and social integrity of the family unit.

2.23 The disabled generally find the restoration and development of personal values and social adequacy more readily and easily within the family unit and this understanding provides an important contribution to the support of the disabled.

2.24 Difficulties encountered by the disabled in endeavouring to integrate into the community and to gain recognition as a respected member of society indicate the failure of the able-bodied to fully appreciate and understand the problems.

2.25 The disabled frequently gain full confidence and social adequacy within the family unit and this carries over to co-operation with the supporting services and integration with the outer community.

2.26 Participation in outdoor activities by the disabled has a more positive influence upon their personalities than is realised by many able-bodied people who generally fail to recognise its importance to self-development of the disabled.

2.27 Disability frequently produces depreciatory feelings about the disabled person's own contribution within the supporting services and outer community. The preservation of social adequacy and independence is an indispensable asset to disabled people.

2.28 The major problems of most disabled originate from their endeavours to conform to a "norm" established by able-bodied who, despite being themselves the creators of the problems, fail to recognise the difficulties. The able-bodied seem to assess the problems of the disabled only in terms of the outward and physical manifestation of disability.

2.29 Organisational failure, mismanagement, misinterpretation of information, apathetic attitudes and ignorance of various aspects of disability frequently exacerbate the adverse effects of handicap.

2.30 The disabled and caring see a need for more public education about the basic aspects of self-care, financial benefits, education, employment and opportunities for social integration with respect to the disabled.

2.31 Good counselling with disabled and caring people encourages them to develop a positive self-conception and orientation to the demands of living.

2.32 The disabled and caring see self-discipline as an important contribution toward the restoration of physical integrity, personal independence and social adequacy.

2.33 Educational success provides disabled people with an opportunity to achieve social adequacy and independence and is seen by them to be an important issue in employment prospects and successful interaction in society.

2.34 Able-bodied people, generally, do not perceive educational attainment to be of great value to the disabled. They seem to believe that physical limitations and restrictions imposed by disability are dominant in most situations.

3. Supporting Services

3.1 Disabled and caring people believe that society's image of disability and the reality of the problems involved with disability are vastly different concepts.

3.2 Many social issues which cause distress to the disabled are unidentified by the able-bodied. A dearth of constructive information and a lack of basic understanding seem to be major contributory factors.

3.3 Rather than take remedial action in many social issues, the able-bodied frequently seem to be more concerned with "explaining away" why such action could not be taken rather than attempting to remedy the situation.

3.4 Although the effects of physical handicap are frequently overcome by will-power and determination, disability and its resultant restrictions are not entirely overcome in this way or by believing that they do not exist.

3.5 The motivation to get well and return to a former mode of living is frequently misplaced when the drive is toward nothing less than complete normalcy, and this may in some cases aggravate their own situation as well as giving the impression that disabled people are too independent and do not require assistance.

3.6 Many able-bodied people have fears and aversions about association and involvement with disabled people. These fears are frequently observed and interpreted by the disabled as a reaction to deviancy.

3.7 Active participation and equal status are important contributory factors in a relaxed and positive relationship.

3.8 Problems encountered by the disabled are mainly sociogenic in origin.

3.9 Inadequate provision to enable them to cope with housing, mobility and access problems, and the lack of opportunities to engage in education, employment and recreation are considered by the disabled to derive from negative attitudes by the able-bodied in the supporting service and outer community domains.

3.10 Personal identity and relationships with the supporting services and the outer community tend to be enmeshed in the self-image of disabled people.

3.11 The disabled feel the need of respect for and encouragement of potential abilities and assets as a fundamental right.

3.12 The disabled are frequently concerned about the divergence between their personal need for participation in the supporting services and integration in the outer community, and how these needs are in fact met.

3.13 The provisions of the Chronically Sick and Disabled Persons Act, 1970, are seen as a feeble attempt to give official assistance to disabled people. Apart from the significance of the socio-economic situation, the efficiency and effectiveness of the Act seems to depend primarily upon the objectives, attitudes and individual interests of members of different service agencies.

3.14 Assistance for the disabled needs to be provided on the basis of potential abilities rather than on the negative aspects of disability.

3.15 Education authorities do not make full use of the resources available to assist disabled people. Discrimination against the disabled in matters of physical resources, access and mobility facilities, hygiene and integration is a common observation and experience.

3.16 Many disabled and caring people believed that the prospects of a disabled person being able to adjust himself to disability to participate in society was related to the possession of formal qualifications.

3.17 Education is seen by the disabled and caring to be the main instrument which can identify and eliminate prejudices against the disabled.

3.18 Prejudice against the disabled affects family, housing, employment, academic qualification, marriage, recreation and social interaction.

3.19 Financial stress as a result of disability involves the family, an effect which is not readily recognised by the able-bodied.

3.20 The disabled frequently experience stress in attempting to distinguish desert from social expectancy, and there are anomalies where people with similar handicaps receive vastly different financial benefits.

3.21 Financial anxieties often hinder self-adjustment, and long-term disability frequently imposes severe economic stress on both the disabled and caring.

3.22 Financial aids and provisions for the disabled form part of an unrequitable cost for care and assistance, but there is evidence of financial stress in coping with disability and becoming accepted in the community.

3.23 A substantial gap frequently exists between the reality of individual circumstances and the rhetoric of financial and social policy provision.

3.24 The provision of a National Disablement Income is regarded by many disabled and caring people as a moral and judicial right.

3.25 The disabled recognise employment as the key to an improved self-image and to independence. This aspect was not readily perceived by the able-bodied.

3.26 Some educationalists and employers gave the impression of having little regard for educating and training disabled people. They do not appear to recognise that failure to fulfil an important contributory role within society tends to produce an additional handicapping restriction.

3.27 Although legislation has helped to improve the quality of life for an increasing number of disabled and caring people, it is clear that as definitions widen about disability and relevant needs, the roles of many disabled become more diffuse and complicated.

3.28 There is inconsistency in the interpretation and application of statutory provisions and this causes differences between those who use them responsibly and those who anticipate the benefits. A common policy for investigation and decision-making, known to administrators and consumers, would prevent much stress and frustration.

3.29 Legislation, however enlightened, cannot provide independence and social acceptance for the disabled.

3.30 Dissemination of information concerning legislation and the supporting services is required by disabled and caring people.

3.31 The Health and Social Service Organisation is seen as an administratively top heavy bureaucracy of an unwieldy system.

3.32 Wide variations occur between different authorities for the assessment of needs of, and allocation of services to, disabled people.

3.33 Deficiency in the supporting services' sector cause problems for the disabled and caring and most conspicuously amongst those who had little activity outside the home.

3.34 A counselling and guiding service is vital to help the disabled to cope with problems of independence and social integration.

3.35 Counselling in an atmosphere of honesty and genuine commitment is needed by disabled and caring people. High creditability was seen to have an important influence on positive attitudes and direction for both disabled and caring.

3.36 The equipment and physical aids provided for the disabled are often archaic in design and appearance and unsafe in use.

3.37 Some doctors and para-medical workers had little knowledge about the importance of orthotics and conventional orthotic practice. Many disabled and caring people believed that this was a subject in its own right and worthy of recognised academic qualification.

3.38 Adequate dissemination of information about orthotics is important to the disabled and caring. The diversification of systems of supply between the various health and social services tends to increase the stress sustained by many disabled and caring.

3.39 It seems necessary that attention be given to co-ordinating closely those services which are involved with the provision of orthotic appliances and equipment and to ensure the maximum use of technology to overcome the problems of the disabled and caring.

3.40 An efficient co-ordination of all the various departments in the Health and Social Services is essential to the health and welfare of all disabled and caring people.

3.41 The family unit should be considered as a vital element in rehabilitative treatment.

3.42 Medical treatment alone was seen to be insufficient for the good health and welfare of the disabled and caring. Sensitivity and an awareness of the needs of the individual to integrate into the outer community are essential. Effective leadership and competent teamwork make important contributions from the supporting services to the quality of living for many disabled.

3.43 The Church is seen generally by the disabled and caring as providing spiritual and social help for both disabled and caring.

3.44 Many disabled see the Church and Religion as a "bridge" which links the disabled to give them solidarity with the outer community.

3.45 Clergymen were frequently seen as having little basic motivation for activity amongst the disabled and this leads to a deterioration in the relationship between the Church and the individual.

3.46 The Church in failing to provide the disabled with an effective counselling service also fails to neutralise feelings of despair and loneliness.

4. General Society

4.1 The disabled seek to be recognised as respected members of society and not to be perceived as a separate group of people living within the constraints of their handicaps.

4.2 Involvement of the disabled with the outer community is felt as a fundamental principle in their recognition as members of society.

4.3 The able-bodied tend to see disabled people by means of a "psychological spread". This perception ignores the positive qualities of many disabled and tends to convey to them a feeling of physical and mental inferiority.

4.4 Some able-bodied seem to justify segregating the physically handicapped from the outer community by identifying them with mental handicap.

4.5 Decisions about the welfare of the disabled are often imposed upon them by able-bodied people. Motivation by participation is generally absent, communication is minimal and co-operative responsibility is lacking.

4.6 Physically disabled people feel that they have rights and deserve to be made fully aware of and given the opportunity to contribute to all issues involving their health, independence and social integrity.

4.7 There is an urgent need for a greater representation of disabled people on committees and other decision-making bodies, particularly those concerned with the activities of disabled people.

4.8 The handicapping features of disability incorporate a resistance which encroaches on the self-concept. Many disabled expressed objections to a rigid pattern into which bureaucracy forces them and to being categorised in a group which does not take into account individual differences.

4.9 Negative attitudes of the able-bodied are sometimes disguised as concern for the disabled. Friendships with the able-bodied may originate quickly but often do not progress beyond a superficial stage.

4.10 Whilst the reactions of the able-bodied influence the behavioural changes of disabled people, much depends upon the presentation of the self-image and reaction to disability by the disabled themselves.

4.11 There is some evidence that the disabled tend to be more tolerant in group issues. They accept their inability to react traditionally in society rather more readily than the able-bodied.

4.12 The able-bodied tend to evaluate "minority groups" on a basis of group membership rather than upon individual characteristics and differences.

4.13 Many able-bodied endeavour to counteract feelings of anxiety or aversion during social interaction with the disabled by a form of "sympathetic acceptance". Whilst some thought it was wrong to disagree with or hurt the feelings of disabled people, this form of reaction was considered by many disabled and caring people to be inadequate social behaviour.

4.14 Assistance from public services is frequently seen by the disabled to reflect their low achievement profile, which in turn produces frustration and the avoidance of task completion.

4.15 The stereo-typing of individuals and the perception of "psychological spread" is often perceived by the disabled and caring as part of the process of labelling them "inferior" by able-bodied.

4.16 The able-bodied frequently ignored the various personal characteristics of the disabled and evaluated them collectively without consideration of the complexity of the circumstances. This is aggravated by the disabled either "over-defining" or "under-defining" their personal handicap in attempts to negotiate the "inferiority" barrier.

4.17 The disabled need to be treated as people with individual differences.

4.18 Many problems experienced by the disabled are concerned primarily with social adjustment following the onset of disability.

4.19 Some loss of social adequacy, personal independence, obscurity and decision-making is considered inevitable by disabled people. Re-orientation of personal values and the acquisition and development of latent abilities and skills are essential to the disabled for the restoration of their self-image.

4.20 It is important that the disabled person does not look upon his situation as static but demonstrates that he has abilities which are important to the needs of general society.

4.21 The disabled need stimulating contacts with people and social activities within the community.

4.22 Independence, personal abilities and physical integrity seem to be factors which the able-bodied do not perceive to be of much value to the disabled.

4.23 The difference between social participation and social inactivity is often the difference between coping with or succumbing to disability. Active participation of the disabled in the outer community assists their own rehabilitation.

4.24 The disabled feel a need to serve as co-planners and co-evaluators on all administrative bodies dealing with their own social integration.

4.25 The emphasis of disabled people on moral values tends to derive from their endeavours to re-establish equilibrium at higher levels than those of able-bodied people. They tend to perceive more complex and comprehensive patterns in their own behaviour.

4.26 The accent on materialistic values by the able-bodied appears to arise from their greater freedom of choice and by what they consider to be their independence in making decisions.

4.27 Self-help organisations are important contributors to the quality of living for disabled people.

4.28 The disabled see self-knowledge as important in adjustment to changes necessitated by disablement and also as a basis for acquiring skills to compensate for those known to have been lost.

4.29 The more resources a person has at his disposal the less he appears to be restricted by the functional limitations imposed by disability.

4.30 Communication and interaction between people enables them to understand and to integrate harmoniously and successfully.

4.31 Specific problems to the disabled, such as access, mobility, housing, education, employment and integration are largely social in origin and are generally implemented by organisational and community pressures.

4.32 An understanding of the problems encountered by the disabled is felt by them to be fundamental to an awareness by the able-bodied of the social problems involved.

4.33 Financial problems exist for many disabled but financial reward was less important as a goal than good health.

4.34 Motivation toward complete recovery was seen to come for the disabled from personal interests and practical assistance from the family and supporting agencies rather than from agencies providing material help towards tangible goals.

4.35 Disability is felt as a handicap in the field of employment even where educational attainment, aptitude and ability for a specific job were sufficient in competition with the able-bodied.

4.36 Opportunities for re-employment for the disabled are limited and resettlement and re-training agencies are seen to be largely ineffective.

4.37 The "quota" scheme designed to encourage employers to assist disabled people into gainful employment appears to be of limited application.

4.38 The use of "work" as a therapeutic tool for the disabled appears to be poorly appreciated by the able-bodied.

5. General

5.1 Physical handicap is multi-dimensional.

5.2 The functional limitations arising from physical handicap can be influenced, positively or negatively, by a variety of different environmental, economic and socio-cultural issues which affect the self, family, supporting services and outer community.

5.3 Physical handicap tends to expose the disabled person to some emotional and psychological strain which frequently causes a sense of deprivation and frustration. In many different situations, coping with adverse consequences of disability calls for a measure of positive discrimination.

5.4 The ever-present hope and longing of many physically handicapped people is to achieve a degree of social independence which is consistent with that of the able-bodied.

5.5 The disabled are entitled to the measures which are designed to enable them to become as self-reliant, independent and responsible as possible.

5.6 Disabled people have a fundamental right to participate in industry and society according to the capabilities of their disabilities. The provisions of facilities and opportunities for the disabled to regain and restore some losses involving psychological security, abilities and skills, communication, appreciation and other different personality factors calls for a positive reaction from the supporting services and significant others.

5.7 Disabled persons have the right to economic and social security and the right according to their capabilities to secure and retain employment or to engage in a useful, productive and remunerative occupation or activity within the community.

5.8 The disabled should be protected against exploitation and treatment of a discriminatory or degrading nature.

5.9 Disabled people should be respectfully consulted on all matters affecting their personal role.

5.10 Normalisation includes the dignity of risk, trouble and strife, vigour and vitality, success and failure, and the disabled have the right to be exposed to such issues as well as the able-bodied.

5.11 Integration incorporates the provision and usage of opportunities for the fulfilment of the needs, aspirations and potential abilities of both disabled and able-bodied people.

5.12 A wide public knowledge of how the adverse consequences of physical disability may exacerbate pre-existing social disadvantages permits both disabled and able-bodied people to gain a more accurate conception of the problems that disability produces.

5.13 As with all people, without exception or distinction, the disabled have an individual right to respect for their human dignity and a fundamental right to enjoy as normal and full life as possible.

5.14 Disability prevented is a benefaction; disability compensated is an apology; in the normal life span, all persons become handicapped.

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