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THE UNIVERSITY OF ALBERTA
ACHIEVEMENT MOTIVATION;
A FOLLOW-UP STUDY OF CEREBRAL PALSY IN NORTHERN ALBERTA

by



Jean Ruth

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
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UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read,
and recommend to the Faculty of Graduate Studies for
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ABSTRACT

The purposes of this research were to ascertain how the cerebral palsied were in fact spending their young adult lives, particularly with respect to employment; what had made the difference between those who were successful in obtaining and sustaining employment and those who would seem potentially employable but remained unemployed; and what needs still existed but had not been met by public facilities serving the handicapped. The whereabouts were sought of the total Northern Alberta population of 290 registered cerebral palsied between the ages of 16 and 30. 183 were found: 92 were deemed unemployable, 57 were still in school, four returned insufficient information, two were doubtfully employable, 11 were potentially employable, and 17 were employed. Of the employed, about half needed minimal treatment and half needed surgery; all attended regular schools; education ranged from Grade 5 to university graduate; salaries, from under \$1000 to over \$5000; jobs, from manual to professional. Of the potentially employable, several felt they had been eased out of school because of lack of teacher interest, and their efforts to obtain job placement assistance through appropriate channels met with frustration.

Interviews of subjects and their mothers revealed lack of understanding of the disability, lack of communication between parents and child, and between doctors/therapists/teachers and patients, lack of social opportunities, lack of employment opportunities (particularly in rural areas), and lack of job placement service.

In an attempt to find a measure which would isolate, at an early age (8-10 years), those who might need counseling in their teens as part of their education/treatment program, to enhance later chances of

employability, McClelland's n Achievement measure was applied to both mother and child to determine whether the employed have more motivation than the potentially employable, and whether there is a positive relationship between motivation of mother and cerebral palsied offspring. Because of the difficulties in achieving inter-scorer reliability, it was deemed inadvisable to use the McClelland tool on a general basis.

Few rural employment opportunities were apparent. 25 metropolitan employers and government administrators were interviewed to tap their philosophy, policy, experience, and attitude toward hiring the handicapped. Consensus of opinion was that since basic economics force the hiring of the best qualified man, the handicapped entering the work force must present the same job qualifications as the non-handicapped.

To ascertain the needs of all disabled groups, 13 representatives of other handicapped groups were interviewed. Shared needs were accommodation (domiciliary and visitors' quarters), a center for leisure activities, sheltered workshops, educational improvements (particularly expansion of adult facilities), counseling service (both metropolitan and rural), placement, and expansion of existing services.

Recommendations were made for meeting future needs in terms of changing the goal away from work to "planned dependence" of those (apparently the majority) who, in spite of years of special education and treatment, will likely not be successful in obtaining employment on the open labor market: continual counseling of parent and child, curriculum changes, extension of sheltered workshops to include "creative" activities, public planning to better integrate the handicapped into society, and a public information campaign to gradually change public opinion from revulsion to acceptance of the handicapped child.

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CHAPTER I

INTRODUCTION

At its meeting in Berlin, September 8-10, 1966, the World Committee for Cerebral Palsy, a division of the International Society for Rehabilitation of the Disabled, agreed on the following definition:

"Cerebral palsy is a persistent but not unchanging disorder of posture and movement due to a dysfunction of the brain present before its growth and development are completed. Many other features may also be present." (Thelander, 1968, p. 294.)

Characterized by paralysis, weakness, incoordination, and related abnormalities of motor function due to involvement of the motor-control centers of the brain, cerebral palsy may also be manifested in associated defects such as visual, auditory, and/or speech disorders, convulsions, intellectual impairment, nutritional deficiencies, and dental caries. Other concomitants constitute the "brain damage syndrome" which often interferes with the normal learning process: perceptual difficulty, hyperactivity, distractibility, perseveration, short attention span, emotional lability, and difficulty in making the transition from concrete to abstract reasoning. As a result of the physical defects which interfere with normal opportunities for ordinary social experience, development, and maturation, emotional difficulties frequently become superimposed on the physical difficulties. These emotional problems stem not only from anxiety and tension arising from inability to cope with an environment which demands active exploration, imagination, concentration, recall, abstract conceptualization, and

capacity to make choices and decisions, but also from the reactions of parents, siblings, and society. These difficulties may result in limited self-awareness, unrealistic attitudes, immaturity, and instability, so that the overlying emotional defects become more crippling than the initial physical defects. Excluded from the diagnosis of "cerebral palsy" are such conditions as uncomplicated mental retardation, degenerative conditions, and abnormalities of the spinal cord.

Etiologically, cerebral damage may occur at any time before, during, or after birth. Prenatal factors may be congenital (congenital malformations and hereditary gene lesions) or acquired (maternal infections, metabolic disturbances, placental insufficiency, toxemia, chronic illness, irradiation, malnutrition, and erythroblastosis -- Rh factor.) Paranatal factors include prematurity, abnormal presentation, premature separation of the placenta, brain hemorrhage, twinning, Caesarean section, and anoxia. Postnatal factors include encephalitis, meningitis, tumors, and accidents.

The site and degree of the cerebral lesion determines the symptomatology and severity; the lesion is more likely to be diffuse than localized so resultant defects tend to be multiple. No two individuals are alike. The result may be a very mild handicap (scarcely discernible), or a severe involvement (perhaps complete incapacitation), with all gradations in between. The most common classifications are:

Spasticity: Damage to the cerebral motor cortex resulting in muscle tightness or spasm and hyperactive reflexes. Often accompanying spasticity are mental, visual and auditory impairment, loss of tactile sensitivity and spatial orientation, and poorly developed reasoning and abstraction abilities.

Athetosis: Damage to the basal ganglia which coordinates muscle function, resulting in slow, writhing movement, difficulty with grasp, hyperextension of extremities, and overflow of movement to other muscles in trunk, face, and limbs. Speech is often impaired due either to incoordination of speech musculature or direct damage to speech association and hearing centers. Strabismus (squint) frequently occurs from incoordination of the eye muscles. There may be difficulty in sucking, chewing, and swallowing because of incoordination of tongue movements.

Ataxia: Cerebellar injury resulting in lack of balance, coordination, and spatial orientation. Sometimes nystagmus is noted -- a constant lateral or up-and-down motion of the eye.

Rigidity: Basal ganglia damage resulting in stiffness arising from the simultaneous contraction of opposing muscles.

Tremor: Basal ganglia damage resulting in regular, involuntary movement.

Mixed: Combinations of spasticity and athetosis.

Cerebral palsy occurs in all ethnic groups and all socio-economic levels. Since brain cells do not regenerate, cerebral palsy cannot be cured, but it can be treated. Through painstaking effort in education and therapy, significant improvements can be made in the condition through functional management.

Parallelling the development of public interest in other countries, attention of the Alberta public health authorities was first drawn to the plight of the cerebral palsied through the activities of their parents. Faced with the ever-present task of caring for an abnormal child whose defects were hard to understand and cope with, desiring

medical treatment to make him well, and filled with doubt, fear, and determination, parents banded together in an attempt to organize some kind of professional help for their group. Enlisting the aid of appropriate medical practitioners, they appealed to service clubs for financial support and eventually opened their own clinic in the late 1940s. With increased numbers of patients and growing awareness of the complexities involved, the group approached governmental authorities, informed them of their justified need for assistance, and requested consideration of government-sponsored treatment centers to provide help to all provincial citizens afflicted with cerebral palsy.

The first government-sponsored Alberta center opened in Edmonton in June 1950, serving the northern half of the province, the Northwest Territories, and the Yukon; the second opened in Calgary, July 1951, serving the southern half of the province. Since then, treatment has evolved from attention to the physical disabilities to treatment of the whole child (through provision for special education), to treatment of the child's family (in terms of intermittent guidance to help them realistically face ever-changing problems as the child grows and develops with little hope of self-support). Problems of placement in the adult world are now faced in terms of occupational assessment, vocational guidance, and job training for those who are potentially employable, and of recreational activities and custodial care for those more severely afflicted.

Until the opening of the Glenrose Provincial General Hospital's Multiple Handicapped Children's Unit in 1964, the cerebral palsied were the only handicapped children receiving organized, government-sponsored assistance. With the growing societal attitude that disability is a

public problem, public health authorities have now accepted the responsibility of providing assistance for ALL handicapped children. Until recently, eligibility for education and treatment services terminated at age 18. It is now realized that with increased special services for all handicapped children, attention must be directed toward increasing services for adults, because handicapped or no, these children are maturing with all the concomitant physical, social, and emotional implications, and they have needs which they deserve, as Alberta citizens, to have acknowledged. The whole concept of special education is inspired by the philosophy of the dignity and worth of every individual and his right of opportunity to achieve goals within his capacity, the limitations of which are bound by his handicaps. (Hall-Dennis Report, 1968.)

But what are their needs? What types of programs should be set up? What depth of vocational training is needed? What placement opportunities are available on the Alberta employment scene? What has been the outcome of those who have been through the cerebral palsy treatment programs and are now adults? What has made the difference between those employables who have obtained work and those who have not?

As is common around the world, long-range research projects concerned with follow-up data have not yet been done in Alberta. Until relatively recently, all the emphasis has been on the child. Only now has the child grown up in the eyes of the world with its increased social awareness. Now the outcome of previous endeavors must be evaluated so as to justify and plan the next step toward providing adequate services for the adult handicapped.

It is, therefore, the purpose of this study to ascertain what in fact has happened to those who have been registered with the Edmonton Cerebral Palsy Clinic and who are now adults. How are they spending their lives? Specifically, of those felt to be employable, what has made the difference between those who are and those who are not working? This link between motivation and performance is a key factor in planning and implementing future habilitation programs, not only in Alberta but around the world.

CHAPTER II

DEFINITIONS

The terms used in this investigation for the classification of cerebral palsy are as follows:

Type

Spastic	Tendency of muscles to contract when put under stretch.
Monoplegia	One limb involved, usually a leg.
Diplegia	Predominant involvement of the legs, with less or no involvement of the arms.
Paraplegia	Involvement of the legs only, often resulting from accidental injury of the spine.
Triplegia	Both legs and one arm involved.
Quadriplegia	Involvement of all four limbs asymmetrically, with more severe involvement of the arms than the legs.
Hemiplegia	Involvement is lateralized to one half of the body; the arm is usually more severely involved than the leg.
Athetoid	Purposeless, involuntary, irregular, uncontrollable motions with varying degrees of muscle tone (with or without rigidity).
Ataxic	Balance and postural sense disturbed.
Mixed	Combinations of spasticity and athetosis.

Severity

Mild

No special appliances or facilities needed. In the case of a hemiplegic, if there is good use of the affected hand.

Moderate

Special appliances (i.e., braces, canes or crutches, feeding devices, communication aids such as word-boards, study aids such as built-up pencils and bookholders, etc.) or special facilities required. In the case of a hemiplegic, the hand is used only to assist.

Severe

Patient is bedridden or confined to wheelchair.

Employability

Employed

Employed full or part time.

Competitive

Open labor market.

Special

Some accommodation is made to the problems of the handicapped.

Sheltered workshop

Semi-protected environment.

Evaluation

Assessment of potential, training toward acceptable work behavior, and provision of constructive work experience.

"Manufactured" job

Job "created" to provide successful life experience to enable the handicapped to derive satisfaction from work and its achievement.

"Real" job

Contracted job for those who can produce acceptably if provided with special facilities.

Potentially employable

Presently unemployed but on basis of information supplied, capable of being employed.

Doubtfully employable

On basis of incapacity and arbitrary assessment of potential, it seems unlikely that they could gain employment. Still looking for employment, still training, or unemployed.

Employability, continued

Unemployed

Living at home. Occupying self in recreational pursuits. Many have not been assessed vocationally and/or appropriate facilities for work (non-competitive in the open market) are non-existent in their community.

Unemployable

On disability pension or in an institution. Those on pension are often capable of recreational or household pursuits but are unlikely to gain financial independence even with the fullest community resources.

(Martin, 1966)

Other terms requiring definition are:

n Achievement

Need "to accomplish something difficult. To master, manipulate, or organize physical objects, human beings, or ideas. To do this as rapidly and as independently as possible. To overcome obstacles and attain a high standard. To excel oneself. To rival and surpass others. To increase self-regard by the successful exercise of talent." (Hall and Lindzey, 1957, p. 173.)

Habilitation

"Training the child to live within the limits of his disabilities but to the limit of his capabilities." (Raus, 1955, p. 546.) Applicable to those born handicapped or who become disabled at a young age.

Overprotection

Present when persons around the patient are overhelpful. May counteract or retard the patient's attempt to become independent.

Rehabilitation

"The restoration of the handicapped to the fullest physical, mental, social, and economic usefulness of which they are capable" (Bloom, 1953, p. 46) intertwined with the humanitarian concern for their movement from abasing helplessness to a position of dignity and self-respect. (Thoreson, 1964, p. 12.) Applicable to those born normal but who become disabled through deterioration or trauma.

Self-actualization

The development of self -- a continual metamorphosis which, even in the most favorable environment, is elusive and never one hundred percent attainable. (Wildman, 1967.)

Self-concept

The fact and fancy one has about himself. For the cerebral palsied, it is strongly affected not only by sensory and motor dysfunction which influences his personal, social and vocational adjustment, but also by reactions of other people.

CHAPTER III

RELATED RESEARCH

Although the primary objectives of habilitation are humanitarian and social, primary emphasis has been on the physical aspect of the problems of the handicapped child; only in recent years has it been acknowledged that of equal importance is the psychological aspect, including both the personal functioning and the productive social involvement of the handicapped adult. Because ours has been a work-oriented, competitive society in which success is determined by self-support, the unsuccessful are looked down on; they are humiliated because of their dependency, their incapacity for earning a living, and their inability to provide for a family. Therefore, the vocational area appeared to deserve primary attention for research. Hence, this review of related research will first consider vocational studies, then will follow with studies bearing on psychosocial aspects -- focusing on the importance of the parent-child relationship, and will conclude with studies concerned with counseling the handicapped adult.

Vocational

Available evidence from England (Dunsdon, 1952; Stephen, 1961; and Wigfield, 1961), Sweden (d'Avignon and Gardeström, 1958; and Karlsson et al, 1965), Denmark (Hansen, 1960), Scotland (Ferguson and Kerr, 1960; Moir, 1960; and Ingram, 1964), the United States (Machek and Collins, 1960, 1961; and Jones et al, 1962), Israel (Kidron, 1962), and Canada (Martin, 1966) indicates that in spite of

special education and therapy, significant difficulties are encountered in occupational placement. Several studies (Crothers and Paine, 1959; d'Avignon, 1960; Hansen, 1960; Machek and Collins, 1960; Wigfield, 1961; Kidron, 1962; and Ingram, 1964) found less than one-fourth of their sample suitable for employment on the open labor market. Of those who were employed, the majority were in unskilled or sheltered situations. Very few were employed in skilled and/or competitive positions. Most were partially dependent, financially, on their families; many were independent in a physical sense but remained stigmatized by visible signs of neuromuscular disturbance (abnormal gait, involuntary movement, speech defects, etc.); educational achievement appeared to reflect intellectual level and social background; and as a group, they were social isolates within the community, or at best, engaged in passive non-functional relationships with other people and organizations. (Klapper and Birch, 1966.)

Clinical experience had suggested definite relationship between diagnostic classification, extent of physical handicap and intellectual status in early childhood, and outcome in later life. Klapper and Birch's (1966) research study showed that:

"The spastic groups tended to have the higher IQs, achieved a higher level of schooling, and tended to function on a more independent level in self-care and in a social and economic sense than did the athetoid, ataxic and mixed cerebral palsied groups. Among the spastics, the monoplegics and hemiplegics fared far the best." (p. 654.)

They also found that the predictive power of the original intellectual assessment rating was greatest for those with an IQ of under 50 and over 100, but weakest for those between 50 and 89.

Machek and Collins' (1961) study confirmed clinical opinion that the vocational potential is poor for those with more severe physical involvement, but found no correlation between IQ level and performance. High IQ did not ensure easier or better job sample performance than that of those with low IQ; where the IQ was average or better, chances of employment were greater even when the job sample performance was below standard. Their findings indicated a significant relationship between years completed in school and work potential, from which they deduced that those staying in school longer had developed better interpersonal relationships. Psychosocial considerations such as emotional stability and motivation were of primary importance, because immaturity, inability to accept self, and an unrealistic attitude toward employment lowered chances for vocational placement.

Valney (1966), too, found that sex, age, educational achievement and IQ had insufficient predictive reliability to be valuable, but that teacher-counselor ratings on social adjustment, acceptance of disability, probable success in a vocational rehabilitation center, and possible vocational success after graduation did achieve predictive reliability.

Moed (1960), utilizing the job-sample technique with those adult cerebral palsied who sought vocational planning assistance at New York University's Institute for the Crippled and Disabled, learned that the most important factors related to finding employment were ability to travel independently, ability to write legibly, ability to speak

intelligibly, manual dexterity,^{1.} and ability to adjust to the demands of a work situation -- such as following directions; being neat, orderly, and responsible; and getting along with co-workers and supervisors. Intelligence, reading ability and type of training were positively related to level of employment (clerical or semi-skilled as opposed to unskilled). Yue and Moed (1960) reported that the physical therapy ADL test (activities of daily living) essentially measures the ability to travel and be mobile on the job, and yielded a higher correlation to success in obtaining employment than any other single factor, either mental or physical.

"The cerebral palsied young adults coming in for evaluation usually displayed many personality difficulties and generally were unprepared to make the transition from school to work." (Moed, 1960, p. 567.)

Resulting from Moed's 1960 study was the finding that the extent of psychosocial maladjustment could not be predicted from the severity of disability, but it appeared that the minimally handicapped tended to be more disturbed because they rejected their handicap, identified with the non-handicapped, and tried to compete with them; whereas, those of the more severely disabled who were more realistic in acknowledging their handicap and had established some degree of satisfaction in interpersonal relationships with other handicapped, seemed to cope better with society in general. They felt that those who had gone through school in regular classrooms showed detrimental effects from

1. Factor analysis of 13 measures of manual dexterity revealed that the three basic movements related to employability of the cerebral palsied were grasping with one hand, pinching with one hand, and two-handed coordination. (p. 268.)

experiencing continual failure. Those who had been encouraged toward independence were better equipped for vocational and social planning than those who had been overprotected. However, both parents and clients often assumed that independence and self-sufficiency in terms of self-care presupposed automatic financial self-support, and therefore they met with anxiety and frustration when, after years of painstaking effort in striving to attain physical independence, employment could not be found. Many parents seemed to suddenly switch from overprotecting their child to overpressuring him when he reached an employable age, expecting him to function at a mature level merely because he had arrived at an "adult" age.

Moed's 1960 study was conducted in the New York City area. From expansion of his inquiry to vocational centers in Miami, Philadelphia, Milwaukee, St. Louis and Des Moines, he and Litwin (1963) concluded that physical disability was not sufficient cause for vocational disability among essentially ambulatory clients.

"Inability to travel independently is closely related to unemployment and also correlates highly with degree of disability. However, this research revealed that there were clients unable to walk or travel independently who were gainfully employed. Apparently they were independent enough psychologically to have sought and sustained employment. On the other hand, there were clients judged physically capable of traveling independently who were not doing so. Apparently they were independent physically but had not achieved the emotional independence required for employment. . . The differences were felt to be psychological in nature and to have arisen from environmental influences and family attitudes rather than directly from the physical handicap itself." (p. 269.)

At about the same time, Storrow and Jones (1960) attempted to classify into personality patterns the emotional problems they had frequently encountered in their cerebral palsied clients, their aim being to devise efficient management techniques which could be utilized

by a rehabilitation team for each personality type. They distinguished four patterns: schizoid, denial, passive-dependent, and sublimation, the first three being considered maladaptive, and the fourth, adjustive. There was significant relationship between personality pattern and severity of emotional symptoms. However, it was Moed and Litwin's (1963) study which implied that it might be the great degree of family conflict and maladjustment, particularly the attitudes of and management by the parents, which produced the confused state of mental health resulting in the maladaptive personality patterns exhibited by many cerebral palsied.

Some of the problems of social adjustment commonly encountered (Giden, 1949; Glick & Donnel, 1955; White, 1955; Morgan, 1961; Allen & Jefferson, 1962; and Thompson, undated but likely 1964) are:

(a) Immaturity and an under-developed social consciousness. Often young adults at 16-18 year chronological level function at the 12-13 year social level.

(b) Preoccupation with own problems and an unnecessary, demanding dependence on others. This attitude may be caused either by parental overprotection and excessive attention or by the other extreme: rejection. (Overprotection is often an outer cover-up for inner rejection.)

(c) Inadequate understanding of and, therefore, failure to accept physical or intellectual handicap. This may result in either an unrealistic, irrational concept of limitations and potential (feeling of superiority), or excessive sensitivity to the difference between him and his peers (feeling of inferiority with or without underlying hostility and compensation through fantasy).

(d) Failure to reach the standard set by significant others (parents, siblings, teachers, therapists, and society). Insecurity and frustration may emerge into difficult behavioral problems requiring sensitive, patient, understanding treatment.

(e) Gross lack of knowledge and understanding of industrial discipline and what work involves. This may be due to a combination of restricted life experience, low or inconsistent standard of self-discipline, and inadequate preparation in terms of occupational information and vocational guidance.

(f) Unwillingness to undertake manual repetitive work because the family considers it socially unacceptable.

Another important point revealed in Moed's 1960 study was that those clients who had been evaluated while still attending high school showed more stable employment than those who had experienced a gap of idleness after school and prior to evaluation. This idleness produced noticeable regression which seemed to undo all the work accomplished up to termination of education and training at normal school-leaving age. Linde (1964) also pointed out that progressive experience in a sheltered workshop setting immediately after termination of formal education, significantly contributes toward vocational success.

Experience at England's Sherrards, the National Spastics Society's vocational training center, indicates more optimistic success through intensive training for a particular trade rather than for a particular industry. In a residential hostel, industrial disciplinary training (development of a good work-behavior pattern), further education, and social-cultural activities have resulted in 90% of their trainees

reaching standards of open employability in such trades as press hands, capstan lathe operators, drillers, assemblers, woodworkers, inspectors, machinists, french polishers, fitters, copy typists, printers, spot welders and clerks. (Wigfield, 1961, 1966.)

Evidence emerging from Helling's (1964) comprehensive follow-up in England indicates that

"Very nearly all those who have been in reasonably steady work have learnt and accepted their limitations, and acquired the ability to work satisfactorily within those limitations, even when they themselves do not find satisfaction in the work."
(p. 49.)

"The turning point seems to come with the first satisfactory job; it appears that they do learn; however slowly, from their early mistakes, and once they have had the experience of steady work it can be reasonably prophesied that they will be able to continue in it or even rise to something better. Several who had previously been dismissed from one or more jobs as 'too slow' or 'unable to cope with the work' have later been placed in similar or more exacting work and have been found to be able to cope. . ."

"Many of these spastics have encountered great difficulties, particularly during the earlier years, when they are emotionally at their most vulnerable, and it is noted. . .that such early failures cause serious distress to both spastics and their families." (p. 32.)

In the United States, however, with increased automation squeezing out the unskilled worker, handicapped or no, the government is recommending modifications in vocational rehabilitation programs AWAY from training the disabled worker to do a specialized routine task. The present goal is to increase the occupational skills of young adults capable of more complex work. Frequency of occupational change may be as important as the upward trend in skill requirements. Few sheltered workshops report having changed admission requirements for their clients, but about one-third indicated the necessity for changing the qualifications for their staff; now they need staff members who are familiar with

the operation and maintenance of machines. The mechanized sheltered workshops emphasize the greater variety of work experience provided and the resulting increase in employability of the trainees. There is a very real possibility, however, that automation may have serious consequences for employment of the mentally slow and those with psychosocial problems because they tend to occupy unskilled positions which are declining in number, they have marked limitations in adaptability, and they have less educability. (Thompson, 1964; U. S. Department of Labor, 1965.)

Parent-Child Relationship

"The patient best fitted for employment is the school-leaver who is realistic about the extent of his handicaps and is determined to achieve as much independence as possible. It is apparent that his attitude will be largely dependent on the way in which he has been treated since earliest childhood by his parents, brothers and sisters, therapists, doctors and teachers." (Ingram, 1965, p. 40.)

Clinical evidence has tended to support the opinion that the attitudes and self-perception of handicapped children are significantly influenced by the parents' (particularly the mothers') perception of them and their feelings toward them. Parental attitudes are certainly complex, but four primary categories emerge: acceptance, overprotection,² overpressure, or emotional rejection. There is often mixed

2. In the writer's personal experience, it was observed that even in Northern Alberta, there were several severely handicapped elementary school youngsters who were so overprotected that they had never felt snow. So Edmonton Cerebral Palsy Clinic staff brought basinfuls inside, took off shoes and stockings of the kiddies, and encouraged them to dabble fingers and squiggle toes in it, much to their wonder and joy. Delighted squeals resounded from the treatment rooms as all engaged in a sham snowball fight, ending with faces being washed in snow.

feeling -- ambivalence, guilt, and self-pity. Parents need a great deal of reassurance and practical help.

Recent research studies have supported the above mentioned clinical opinion. Sparked by the implication inherent in Moed and Litwin's (1963) findings -- that parental management may produce psychosocial difficulties in their handicapped children -- investigators began measuring the relationship between the attitudes of children and those of their parents, and concluded that the child's social maturity is closely related to the parents' attitudes, their standards of child care, and the general atmosphere of the home environment. "Family solidarity and support are more important factors in vocational success among the disabled than among others." (Garrett, 1966, p. 612.)

Cook (1963) found that strong attitudes of authoritarian-control on the part of mothers may result from their perception of the functional inadequacy of their child. Nussbaum (1966) found that mothers were inclined to present different (more favorable) views of their children's capacities publicly than they communicated to the children themselves, and that the adolescents' self-concepts reflected their mothers' concepts of them in three areas: task performance, social relationships, and vocational potential. No significant relationship was found in the area of over-all intelligence.

Mowatt (1965) organized simultaneous discussions with a group of handicapped young adults (primarily cerebral palsied -- median age, 27) and a group of their mothers. Both groups exhibited emotional conflict and an uncomfortable dependence on each other. The mothers appeared more restrained; their inner conflicts (attitudes arising from the ramifications of their children being handicapped) seemed more disturbing than

those of their children, and these inner conflicts seemed more emotionally crippling to them (mothers) than their children's physical handicaps seemed to them (children). The most serious concerns of both groups were the achievement of independence from the family and the handling of sexuality. Anxiety, rather than realistic considerations, seemed to interfere with preparation of the offspring toward inevitable future separation.

"Very probably the difference in spontaneity means that the mothers were coping with more serious inner conflicts than the patients. Apparently the typical mother had not completed the work of 'mourning' the lost dream of having a normal child. The natural grief, anger, shame and guilt which inevitably arise with such a disappointment had left a powerful residue. Far from being faced, expressed and assimilated, the mourning had never been completed, and the feelings had been fought and defended against over the years. Denial of the negative feelings and reaction-formation against them were the chief defenses, leading to the inhibition of affect and the unrealistic efforts to help and to keep the children close. Guilt, over-protection and resentment seemed to feed upon each other in a never-ending, underground cycle. Often the children, like any youngsters, had easily discovered this maternal weakness and had exploited it to control their mothers, giving further impetus to the resentment-guilt phase of the cycle." (p. 8.)

Krause (1966) studied the retarding effect of familial dependency on the handicapped person, noting that oftentimes the mother who had been over-protecting her handicapped child, stifling the child's ambitions (both social and vocational), had been using the child to satisfy her own dependency needs. If a job was not waiting for the client after a period of intensive training at a rehabilitation center, return home produced significant regression; if a major change in the client's self-image and behavior, and a desire to leave home in pursuit of a suitable job occurred as a result of good performance at the center, it threw some parents into a "full-fledged crisis." Some parents exhibited an obvious need to have their children remain "sick".

Social class did not seem to cause psychosocial problems but contributed to the type of pressures and stresses which a patient might be

exposed to in that it affected familial and community experiences, family roles, interpersonal relationships, and opportunities for mobility and employment.

Recognizing the effect (usually jealousy) on siblings caused by the presence of a handicapped child in the household, Morgenstern (1966) measured the discrepancies in attitudes of mothers toward their normal and toward their cerebral palsied child and compared them with those of mothers toward their various children, all of whom were normal. He then compared the way the mothers perceived their children with the way the normal children perceived their mothers. As anticipated, attitudes of mothers toward their normal and cerebral palsied children showed greater discrepancies than those of mothers toward children who were all normal. The emotional reactions and characteristics of siblings of cerebral palsied children were also significantly different from those of siblings of normal children -- more anxious, hostile, fearful, somatically preoccupied, guilty, and emotionally unstable. They experienced the environment as more rejecting.

"The greater the discrepancy of maternal attitudes towards normal and cerebral palsied children, the more negatively the normal children perceived their mothers' behavior and the more intense were their emotional reactions and characteristics."
(p. 4080.)

Both clinical and experimental evidence has indicated the need for parent counseling, starting from the moment the diagnosis of "handicapped child" is made. Counseling for the parents is now coming to be regarded as much an integral part of the habilitation process as medication, therapy, and education for the child. Although it may sound harsh to say, "Wherever there is a handicapped child, there is a handicapped parent," practical experience has demonstrated that parents of

handicapped children range from those who profit from intermittent reassurance and concrete advice, to those who profit from intermittent stays in the psychiatric wards. Unfortunately, enlargement of the focus from the child to include his parents, siblings, and community responsibility, has been slow in coming. Barsch (1961) recognized the need for therapy for parents in the 1950s and included group counseling for parents as a condition for admittance of their child to his clinic for treatment. As is true for all new ventures which are time-consuming and expensive, the pioneers in this field had to prove its efficacy to justify requests for financial support, particularly when it involved the expenditure of public funds. The therapeutic aspects of parent counseling groups and parent associations have now been well documented. (Katz, 1961; Lenard, 1962; Ross, 1964; Bowley, 1967; and Wildman, 1967.) Isolated parents, unable to individually cope with all the adjustment problems, find an outlet for their feelings of frustration in group participation, become more realistic, constructive and affectionate toward their handicapped children, and develop more practical vocational aspirations for them, as well as obtain practical ideas which help in the burdens of daily care.

It cannot be stressed too strongly that there is a real need to work with parents all the way, helping them over each hurdle as their handicapped child grows and develops, undergoing the various phases a normal child encounters, but with an increasing emotional overlay caused by his inability to explore, experience, and learn through his own testing of reality. In our culture the mother usually has the responsibility for child-rearing, so it is she who has most frequently attended the counseling sessions. Increased emphasis is now being

made on encouraging attendance by fathers and siblings. Conjoint therapy (group participation including parents, siblings, and handicapped young people in the same group at the same time, rather than separate counseling -- both in groups containing only one family and groups containing several families) offers opportunity to alleviate uncomfortable feelings and promotes more independent functioning for both generations. (Satir, 1964; Mowatt, 1965.)

Counseling

Rolnick (1966) advocates milieu or environmental therapy -- bringing therapists and ancillary volunteers into the sessions as well as the family, because in order to change his self-concept, the "patient must participate rather than be done to." The handicapped individual is the most important member of the team working on his behalf but

"his range of activities and the schematic nature of his program has been carefully devised -- devised for him, not by him, and rarely with him." (Fleischer, 1965, p. 12.)

He has also been carefully supervised and has thus been deprived of the opportunity to gain knowledge from casual daily life. In such circumstances,

"the disabled person's relationships were asymmetrical, where he could easily feel in a dependent position in which it is hoped that the wisdom of the worker would guide him through his difficulties. It is well known that self-respect is built only when the individual feels he has an important role in planning his life and when what he says and how he feels is respected." (Garrett, 1955, p. 445.)

Hence, the client himself, rather than the physical handicap, is the greatest barrier to satisfactory psychosocial adjustment and ability to cope, resulting in unsuccessful job placement. Some vocational

guidance and placement facilities include a period of personal adjustment counseling for the cerebral palsied, but again, it is time-consuming and expensive, so is not yet readily available. Although this is still a neglected field, Curtis pointed out in 1954 that many of his psychologically most disabled clients were enabled to plan independently and realistically after being given sufficient time and counseling assistance. This was further demonstrated by Williams and Cantoni in 1959.

Immature job-seeking behavior and the employment interview itself are two major topics for vocational counseling because they have proved to be major deterrents in obtaining employment. Where to find employment information, how to schedule job-seeking interviews, the importance of relying on oneself to arrive at the appointed time rather than depending on others to see that one gets there, personal grooming, and routine procedure of the ordinary employment interview, often have to be taught. Dependency, passivity, and persistent immature behavior patterns have often interfered with socialization and therefore interfere with peer group acceptance and potential employer acceptance, irregardless of their initial discomfort at the visibility of the handicap. Denial of mild handicap with compensatory acting out, sometimes in an antisocial direction, may be evidenced in the employment interview.

Although it has been said that if the handicapped person's physical abilities are matched to a job utilizing those abilities, he is no longer "disabled", it must not be overlooked that physical capacity is only part of the problem; consideration must also be given to social skills, emotional stability, and self-discipline. Brinn and Smith (1951) found that once properly placed, the cerebral palsied have been shown

"stable" in employment.

Thompson (undated, but likely 1964) commented in her report of the employment difficulties encountered by cerebral palsied adults in Manitoba:

"They all expressed concern about the difficulties in getting employment yet very few were actually doing anything about it on their own. There was considerable projection onto employers for the problems they were encountering and many were waiting for the Rehabilitation Agency or the National Employment Service to find them a job. They, however, wanted 'to do something' and to feel 'useful' but appeared to have little motivation or incentive to do anything about it. There was a notable and general lack of interest in the personal grooming as well as indications of inadequate self image." (p. 10.)

By providing concentrated help and support during a relatively short period covering the immediate pre- and post-school leaving period, England's Spastics Society's Careers Advisory Service is encouraging an increasingly large number of young people to come to terms with a realistic view of their possibilities for adult life without taking over the full responsibility for their future care or accepting them as long-term cases. (Morgan & Peacey, 1967.)

In summary, the reviewed literature indicates that it has become increasingly apparent that attention to the physical disability is not enough. Of equal importance is the psycho-social aspect, for anxiety, feelings of frustration, and emotional instability frequently culminate in an immaturity and lack of self-discipline which render the individual unemployable. It has been suggested that these behavior patterns may result, in part, from parental attitudes and child-rearing techniques. Intermittent family counseling (particularly parent counseling) and pre-vocational counseling of the disabled, where time and money have permitted, have resulted in personal adjustment benefits for all concerned.

CHAPTER IV

PHILOSOPHY, THEORY, RATIONALE, AND PRESENTATION

Philosophy

The handicapped person is, first and foremost, a human being. As such, he should be treated as a normal person in so far as possible; disability does not change his fundamental biological and psychological needs. Providing for biological needs is not as complex as providing for psychological needs, i.e., affection, social acceptance, friendship, approval, independence, and security. Like a normal child, the handicapped child needs guidance, control, and discipline; he needs play and recreation; and he needs varied experiences. Parents of the handicapped are just as responsible as parents of the normal to transmit the culture, and they should be encouraged to shoulder this responsibility rather than avoid it and transfer it to "professionals." Before they can help their child most profitably, parents must have confidence in their ability to meet the child's needs, to feel comfortable in their relationship with him, and to find pleasure in his achievement. If they can learn early to see the child rather than the handicap and to realize: (a) that it is more important that the child be happy than that he can do many things, (b) that emotional development is as important as medical therapy, (c) that parents, siblings, and the handicapped child should feel him a contributing part of the family with his own responsibilities, and (d) that parental attitude and behavior is a cue to the attitude and behavior of the handicapped child and his siblings, then they

will have come a long way toward being comfortable enough to talk about the disability in order to eventually come to grips with the problem, potential, and long range future.

Sometimes parents are so distressed that they can't discuss the problem without emotion rising to such a peak that they feel they can't bear it. Hence, they avoid the issue and prohibit anyone's mentioning it, including the handicapped child, himself. This lack of acknowledgement of what is so obvious and of primary importance to him, often results in confusion. Attempting to be kind, parents and well-intentioned but ill-advised others, provide fanciful reasons for the condition, give irrational reassurance, and instill false hope. Therefore, it is little wonder that the thinking of the handicapped can seem bizarre, for he has internalized this fantasy and builds his life around it: Unreal.

Once again, the importance of parental attitude cannot be emphasized too strongly. Often parents themselves, quite unconsciously, place their normal children in crippling roles (i.e., helpless, stupid), and the fostering of dependency by overprotecting a handicapped child (i.e., anticipating his every desire so he has no need to try to do for himself) is often the "natural" response imposed by our culture. What the handicapped does NOT need is sympathy and pity; these can nurture neuroticism and dependency rather than development of potential skills. (Koegler, 1965.)

Training must begin at home in early childhood. Ability to take one's place in the adult world is acquired through the developmental process. A teenager does not suddenly become employable when he reaches adult age. Employability hinges upon the work personality which evolves from attitudes, behavioral patterns, and motivational systems inculcated

by the family in the earliest years and resulting in a need for achievement and a desire for productivity. Vocational development starts in the transition from infancy to childhood in the learning of self-care activities. The next stage might be the assumption of responsibility through performance of simple household chores within the ability of the handicapped youth. This develops an idea of the meaning and value of work, and helps the youngster acquire positive work habits. School experience, be it in regular or special facility, should teach the virtue of conformity to societal standards of behavior, and assignments should teach the virtue of independent thinking and foster a productive attitude. (Gellman, 1961.)

However, many handicapped are regarded as helpless unfortunates who should be shielded from facing responsibility and are often prevented from exercising any initiative at all. Overprotection, deprecation, disparagement, and devaluation produce insecurity, passivity, limited social contact, and unreal standards.

As the child grows, the psychological effects of his handicap increase, becoming marked in adolescence and early adult life. Feelings of inadequacy or inferiority may emerge because of inability to participate in normal activities, because of physical appearance, and/or because of limitations imposed by treatment. Immaturity and a sense of isolation may arise from lack of opportunity for social contact. Anger may be directed against the self, against the limitations imposed by the handicap, against siblings who obviously live fuller lives, and/or against the parents (usually the mother) whom the youth blames for the cerebral palsy. (Hawke, 1967.)

The cumulative effect is seen in anxiety, inability to perform under pressure, interpersonal difficulties, and, often, unrealistic thought. Because of inadequate preparation, it is felt that work itself often lacks positive meaning and some withdraw from the world of work to a life of inactivity. In many cases, it is not they who want to work; it is their parents who want them to work, for in the parents' frame of reference, work is the symbol of success.

Theory

Research into client motivation has been grouped into the following major theoretical areas: physiological and safety needs, love and belongingness needs, self-esteem and self-actualization needs, and the source of the need or motivation. While some researchers have considered motivation to be intrinsic, originating within the client's psychological system, others have considered it the result of extrinsic forces -- variables external to the client. Current neurophysiologic concepts attempt to bridge both notions by suggesting a relationship between neurologic, personality, and therapeutic factors.

Over 20 years ago Cruickshank (1948) embraced the self-concept theory when he observed that

"The physically handicapped child in his social relationships is, as are all children, attempting to insure not his physical organic self but his phenomenal self, the concept of himself of which he is cognizant. . . [but] a physical handicap is inserted between the goal and the self desire to achieve such a goal."
(p. 78.)

Barker et al (1953) explain the motivational problems of handicapped individuals in psychoanalytic terms: compensation; narcissism; lack of planning and expressive actions; unrelated anxieties transferred

to bodily handicap; blame of parents; guilt for hostility toward parents; poor body image; dependent, demanding, apathetic behavior deriving from oversolicitous, protective situations; inconsistent attitudes of others; conflict between withdrawal and compensatory tendencies; acceptance of disability as a punishment for sin; retaliatory behavior for "unjust" treatment by nature; and distorted self-concept.

Kelly (1962) writes in terms of Maslow's self-actualization theory: the fully functioning person thinks well of himself, thinks well of others, sees his stake in others, sees himself as a part of a world in movement in the process of becoming, sees the value of mistakes, develops and holds human values, knows no way to live except in keeping with his values, and is cast in a creative role. Since so much of a handicapped person's energy and emotional power is diverted from self-actualization to coping mechanisms, the handicap presents a barrier to "becoming". Hence, parents, siblings, teachers, and friends must play a supportive role all along the way. How?

Wildman (1967) suggests some ways to teachers:

"Teachers talk too much. The classroom must be a two way street with interaction of all the students and the teachers. This environment should promote human relationships and concern for the welfare of others."

"Opportunities must be provided for creative experiences for the cerebral palsied child. Through this activity, he should realize he has a contribution to make. The creative task may not be in the form of a unique product, rather, it is creative for the learner in that he himself has never experienced it before." (p. 6.)

Studies of early maternal deprivation (Casler, 1961) and intellectual development (Hunt, 1961; Phillips and White, 1964) suggest that reduction in sensory experience and lack of opportunity for motor activity during the first two years of life may result in irrevocable deficit.

For them, it follows that overprotection and non-stimulating environments can permanently block motivation. These authors suggest that if the handicap is motor, compensatory experiences should be sensory; if the handicap is sensory, compensatory experiences should be motor.

Hunt (1961) mentions the possibility of critical periods of development, the assumption being that environmental experiences should be provided at an optimal stage of internal sensory-motor-intellectual development or else all later development will be affected. These experiences should be neither less than, nor substantially greater than the then existent capacity -- neither so easy as to be boring, nor so hard as to be distress-producing; they should be challenging, a source of pleasure, and evocative -- stimulating further curiosity which, in turn, produces growth. This theory is similar to that of Piaget. The medically oriented therapeutic practice incorporating it is that of taking the patient back to a point where he experiences success and then aiming occupational and/or physiotherapy toward progress up the physical ladder from that point, hopefully stimulating simultaneous mental development.

White (1959, 1960) stresses the significance of a sense of competence in the psychological development of the child by maintaining there is a major neurogenic motive (i.e., a basic biological drive) which he calls "effectance". This concerns the ability to effect changes in the environment -- changes which the child has intentionally initiated. Frustration of this motive may result in the failure of certain neurophysiologic patterns to develop. For White, it follows that the handicapped child must be given opportunities to initiate and effect changes in his environment even though his handicap restricts the limits within

which this is possible; hence, overprotection or setting goals beyond the child's ability block the motive of effectance.

Zane and Lowenthal (1960) comment that

"When a person is continuously unable, for whatever reason, to achieve his goal, excessive stimulation of the reticular formation and overarousal of the cortex may be presumed to occur. Disorganization ensues, experienced as severe mental and physical disturbance (e.g., severe stress and anxiety). Reactions automatically develop to avert further breakdown. Prominent among these defense reactions is the response of avoiding further involvement in the deeply threatening situation or of shifting to some other unrelated activity where effective behavior is immediately possible. Clinically, the patient's behavior then appears 'poorly motivated'. He cannot engage in the task situation or cannot stay in it long enough to learn effectively and progressively." (p. 406.)

Goldstein has labeled this behavior "catastrophic reaction".

"When confronted by a simple problem he cannot solve, he becomes agitated, anxious, flustered, evasive, and even angry or aggressive. This is not a reaction to failure. It precedes and accompanies the performance rather than follows it." (Patterson, 1965, p. 26.)

Penfield (1964) claims that certain cortical area is uncommitted at birth and, in time, comes to be used for language and perception, making possible the memory and use of words as well as the memory and interpretation of experience. Presumably, the specific functions of the uncommitted cortical area remain flexible, functional connections gradually being established by the child, until about the age of 10, after which they become fixed. Thus it is possible that the whole neurological functioning of illiterates becomes irreversibly different from literate individuals by age 10. It follows from this that every effort should be made to enable the handicapped to achieve his basic education prior to age 10. Since merely establishing a form of communication is a major undertaking with some severely handicapped cerebral palsied, this theory points to the need for pre-school readiness

training so that the first year of real school can be devoted to the basic curriculum rather than the establishment of communication. (If a child cannot speak, cannot hear, and/or does not have the use of his hands, his progress through the course content is slow even though his mind may be quick and he may have the best of teachers.)

Nussbaum's (1962) evidence indicated that the cerebral palsied child's concept of his potentialities is significantly related to his mother's concept of his capacities, causing Nussbaum to conclude that the mother plays a crucial role in the development of the child's self-concept.

Moed and Litwin (1963) also noted that their clients reflected many parental attitudes in their attitudes toward themselves. Those who appeared emotionally deprived, immature, and overprotected had parents who were described as troubled, excessively demanding, uninterested, hopeless, and/or pessimistic in outlook regarding their children. On the other hand, those clients who appeared more stable, more mature, and better integrated, had parents who were described as warm, supportive, well integrated, and interested, allowing and encouraging greater freedom in money matters as well as social independence.

"It is speculated that a physical factor of independence is related to a psychological factor of independence and that the two factors are so closely related that one is a direct outgrowth of the other. Some combination of both factors is thought to be necessary for vocational success." (p. 269.)

In their extensive longitudinal studies, the Fels Research Institute personnel have placed emphasis on parental antecedents of normal children's beliefs in their own internal control of achievement situations as opposed to external control. From their evidence, the Fels researchers feel that

1. The more a parent initiates and encourages his child's achievement behavior and the development of his skills, the more the child will learn that it is his own behavior, and not external factors, which will determine the reinforcements (i.e., reward or punishment) he receives.

2. The more positive the parent's reactions to his child's achievement behavior, the more the child is likely to develop a belief in internal control of reinforcements; and the more negative the parent's reactions, the more a belief in external control will be fostered.

3. A nurturant, supportive, and accepting attitude on the part of the parent seems likely to promote the child's belief in internal control, while a critical, threatening, rejecting attitude is apt to encourage belief in external control. (Katkovsky et al, 1967.)

In comparing the differences between handicapped and non-handicapped children along the dimensions of achievement motivation, self-concept, concept of peers, and discrepancy between self-concept and concept of peers, Fairchild (1967) found no significant differences. Unrealistic components were suggested in the handicapped to an extent not found in the non-handicapped but the only important finding was that mothers of handicapped boys expected independence training at a significantly earlier age than did the mothers of non-handicapped boys.

Rationale

This study is concerned, in part, with a theoretical source of motivation: parental antecedents.

Until such time as automation compels society to change its goals and substitute constructive leisure in place of, or in addition to

work as an acceptable aim, habilitation and rehabilitation teams will still try to motivate people to achieve the greatest productivity of which they are capable. As has been seen from the review of the literature, only about one-fourth of the cerebral palsied adults have thus far been deemed employable on the open market (as assessed by somebody-- doctor, teacher, therapist -- who has applied some kind of evaluative measure sometime during the education-therapy years). Of these, some actively seek employment and some do not, even though provided with considerable assistance. In fact, some display almost stubborn reluctance to take the step away from helplessness toward a more constructive, independent life. The research just reviewed points out two major reasons why: of primary importance is the early mother-child relationship which strongly influences the development of a satisfactory psychosocial structure; of secondary importance is the catastrophic reaction commonly found among the brain-damaged (not just the cerebral palsied.)

It would seem, therefore, that the logical step would be to institute a program of counseling and guidance for the parents either before or concomitant with offering concentrated help to the child. This recommendation is slowly being implemented and may, hopefully, enhance the lives of those handicapped who are now infants or are yet unborn. But attention must be directed to those who are presently past their formative years, are rapidly approaching adolescence, and will be expected to anticipate some form of employment when they reach adulthood. Research emanating from vocational placement agencies indicates that pre-employment counseling helps. But it is a bit late; attitudes do not suddenly change at age 16 when vocational assessment has usually been

done, if it has been done at all.

The problem would seem to be, then, how can we isolate, at an early age (8-10 years), those who are not achievement motivated from those who are? Early identification of the "little-motivated" individuals would be beneficial so that guidance might be provided for those who needed it, as a part of the adolescent education-therapy regime. Such guidance service might include help not only for the child, but also for his parents, because the parents continue to play the second most important role on the multidisciplinary habilitation team, the most important role being played by the handicapped person, himself.

The purpose of this study was to use a presently available tool, the reliability and validity of which has already been established on normals, to attempt to find out if it would tap achievement motivation of the cerebral palsied and differentiate between those adults who have been successful in obtaining and sustaining employment, and those potentially employable who have not, as well as to explore the possibility that parental achievement orientation is reflected in children's attitudes and behavior toward employment.

The tool was that used by David McClelland and his colleagues in their extensive, cross-cultural research on achievement: a short version of Murray's Thematic Apperception Test. (McClelland et al, 1953; McClelland, 1961.) Four pictures are shown to the subject and he is asked to tell a story about each. The pictures are sufficiently ambiguous to evoke a variety of ideas. According to psychoanalytic theory underlying such projective techniques, if the person telling the stories consistently uses achievement-related themes, he would appear to be someone with a bias,

concern, or need for achievement. A simple count of the number of such achievement-related ideas in the stories would represent the strength of the teller's need. Hence, the theory has been called "n Achievement" -- need for achievement. The measure can be applied to n Affiliation, n Power, "and any other motive that an experimenter can demonstrate influences fantasy in regular and predictable ways." (McClelland, 1961, p. 42.)

The evidence of McClelland and associates indicates that early mastery training (self-care/independence) promotes high n Achievement provided it does not reflect generalized restrictiveness, authoritarianism, or rejection by the parents. Reasonably high standards of excellence imposed at a time when the child can attain them, a willingness to let him attain them without interference, and real emotional pleasure in his achievements short of overprotection and indulgence, are the essential parental ingredients. It appears that the mother plays the crucial role because it is she who undertakes the early mastery training of her child. McClelland states:

"What is desirable in somewhat idealized terms, is a stress on meeting certain achievement standards somewhere between the ages of six and eight (at least according to the mothers' reports), neither too early for the boy's abilities nor too late for him to internalize those standards as his own." (McClelland, 1961, p. 345.)

Individual differences in n Achievement level have been detected as early as age five. (McClelland, 1958.) Winterbottom (1958) demonstrated that at age 8-10, these differences could be traced to the attitudes of their mothers. Mothers of high n Achievement sons stress high expectations of success; mothers of low n Achievement sons stress obedience, niceness and conformity. A very high level of n Achievement in a mother

is likely to lead to a lower n Achievement in her son because she may make too early demands on her child, she may be too concerned with her own success to be interested in her child's, or she may stress the importance of achievement so much that the child finds it more adaptive to be passive and dependent. A low level of n Achievement in a mother, on the other hand, is likely to lead to a low n Achievement in her son because she has not set high enough achievement standards for him and is indulgent but restrictive.

Father dominance is another factor which leads to low n Achievement because the father makes the decisions and little pressure is put on the child to work out high standards for himself.

McClelland's research has been carried out primarily on normal people. Greenbaum et al (1953) introduced a handicap into TAT-type pictures and found that it did not stimulate greater productivity on the part of handicapped subjects than did the cards from the Murray series. Cohen (1964) used McClelland's n Achievement measure with paraplegics to test the hypothesis that achievement motivation is a significant factor in rehabilitation and found that those with high achievement scores did accomplish more in ADL (activities of daily living/self-care routines) than those with low. This current research used McClelland's n Achievement measure with cerebral palsied to test the hypotheses that: (1) achievement motivation is a significant factor in their obtaining and sustaining employment, and (2) it reflects the achievement motivation of their mothers.

Presentation

In order to make this research project as valuable as possible in terms of its practical application in providing a basis for expansion of services for the adult handicapped in Northern Alberta, it consisted of five individual, but related, studies. Each will be presented as a separate entity, in the chronological sequence in which it was executed. First to be presented will be the Follow-Up Study which will describe the attempt to locate the total population of registered cerebral palsied in the selected age range and will outline the results. Following this will be the Analysis of Interviews chapter which will present the comments of the subjects and their parents in their own words so as to obviate possible interviewer bias. The experimental portion of the research involved an attempt to tap achievement motivation by means of administration of a projective-type test. This test was administered at the completion of the interview session, so the Achievement Motivation Study is presented next. To tap the other side of the employment picture -- the point of view of employers, government administrators, and Canada Manpower -- interviews were next held with personnel representatives of metropolitan establishments. The results of those interviews, again including some actual comments of the interviewees, will comprise the fourth study in the series. The fifth, Needs of Other Handicapped Groups, will present the results of an attempt to ascertain the common needs shared by all prominent handicapped groups, not just the cerebral palsied. The Discussion chapter will relate the findings of the five studies to each other and will be followed by one chapter

which will include a summary and another, which will include recommendations. The appendix section will contain detailed listing of some interviewee comments to portray the nuances of opinions offered.

CHAPTER V

FOLLOW-UP STUDY

From the old Cerebral Palsy Clinic registry, all names were listed of those whose birthdates signified that they were between 16 and 30 years of age at the time this study was initiated. Their individual charts were pulled and studied to ascertain that the diagnosis was indeed "cerebral palsy", and to list classification (type and severity), IQ (if available), type and duration of training (special education and/or special therapy as opposed to home management and regular school), results of vocational assessment (if done), and present whereabouts. 290 persons satisfied the conditions.

Telephone contact was made with the parents of those residing in the City of Edmonton to obtain up-to-date information as to current activities and level of functioning. The Henderson Directory was consulted for all names not listed in the telephone directory, and questionnaires (see Appendix A) were sent to the addresses found therein. Questionnaires were also sent to those residing outside Edmonton. These questionnaires were designed to tap present functional motor ability, level of education, school status, employment status, and current activities if not employed. In an attempt to arrange personal interviews, telephone calls were made or individually typed letters were sent to all those whose answers indicated they were employed, or whose status regarding present school attendance or employment was uncertain. (See Appendix B.) A series of

individually typed follow-up letters was sent in an attempt to obtain replies from all questionnaires. (See Appendix C.)

TABLE 1.

<u>Status at Time of Survey</u>						
	<u>No.</u>	<u>% of Total Pop N=290</u>	<u>% of Avail Group N=183</u>	<u>No.</u>	<u>% of Total Pop N=290</u>	<u>% of Avail Group N=183</u>
Whereabouts Unknown				47	16.2	-
Moved out of Territory				54	18.6	-
Deceased				6	2.1	-
Unemployable				92	31.7	50.3
Institutionalized	55	19.0	30.1			
Custodial Care	4	1.4	2.2			
At Home	26	9.0	14.2			
Rehabilitation Centre	2	0.7	1.1			
Winnifred Stewart School	2	0.7	1.1			
Robin Hood School	3	1.0	1.6			
Still in School				57	19.7	31.1
Academic	31	10.7	16.9			
Technical	7	2.4	3.8			
Special	19	6.6	10.4			
Doubtfully Employable				2	0.7	1.1
Potentially Employable				11	3.8	6.0
Employed				17	5.9	9.3
Information Incomplete (Response Insufficient)				<u>4</u>	<u>1.4</u>	<u>2.2</u>
Totals				290	100.0	100.0

As Table 1. shows, 47 could not be found. Questionnaires sent to the most recent addresses contained in their records (some addresses were 10-15 years old) were returned, marked "Unknown"; personal inquiries made to their local telephone exchanges, post offices, and business houses revealed no information as to their whereabouts; and consulting Department of Social Development records revealed no pertinent information. Of the 54 included in the "Moved out of Territory" category, 25 were originally assessed at the Edmonton Cerebral Palsy Clinic but were

subsequently assigned to the Calgary Clinic territory when that clinic opened, and 29 were found to have moved away from Northern Alberta, so their needs were no longer considered the special interest of this study. Six were deceased. Hence, 183, or 63.1% of the total population, remained.

Judgement as to employability was made on the basis of the three factors which Moed (see Chapter III, page 14) found to be critical with regard to employment potential: grasping with one hand, pinching with one hand, and two-handed coordination. In addition, a Grade 8 education was deemed necessary in terms of present-day conventional employment standards.

Of the 183 subjects located in the Northern Alberta territory, 92, or 50.3% of the available group, were classed as unemployable. They included: (1) those who were institutionalized in such provincial facilities as Alberta School Hospital, Red Deer; Deerhome, Red Deer; and Alberta Hospital, Ponoka, (2) those who were in nursing homes or domiciles other than their own homes where they were receiving what amounts to custodial care, (3) those who were residing at home, unable to care for all their own needs, and/or without sufficient education and manual dexterity to qualify them as employable, (4) those attending the Edmonton Rehabilitation Society's Centre for education and/or training but who were not yet deemed employable -- and were thought likely to remain unemployable in spite of additional education and/or training, (5) those attending the Winnifred Stewart School for Mentally Retarded, and (6) those attending the Robin Hood School for day care purposes -- training rather than education, relieving the parents of full-day care.

All of those whose questionnaire responses showed they were currently employed, or who were potentially employable by virtue of having the above-mentioned capacities and education, or whose answers were insufficiently clear for categorization, were followed up with additional correspondence to arrange personal interviews in their own homes at their convenience. Through the interviews, in addition to those finally classed "Unemployable" or "Still in School", 17 (9.3% of the available group) were found to be employed, 11 (6.0%) were deemed potentially employable, and two (1.1%) were felt doubtfully employable. Of the 17 employed, eight were male and nine were female; of the 11 potentially employable, six were male and five, female; both doubtfully employable were male. Eight of the employed resided in Edmonton, seven resided in towns scattered all over Northern Alberta, and two resided on farms; five of the potentially employable resided in Edmonton, four in towns, and two on farms; one of the doubtfully employable lived in a town and the other, on a farm.

Of the 11 judged potentially employable, it was felt that one could/should be working, five likely needed sheltered workshop facilities but none were available in their local communities, and five likely needed counseling before they would become employable -- and their parents also needed counseling. These 11 and the 17 employed subjects comprised the experimental group for this research.

One of those categorized "Doubtfully Employable" was interviewed in hospital where he was being treated for a severely burned foot which had been damaged because, while ostensibly in the employ of his father, he was helping burn bush, stepped into live coals which spilled into his boot, but declined to take off the boot until returning home in the even-

ing, at which time he could barely walk. Interviewing him, hospital staff, and his mother, yielded the opinion that he was likely both mentally retarded and emotionally disturbed, thus rendering him "Doubtfully Employable". The other "questionable" subject who was finally categorized "Doubtfully Employable" turned out to have only a Grade 5 education, was essentially without speech, although he could communicate adequately if the recipient tried to understand him, was socially immature, and was not particularly interested in employment. His mother did not wish to even discuss the topic because it might mean disqualifying him for his disability pension. In terms of manual dexterity and willingness to accept supervision, he could work.

Complete information could not be elicited from four (2.2%) subjects. One male (known to be employable but who had had difficulty keeping a job because of emotional problems) ignored the initial questionnaire and first two follow-ups. He sent a note in reply to the third but refused to return the questionnaire. In part, his message read: "I hope this information your department is gathering will in the end, help the adult handicapped they need it." Two individuals, both Indian, one male and one female, cooperated by returning the questionnaires but did not reply to subsequent attempts to arrange personal interviews. The male was "employed at home on the farm"; whereas, the female was married and was raising a family. Only one individual was completely "uncooperative"; mail was neither returned by the post office nor acknowledged by the subject. The family did not have a telephone and the operators at the nearest exchange knew nothing about them. Attempts to glean information more up-to-date than that contained in the Cerebral Palsy Clinic chart, were made by contacting the Department of

Social Development in Edmonton and the medical records department of the Alberta Children's Hospital (formerly the Red Cross Crippled Children's Hospital) in Calgary, where he had received past care. The hospital's resourceful staff offered several leads, but none of them proved successful.

The most crucial point illustrated by Table 1. is that only 17, or 9.3% of the 183 in the available group (5.9% of the total population of 290 originally registered), could be found employed on the Northern Alberta competitive labor market. As stated in Chapter III, other studies have found less than one-fourth of their sample suitable for employment on the open labor market. Alberta's 9.3% is considerably less than 25%. This is the first study, however, that has attempted to include 100% of the known population, rather than utilizing a sample. The present study also differs from most other studies in that other work has been based on individuals who came to an agency to seek help in obtaining additional treatment or placement. Those which this study found employed had no contact with the Clinic for from 3-15 years. Two were assessed while youngsters but never had any intensive treatment -- merely routine home exercise programs in the initial stages. Those in the "Potentially Employable" category, however, had considerably more contact with the Clinic but in spite of their education, physical capacity, and attitude, (superficially evaluated in terms of their spoken work), were unable to find employment. Half of these lived in rural areas where few employment opportunities exist even for the local able-bodied youth.

The negative impact of the 9.3% statistic may be reduced by the positive fact that 57, or 31.1% of the available group, were still in

school, ranging from special opportunity-type classes in the basic grades, to university and technical level. Most of them were at the Grade 10-12 level, determined to finish their high school education. Recent legislation which allows young people to remain in school until age 21 if they are showing reasonable progress, has helped to alleviate the socially imposed (as opposed to internal) academic limitations of many cerebral palsied.

As Table 2 shows, there were considerably more registered spastics than athetoids: 126 (68.9%) in the available group as compared with 30 (16.4%) athetoids. Spastic hemiplegics comprised the largest group: 56 or 30.6%. Nine were employed, 18 were unemployable, but 21 were still in school. Spastic quadriplegics made up the next largest group (33 or 18.0%); none were employed, 26 were unemployable, and six remained in school. The third largest group was the athetoids: 30 or 16.4%. Of their number, 21 were unemployable. Six remained in school. Only two were employed, and one was potentially employable.

Klapper and Birch (see Chapter III, page 12) working with a sample, found that spastics as a group tended to fare better than athetoids. This researcher, attempting to work with total population figures rather than a sample, found that more spastics were employed than athetoids, but there were more than four times as many registered spastics available than there were registered athetoids available. In this current study, 10.3% (13) of the available spastics were employed; whereas, 6.7% (2) of the available athetoids were, indicating that athetoids, as a group, fared nearly as well as spastics in Northern Alberta.

With regard to degree of severity, Table 3 indicates that the majority (96 or 52.5% of the available group) were moderately affected.

TABLE 2.
Type of Cerebral Palsy in Relation to Employment

Type	Location Unknown	Employability															
		Employed			Potentially Employable			Employability Still in School			Unemployable			Information Incomplete		Totals	
		No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*
Spas Mono	3	1	0.5	-	-	1	0.5	1	0.5	1	0.5	3	1.6	3	1.6	3	1.6
Spas Dip	4	1	0.5	1	0.5	10	5.5	3	1.6	3	1.6	16	8.7	16	8.7	16	8.7
Spas Hemi	20	4	4.9	1	2.2	21	11.5	18	9.8	3	1.6	56	30.6	56	30.6	56	30.6
Spas Tri	2	-	-	-	1.1	-	-	6	3.3	-	-	8	4.4	8	4.4	8	4.4
Spas Para	4	2	1.1	-	0.5	4	2.2	3	1.6	3	1.6	10	5.5	10	5.5	10	5.5
Spas Quad	3	-	-	-	0.5	6	3.3	25	13.7	1	0.5	33	18.0	33	18.0	33	18.0
Athetosis	6	2	1.1	1	0.5	6	3.3	21	11.5	-	-	30	16.4	30	16.4	30	16.4
Ataxia	2	-	-	-	-	5	2.7	6	3.3	-	-	11	6.0	11	6.0	11	6.0
Mixed	2	-	-	-	0.5	1	0.5	8	4.4	-	-	10	5.5	10	5.5	10	5.5
Choreoath	-	1	0.5	-	-	2	1.1	1	0.5	-	-	4	2.2	4	2.2	4	2.2
Post Enceph	1	1	0.5	-	-	1	0.5	-	-	-	-	2	1.1	2	1.1	2	1.1
Totals	47	17	11	2	11	57	92	4	183	4	183	4	183	4	183	4	183
% of Avail Group	-	9.3	6.0	1.1	31.1	50.3	2.2	183	100.0	2.2	183	100.0	2.2	183	100.0	2.2	183
% of Total Pop	16.2	5.9	3.8	0.7	19.7	31.7	1.4	290	100.0	1.4	290	100.0	1.4	290	100.0	1.4	290

* % of Available Group

TABLE 3.
Degree of Severity in Relation to Employment

Degree	Location Unknown	Employability																				
		Employed			Potentially Employable			Doubtfully Employable			Still in School			Unemployable			Information Incomplete			Totals		
		No.	%*	%*	No.	%*	%*	No.	%*	%*	No.	%*	%*	No.	%*	%*	No.	%*	%*	No.	%*	%*
Mild	21	7	3.8	1	0.5	1	0.5	17	9.3	21	11.5	2	1.1	49	26.8							
Moderate	22	10	5.5	9	4.9	1	0.5	34	18.6	40	21.9	2	1.1	96	52.5							
Severe	4	-	-	1	0.5	-	-	6	3.3	31	16.9	-	-	38	20.8							
Totals	47	17		11		2		57		92		4		183								
% of Avail Group	-		9.3		6.0		1.1		31.1		50.3		2.2		100.0							
% of Total Pop	16.2		5.9		3.8		0.7		19.7		31.7		1.4		100.0							

* % of Available Group

Ten of these were employed, nine were potentially employable, and 34 were still in school. However, 40 were unemployable. Of the 49 (26.8%) mildly affected, only seven were employed, one was potentially employable, but 17 were still in school. Again, however, 21 of the mildly affected were unemployable. Analysis of the unemployables in the mild and moderate groups revealed that when assessed, their handicap was deemed more mentally crippling than physically. Many, therefore, had little or no schooling. A few suffered speech and/or hearing difficulties as well.

As would be expected, none of the 38 (20.8% of the available group) severely handicapped were employed, one was deemed potentially employable, and six remained in school. The majority, 31, of the severe subjects were unemployable. The one "severe" young lady who, it was felt, could work (she wore a cock-up splint on her left arm which enabled her to keep house -- including cooking, cleaning, washing, ironing, and sewing, to ride horseback, and to do pretty much as she pleased), expressed negative opinions toward employment, reflecting the opinions of her parents who didn't want her to work, enjoying her pleasant company around the house. (This subject, originally assessed as "severe", might be reassessed as "moderate", but since her original assessment was the one considered for the purposes of this study, she remained in the "severe" category.)

The largest number of registered cerebral palsied, 92 or 50.3% of the available group, as shown in Table 4., fell in the youngest age group -- the 16-20 year olds. This does not necessarily mean that the incidence of cerebral palsy is increasing, but may illustrate the increasingly more refined identification, referral, assessment, diagnostic,

TABLE 4.
Age in Relation to Employment

Age	Location Unknown	Employability															
		Employed		Potentially Employable		Doubtfully Employable		Still in School		Unemployable		Information Incomplete		Totals			
		No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*
16-20	26	4	2.2	2	1.1	1	0.5	44	24.0	35	19.1	2	1.1	88	48.1		
21-25	12	11	6.0	6	3.3	-	-	12	13.0	42	23.0	1	0.5	72	39.3		
26-30	9	2	1.1	3	1.6	1	0.5	1	0.5	15	8.2	1	0.5	23	12.6		
Totals	47	17		11		2		57		92		4		183			
% of Avail Group	-		9.3		6.0		1.1		31.1		50.3		2.2		183	100.0	
% of Total Pop	16.2		5.9		3.8		0.7		19.7		31.7		1.4		290	100.0	

* % of Available Group

and treatment procedures promulgated throughout the province in the past 15 years. In other words, more are being found and given appropriate attention. In times past, many disabled were kept out of sight, others were accepted within the community as "just born that way", and treatment/education was rather catch-as-catch-can. With increased social awareness and ever-advancing medical/educational technology, coupled with intensive efforts throughout the province to identify high risk infants for early diagnosis and treatment, it merely "appears" that the incidence is increasing. It is acknowledged, however, that with more sophisticated medical information and antibiotics, more handicapped are now surviving infant mortality than was formerly the case. On the other hand, it is also recognized that with more sophisticated medical information and technology, prenatal preventative measures are reducing hazards which used to be major contributors to brain damage. (Examples: injection of the mother with Rh₀(D) antiglobulin reduces blood incompatibility, and immediate hospitalization at the first sign of difficulty, reduces prematurity.) It is hoped that increased use of genetic counseling will reduce conception of potentially high risk embryos.

Of the 16-20 year olds, 44 were still in school, but almost as many, 39, were unemployable. Again, the latter were, by and large, retardates. Four were employed, two were potentially employable, and one was doubtfully employable due to emotional disturbance. Sixty-nine (37.7% of the available group) were from age 21 to age 25. Twelve of these were still in school, but again, 39 were unemployable. Eleven were employed and six were potentially employable. Of the 22 (12.0%) in the 26-30 age range, only one remained in school, whereas 14 were unemployable. Two

were employed, three were potentially employable, but one was doubtfully employable due to speech difficulties, lack of socialization, and no interest in the work world by either himself or his mother.

IQ was unknown for most of the population. Level of education was unknown for many. Some had no formal education. Of those for whom it was known, 33 (18.0% of the available group) had either achieved or were then attending Grade 10-12. (See Table 5.) Thirty or 16.4% had been enrolled in some type of special education, including correspondence study at home, special schooling at the Cerebral Palsy Clinic or at Glenrose School Hospital, hard of hearing class, opportunity class, vocational education, training at the Edmonton Rehabilitation Society's Centre, and assessment at the Industrial Research and Training Centre; 19 of these were still enrolled. Nineteen others (10.4%) were included in the Grade 7-9 level: three of the employed subjects had attained only this level (Grade 8), six of those deemed potentially employable had reached this level, and five were presently studying in these grades. Interestingly enough, two of the employed group had achieved only Grade 1-6 education. (Specifics are included in Table 6.) Two others in this category were deemed potentially employable in spite of their not achieving Grade 8 because: (1) one subject ranged from Grade 5-9 in his academic skills, but his physical skills and "agreeable" personality would render him amenable to repetitive, routine, non-thinking tasks under supervision (he, himself, stated he'd like to be a garbage collector), and (2) the other, although she remembered little of her Grade 6 work, could perform domestic duties quite adequately IF she were motivated toward employment. (Maintenance duties in a nursing home, for instance, would be

TABLE 5.

Education in Relation to Employment

Level	Employability																	
	Employed			Potentially Doubtfully Employable			Still in School			Unemployable			Information Incomplete					
	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*		
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	4.4
Grades 1-6	2	1.1	2	1.1	1	0.5	2	1.1	11	6.0	1	0.5	11	6.0	-	-	18	9.8
Grades 7-9	3	1.6	6	3.3	1	0.5	5	2.7	1	0.5	1	0.5	3	1.6	3	1.6	19	10.4
Grades 10-12	7	3.8	3	1.6	-	-	22	12.0	1	0.5	1	0.5	-	-	-	-	33	18.0
Special	-	-	-	-	-	-	19	10.4	11	6.0	-	-	-	-	-	-	30	16.4
University	3	1.6	-	-	-	-	2	1.1	-	-	-	-	-	-	-	-	5	2.7
Technical	2	1.1	-	-	-	-	7	3.8	-	-	-	-	-	-	-	-	9	4.9
Unknown	-	-	-	-	-	-	-	-	60	32.8	1	0.5	1	0.5	61	33.3	-	-
Totals	17		11		2		57		92		4		183					
% of Available Group	9.3		6.0		1.1		31.1		50.3		2.2		100.0					
% of Total Population	5.9		3.8		0.7		19.7		31.7		1.4		100.0					

* % of Available Group

admirably suited to her abilities and personality, for she could perform her tasks satisfactorily and would be a source of light-hearted cheer to the residents.) Two subjects were currently enrolled at this level, one in Grade 2 and one in Grade 3. At the other end of the continuum, three of the employed group had earned University of Alberta degrees and two others were presently enrolled there; two of the employed group had attended the Northern Alberta Institute of Technology and seven others were currently enrolled in some kind of post-high school technical training.

Only one of the employed group attended "special" classes regularly. He attended the Cerebral Palsy Clinic for two years -- six years apart. At age 6, he received therapy only; at age 12, he attended the Clinic school while receiving psychiatric treatment at the University Hospital and more direct speech therapy at the Clinic, for an emotionally based stammer. Several others attended the Clinic as out-patients (after regular school hours) for intermittent remedial instruction in study habits and writing, or as day students for the short period immediately following surgery when their being non-ambulatory obviated regular school attendance.

Writing difficulties were often brought up by the subjects as being their biggest academic obstacle in school; it was so slow and laborious that they felt they were often jeopardized merely because they couldn't finish their written assignments (particularly examinations) in the standard time allowed, even though they knew the material. Several sought the Clinic's assistance in requesting extended time from the authorities for writing their departmental examinations. Several of the potentially employable group commented that they had been eased

out of school because the teachers weren't interested in spending the extra time and effort required, and they now wished that some form of adult education were available to them because they honestly believed they could continue learning and thereby enhance their chances of obtaining employment. On the other hand, one in the employed group stated that according to assessment at an early age, he was not expected to advance beyond Grade 5 and he spent three years in Grade 5, but because of his wonderful teachers and classmates, all of whom gave him continued, solid, encouraging support all the way, he went on to graduate at the age of 21. He volunteered that if he went to his teachers and told them he didn't understand something, they would gladly stay after school and explain it to him. He further elaborated that this was not a special favor awarded to him alone; they were eager to help any student who asked for help and was willing to work to understand the knotty problem at hand.

Social inadequacy was often mentioned as being a greater obstacle than academic problems in school. Both subjects and parents volunteered this. The cerebral palsied just didn't fit anywhere. Several sensed that the teachers did not understand their disability and were either embarrassed by or afraid of them; as a result, their classmates reflected this embarrassment or fear. Either they were "made over" ad nauseum, or they were ignored. Many weren't allowed to participate in any physical activity for fear it wasn't good for them, they'd get hurt, or they'd interfere with everyone else's fun.

A male emphasized the dogmatic attitude of his teachers: everything must be done their way, as if their way was THE ONLY WAY. This

subject now felt that he could do just about everything he wanted to once he figured out his own way of doing it -- whatever worked for him. But he said that it was not until he was well along in school that he found he had to keep his mouth shut and persist in his own way. And he had to continue in his own way, without asking for help, until the project was completed, for if he requested assistance, he'd be told either that he couldn't do it anyway, or it wasn't worth the time and effort it would take to keep working at it, for the end product would likely be of poor quality. For a long time, he thought this attitude was reserved for teachers and others "in authority", but in his adult life, he learned that it is characteristic of a certain kind of human being:

"A lot of people are just plain bossy -- either that or they feel important when they can push people around who they think are easy to push around. It's no use arguing with them. Just be pleasant to 'em and go on about your business, accomplishing what you have to in your own way. If you open your mouth, nothing is gained -- everyone just gets mad. It takes time and thought to figure out how you can do it, and sometimes some ways don't work, but you can if you want to and keep trying until you find a way.

"The trouble with many handicapped is that they're just plain lazy. And they feel sorry for themselves. But it's not their fault altogether; they're encouraged to be lazy by the people around them who really don't know any better. If I had a dime for everyone who's said within my hearing, 'Oh, that poor boy,' I'd be a millionaire. I'm NOT a 'poor boy'! I have to keep proving myself. Over and over I have to prove myself. To everybody. Everywhere. People just won't believe that you can do things."

Females emphasized their feeling of friendlessness. They never felt that anyone really accepted them so never ventured far from their family circle. One mother told of how she and her husband had built a rumpus room which they could ill afford and put on the best-fed parties

in the district to lure friends for their daughter. (The mother's term was "lure" and she said the bait worked: a large number of young people kept coming, and a few of them did become friends. "But it sure took a lot of hamburger!")

Table 6, Salary, Treatment, and Jobs of the 17 Employed Individuals, depicts the age, education, type of cerebral palsy, severity, sex, marital status, treatment, and type of job held by each. Although not salaried in terms of dollars and cents, the housewives are included as employed because they are felt to be contributing to the gross national product whether or not monetary value is placed on their efforts.

From Table 7, Status of Unemployables at Time of Survey, it can be seen that nearly half (46.7%) of them (43 of the total of 92) were spastic. Of the 36 (39.1%) institutionalized spastics, 14 (15.2%) were hemis and 14 were quads. Of the 13 (14.1%) at home, five (5.4%) were quads; three (3.3%), paras; three (3.3%), hemis; and two (2.2%), tris. The two (2.2%) students at both the Winnifred Stewart School and the Robin Hood School were quads.

The next largest group was the athetoids: 21 (or 22.8%). Of these, nine (9.8%) were institutionalized, eight (8.7%) were at home, two (2.2%) were under custodial care, one (1.1%) was at the Rehabilitation Centre, and one (1.1%) was at the Robin Hood School.

Eight (8.7%) subjects were diagnosed as mixed; of these, six (6.5%) were institutionalized and two (2.2%) were at home. Six subjects were ataxic; of these, four (4.3%) were institutionalized and two (2.2%) were at home. Only one (1.1%) had choreoathetosis and he was at home.

TABLE 6.

Salary, Treatment, and Jobs of the 17 Employed Individuals

Salary	Age	Educ	Type of CP	Severity	Sex	Treatment	Job
Less than \$1000	21-25	8	Spas Hemi	Mild M M	M M	11 days OT-PT; rechecks; shoe corrections	Clearing land for pipeline
Less than \$3000	16-20	11	Spas Hemi	Mild F Sep	F	No treatment needed	Steam Press Opr Farmer
	21-25	11	Choreoath	Mild M S	S	Night brace 1 yr; home exercise program	Hospital Play Therapist
	21-25	12	Spas Hemi	Mild F S	S	Home exercise prog; rechecks; shoe corrections	
Less than \$4000	16-20	8	Spas Hemi	Mild F S	S	Age 2: PT; brace; 4: TA lengthening; 7 & 9: 1 x wk PT; 8: brace; 17: the aphrodesis study habits	Janitress
	16-20	12	Athetoid	Mod M S	S		Shoe Wholesale Shipper & Recv
Less than \$5000	21-25	12	Spas Hemi	Mod M S	S	1 yr in-clinic therapy; right splint; arm and leg tendons plus psychiatry and ST in-clinic school plus psychiatry and ST	Night Watchman for college
	21-25	Univ	Spas Hemi	Mod F M	M	Home exercise; rechecks; night splints; shoe corrections; in-clinic PT; TA lengthening	School Teacher
	26-30	5	Spas Para	Mod M S	S	Bilateral TA lengthening; 2 1-mo OT and PT	Coin Selector*
More than \$5000	16-20	Univ	Spas Mono	Mod M S	S	Age 12: 1 mo PT prior to TA lengthening; post surgery	Bulk Milk Truck Operator
	21-25	Univ	Spas Para	Mod M S	S	Age 4: braces, periodic rechecks and home exercise program next year	Sheet Metal Mechanic
	21-25	3yrs Univ	Spas Para	Mod F S	S	Night casts; summer in-clinic; braces; abduction tenotomy; nerve crush; lateral hamstring tenotomy plus; post surgery	Occupational Therapist
	21-25	Univ Degree	Spas Hemi	Mild M S	S	Age 7: in-clinic; 19: general assessment	Economist/Immigration Officer

Housewives

1 child	21-25	8	Post Enceph	Mild F Sep	F	1 x wk for 6 mo; remedial schoolwork; rechecks
1 child	21-25	11	Spas Hemi	Mod F M	M	TA lengthening tendoplasty of right forearm, hypnotism to reduce self-consciousness re hand
2 children	21-25	6	Spas Hemi	Mod F M	M	No treatment needed
3 children	26-30	10	Athetoid	Mod F M	M	Leg surgery; 2 1-mo sessions PT; drug therapy

OT - Occupational Therapy
 PT - Physiotherapy
 ST - Speech Therapy

TA - Tendo Achilles
 1 x wk - Treatment session once per week
 * Rejects slugs on conveyor belt

TABLE 7.

Status of Unemployables at Time of Survey

Type of Cerebral Palsy	Institutionalized		Custodial Care		At Home		Rehab Centre		Winnifred Stewart School		Robin Hood School		Totals			
	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*		
Spastic Monoplegia	1	1.1	-	-	-	-	-	-	-	-	-	-	1	1.1		
Spastic Diplegia	3	3.3	-	-	-	-	-	-	-	-	-	-	3	3.3		
Spastic Hemiplegia	14	15.2	-	-	3	3.3	1	1.1	-	-	-	-	18	19.6		
Spastic Triplegia	4	4.3	-	-	2	2.2	-	-	-	-	-	-	6	6.5		
Spastic Paraplegia	-	-	-	-	3	3.3	-	-	-	-	-	-	3	3.3		
Spastic Quadriplegia	14	15.2	2	2.2	5	5.4	-	-	2	2.2	2	2.2	25	27.2		
Athetosis	9	9.8	2	2.2	8	8.7	1	1.1	-	-	1	1.1	21	22.8		
Ataxia	4	4.3	-	-	2	2.2	-	-	-	-	-	-	6	6.5		
Mixed	6	6.5	-	-	2	2.2	-	-	-	-	-	-	8	8.7		
Choreoathetosis	-	-	-	-	1	1.1	-	-	-	-	-	-	1	1.1		
Severity																
Mild	10	10.9	-	-	10	10.9	-	-	-	-	1	1.1	1	1.1	21	22.8
Moderate	22	23.9	4	4.3	11	12.0	1	1.1	2	2.2	1	1.1	1	1.1	41	44.6
Severe	23	25.0	-	-	5	5.4	1	1.1	-	-	1	1.1	1	1.1	30	32.6
Age																
16-20	21	22.8	-	-	10	10.9	1	1.1	1	1.1	2	2.2	2	2.2	35	38.0
21-25	25	27.2	2	2.2	12	13.0	1	1.1	1	1.1	1	1.1	1	1.1	42	45.7
26-30	9	9.8	2	2.2	4	4.3	-	-	-	-	-	-	-	-	15	16.3
Totals	55	59.8	4	4.3	26	28.3	2	2.2	2	2.2	3	3.3	3	3.3	92	100.0

* % of Unemployable Group

With regard to severity, 41 (44.6%) were moderate. Of these, 22 (23.9%) were institutionalized and 11 (12.0%) were at home. Thirty (32.6%) were severe. Of these, 23 (25.0%) were institutionalized and five (5.4%) were at home. One (1.1%) severe subject, however, was attending the Rehabilitation Centre and another was attending the Robin Hood School. Of the 21 (22.8%) milds, 10 (10.9%) were institutionalized and 10 were at home. The remaining mild subject (1.1%) was attending the Robin Hood School.

Nearly half -- 42, or 45.7% -- were between the ages of 21 and 25 years. Twenty-five (27.2%) of these were institutionalized and 12 (13.0%) were at home. Each of the three schools (the Rehabilitation Centre, Winnifred Stewart School, and Robin Hood School) had one (1.1%) 21-25 year old in attendance.

Thirty-five (38.0%) were between the ages of 16 and 20 years. Of these, 21 (22.8%) were institutionalized and 10 (10.9%) were at home. Two (2.2%) attended Robin Hood School, one (1.1%) attended the Rehabilitation Centre, and another (1.1%), the Winnifred Stewart School.

None of the 15 (16.3%) 26-30 year olds were attending school. Nine (9.8%) were institutionalized, four (4.3%) were at home, and two (2.2%) were under custodial care.

Level of education was unknown for most of the unemployables, but as has been stated previously, review of their medical histories indicated that their handicap was deemed more mentally crippling than physically. Many, therefore, had little or no schooling.

As a group, those potential subjects whose location remained unknown were similar to the available group in that the largest number

were spastics: 36 or 76.6%. Twenty (42.6% of the "location unknowns") were hemis. Only six (12.8%) were athetoids. It is interesting to note that 43 (91.5%) were mildly or moderately affected, about half in each category (21 mild and 22 moderate). Over half (26 or 55.3%) were in the 16-20 year old age group. One-fourth (12 or 25.5%) were 21-25 year olds. From these figures, one might wonder if their youth and their relatively less severe disabilities rendered their handicaps less "crippling" to the "normal" activities, including population migration, of their families.

In Chapter III it was stated that Moed had found that the extent of psycho-social maladjustment could not be predicted from the severity of disability, but it appeared that the minimally handicapped tended to be more disturbed because they rejected their handicap, identified with the non-handicapped, and tried to compete with them. Instances of this became apparent in the current study. For example, the final question on the interview schedule, "What comments do you have about this whole interview?" brought tears from one of the brighter, socially active, and generally more competent teen-agers who had just finished Grade 12 and was preparing to attend bible college the following fall. Prior to the interview she had dreaded the thought of it, for she had spent her whole life trying to cover up her very mild handicap, trying to pretend to herself and convince those about her that there was nothing wrong. She did not appreciate the fact that she had now been singled out BECAUSE of the very thing she'd been trying to hide. All her efforts had been in vain, she felt. During the course of the conversation (about three hours' long) she had realized that she was not being true to herself;

what she had been doing was really just feeling sorry for herself. By the end of the session, she was grateful for the visit.

From Table 6 it can be seen that two of the married women were now separated. These were the two with the least noticeable handicaps. Both were shy, quiet, tender-hearted, "sweet" girls; both husbands went back to their mothers. One woman was living with her parents while raising her baby boy, supported by the Provincial Department of Social Development. The other had no children and was supporting herself simply but adequately. She was not afraid of manual labor, was striving for independence, and was beginning to pursue hobbies of a saleable craft nature.

Two of the other married women were having marital problems. One dated an unhappy lad who had been shuttled from one foster home to another without being really welcome anywhere before he met her, became pregnant by him, and subsequently married him. He was now an alcoholic, sometimes able to work, sometimes not. Her parents were there for the roughest times, but she was determined to keep going without their direct financial help. The other mother having difficulty was left alone in a trailer court for weeks on end while her husband worked on an oil rig "up North". He was a jealous husband, didn't feel that she should set foot outside the trailer, and when he returned, accusations flew. She, too, was determined to keep the home she had for her two pre-schoolers, rather than become involved in what might prove to be worse difficulties encountered in separation.

Three of the four who were mothers volunteered that they had not felt like "real" human beings until they had given birth to normal children. Then, for the first time in their lives, they could "really relax

and be happy." The fourth mother believed that her handicap was from poliomyelitis and hence, had not been subjected to the stigma often surrounding the term "cerebral palsied".

Only one employed man was married (and he was the father of a baby girl -- with another child on the way). He, too, was mildly affected, and continually ran into difficulty on the job because he attempted more than he could physically cope with. He signed up for crews constructing roads and clearing land for laying pipeline, situations wherein the hiring boss was neither local nor very discriminating. He did not tell his prospective employer or his fellow employees that he was handicapped; he pitched in on whatever assignment he was given. As a result, he suffered accidents. At the time of the interview, he was recuperating from a chain-saw accident which had pretty well chewed up his good hand. Just prior to that, he had been laid off because his "legs gave out". He had been standing for most of the day in cold swamp. From the dampness, his weak leg became numb and gave way as he was jumping one log. As a result of this loss of balance, another log fell on his good leg. His wife, to keep them going, had opened her own beauty shop, but the community is so small there was question as to whether it could support the shop.

With regard to severity of handicap, no severely handicapped were employed. Ten were diagnosed "moderate" and seven were "mild". Five of the mild cases' symptoms were hardly noticeable; the other two had obvious limps. Thus, seven of the 17 employed were not very disabled (when considering the broad spectrum of possible incapacitation.)

As was stated previously, two of the employed group achieved less than a Grade 8 education (one, Grade 5; the other, Grade 6), three earned Grade 8, and 12 earned more -- five going on beyond high school.

With regard to amount of treatment, two needed none. Of the remainder, about half needed only minimal help (home exercise program and occasional occupational and/or physiotherapy), while the other half needed surgery, some rather extensive.

Thus, there would seem to be no relationship between extent of severity/education/treatment and either the ultimate success in obtaining and sustaining employment, or the professional level of that employment, for the actual jobs held covered the whole continuum, from manual (janitress and steam press operator), through "middle-class" (farmer and school teacher), to the professional level (occupational therapist and economist/immigration officer).

CHAPTER VI

ANALYSIS OF INTERVIEWS

Interviews were conducted in the subject's own home so that he and his family might be observed in their own environment, supposedly engaging in ordinary, natural intra-family interaction. The underlying assumptions were that

1. The less threatening the environment, the more comfortable the subject.
2. The more comfortable the subject, the more spontaneous his comments.
3. The more spontaneous and candid his comments, the more revealing "the facts" and emotional feeling surrounding "the facts".
4. The more revealing "the facts" and the more feeling there was surrounding them, the more penetrating the insight afforded the interviewer into all aspects of the case.

Structure was provided to the interviews by a form (see Appendix D) covering the areas of employment, education, attitudes and interest, family and social relationships, physical disability, and present circumstances. In most instances it was introduced casually after the explanations regarding the whys and wherefores of the study. As the subject began talking about himself, his experiences, and his problems, the appropriate blanks were filled in -- in the subject's own words. At a convenient breaking point, the interviewer would guide the subject's thoughts to question No. 1 and would then continue in succession,

skipping over the questions already filled in through the initial, rapport-building preliminaries. The subjects and whoever else was present were invited to feel free to ask questions at any time, make any comments desired, and detail whatever they wished about experiences brought to mind by the questions, whether they were directly related or not. Verbatim written notes were made of these spontaneous remarks.

In some cases, the presence of the parent (usually the mother, but sometimes both mother and father) inhibited the subject's response, and in some of these cases, the interview schedule was handed to the subject so that he could complete "sensitive" questions by writing, while the interviewer continued conversing with the parent. In other cases, the presence of the parent enhanced the subject's recollection. In all cases, the presence of the parent afforded an impression of the "climate" of the household. Family messages were conveyed by glances, eyebrows, gestures, and even seating arrangements. In several cases, neighbors dropped in. Some were invited, particularly when language interpretation was involved (several parents spoke little English), and some just happened by. In one case, a subject had his girlfriend present.

As an example of the type of information these encouraged spontaneous comments yielded, following is the summary of an interview with a young mother living in a rural community. As in all cases in this analysis, the interviewee's own words are used:

"During the Christmas rush, I sorted mail and handled the mail bags. I got by -- pushed, pulled, or lifted. I'm kind of independent -- I like to do it myself if I can. I do the gardening except for running the big tractor. I drive the truck while my husband

tosses feed. I bake my own buns. Until this year I cooked for five hired men. I go dancing -- really enjoy it -- even though my legs ache the next day. I don't like people to treat me different.

"I'm very self-conscious when other people are around -- until my daughter was born. Now I've made my place as a normal rather than a cripple. They called me 'Hippity-Limpity'. It bothered me until my daughter was born. I've proved that I could. Now I realize they weren't meaning to tease when they called me that.

"In Grade 11 there was a girl with a bad arm. I thought she was a snob but now I realize she was like me -- didn't make the first move.

"I can't wash walls -- not very good balance -- but I did this spring so everything would look just right when you came. I've come close to falling but never have. I never carve meat -- I have a hard time. And I got scalded once -- badly. I was doing some canning for a woman because she was sick and couldn't. Her pressure gauge didn't work right and it exploded. I guess I was in shock and wouldn't admit for several hours that I was really hurt.

"My parents brought me up to accept it. They tried everything they could to help me. Those trips every two weeks lost money for them. Some of the treatment was experimental but they always went ahead. They treated me just like the others as much as they could. They encouraged independence -- let me make my own decisions. I respected my parents. They asked me to help where I could. I like to help people when I can -- it does a lot for other people to have me help them."

Now, let us take a look at her mother's comments. (The daughter was interviewed in her home in the morning. After lunch she took the interviewer to call on her mother "just down the road". The daughter was present when her mother was talking.)

"It was her stubbornness that got her by. But she had to mind the same as the other kids; Dr. _____ stressed this first thing.

"Dad made a machine to turn her hand over; she couldn't do it herself.

"In Grade 7, both the principal and her schoolteacher let kids make fun of her and knock her down. So we began having lots of kids in here. But her very first teacher was the important one -- and she was always there to help anyone who needed it."

"Some things you fall into -- you have no control. Like when Dr. _____ put the brace on the wrong side and it was on four months before her recheck at the Clinic when the doctor there spotted it. We always take the viewpoint that nothing is so bad it couldn't have been worse. At the Clinic we saw so many so much worse -- just seeing others worse-off helped.

"Finances was the big problem; going to Edmonton was expensive. We may have shorted the others -- one older sister feels _____ got more. Our living conditions didn't help -- carrying her everywhere in that cast was a chore.

"Recommendations? When they have to stay in the city for treatment, stay with people other than relatives!"

In most cases, a parent was present when the subject was interviewed. It had been hoped that they would be "interested bystanders" and would interject only now and then. Usually, this was the case. Several times the parents left the interviewer and the handicapped subject completely alone after the initial social amenities. But sometimes the parents spoke for the handicapped subject. In several instances, the handicapped subject lived at one end of the province and the mother, at the other. This situation necessitated two trips, but yielded profitable results, for both interviews were completely private and each interviewee could then speak freely.

No interview form was used with the parents. They were just asked to tell what their experiences had been in raising a handicapped child. How had they felt about it all? What big and little problems had they faced? How had they handled them? Who had given them assistance and what kind was it? What did they feel the biggest obstacles were all along the way for the parents and for the child? The interviewer was concerned and would really appreciate knowing, because what they had encountered and the way they'd handled their problems might help others to make the best of their situations. We wanted to know where the gaps

were -- what needs hadn't been filled then, what did they feel were the needs that should be given attention now, and what suggestions might they have for the future?

A sample of one such interview follows. The quotation is real -- her own words. The motivation of the mother was as relevant to this study as the motivation of the handicapped offspring, and it was felt that as the mother described her child, she also "painted a picture" of herself. The interviewer has merely acted as "editor", organizing the spontaneous utterances into a more-or-less chronological sequence:

"I was always thankful for what I had. I couldn't spoil her because _____ came along 3½ years later and had heart trouble and had to be handled with kid gloves. But I still wouldn't let her do things. Dr. _____ bawled me out for waiting on her and it stuck. He really lit into me and I felt terrible about it at first, but Mrs. _____ realized I was upset and walked me to the bus-stop and explained what he meant. That helped a lot and I'll always be grateful to her. To them both, because as a result, we've stressed independence for all our kids -- let them think for themselves and follow their own interests. Perhaps I was too strict when they were young but I let up when they reached their teens. It was kind of up to me because my husband was home only on week-ends and this house had more work in it than any place in town. They respect their father.

"In this small town, people were good to her -- the whole community. They saw to it that she was included. The teachers and kids sure were good to her. No unkind words. They didn't spoil her but respected her. They treated her handicap as a natural thing. And so did she, I guess, because she never asked questions -- just accepted it. (I worried, and still do, but don't let her know it.) She was determined it wouldn't hold her back. She had a lot of gumption.

"She was always active -- wanted to be at the top. No time for any nonsense. She belonged to a lot of things: church, Brownies and Girl Guides, 4-H, sewing and garden club. She taught Sunday School nine years -- taught the church's 'New Curriculum' to everybody -- even the adults. She took courses at Alberta College and came back and taught, she was a leader at Camp Whitney for two weeks, she took a Red Cross course at the Banff School of Fine Arts during Easter Holidays and then came back and organized it in our school. She took piano lessons but quit because she never could get the other hand going. She sings solos at weddings. She's good in her books and was determined to get an education."

"She even took a one-handed typing course from Chicago by correspondence.

"She had a lot of operations. She had a lot of dates, too, but she was awfully fussy. She married the smart, quiet type. He irons, vacuums, dries dishes, and peels potatoes, but she does most of the housework. She breaks dishes. Now she's going to take driving and sewing lessons. She's also taking treatment for her feet. Poor kid, she's going to have to go back into boots.

"She's very high strung -- was on tranquilizers at University. Only weighs 100 pounds. No eating when worried about exams. She keeps her temper inside -- she'd hop on one foot or snap her hand. She has a good sense of humor and can take teasing. She doesn't let herself get depressed -- she listens to Strauss. And she's sure not snotty. I can't stand snotty people!"

The daughter of this mother was one of a very small number who ever expressed written appreciation to the personnel who treated them. A letter contained in her Clinic chart, reads:

"I've often thought of the clinic and the good that it has done for me.

"I am completing my Grade XII this month and plan to enter the Faculty of Education at the U of A in Edmonton this fall. Along with my school work I lead quite a busy extra-curricular life as well. I am Editor of our High School Yearbook, Student Advisor to the High School Red Cross and a member of the Students' Union Executive.

"In church, I am a member of the choir, teach 18 junior S. S. students and in charge of the New Curriculum.

"Actually, my handicap has hindered my life very little and I really believe it has made me aware of the many things I have to be thankful for.

"Next year, when I'm in Edmonton, I hope to visit the Clinic to see its changes from the one I knew. Good-bye until then.

"God bless you."

Representative answers of the subjects to individual questions on the interview form, are included in Appendix E. The general findings are enumerated below:

1. Living situation:

	<u>EMPLOYED</u>	<u>POTENTIALLY EMPLOYABLE</u>	<u>DOUBTFULLY EMPLOYABLE</u>
In own quarters*	10	0	0
With siblings	1	1	0
With parents	<u>6</u>	<u>10</u>	<u>2</u>
	17	11	2

* Apartment, 7; rented home, 2; trailer, 1

2. Finances: "How much money do you feel you need to get along each month?" was asked of the employed group (except for the housewives).

Their answers were:

"?"
"\$25 plus wear and tear on my car."
"\$60 room and board. My car is the expense."
"\$150"
"\$150. I don't spend. I hoard money. I'm living with my sister and brother-in-law to help them buy their house."
"\$170"
"\$200" (2)
"\$200. To save, you have to make over \$272 a month."
"I'm only clearing about \$200. I need \$250-275 to get by. But I don't pay rent now -- haven't for the past three months. I kind of got behind so my folks are letting me off for a while."
"\$300" (Married man with one child and another on the way.)
"About \$350 for a couple. But that's getting along very well. You don't need that much to survive."

Three of the potentially employable have no financial assistance; their parents are bearing their entire cost. Four have disability pensions, three have Department of Social Development assistance, and one has both a pension and assistance. Of the doubtfully employable, one has a disability pension and the other parents applied for one two years ago but have heard nothing from the Department of Social Development representative.

3. Nine of the employed obtained their present jobs through their own efforts; three, through the efforts of relatives; and one, through

Canada Manpower. The question was not pertinent for the four housewives.

4. Prospective employers knew of the disability of 10 of the employed. Three subjects never mention it. The question was not pertinent for the housewives.

5. In the employed group, 12 grew up with both parents in the home. One father died when the subject was $5\frac{1}{2}$, one mother died when the subject was 15, one mother was in hospital more than at home, and one father deserted. One subject lived in foster homes because his mother was institutionalized and subsequently committed suicide. All of the potentially employable and both doubtfully employable grew up with both parents in the home.

6. More subjects in both the employable and potentially employable groups felt they were closer to their mother than to their father. One of the doubtfully employable felt he was close to them both, and the other didn't know, really.

7. More of the employed felt they were raised different from their siblings. More of the potentially employable and both of the doubtfully employable seemed to feel they were treated much the same as their siblings.

8. Siblings:

<u>EMPLOYED</u>	<u>POTENTIALLY EMPLOYABLE</u>	<u>DOUBTFULLY EMPLOYABLE</u>
1 - Only child	1 - Only child	4th of 5 boys
2 - 1st of 2	1 - 1st of 2	1st of 7
1 - 2nd of 2	1 - 1st of 3	
1 - 1st of 3	1 - 3rd of 3	
2 - 2nd of 3	2 - 1st of 4 *f	
1 - 1st of 4 *a	1 - 3rd of 5	
1 - 3rd of 4 *b	1 - 4th of 5 *g	
1 - 1st of 6 *c	1 - 5th of 7	
1 - 6th of 6	1 - 6th of 8	
1 - 5th of 7 *d	1 - 8th of 9 *h	
1 - 6th of 7		
1 - 11th of 13		
1 - 12th of 15		
1 - 15th of 16		
1 - 16th of 18 *e		

- * a. 2nd has heart trouble
- b. 3 additional babies were lost at birth
- c. 1 died of viral pneumonia; 1 had spinal meningitis
- d. Subject also has multiple sclerosis
- e. A twin
- f. One of these subjects was adopted
- g. 3rd has multiple sclerosis
- h. Subject was 1st of twins; 2nd was born dead

9. About half of both the employed and the potentially employable were not able to talk with their parents about their disability. Neither of the doubtfully employable were.

10. Most of the employed and all of the potentially and doubtfully employable had little understanding of their disability. Many had never had any explanation of it. Several did not know what it's called. One employed was grossly incorrect in his belief and another, also employed, was astute enough to have realized the explanation her mother gave her was incorrect, learned for herself, and explained it to her parents.

11. Most subjects remembered best the teacher who had taken a special interest in them as persons. Several, however, stressed their skill at teaching.

12. Making friends was difficult for many in the employed and potentially employable groups, but several had "special" friends, some of whom had endured.

13. Their interests appeared many and varied -- ranging from passive, solitary "reading", to active, group "football".

14. None of the employed or doubtfully employable participated in groups organized for the disabled; indeed, several avoided them. Two of the potentially employable joined the Cerebral Palsy Teen Club and one, the Rehabilitation Centre's swimming group.

15. In addition to those who were married, only four of the employed had dated, and only three of the potentially employables had. One of the doubtfully employable thought he'd like to be single.

16. Only three, all employed, had handicapped friends.

17. Nearly half of the employed expressed discomfort at meeting new people.

18. Nearly half (8) of the employed attended church regularly -- one attended two or three times a week; six attended infrequently; and three, never. Of the potentially employable, four attended regularly; three, infrequently; and four, never. The doubtfully employable attended infrequently. Several gave "not being able to get a ride" as their reason for not attending more often.

19. All of the employed and doubtfully employable said they could look after their own personal care. One potentially employable said she couldn't wash and iron all the clothes, and one needed help tying his necktie.

20. Five of the employed volunteered that they had their own cars, one of which was equipped with automatic hand-control brakes. Four others had licenses, one could drive but didn't have a license, one had applied for a license, and one had a learner's license but needed lessons. Several (both male and female) drove tractors. One of the potentially employable volunteered that he had a license and drove both car and tractor. One of the doubtfully employable said he was learning to drive a tractor; his mother (interviewed separately) stated, "He doesn't catch on too good; he's dangerous on tractor."

21. Three of the potentially employable had difficulty with public transportation. One needed help in getting on, one couldn't handle the doors in getting off, and one was too unsteady to ever go on a bus alone. Indeed, she never went anywhere alone. One of the doubtfully employable said he could travel by himself on public transportation, but his mother (interviewed separately) stated he never went anywhere alone -- she was always with him.

22. Many would have appreciated being better informed about what the doctors and therapists were attempting to do in their treatment programs.

23. None were undergoing active, on-going treatment for their cerebral palsy from doctors of medicine, although several felt further treatment might help. Problems were still being encountered. One was booked for toe surgery at the time of the interview, and one was being checked regularly. Two were attending chiropractors. Three were on medication for epileptic seizures. One was on valium to reduce falls. One was on tranquilizers for tension aches.

24. "Main handicaps" range from "I don't really know," through "People associate CP with mental disease," to "I'm not handicapped." (See Appendix E, page 249.)

25. All of the subjects were pleasant, cooperative, and presentably groomed. Only one person was obviously dirty -- both to the eye and nose, but under the circumstances, it was acceptable. He had spent the early morning at an unanticipated cattle sale, had interrupted his business to rush home to keep his appointment with the interviewer, had courteously given as much time as was needed, and as soon as it was concluded, had run to his truck and sped back to the sale. He had given no indication to the interviewer that there was need for urgency.

26. Only one mother mentioned planning for the future: "His brother will likely look after him when we're gone."

27. The more cogent comments which pertained to general topics, have been compiled under the headings of "School", "Employment", "Government", "Canada Manpower", "Rehabilitation Centre", "Vocational Counseling", "Treatment", "Spontaneous Comments of the Handicapped", "Spontaneous Comments of the Mothers", and "Comments of the Interviewer", and are presented below:

School

"She had poor motor control and because of it, her early school was a disaster. Her teacher held up her work to class ridicule and this gave her a real inferiority complex, so I took her out and worked with her at home. They gave her remedial work at the Clinic and somehow opened the door for her. She always had to work twice as hard as anybody else to get through so we took her out of school at 17, she was so discouraged. She's worked in a nursing home and in a big department store in the packing department during the Christmas rush, but lack of education -- she has Grade 8 -- has kept her out of anything else."

"My teachers taught me how to file. They let me do it in their office. I was spoiled -- I couldn't take phys ed so teachers taught me to file and type. I can type with one hand but I can't get a job. I tried to find one -- did everything just the way I was told I should -- but I ended up with a \$30 pension."

"The hardest thing was school. I hope they have better facilities now. The teachers at her elementary school were marvelous. She's clever but couldn't write, so they excused her on written exams because they knew from her classroom participation that she knew the work. But when she went to another school for high school, there was bald injustice: they said they would let her get a "C" Grade 10 diploma without writing exams on condition we'd keep her out of school afterwards. They said, 'It's compulsory,' and that was that."

"I was in Grade 1 for three years. The teacher didn't give much help."

"I never had to change schools until I went to high school so kids knew me from Grade 1 up, and Mary was just Mary, but in high school I don't think anybody cared enough. If you were going to University, you got attention; otherwise not."

"Her mind was quick but writing down was slow. They made her take three years to do Grade 7-8 because of it and it rubbed me the wrong way. They wouldn't consider orals. She was very disappointed. She's timid -- never spoke up for herself until she got out on her own and started working. We requested extra time for the high school departmentals and she was given all the time she needed. But it irritated her that they made her lie down and rest right in the middle. She didn't need to lie down and who can rest right in the middle of an important exam like that, anyway? All she needed was extra time to write."

"I got my poorest grades in English. It wasn't difficult -- it was the writing of essays. It took too long to write departmentals. I wasn't allowed extra time. When everyone else finishes and you're the only one left, with three or four teachers gawking at you, you just stop writing, close the book, and that's it. If I'd had extra time, I could have finished more questions."

"I was 'just slower'. I had enough patience to put up with this and I must have had a wonderful set of teachers to put up with me. 'Cerebral palsy' had never been mentioned to me until I asked for extra time to write Grade 12 departmentals. That was the only allowance I was given throughout schooling. I wasn't discovered until I was 5. I wasn't severe enough to investigate. I first started to inquire at about 8."

"They put me back one year because of my writing. If I'd started typing at Grade 6, I could have gone a lot farther. By the time I'd spent four hours doing what others did in two hours, I couldn't read what I wrote and wouldn't study. Too disgusting. Not one thing I've done as well as I wanted to. Patience has gotten me as far as I've gotten. I'm learning new math now on my own."

"Most teachers were not too helpful. They didn't understand the situation. I finished all but the last two months of Grade 7 when I had to help out at home because Mom was sick. I didn't pass the exam so didn't get my grade. I wasn't encouraged to return. Mother said I was needed at home and the school didn't care one way or the other."

"I was shunned away from at school. I was never in a group -- a clique. The boys were more scared of me than the girls -- didn't even want to correct my paper."

"I got 1½ months of Grade 8. I got sick of school. If I hadn't quit school, I would have been tossed out before the end of the year. They teach the wrong things -- evolution. My day says one thing and they say another and they're wrong. They don't give you a chance to argue -- they toss you out. The new math is crazy. Dad thinks new math is crazy and I think the same thing and so does my brother."

"I did half of Grade 9. My sister and I were in the same class in Grades 8 and 9, and that wasn't good."

"The teachers tried to treat me like the others without showing they were treating me better because they gave me higher marks than I deserved."

"If anyone said anything about my disability I was careful not to say anything to Mother or she'd go straight to the higher authorities in school."

Through an interpreter: "Biggest problem was when he couldn't walk and pick up things. Dr. _____ tell me he very good boy. Dr. _____ showed. Dr. _____ who gave help. His operation on hand not much help but foot brace help little bit. No one explain anything. Applied through nurse that visits school to go to special school but nothing heard. Teacher taught my boy same way as others -- no extra attention -- and expected him to keep up. Was scolded -- but get used to it. Need now more special schooling and special help. Schools -- operations -- help any way they can."

"I started Grade 9 at NAIT but had to quit because of transportation in the winter. There's a big spread between the bus-stop and the building. I'd either get soaked or frozen, I'm so slow on crutches. Once I'm inside, I can manage OK on the elevator. I

enjoyed NAIT, and the principal wanted me to return so tried to arrange transportation, but couldn't."

"In her younger years, there was no real problem. We took her to lots of doctors but none could help her. High school was hard for her gradewise and socially so we didn't force her to go back to school when she wanted to quit. She didn't finish high school because the other kids picked on her. At 16, she weighed 160 pounds. There was no cooperation from the other kids because she couldn't keep up. Since quitting, she's tried shorthand, business math, and foods and nutrition by correspondence. Now her biggest problem is meeting people."

"The Recreation School run by the Provincial Parks and Recreation Department did more for me than any academic school. It brought me out of myself. I learned I could do things I never dreamed I could. I was scared of men before taking the recreation course. It was the best thing that ever happened to me. I felt inferior. Now I go out to _____ and feel at ease with all those men. I don't know how many things I missed because I was too scared to go out. I taught Brownies for two years before I took this job."

"Mother wouldn't let me grow up. I didn't know what it was to be left alone. And I was terrified being with a group or people -- my parents never took me anywhere. So I'd stand there -- scared -- not knowing what to do. Staring people bother me. The kids in school called me 'Crippled Ape' and that bothered me but I can laugh about it now. I felt bad then, but now I'm happy that I turned out so well. Some are real bad off. In Grade 4, the teacher let me help the younger kids and I did real well in that grade. I felt needed. The girls on my bowling team were upset by the way I bowled, so asked why I put my arm on my leg. I was trying to hide its shortness and I can't hold it out like they do. I explained it to them and no one ever said any more about it. Now I'm fixing up an old car to drive in the stock car races; I'm nervous everywhere but behind that wheel."

Did you do as well as you believe you could (in school)?

"No. For some teachers, they 'taught' their family problems but tested on the book. I tried very hard."

"They tell me I did and then they tell me I didn't. There wasn't too much encouragement from the teachers. They didn't want me in their classrooms -- didn't want to fool with me."

Why did you not go further in school?

"Just too much laborious work involved. Writing. How could I make it through University when I can't write?"

"Couldn't afford it. Considering the time I spent in U and paying my way, I'd lose a good \$8000-9000 a year."

"I didn't get the help I needed."

"I wanted to at _____ school, but I transferred to _____ school because I was told I could take anything I wanted there, but the counselor fooled me because the teachers there were lazy and things just didn't work out as he said."

When you were growing up, do you feel you could have done more for yourself?

"If teachers hadn't been so lenient, I'd have had to try harder. I didn't know it would be so hard to get a job until I got out of school."

Employment

"My boss had a CP son who died. He took me on a trial basis, though skeptical, and let me prove myself. I've considered opening a pizza shop and my friends have offered to support it financially to get it started, but I figure I'm not ready yet. I enjoy cooking, but think the tech courses spend too much time on dainty stuff. Right now, I haven't a clue of what I can get into. Business Administration is for the birds; every company has its own system and you have to start from the bottom. I went twice to NAIT open house but no one really cares. If you want the course, sign up -- too bad if you can't make it. I've lost my faith in people -- the government man came around -- and the grade coordinator -- in school, and they both said they'd contact me, but I never heard anything. You go looking for a job and people look at you funny: 'What can you do?' Constantly you have to prove yourself. One prospective employer thought the government would subsidize the job, but the accountant checked and learned, 'No!' I didn't want a pension; I wanted to make my own way. If I didn't work and had a pension, I'd be up to no good or I'd turn into a vegetable and rot."

"The day I finished school I started working at _____. I lined it up while still in school. I worked Easter holiday while in school and joined them right after school. The foreman felt I shouldn't be hired but the boss hired me anyway. No one said anything. I proved myself. I don't know whether I try harder or just do a better job. If I can't do it right, I don't do it. I got the highest marks at NAIT. Since I started work, I've gotten a heckuva lot stronger. The only time I ever put 'CP' on a form was for Workman's Compensation. I smashed up my motorcycle and for six months of last year I helped teach the younger ones because I couldn't do anything. There was no feeling in my left hand."

"The way I look at it, if you really want to do something, you can -- in general, not just in regard to employment. I went through the phone book and called up all the hotels, hospitals, and old age homes, and asked if there were openings. I finally found my present job through an ad in the paper. I never mention my disability. I don't feel there's anything wrong. It's sometimes awkward, but it doesn't bother."

Did prospective employers know you had a physical disability?

"I don't tackle a job unless I know I can do it. I never tell. They don't find out. I used to and they'd say, 'We don't want to be slowed down. We need two good hands. If you get hurt, the Compensation Board will go against us for hiring a disabled person.' I keep a glove on so people won't notice. If anyone does and asks, I say, 'I'm just double-jointed.' Some older men know but never say nothing when anyone's around, but when I'm alone, they come up and say, 'Whatcha doin', Cripple?' I can do just about anything but not too heavy for too long a time. I paint signs -- people come and ask me to do them for their stores. I built myself a desk but I took all the time I wanted. I couldn't be a carpenter because I can't hold small nails."

"People don't know what 'cerebral palsy' is, so I've worked out a stock phrase which I put on all applications: 'I have a slight difficulty in coordination (manifested mainly in walking) due to cerebral palsy. It is non-deteriorating in nature.' If you just put 'cerebral palsy', you're done right now."

"Neighbor, yes; pipeline, no."

"Neighbors, yes; construction boss didn't know."

Why do you believe it has been so difficult for you to find a job?

"Because they just won't give you a chance. One look and, 'She won't do', and they won't give you a try."

"As soon as they heard 'CP', they stopped listening."

If you could do any kind of a job you wanted, describe what you would like best and how you think you would want to prepare for it.

"I'd really like to go out and talk to parents who have children who are sick. They need someone to talk to. They need help in understanding the illness and how to care for them. I'd love a job like you have -- going out and interviewing people and being interested in how they look at things and helping them see through their troubles."

"I'd like to be an actor. I'd like to go to Stratford and study, or to the Banff School of Fine Arts and study there. But no hope, so I'd settle for office work. (I'm a ham.) I used to do quite a bit of the cooking, liked it, and got interested in being a gourmet technician. I applied and had an interview at SAIT. They thought I could, but I reflected and decided, 'Too much pressure for me.' I applied at NAIT for Social Service Technology last year and this, but they're full up. I applied at the nursing orderly school in Edmonton but decided against it because of so much lifting. I was going to apply at the vocational school in Prince George, B. C., in Commercial Bookkeeping and Accounting but I didn't apply because my math is not so good. But I wouldn't know a soul there. I'm so used to my friends in _____. There are people I can go to when I have troubles. Especially the _____ minister. I hired on as a camp attendant for a catering outfit for an oil company up North. You go around, sweep and scrub the bunkhouses, and make all the beds. I didn't last. I didn't know what, when or how to do the job after three days. I was also home-sick. I came back home and right away was washing dishes in another cafe."

When you were growing up, do you feel you could have done more for yourself?

"If I wanted something, I had to go out and get it. I didn't have it rough -- I just know what work is about. When I was seven years old, I was driving tractor to pick rock in _____. We got 50¢ a load. Me and my brother. That was a lot of rock for 50¢. I shoveled walks and cut lawns. We collected pop bottles. In Grade 5, I started delivering flyers two or three times a week and kept at it right up to Grade 11. In high school, I worked week-ends for an uncle on oil rigs. Just out of Grade 10, a neighbor got me a summer job as a lab technician for the government -- DOT. I learned on the job. Another summer I did dishes and janitor work in Swan Hills. I went up there with a minister. I was going to help teach Sunday School and I got some other odd jobs, too. In Grade 12, after school, I was a packer at a grocery store and then became delivery man. Did that part-time for three years. After I finished Grade 12, I drove _____ truck and trailer full of milk and ice cream up to _____ and all over Northern Alberta. Last summer I bought a car and went to Vancouver, Victoria, Jasper, Banff, and the Calgary Stampede. I love to travel. I have three years down at NAIT and one to go -- refrigeration design and air conditioning. I'm at _____ full time now to earn money."

Government

"I think the majority of people equate physical handicap with mental handicap. Certain people have put their jobs on the line for me and I've found a fair and just prospective employer in The Government. But do NOT rely solely on the Personnel Department; go directly to the department involved. Canada Manpower places main emphasis on getting you out of town."

"I learned to weave at the Cerebral Palsy Clinic and when the government man heard that, he told me I should get myself a loom and become 'self-employed'. 'Cottage industry', he called it. I don't think the government men know what they're doing. They're not realistic at all -- just want to get rid of you on their list. Why, it takes two strong, trained occupational therapists a whole day to string up one of those big looms before you can begin weaving. I can weave, yes, once the loom is set up, but I couldn't possibly string one. My mother and dad would have a real struggle with it -- they're not up to that, themselves. Then they'd have to take it down and finish it. That makes all of us employed at it, not just me. The same with leatherwork. The government man thought I should do that, too. It takes two days to do the design and lace, but Dad has to cut it out and punch the holes, and Mom sews it up on the machine. They don't like having to do my work. And once you get it made after all that time and energy on everybody's part, how are you going to sell it? Nobody's interested in that stuff out here. That's for the rich folks. The government man seemed to think selling it is no problem. He should know better. I didn't say anything because I didn't want to make a bad situation worse. I couldn't get a disability pension for three years because I wasn't handicapped enough. I applied three times at the National Employment Service but never heard one thing from them."

"I was told from three different people that if I took a job and then lost it, I couldn't go back on pension. Well, I thought about that a long time, but decided I'd go ahead and take a job. I've still got it."

"I phoned Welfare about a pension and they said, 'We don't help single women; our help is only for married women.'"

"The Welfare worker who checked on my disability pension was going to pursue the Rehab Centre or some other possibility, but never did."

"I'd like to get a job and have my own income coming in. I want to get off Welfare; you can't get ahead no way. This bus ticket business is bad -- it doesn't pay for the trips you have to make in looking for a job. If I had a steady job, I don't think I'd be living at home. Most of the guys I know are getting engaged or married."

"Welfare is nosy. The last time they came they wanted to know where the \$68 went every month. They told me \$50 had to go to my parents for room and board."

"She's with me because she's on a pension of \$65 and you couldn't rent a place on that much. Welfare came around recently and wanted us to itemize how she spent that \$65 every month. They wanted to tell her how it was supposed to be spent -- so much for this and so much for that. They didn't seem to think that she needed any clothes since she didn't go anywhere. She even said, 'Well, I work in an office where I'm seen by working people every day, and I don't spend that much on clothes.' I asked her, 'All right, when did you buy your last pair of shoes and how much did they cost?' I sometimes wonder what these Welfare people think, and what they think we think? We aren't happy that _____ isn't working, but Welfare can see there aren't any jobs here if they'd just open their eyes and look up the street. The only job I could find was clerk in _____ store. It wasn't easy to get that and I'm holding onto it."

"He never had any treatment. We applied for a disability pension through the Welfare representative in _____ two years ago but haven't heard anything. I sort of give up, waiting."

Canada Manpower

"Canada Manpower places main emphasis on getting you out of town."

"Canada Manpower said, 'We'll put your name on file.'"

"I went into Edmonton half a dozen times in 1966-67 to see Canada Manpower. There was no discussion, just, 'Fill out an application.'"

How did you learn of the openings?

"I picked an area in town and went to every place in that area that day. Then I went through the phone book. But I didn't find any job. As soon as they heard 'CP', they stopped listening. I didn't know what I could do. Canada Manpower was scared stiff of me. They didn't do much for me. Their personnel wouldn't even see me. Finally one of them called me over to his desk and said, 'Try clerking at one of the big stores and try the packing plants,' -- that's all -- just to get me out of the office."

"Through the newspaper or through the National Employment Service. I went to the Special Services only for my first job. It didn't turn out to be a very good place -- rotten management. It was terribly disorganized and no one could get along with anyone else. They overextended, hired one girl too many, and decided the one to go would be me. When the other two learned this was happening, they decided they'd stay until I was gone and they'd quit. They did, too -- they didn't like it there, either. I decided to rely on myself in getting jobs after that experience."

Are efforts being made to find employment by

- a. Yourself _____
- b. Canada Manpower _____
- c. Rehabilitation agency _____
- d. Friends or relatives _____
- e. Other (specify) _____

"I applied through The Journal ads. One doctor wanted a trainee for his assistant. He said he'd phone and never did. An insurance company wanted a file clerk. In the place about disability on the form, I put 'lot of walking'. It seems like they don't like to take chances in hiring anybody. When I was first out of school, I went down to Canada Manpower every two weeks and finally they said, 'Don't come, call.' Then they said, 'Don't call us, we'll call you.' I haven't heard from them."

"Canada Manpower and Welfare people say they're going to do this and that, but they never do. They say they'll look into things and you never hear about it again. They just put it in a file and shut the drawer."

"Myself, and Canada Manpower since last Christmas. Their representative comes out from Edmonton and calls me up and tells me to come see him. So I do and he always tells me the same thing: 'I haven't found anything.'"

"Myself and Canada Manpower. Canada Manpower, that's a laugh! I filled out a card and never heard anything one way or the other. They take one look and 'No one's gonna hire this guy.'"

Did you receive help with looking for a job?

"I asked Canada Manpower for help but they gave no help."

What comments do you have about this whole interview?

"If these questions help show that the National Employment Service isn't helping people, it's OK."

Rehabilitation Centre

"I fixed clocks and shavers at the Rehab Centre but I wasn't making enough money and a lot of things needed to be done at home, so I came back to _____. I only got \$10 from Rehab. It wasn't worth staying there. I hardly broke even. I wanted some more schooling but they said I needed Grade 9 for their school. They didn't teach lower grades."

"I tried taking particles of rock out of sand for Shell Oil. I was slow but did a good job. I couldn't make a go of sewing -- I can't cut out right and I can't sew a straight line. I left because I wasn't earning enough to pay high rent and bus fare and come home once in a while, too."

"I tried Rehab but there was too much sitting around. I priced greeting cards. Most kids quit because they aren't busy enough and get to thinking, 'Why should I put up with this?'"

"I went to the Rehab Centre and learned to weave. I didn't like weaving, so left. They weren't interested -- never cared whether I showed up or not. Treated us like imbeciles. Never talked to us. So I got quite bored and left. Now I paint by numbers and do embroidery. I'm always doing something -- I can't just sit and watch TV. It bores me -- even in color."

"I never had a real job. I worked for a while at the Rehab Centre where I washed floors, priced Christmas cards, put stickers on ice cream cartons, and got paid \$5.00 a month. Most of Rehab was just something to do."

"I hate to think she's working for 'nothing'. I'd rather have her at home with me. In Holland the handicapped are given a living wage whether they 'earn' it or not. Here, she attended the Rehab Centre every day, sat around with nothing to do, and was given \$1 or \$2 a week which didn't even pay for transportation, so we figured she was better off at home where she keeps busy and active. She keeps house for us. We don't want her developing a 'handicapped personality' or being considered mentally 'not right' by going to the handicapped groups. Soon after she started at Rehab she started getting crank telephone calls. We don't like that sort of thing. We'd rather keep her home. The calls stopped not long after she quit the Rehab."

If you could do any kind of a job you wanted, describe what you would like best and how you think you would want to prepare for it.

"TV repair. Clock repair. NAIT course. I like it and I think I could do it if I was given the time. But I can't learn it on my own. I tried to learn it from a book at Rehab and it just didn't get through to me. They didn't have an instructor and I need one."

Did you take any vocational tests while you were at school? What type of employment was suggested?

"At Rehab. None yet. They said there were still some things to try out, but they never tried them out."

Did you have any vocational counseling (help with job planning) while you were still at school?

"My teacher suggested the Rehab Centre, but they gave me nothing to do."

Have you had any special job training?

"Just a bit at Rehab. But most of that was just something to do."

Vocational Counseling

Did you have any vocational counseling while you were still at school?

"Yes, by the counselors, but they didn't have a clue. I don't think they knew what they were doing. They were no help whatsoever. Career Days didn't let you speak to the guys and really find out what the job was all about. Each job I've had has taught me what was needed on that job."

"Yes, at the University Student Counseling Centre. Teaching very young children was suggested, and that's what I'm doing."

"I took a Strong at high school and another at the University Counseling Service. In high school they told me I should be a mortician. The University Counseling Service told me I was not university material." (This subject now holds a Bachelor of Commerce degree and is "aspiring to go further.")

"Yes, at Welfare. They indicated my aptitudes were for: (1) housewife, (2) nursing -- but my legs wouldn't stand up, and (3) OT. I probably wouldn't have found my way into OT without it because I didn't know about it."

"Yes, but nothing was suggested that I was too interested in."

"Yes, they suggested that I try being a salesman. But I grew up on a farm so I'm farming."

"I took an interest inventory but can't remember what was indicated."

Treatment

Who explained your disability to you?

"Mother tried to explain it but I read up on it. I think a nerve is pinched in my head. It should have been molded when the bones were still soft and that might have corrected my disability. But now the bones are hard and it's too late. I feel I never got much help from the Clinic. All they did was ask me to walk and I'd walk for the doctors and they'd say, 'Yeah' and that's all. A few exercises, but no real help to make me walk better. It was my friends who'd watch me walk and tell me what to do to make me walk better. No one really took an interest in you at the Clinic."

In your contact with doctors, physiotherapists (those concerned with your physical treatment), etc., do you feel they took enough time to talk with you?

"In the beginning, no. But as things went along, yes. When I really needed it in my teens, there were people. Not only medical people, but friends."

"I always had a great liking for Dr. _____. I'd enjoy seeing him again and showing him how well things have turned out. I just wonder -- is there anything new that could help?"

"They were too busy running to the next patient. They just seemed to be too busy. Mrs. _____ at the Clinic would talk."

"In Edmonton they talked to me. The old doctors showed me to the young ones."

"I don't like going to doctors. If they'd tell me to come back, I didn't go back. I don't feel handicapped."

"Everything went so fast I don't even remember anything about it."

"Never!"

"I just accepted what I had."

"I was pretty young when I was going to the doctor and it didn't mean much to me."

"I was 15 when I went in for surgery and it would have been nice if the doctor had explained more what and why he was doing. The physios could have explained the purpose of their exercises."

"Yes? No?"

"They were real good. I really liked them. But I couldn't see how on earth the Cerebral Palsy Clinic treatment helped my arm. I jumped off a thing and the doctor would catch me. But maybe it did, so that's fine."

"I didn't have too much contact with them."

"I was just on a home exercise program. I did them periodically. It was my job that loosened me up all over."

"The local doctor thought I shouldn't participate in the phys educ at school so he wrote a letter and I could never even try. I don't know why. I wanted to but they wouldn't let me."

"I can't remember. I think they did their best because there were so many younger to look after."

"I didn't have much treatment -- only a built-up shoe which made me fall so Dad took the heel off and I got along better without it."

"Some of them did and some didn't."

"Not very many. Not really. I guess I was too young then to ask questions about what was going on. I'd like to punch one interne in the nose. He took stitches out too soon -- after four days instead of ten, resulting in a mess, including infection. I'd like to punch Dr. _____ in the nose, too, for experimenting on me. There was no improvement from hamstring surgery, but Dr. _____'s surgery on the knee cords did help."

"She's virtually untreated. We never used the Cerebral Palsy Clinic facilities. We had the services of a private physiotherapist who was brought up from the States by a rich friend to treat that friend's son. He trained at and eventually joined the Kaiser Foundation in California."

"Sometimes and sometimes not. They didn't explain nothing -- they looked at it and told me what to do and that was that."

"No. (Pause.) Oh, maybe not. Stuff like that never bothered me. (Pause.) But I'll tell you what did bother me. What I didn't like was that they always go to the parents -- NEVER TO THE KID. I guess they think the kid don't know nothin'. Afterwards the parents tell you what was said. Like they told my parents my optic nerves were dead -- but no one ever told ME. You, yourself, took me over to the University Eye Clinic once. The doctor didn't say a word to me about what he was doin' or what he was findin'. Nothing. And he didn't tell you nothin', neither, did he? Well, he never told my folks nothin', neither. Why not? I'm the kid, and they're my parents, and we go through all that but never hear."

"No, the doctors are in it for money. The therapists had so many needing help they couldn't give each all each really needed. I felt I would like to have had more."

Do you believe you have had all the physical treatment that could help you?

"Yes, but I don't feel I have done enough myself to help myself. I'm going to get a typewriter."

"I couldn't walk until age three. The Cerebral Palsy Clinic braced me at age five. It didn't bother me long, but it didn't do any good, really. After a while I went there once a month, then once every six months, then once a year for four years. After age 16, I never heard from them again. They really didn't do anything."

"Now, yes. I was too late getting started. I should have had physio at a much younger age. By 20, you've established your walking pattern and aren't going to change gait."

"At that time I suppose, but sometimes I wonder if I should be getting more for my left arm. It gets tight and I rub it with oil to loosen it up. I try to bear all the weight on my right arm."

"I figure this is the best that can be done."

"I really don't know."

"At the time they seemed to think so but right now, the last few weeks, I don't know. My head jerks and I have trouble steering my legs. My hand is less controllable. I have headaches from trying to keep my head still. My head bobbing is embarrassing and I can't do anything. I can't do handwork because my head won't stay still. Nerve pills aren't helping. They tried drug therapy when I was 18 -- to stop shaking. All I did was cry. It made me depressed, so they took me off after one week." 3.

"Well, whatever the doctors did, they did their best."

"I don't know what kind there are now. If anything could help, well. . ."

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3. At the time of the interview it was suggested that this subject seek attention from a neurologist rather than a general practitioner. Checkback revealed that she did so. A multi-disciplinary approach revealed that much of her present problem might stem from her emotional tension -- reaction to her early-teen-age children being taunted by their peers: "Your mother's a retardate. Your mother's crazy. Your mother's always drunk -- just look at the way she walks."

"I don't think so. It's probably too late now, but when I was younger, more would have helped."

"Well, I don't know. I'd hate to say. My bones have formed. If there were more, I'd sure want it."

"No. Possibly surgery on the other leg would help."

"I don't know, but I'd like to try."

"I never had any treatment."

Are you under treatment now? Do you believe any further treatment would help you?

"Just exploring my own personality. What there is left to do, I can do myself."

"It's in my fingers. I've got to keep them built up. I would like more strength."

"I'm going to see what a chiropractor can do. Probably calm me down a bit. I'm going all the time so I can relax and sleep at night. When I'm alone, I'm OK, but in crowds, I tense up."

"If I would do more to loosen my muscles."

"I expect to get two toes arthrodesed next month."

"I should try a bicycle and baths (hydrotherapy). Physiotherapy at the _____ Hospital seemed to help. It's an old people's hospital."

"Dr. _____ said a year ago that he could do tendon lengthening again, but I don't think it's worth it."

"Well, I don't know. A ligament in my knee goes out of place often. I went to a chiropractor who X-rayed but hasn't helped much. I wonder why my disability doesn't show up on X-ray -- the chiropractor said my bones were formed OK. The doctors in Saskatchewan wanted to operate when I was little but my parents knew they just wanted to experiment on me and that I'd probably end up in a wheelchair, so they didn't let them."

"Two years ago I had inflammation of the liver and was hospitalized. I think they overdid the weightlifting exercises. My stomach muscles were so sore I had to spend two more days in the hospital. I did take chiropractic treatments two times a week for help. That was two times a week too much. Oh, it helped a teeny weeny bit -- he found a few 'hot spots', as he called them. My ankle bones are sore and my feet burn. I have to stick them in a basin of cool water to cool them off. I got a cycle (lying down) but it makes my feet so sore I couldn't use it. I have a lot of falls -- I just

flop down and then I'm right back up -- two or three times a week. I always fall to the right side -- my weaker side. I can't trust myself -- I never know when it's going to happen -- and Mom is afraid to let me do anything (carry anything) for fear I'll break something. I'm taking valium for my falls but I can't see that it's helped much."

"Every once in a while my left leg locks, but I give a good kick with it and it's OK. It seems to be in the knee."

"Dilantin. He's had no fits for 12 years. The doctor put him back on dilantin after recent 'flu'."

"Medicine to control seizures (shakes and jerks). I had a convulsion last spring."

"I have check-ups for my leg and I'm on medication for seizures."

"Yes, tranquilizers. The chiropractor is a great help for the tension in the back of my neck. He has gotten my periods regular for the first time. There's no pain now -- I used to be in bed a day every period. Other doctors just put me on birth control pills and let it go at that."

"I don't see why I should have any."

Spontaneous Comments of the Handicapped

"I'm not afraid to say what I think. My friends don't notice my disability. It's just the young kids who ask. If I go uptown or anywhere, young children bother me a lot. They stare. And their parents aren't much better."

"I have a good friend who is a foster parent to seven or eight of the _____ School pupils. They're mongoloids. I go to that school's 'dos' with my friend and help her at the lake in the summer." (This subject can't drink from a glass -- uses a straw, and can't light her own cigarette with a match -- needs a lighter, but somehow manages to run a home.)

Spontaneous Comments of the Mothers

"I tried everything. I took her everywhere for cure -- even to a witch doctor who claimed she could cure by pouring wax into a basin. I didn't believe it but I tried it anyway."

"Fortunately, my husband and I always got along, because we took her everywhere trying to find help and went into debt so I had to go to work. We even tried a chiropractor and stuck with him for three years, but he only made her worse. Some doctors wanted to put her through torture experimenting; they wanted to put her in traction for a whole year, but one came to me on the side when he found out and said, 'Mother, don't let them do it -- they don't know enough about it to do that to a child.' So we didn't let them and in a way we're not sorry, but in another way we'll always wonder. . . . We tried to keep her dressed nice and made sure she had lots of entertainment so she'd enjoy life. She's always gone for older people -- isn't comfortable with young people her own age."

"My husband never babied him; I wanted to. He made him walk -- he exercised him every night. When he was a year old, I took him to the chiropractor every day for exercises. When he was seven, the Navy ambulance took him swimming every day. He and I both learned to swim. I never missed a day except week-ends. Then he went to the chiropractor two times a month. He goes every two weeks to one now. He's joined a health club uptown for weight lifting, and he's run into some peculiar older men there. But he sees and can handle himself and not get into trouble. We've always let them get out and find out for themselves, but the family is always there to come to. And they can ask any questions they want. But we let them make their own decisions. Think it out. We always tried to get him out with ordinary children. His father would tell me, 'Don't run to him!' And he'd say to him, 'Don't come crying to me -- hit 'em back!' He was a joy to raise; we see so much improvement in him. Our faith in our church has helped all of us."

"I shouldn't have to take this," one mother said about her daughter's short-tempered flare-ups. "After all I've done for her, she shouldn't treat me this way. I don't deserve to be treated this way. When I'm home, she has to have it her way or else. When I'm gone, I never know what I'll come home to."

Indeed, in the entire three-hour interview, with the daughter present or within earshot the entire time, the mother didn't make one positive

comment about her daughter. She criticized her writing, her spelling, her lack of knowledge, her inability to keep her balance, her inability to do anything right. The daughter had baked bread the day prior to the interview and served some to the interviewer. It could have used more salt, but was satisfactory. The mother said, "It's no good." She didn't like having to help prepare whatever handwork the daughter tried, and then to finish it. She tried to divert the conversation to herself and her own problems every chance she got, or praised her other children and grandchildren.

"I'm really bitter inside but I've never let it show outside. I keep busy every minute. I work as a caretaker in a school, am president of two community groups, and supervised the teen club for years but won't touch it now with the new brand of kids. I'm proud of _____ but am upset with my daughters who have both quit school. I don't feel he's concerned about his handicap except that it wears his shoes out quickly because he walks on his toe and drags the side of his shoe. I feel I've been overprotective but I've always tried to encourage him to do whatever he sets out to do. We took him to everyone we heard of. We even let him go to a chiropractor last year when the chiropractor told him he could cure him. We couldn't tell him 'no'; we had to let him find out for himself. The chiropractor finally gave up. Dr. _____ (an orthopedic surgeon), recently asked to examine him, but after seeing him, felt he could not assist further."

"We made her do things; we didn't do it for her. Even if she was slow, she had to do it herself. She had to exercise her fingers and walk herself, so we tried to make the exercises fun and got her puzzles for her fingers. She did things pretty well. The others helped her all they could -- especially _____ -- _____ stood up for her. We treated her normal. They all had their jobs to do. When she was little she was content to sit and play by herself, but as she got older, she was eager as soon as allowed. She learned to iron at about 10 but I didn't let her cook as early as the others."

"In her younger years, there was no real problem. We took her to lots of doctors but none could help her. High school was hard for her gradewise and socially, so we didn't force her to go back to school when she wanted to quit. She didn't finish high school because the other kids picked on her. At 16, she weighed 160 pounds. There was no cooperation from the other kids because she couldn't keep up. Since quitting, she's tried shorthand, business math, and foods and nutrition by correspondence. Now her biggest problem is meeting people. She feels more comfortable with older

people because she can't do things (like dancing) her peers do. So she spends time with her grandmother, playing cribs. She does a lot of handwork and spends time with her sister. She's quite capable of handling a home (but it would be hard for her to handle a small baby); she does all the canning, freezing, cleaning, etc. She's very nervous -- gets upset easily (takes things pretty seriously). She's ambitious but not fast -- has to have time. She has nerve problems. Had some trouble with glands this summer. She's real unhappy away from home -- backward socially, so won't venture out on her own -- needs to be needed. We probably favored her more because of her handicap. Her sisters weren't fair to her but she's never shown any hard feelings."

"The biggest obstacle is ATTITUDE -- society's -- parents' -- and doctors'. Doctors are too hasty in assessment. They said there was no hope for our boy and look at him, he's writing speeches for one of the cabinet ministers."

"She used to write grisly stories. Most of them were violent. She used to silently hand me notes when she was unhappy with me, full of horrible fates for me."

"It took five or six years to find out what was wrong. And then another five or six to find out nothing could be done about it." Her son's comment: "The hardest time I've seen was when Mom was in hospital. Shock treatments really played hob."

"His grandmother babied him but I realized at age four that he shouldn't be overprotected. His one arm is just a dead weight but he gets along pretty well. He can't tie shoelaces so he gets slip-on shoes. He doesn't like bookwork; he's an outside person. He's a good worker in the field -- tries to do everything. When he's started, he won't give up. But about all he can do is pick rock. He can chop little trees down. He doesn't catch on too good; he's dangerous on tractor. He won't tell you anything but he never complains about anything except when the other kids get into his stuff. He never touches other people's stuff and wants his left alone and gets mad if not. Otherwise, he's willing to do things and easy to get along with. He's been a reliable babysitter since age seven and likes doing housework. He pulls his own way around the house. He does the dishes and hauls water in. He listens to everything. He can remember dates and names which aren't important but can't remember useful things. He never had any treatment. He has poor eyesight but won't wear glasses. He's show-offy at meeting people but is very friendly. He was always included in everything -- he was 'the helper' if there was something he couldn't do. He participated in sports. He's never on transportation by himself -- I'm always with him. The children are all closer to me than they are to their father. He's operating a cat and isn't home much during the summer. When he is, he doesn't have much to do with the kids. He hollers too much. It was the neighbor taught his 15-year-old brother about farming and now that brother is teaching _____.

That brother is gathering his own animals now to build up his own place and he'll likely look after _____ when we're gone."

This was the ONLY mother in the entire study who mentioned planning for the long-range future.

Comments of the Interviewer

"Boy denies handicap. It isn't noticeable but left hand doesn't work quite as well as right. Looks unhappy, constantly expecting attack, and always on defensive. Looking for something or someone to blame his disability on. Good example of person with minimum physical handicap crippled by emotional reaction to handicap and reaction to others' reaction to it. Eldest child - only son. Wants to take over farm and family doesn't think he's able: friction. Mother diplomatic (to strangers, but not necessarily to husband) and practical -- considerably younger than husband; father uneducated, dogmatic, and impatient with son's disability. Tries to give impression of being an authority on everything. Focuses on what son can't do (or rather probably can't do) rather than what he can do. Criticizes son for not knowing how to set machinery correctly but has never tried to teach son to do it. Family has purchased duplicate sets of farm machinery so boy can work without setting a finger on his father's equipment. Son hostile and defiant. Is withdrawing -- prefers older men and their 'quiet' activities to peer group, doesn't associate with girls, and wants to be a 'bachelor farmer -- alone in the field.' All the women spoke for him during interview and told him what to do. They were nice about reminding him of things he didn't recall, but no one waited for him to do his own thinking. He'd like to take a course in mechanics -- likes to work with machinery but family has made up all manner of excuses for keeping him home and not letting him even try. Son is not very bright academically and doesn't follow instructions too well, but is cooperative and will assert himself socially after initial uneasiness and defensive defiance. Would need counseling or understanding, patient employer before he would be employable on open competitive market. Has functioned OK on jobs he's had, but they have been short-term, odd jobs in locality. Family is keeping him crippled (immature). He has never had any money of 'his own'; everything comes out of general family fund which, it would appear, the mother manages. Friction was just under the surface throughout. The family 'sides' were apparent even in the way they seated themselves: mother in the middle of chesterfield, flanked on both sides by three daughters (plus female cat), son on small chair in corner, husband on chair in doorway between living room and kitchen where he could observe, remaining aloof except for issuing decrees now and then, and could leave when he didn't wish to be a participant. After

interview, boy asked interviewer to explain his disability to him -- he has no understanding of it -- and asked her help. Help: get boy away from home; try adult vocational 'upgrading' school."

28. The handicapped subjects' spontaneous recommendations for additional facilities for the physically disabled are worthy of study, and are presented below in their own words:

Employed

"More education of teachers regarding handicapped kids."

"Explain to parents what's going on -- the latest things. They told my momma a thousand different stories."

"Spend more time with the people -- not such a rush job."

"The Rehab Centre was useless-- they'd put you to your job and never talk to you. No supervision."

"The government employment office could try harder. They gave up awfully easily -- arranged two interviews for me, then I got a pension and never heard from them again. They said they'd call and never did. 'Don't call us, we'll call you.'"

"Kids need to talk it out. I'd be perfectly willing to talk with younger kids about their disability. You get used to self-pity, but once you accept yourself, you can do almost everything if you try."

"More treatment for the handicapped so they can do things that other people take for granted."

"A center where people can go and do as much as they can -- whatever they can achieve -- either as a job or as pleasure."

"People in wheelchairs, mental ones, and old age ones -- they get few visitors. Some doctors shouldn't be there -- they don't listen to both sides of the picture. Torture rather than treatment."

"A gymnasium with every kind of apparatus you could use to help themselves -- steam room, pool, weights, etc."

"People associate CP with mental disease."

"The handicapped should have something to take their mind off themselves. Get outside of yourself. They should be kept busy. Otherwise, they get to pitying themselves. They just turn into vegetables and rot."

"If I can do something, people insist on doing it for you. Stay away. I get tense. If the handicapped were let alone, they could do more for themselves. They get too much help."

"I have license difficulty with the Department of Motor Vehicles. They take a look at me and immediately assume I can't drive. I'll bet I'm one of the safest drivers on the road; I'm awfully careful. I can't afford to take chances, and look at my car -- not a scratch on it. But they make me take a medical and driver's test EVERY year. It costs me a day off for the medical plus a day off for the test plus the cost of the medical before I get insurance. I tried to ask Dr. _____ to write a letter and got the run-around from his office girls. When I finally got through them, he did, but little good it's done. They don't understand CP -- they think you get worse and worse so need to be watched. They're just waiting for me to make one false move on that test. But I won't, no sir."

"Something like Glenrose, only on a smaller scale, up North."

"Haven't thought about it. (Pause.) Ramps! And expenses. The Associated Canadian Travelers paid for a lot of mine."

"People are too unconcerned."

"I have a car. They wanted a yearly medical and license check but Dr. _____ wrote a letter."

"For myself, it doesn't really matter. Stair railings -- my left knee tends to give. Special living accommodations for those who need it, with suitable physical layout."

"Employment aid."

"More concern in design for public buildings -- elevators, ramps, etc."

Potentially Employable

"A residential center, transportation, more realistic disability pension."

"Better employment-placement service."

"Anything that would help them."

"I don't know what is set up. More facilities for special education for adults."

"Real help in finding a job."

"I'd like to get a driver's license. I'll try eating a lot of carrots for my eyes."

"More school and training facilities and more guys to find them jobs. I'd enjoy living in a residential center with other handicapped people -- doing something. I can get around and manage pretty well by myself."

"Special cars for those without legs."

"I don't know."

Still in School

"More facilities -- clinics. Some people had to go miles and miles, and some even moved to Edmonton."

"A building, not for CPs, but for people who have any handicap -- auditorium, stage, gym, several meeting rooms, ramps, offices -- for private clubs to meet in. Have teens do their own thing. Put their own pictures on the wall. No one else needs to look at them if they don't want to -- but the kids will appreciate them because they know it's their own work. A place where we can do things and not always have somebody worrying about what the place looks like. Should be in the center of town."

At Home -- Presently Unemployable

"There are too many steps everywhere. I haven't been to church since my accident because it's too hard to get in, there were only two shows at the Exhibition that I could get into in a wheelchair, and I can't get into a pool. We go all the way to Banff to swim -- there are only eight steps there."

29. The cerebral palsied come from all walks of life. These interviews were held in all types of homes, from a fancy dwelling in a fashionable neighborhood in the city, to a weatherbeaten shanty at the end of the trail in the country.

A negative flavor permeates the comments quoted in this analysis of interviews; however, it was the gaps, the problems, the negative aspects which were solicited. A negative attitude did not seem to permeate the personalities of the subjects who uttered those comments. Although they could understandably entertain rather pessimistic outlooks, they seemed to retain a sense of humor and determination. Optimism and determination were more apparent in the employed group, naturally; a "futility" was felt among the potentially employable group. They had utilized the resources which were known and available to them, their efforts had been fruitless, they knew not where else to turn, and they now remained "suspended". But they had not yet given up all hope of bettering their circumstances.

One subject was institutionalized for several years in Alberta Hospital, Edmonton, (Oliver), as a psychotic. Her medical chart revealed a long family history of emotional instability; at the time of her institutionalization it was felt that both her mother and she were psychotic, but only the daughter was institutionalized. At the time of the interview, she was employed, she was striving for complete independence from her mother, she was maintaining her own utility apartment, she was endeavoring to enlarge her social circle, and she was trying to save enough money to finance further education so that she might raise her general status. She was very direct in her statements, and those statements might raise an eyebrow, but not because they were fantasy -- they were just right straight to the point. She appeared to be capable, a worker, and determined to succeed. But she appeared very much afraid. She needed encouragement and she needed information; in short, she needed help. So did several others. Counseling.

CHAPTER VII

ACHIEVEMENT MOTIVATION STUDY

Previous research seems to indicate that the client best fitted for employment is realistic about the extent of his handicaps and is determined to achieve as much independence as possible, that those who have been encouraged toward independence are better equipped for vocational and social planning than those who have been overprotected, and that it might be the great degree of family conflict and maladjustment -- particularly the attitudes and management by the parents, which produced the confused state of mental health which ultimately results in the maladaptive personality patterns of the cerebral palsied. The philosophy of psychological development and of success in the world of work supports the theory that employability hinges upon the work personality which evolves from attitudes, behavioral patterns, and motivational systems inculcated by the family in the earliest years and resulting in a need for achievement and a desire for productivity. Research cited in Chapter IV suggested that individual differences in n Achievement levels can be detected as early as age five, and at age 8-10, these differences can be traced to the attitudes of the mothers.

On the basis of the above indications, the following hypotheses were tested in this study:

1. Cerebral palsied adults who are employed have higher n Achievement than those cerebral palsied adults who are potentially employable but remain unemployed.

2. There is a positive relationship between the n Achievement levels of mothers and those of their cerebral palsied offspring.

In order to tap n Achievement, after the interview form was completed and the topic of employment was still prominent in their minds, the subjects and their mothers were provided with pencil and paper, they were shown four projective-type pictures -- one at a time, and they were asked to write their answers to the following questions, which answers comprised a story about each picture:

1. What is happening? Who are the persons?
2. What has led up to this situation? That is, what has happened in the past?
3. What is being thought? What is wanted? By whom?
4. What will happen? What will be done?" (McClelland et al, 1953, p. 98.) Care was taken to assure independent thinking, i.e., they were asked to refrain from conversing with each other about it and "to keep your eyes on your own paper."

The first picture in the series depicted one man dressed in fancy clothes and one in work clothes, in front of a blast furnace. The man in fancy dress was shielding himself from the heat. The one in more protective-type clothing was using a pair of long tongs to remove a cannister from the hot coals. A second cannister was embedded in the coals.

The second picture portrayed a man in a white shirt (no jacket) and long necktie, seated at a desk in an office, with his right hand (holding a pencil) poised over one of several sheets of paper covered with handwriting, and with his left hand holding a telephone at his ear. His face, in shadow, did not reveal his countenance. Both of his arms

and his head were blurred, depicting speedy movement. At one side of his desk was an open notebook; adjacent to that was a stack of work-papers; and behind his desk, on a low window-ledge, was a row of books with obscure titles.

The third picture was No. 7BM of the Murray TAT series: a young man with an older man -- usually regarded as father and son.

The fourth picture was No. 8BM of the Murray series: a boy in the foreground with a vague, primitive operation scene in the background. Also in the foreground, propped up at one side, was an object which resembled a rifle.

It was noted that many of the mothers were seemingly at ease -- adept at friendly, chatty sociability -- as long as the situation was maintained at a conventional conversational level, but when presented with pencil and paper, and asked to put their thoughts in writing, they became tense, uneasy, and visibly flustered. Several expressed their inability to function under such an unanticipated and extraordinary circumstance. Many became openly concerned about their faulty mechanics -- incorrect spelling, punctuation, capitalization, etc. They squirmed, they fidgeted, they erased, they crossed out, and they uttered self-deprecating criticism. Only a very few asked the reason for the exercise, and none refused to try. One mother, however, an immigrant with little English, became distraught at what she felt was her own inadequacy. While the test was being administered to her son, she listened, chuckled at one point, turned to her husband and shared a whispered thought with him in their native tongue, whereupon he whispered to the interviewer, "She says that's Trudeau shuffling his important papers." (Picture 2.) But when she was faced with the task, through an interpreter, she seated

herself and made a valiant effort, but could not comply with whatever she felt the interviewer desired. When she attempted to rise from her chair and escape, her son put his hands on her shoulders, gently pushed her back down, and softly tried to explain further. She still felt inadequate and finally turned to the interviewer with tears in her eyes, humbly pleading, "Please excuse me, Madame, but I am a very stupid woman." With that, she fled to the kitchen.⁴ This woman and her husband, homesteaders, have known a lifetime of hard physical work and have raised 16 children, one of whom recently received recognition through the news media for an expensive, charitable, humanitarian gesture which brought much happiness to many Alberta immigrants and their loved ones from "home".

In order to obviate possible interviewer bias, the tests were scored independently by four psychologists, two of whom were school psychologists (both female) and two, clinical psychologists (one male and one female), trained in the more rigorous discipline demanded by projective techniques. Each scored according to his own interpretation of the directions outlined on pages 98-99, 108-138, 146-151, and 371 of McClelland et al's "The Achievement Motive." Apparently every word of

4. This mother entertained wearing a babushka; her husband, a cap. Halfway through the morning's visit, her husband set one place at the dining room table; brought in a glass, a king-sized bottle of Pepsi-Cola, plus a steaming cup of coffee; and ushered the interviewer over to that place. His wife then brought in a large platter, mounded high with freshly-baked pastries, which had been warming in the oven. She placed the platter in front of the interviewer with the words, "Eat please." When the interviewer communicated her surprise and delight, the mother beamed and replied, "Old Country." After complying with the mother's request (no-one else was partaking), the interviewer again expressed her gratitude, whereupon the mother wrapped her apron around her hands, muff-style, and smilingly urged, "Eat more, please."

those pages, which include illustrative examples, must be carefully read, digested, and assiduously committed to memory, in order to score accurately. (In addition, the scorer must be flexible enough to allow himself to be governed by the methodology prescribed, rather than his own philosophy; hence, rigorous self-discipline is required.) As a specific example, overlooking one sentence such as, "Any use of adjectives of degree (good, better, best) will qualify so long as they evaluate the excellence of performance" (McClelland, p. 111), will make a big over-all error in scoring. Another important sentence which, if overlooked, accounts for numerous interpretive errors, is: ". . . need which is not scored is a statement by one character which defines an achievement goal for another character" (p. 123). Individual differences in the concept of what actually comprises a "commonplace task" or a "routine problem" accounted for other interpretive variations. One of the main scoring categories revolved around the directions,

"The T chosen as a symbol for this category indicates that most frequently the stories to be classified as doubtful are ones in which one of the characters is engaged in a commonplace task or solving a routine problem. Whenever there is doubt about whether or not one of the three criteria for Achievement Imagery has been met, and the story is not totally unrelated to achievement, it is classified TI" (p. 114).

A story theme which may be considered "commonplace" or "routine" by one scorer may not be judged at all "commonplace" or "routine" by another.

McClelland et al state that,

". . . scoring involves simple classifications of response elements by objective criteria rather than the more complex judgments often involved in scoring TAT's clinically. . ." (p. 110),

thus implying that they have theoretically striven to eliminate the subjectivity inherent in the analysis of responses to projective techniques; however, as is true of much theory, problems loom large in practical

application.

Hence, because of the subjectivity involved, and the inattention given to small but very significant details in the directions, there was essentially no agreement among the four scorers on a single subject's n Achievement score. Both mechanical and interpretive errors were numerous (mechanical errors invalidated over half of the scores of two markers). Therefore, there is no practical purpose in subjecting the scores to statistical analysis to determine interscorer reliability; there obviously isn't any in this instance. Perhaps there might be were the scorers given lessons by an instructor trained in the McClelland "school"; however, self-taught scorers seem to be subject to varied interpretations of the directions published in McClelland et al's text.

To satisfy experimental curiosity, the scores of the two markers trained in projective techniques were each subjected to the statistical manipulation originally intended to be used to test the two hypotheses. Let it be remembered that no conclusions can be drawn from these statistics because the scores, themselves, are unreliable. But their portrayal illustrates the hazards of statistical manipulation by naive experimenters.

With reference to the validity of the test for use to determine achievement motivation of the handicapped (Hypothesis 1), it had been planned to use Veroff's (Kerlinger, 1965, p. 529-530) method of measuring power motivation. Using his technique, Tables 8 and 9 were prepared, study of which will reveal that statistical analysis yielded identical results for the two scorers. Study of the individual scores from which these statistics were derived, however, reveals that they are based on altogether different scores assigned to the various subjects; the agreement of totals and percentages is pure chance.

TABLE 8.

Test of Validity of Measure of n Achievement; Scorer A

Status	n Achievement Score					
	At or Above Median		Below Median		Totals	
	No.	%	No.	%	No.	%
Employed	13	46.4	4	14.3	17	60.7
Potentially Employable	5	17.9	6	21.4	11	39.3
Totals	18	64.3	10	35.7	28	100.0

TABLE 9.

Test of Validity of Measure of n Achievement; Scorer B

Status	n Achievement Score					
	At or Above Median		Below Median		Totals	
	No.	%	No.	%	No.	%
Employed	13	46.4	4	14.3	17	60.7
Potentially Employable	5	17.9	6	21.4	11	39.3
Totals	18	64.3	10	35.7	28	100.0

It may be interesting to offhandedly include the comment that in order to obtain an "unofficial" idea regarding intra-scorer reliability, both projective-technique-trained psychologists scored the tests twice, with a period of two days intervening between the scoring sessions, during which time the scoring directions were studied further. Both acknowledged that because of subjective questions regarding interpretation, the scores differed from session to session. Both submitted their second evaluation as the final scores. But again, let it be mentioned that this was their first introduction to the McClelland system of scoring TAT-type tests; both had been trained in a variation of the conventional Murray system. Continued exposure to and concomitant familiarity with the McClelland system would likely settle the questions aroused in the neophyte, thus increasing intra-scorer reliability. But the same does not necessarily hold true for inter-scorer reliability. Only by rigid application of the prescribed criteria could inter-scorer reliability be obtained.

With regard to whether or not the achievement motivation of mothers is reflected in that of their offspring (Hypothesis 2), again to satisfy experimental curiosity rather than to learn "the results" (because, let us not forget, the scores subjected to statistical analysis were, themselves, unreliable) the Pearson product-moment correlations of both projective-technique-trained psychologists are compared in Table 10.

Several of the mothers were immigrants and spoke little English, so attempts were made to administer the test through an interpreter. However, this was not deemed satisfactory because the interviewer could not control the content of the conversation between the interpreter and the subject, and hence, could not be sure whether the interpreted

answers were actually those of the subject or were influenced by the opinion of the interpreter. Two mother-son sets were therefore discarded. A third mother was hospitalized and had long been aphasic as a result of a paralytic stroke, so was not interviewed. A fourth and fifth mother were deceased, so of the total 17 employed subjects, only 12 mother-son sets were appropriate for statistical analysis.

TABLE 10.

Relationship between n Achievement Levels
of Mothers and those of their Cerebral Palsied Offspring

(Pearson Product-Moment Correlation)

Status	Scorer A	Scorer B
Employed	0.498918	-0.382769
Potentially Employable	0.244812	0.349834

Both scorers' correlations denote no relationship between n Achievement levels of mothers and those of their cerebral palsied offspring but that, remember, is not meaningful since the scores used to compute the correlations were unreliable. What IS meaningful is the range in correlation between the two scorers working with the same set of test responses: from 0.5 to -0.4 for the employed group. This variation certainly illustrates the wisdom of questioning the use of the McClelland tool.

Although the experiment was originally designed to measure the validity of McClelland's tool for use in discriminating between the

achievement motivation of the handicapped employed and those deemed potentially employable, because of lack of interscorer reliability, the scores could not be subjected to statistical analyses for other than experimental curiosity, and therefore, yielded "negative results". However, these negative results have produced important information: use of the McClelland tool is hazardous in the hands of psychologists who have not received explicit instruction with regard to scoring and interpreting the projective-type test responses. Self-teaching from textbook instructions seems to be unreliable. Although McClelland et al have attempted to avoid as much subjectivity as possible, too much still remains to deem the test objective. The test is objectively scored only in so far as the counting of tally marks is concerned; it is subjectively scored in so far as the assigning of those tally marks is concerned. Scorer bias is introduced in the interpretation of subjects' responses, and this interpretation governs the assigning of tallies.

On the basis of the experimental procedure, then, the recommendation is made that this test NOT be used on a general basis.

CHAPTER VIII.

POINT OF VIEW OF EMPLOYERS, GOVERNMENT ADMINISTRATORS,
AND
CANADA MANPOWER

Upon completion of the interviewing and testing of the handicapped and their mothers, it was felt that a biased report could be written unless the points of view of employers, government administrators, and Canada Manpower were also solicited. To that end, interviews were arranged with 20 local employers (including small, independent businesses, large subsidiaries of national firms, and The Government -- at city, provincial, and federal levels), the western provinces' administrator of a national association, and four legislators (including both provincial and federal governments.) Only metropolitan employers were interviewed because the travel involved in conducting the previous interviews of the subjects, had already revealed that employment opportunities were not available in the rural areas.

No interview form was used. The purpose of the study was explained and the interviewees were told that we would be interested in their philosophy regarding hiring the handicapped, their operating policy, what types of jobs they felt could feasibly be held by handicapped, what experiences they had had with the handicapped they'd hired (if any), what their reactions had been, what their future action would be as a result, and what recommendations they would have regarding preparation of the handicapped for satisfactory integration in not only today's work force, but also that of tomorrow. Care was taken to conclude the

introductory remarks with, "Please understand that I'm not trying to apply pressure to hire the handicapped; I merely would like to know what the facts are, so that I may make realistic, rather than idealistic recommendations."

The general term "handicapped" was used so that no particular disability would be pin-pointed and thereby perhaps influence the interviewee's remarks. It was left to him to ascertain just what was meant by "handicapped". Because of this, his views toward mental disorder and attitude were expressed, as well as his reaction to physical disability, per se.

Because of the predominantly negative comments toward Canada Manpower given by the handicapped subjects and their parents, if the employers did not spontaneously mention Canada Manpower, inquiry was made as to whether or not they had any contact with that organization.

Inquiry was made at the appropriate governmental level regarding disability pensions, social allowance, human rights, and labor standards as they affected the handicapped. Direct questions were asked regarding the complaints registered by the handicapped and their parents.

In all cases, the interviewer was well received and the questions were answered discreetly, but usually, rather matter-of-factly. Considerable apprehension was noted in several instances. However, in other cases, the interviewee devoted considerable time to taking the interviewer on a tour of his establishment so she could see for herself how the employed handicapped were functioning on the job, and/or why it was not feasible to consider hiring the physically disabled.

General consensus of the interviews is presented below:

1. Not many handicapped apply.
2. The employer must first consider the economics of the situation; he must hire the man best qualified to do the job.
3. The employer must hire the man who can adapt to the present situation; he usually cannot afford to adapt the situation to the present applicant.
4. The employer looks for productivity in terms of mobility, flexibility, transferability, safety, and geniality. Hence, the man who takes space, has to have the work brought to him, has only one skill, has poor balance, and is socially/emotionally immature, is the last to be hired and the first to be laid off.
5. Union practices discourage hiring the slow producer because he earns the same minimum wage as the fast producer and competition pushes the slow producer out.
6. Union rules preclude the hiring of the safety hazard because of Workmen's Compensation regulations.
7. If the disability does not interfere with the job (particularly in a mechanized assembly line), the man is not considered "handicapped".
8. The work world does not create jobs to be humanitarian. This is a competitive society; the best equipped man is the one who is hired and promoted. Companies have to be profit-oriented to survive.
9. Companies make every effort to retain those employees who have become handicapped on the job.

10. Private enterprise would object strongly to legislated hiring practices (being required by law to hire a certain percentage of handicapped employees). Industry would block such political moves by negotiation prior to efforts to formally write up such proposals for introduction to the legislature.

11. During periods of high unemployment, there is enough walk-in traffic that hiring the handicapped need not be considered from the economic point of view. This is the present situation, and it is likely to continue indefinitely, according to forecasts of the future (taking into consideration increased inflation and mechanization).

12. Two employers volunteered that if a handicapped presents EQUAL qualifications to a non-handicapped, they would hire the handicapped for humanitarian reasons.

13. When considering hiring the handicapped, attention must be given to the public and the fellow employees, as well as the handicapped, himself. Physical appearance can destroy public relations, epileptic and deteriorating diseases "gnaw" on fellow employees, and less than minimum wages "destroy the soul".

14. Some of those handicapped who have been hired, particularly the blind, have performed well. Some have presented socio-emotional problems -- have made excessive demands and have demonstrated immature behavior. In other words, success varies, depending on the individual, not the handicap.

15. The attitude of a department concerning the handicapped stems from the head of that department.

16. The private employers in this study who had had contact with Canada Manpower, expressed dissatisfaction with their service. (See

Appendix F, page 261.)

17. Government hiring policies are the same as private enterprises: the man with the highest qualifications gets the job. The Government neither creates jobs nor gives them to applicants, but they hire those handicapped who can do the job required and "fit in". It has no special placement program for ANY group.

18. The Government authorizes less than minimum wage for the handicapped if it is in the best interest of the individual to do so.

19. Canada Manpower is a matching agency (matching the applicant to a job vacancy on file), NOT a placement agency. It does NOT go out and try to find jobs for people.

Specific comments, representative of private enterprise and The Government follow. Additional comments are included in Appendix F under the headings, "Philosophy and Policy", "Experience", "Government," "Canada Manpower", and "Spontaneous Comments".

Private Enterprise

"I believe the handicapped have been given a fair chance. Where they have been employed, they have aroused great sympathy. Their employers are their greatest boosters. People do unbelievable jobs. But when considering hiring the handicapped, every employer must consider at least two things: (1) The fitting of the person into the job situation. Is it a production line? Does it require movement?, and (2) Is it worthwhile to modify the assembly line? Usually the percentage is against hiring. He is the more satisfactory employee if he can be fit into the movement of the production line PLUS the social movement of the plant.

"Another thing -- when wages get too high, you have to look for transferability of skills. The partial person is the first to be laid off; hence, an employer MUST hire only the best people available. If wages increase too much, we're compounding the welfare problem. There are those who say there should be a different minimum for the handicapped person, but that leads to destruction of the soul."

"Mobility on the job is not the only consideration; he must get there by himself and be there winter and summer. Architectural facilities inhibit mobility. Then there's the safety factor; if there's any danger whatever, he will not be hired. Workmen's Compensation laws prohibit his being hired.

"My recommendation would be sheltered workshops. Bring the work to them. There are many things they could do more economically there than can be done in plants. But you have to scout around to find them. And never forget the reliability of the agency to perform as specified in the contract and to produce a quality product!"

The Government

"Social Allowance is determined on the basis of a means test. Computation is based on basic needs (food, accommodation, utilities, clothes, income) according to set scales, depending on male or female and age, etc.:

Single person	\$70	
Clothing	9	
Incidentals	<u>10</u>	
		\$ 90
If there's a wife and kiddies		\$200 to \$300
Old age pension		\$220
Special need		\$ 25

"A person can go from Disability Pension to Social Allowance if the job doesn't pan out. The misunderstanding probably stemmed from the fact that when provincial and federal disability pensions terminated and became 'Social Allowance', people had the option of remaining on pension or switching to Social Allowance. We felt most were better off on pension.

"If our workers have inquired about how the assistance money is being spent, it is because someone in the locality has complained that our help to that family is not warranted. Our workers are checking."

Canada Manpower

Because both the handicapped subjects and the employers were dissatisfied with the services of Canada Manpower, an interview was scheduled with personnel of that agency to ascertain just what their services were. The results of that interview follow:

"We are NOT a welfare, humanitarian agency; we utilize the economic criterion: productivity.

"First, there is the appraisal -- is the individual ready for employment? As of the first of November, 1969, if the person is ready, his application will go to the matching unit where the person will be matched with whatever job vacancies are on file. Matching is done on the basis of what he can do, not what he can't do. If he is not ready for employment, we either try to get him ready or find out by other interviews if he has other advantages not first noticed. We refer him back to the agency who referred him to us, to try to get them to get him ready. If he wasn't referred by an agency, we find out if he is in any association and our liaison worker contacts that association to try to get them to get him ready. We do not get people ready ourselves; we put the responsibility back on the community.

"Our 'employment counseling' determines whether the person is steered in a good and right direction. It consists of finding out the work history, education, socio-economic background, and testing. We use the 2½ hour GATB by means of a self-instruction manual. It is the United States Employment Service test leased by Canada. We use Canadian norms; it was found that local norms were not required. We try to test motivation; we use the Kuder Interest Test. The counselor appraises and is the liaison with the employer. Our counseling is fact-finding, not treating. If we find people obviously needing treatment, we refer them to the University of Alberta's Education Clinic.⁵ We might recommend the Adult Training Program, or perhaps the Manpower Mobility Program.

"Since April 1, 1967, the Adult Training Program determines what occupational goal the individual is suited for. They have to make up their own minds. It is not for more education for education itself; the question is, 'What's the economic difference to the country?' Is he trainable under our program? Where does

5. At the Education Clinic, such clients are assigned to students enrolled in the practicum course of the counselor training program.

he fit? Does he need more high school? If he has only Grade 7-8, we need written proof of his marks. If yes, we might recommend the Alberta Vocational Centre for upgrading (on NAIT premises). Each is judged on his individual merits. There may be a waiting period -- the Federal Government buys space from the training center. This program furnishes the training plus a living allowance. There is no means test; it is designed to help those who can't get out of their slot on their own. They can only enroll in a course in tech school which trains in one year or less -- but extensions can be made in individual cases. We can only train those going to a particular job afterwards.

"If he doesn't fit our training program, the client fills out an application form for provincial funds administered by the Alberta Department of Education's Division of Vocational Education which has a cost-sharing plan with the Federal Government. They do their own appraisal via a training selection committee which makes recommendations. It is the Vocational Rehabilitation and Disabled Program and encompasses any level of education. Allowances are given for transportation.

"Also since April 1, 1967, (different from before), the Manpower Mobility Program has been in effect. If a man is unemployed, underemployed, under notice of lay-off, and cannot find a suitable job in his home area (or in the reasonable future), then we contact the closest Canada Manpower centers (we have sub-offices in Wetaskiwin and Camrose, and centers in Red Deer, Calgary, Lethbridge, Medicine Hat, Grand Prairie, Dawson Creek, Whitehorse, Yellowknife, Peace River, St. Paul, and Fort McMurray) right across the country. They're coming from there here right now. We pay fares for the whole family plus anything medical involved, furniture, home owner's allowance (can sell one and buy another -- \$1500) plus re-establishment allowance (\$100 for individual, \$100 for first dependent, \$200 for 3, etc.). No repayment; no taxes."

"Gaps: Lack of knowledge between various groups as to what each other is supposed to be doing.

We would like to convince all employers to list all their vacancies with us as a clearing house. We can do the initial screening and still provide the others with jobs."

The jobs mentioned by the employers and government administrators as being held by handicapped persons were:

General:	Clerical work
	Drafting
	Relief guard
	Telephone operator

Specific:

Bad back: Customer service, making minor adjustments to
 appliances
 Mail room
 Switchboard

Blind: Computer
 Loading food trucks
 Making, packing, and date-stamping cartons
 Programming work through a tape recorder
 Rewiring electric motors
 Stuffing envelopes
 Typing

Deaf: Key-punch
 Machine in garment factory

Paraplegic: Computer

Polio: Computer

The jobs suggested as possibilities were:

General: Bill sorter
 Clerical work
 Repairman
 Telephone switchboard
 Watchman

Cerebral palsy was not mentioned by anyone in this series of
interviews.

CHAPTER IX

NEEDS OF OTHER HANDICAPPED GROUPS

In order to ascertain the needs of all disabled, not just the cerebral palsied, contact was made with 13 representatives of, or agencies dealing with, the prominent handicapped groups. The purpose of this study was explained and they were asked to briefly describe their services as they presently exist and to cite the glaring needs which remain unmet so they could be incorporated in the study. The pertinent information gained from these exchanges is presented below.

Needs Shared by All Handicapped Groups

Accommodation

Some alcoholics are not wanted anywhere and have nowhere to call "home base".

Mental rehabilitees who should not, or cannot, for one reason or another, return to their homes after a period of hospitalization, need stepping-stone accommodation before facing complete independence. Social isolation -- living alone -- in many cases retards the rehabilitation process.

A domiciliary facility is needed for those physically handicapped who are semi-independent and single, families with one disabled adult, and senior citizens who are becoming progressively more crippled but do not yet need nursing home care.

Parents who bring their handicapped children to Edmonton for medical assessment and short-term treatment need low-cost quarters in which to stay for the assessment/treatment period, preferably close to the hospital concerned. Transportation and motel costs have influenced parents to drive all night so as to arrive in time for their morning appointment at the assessment center, the whole family tired and often, the child so fatigued, irritable and therefore uncooperative, that the assessment team cannot approach the child to conduct adequate examinations. Visitors' quarters are needed at hospitals.

More foster homes are needed to house non-Edmontonian pupils while they attend the Alberta School for the Deaf. Home care with a family is preferred to dormitory facilities.

Center for leisure time activities -- open during the day and evening, week-days and week-ends

The alcoholics, the blind, those undergoing mental rehabilitation but no longer in need of hospitalization, and those with multiple sclerosis need somewhere to go, something to do during the day, and somewhere to just drop in for social contact. Staying idle at home compounds the illness problems for both the patient and his family. The present facilities set up for this purpose are felt to be inadequate.

"There is no place for some adolescents. The Rehab Centre has become more sophisticated, their standards have risen, and they are cutting out the low producers. Some have gone there a long time for 'something to do', and now there's nothing for them anywhere. Some MSers can't produce but aren't dumb enough to get into the Industrial Research and Training Centre, and the IRTC has a stigma. There needs to be an activity center with limited emphasis toward industrial placement."

Sheltered Workshops

The alcoholics need something constructive to occupy their time and take their minds off themselves. The blind and the mental rehabilitees need larger, more expanded, and more imaginative facilities than they now have. It was felt that rehabilitation would progress better if the sheltered workshops were run along private lines, with an element of competition, rather than as just a place which provides "something to do."

Educational Problems

All handicapped groups could benefit from adult special education, upgrading, and/or retraining. To be eligible for present Canada Manpower assistance, one has to be just out of school or to have been working in the past year.

Current special education in the hospital environment "needs to be more imaginative, more flexible, and as much as possible like regular school. The teachers maintain a too rigid attitude and are cut off from therapeutic staff by administrative decree." There needs to be more communication between teachers and therapists -- it's a two-way street.

The work experience program in school pays only 65¢ an hour. Today's students feel this is discriminatory -- "slave labor".

Counseling Services

Need to begin as early as age 2-2½ for the parents of handicapped children!

Prior to release from hospital, those children who have been hospitalized at Glenrose for several years need to be prepared for their

return home. "After living in luxury there, they go into a tailspin upon returning to their own homes, some of which are in pretty deplorable circumstances."

Sex counseling for the disabled.

"Often there is breakdown in family communication due to sexual problems arising from disability. Often the subject is carefully avoided, but it's right there in the middle of everything. Public Health Nurses don't seem to recognize this; at least, they don't deal with it."

Family group therapy -- parents need to become more involved.

"There are families in remote areas where Welfare gives money but no social service counseling. (No skills are available there anyway.) We can't refer them to anyone else and we can't go out. There is a need for resources at their local level or visitors' quarters somewhere here in the city."

More follow-up where the family is accessible, on the basis of need (social-psychological, not financial), and where it is wanted.

Placement

"PLACEMENT SHOULD BE A FULL-TIME JOB!"

"The Special Placement Section in the old National Employment Service gave them dignity; someone listened to their problem. Canada Manpower is worse than no help at all."

Expansion of Services

"There are still people not getting adequate service."

"There are very few resources for kids using drugs. They need and want help but there's no safe place to get it so some are turning up here."

The above quotation is from the Division of Alcoholism. One of their staff members has taken an interest in, and is studying the personality characteristics of the drop-in drug users. He is finding that the alcoholic and the drug user are "two very different breeds of cat".)

The traveling diagnostic clinics have been discontinued. They need to be re-instated.

"There should not only be traveling diagnostic teams of doctors, but there should be traveling teams of occupational therapists, physiotherapists, speech therapists, and social workers to make home visits to parents who can't get in, and for enlarging the horizons of the rural general practitioners. There should be team assessment for rehabilitation where no medical treatment is involved, i.e., Indian reservations."

The handicapped receive service only up to age 18. "If they make it, fine; if not, tough."

The foster home boarding allowance needs to be increased for those children who have to spend intermittent periods in the city for out-patient treatment at Glenrose Hospital.

Transportation costs present real problems for most parents. Travel allowances need to be considered for parents who have to make frequent trips from outlying areas for out-patient therapy for their children.

High transportation costs also prohibit in-patients from visiting their homes very often or having their families come visit them in hospital. In some cases, visits to their homes could be considered part of the treatment process.

If nursing aides were provided in special classrooms in regular school (i.e., opportunity classes), many children could be educated in a setting more appropriate than Glenrose Hospital School. For example, the Winnifred Stewart School is set up to train the ambulatory mentally retarded, (IQs below 50) but those retardates who are in wheelchairs or on canes or crutches cannot be readily accommodated there because of architectural barriers and lack of staff trained to handle them. In

addition, those who are both physically handicapped and mentally slow (IQs below 65) are not eligible for education at Glenrose Hospital School where nursing aides attend to classroom care, so there are still some (IQs between 50 and 65) who are eligible for schooling under Edmonton Public School Board regulations, but who are not receiving any training/education because they don't "fit in" in any existing facility.

Transportation

The coordinated bus service, Edmonton Handi-Buses Association, can transport only those who live in areas which are convenient to the bus routes and who travel in conventional directions at typical rush hours. The individual cases whose locality or timetable varies from "the majority norm" cannot be served. For example, a child who goes to an opportunity class in North Edmonton needs service in the opposite direction than the bus loads go, and therefore must utilize parent, friend, or taxi transportation. The School Board subsidizes this transportation cost at the rate of \$2.00 per day, but that does not pay the full cost. In addition, if cabs are utilized, there is the additional problem of different cab drivers for each trip, none of whom know how to handle handicapped children, and some of whom find the task distasteful and let both the child and his parents know it.

Young adults wishing to attend NAIT cannot utilize the Handi-Bus service because typical NAIT hours are from 8:00 - 4:30; whereas, the bulk of the younger school attenders adhere to the 9:00 - 3:30 schedule. There aren't enough buses to accommodate both schedules, so NAIT students must find their own transportation.

It has not yet been possible for the Handi-Buses to accommodate the adult wheelchair handicapped who are otherwise qualified for the open labor market. Because transportation by wheelchair cab involves an expenditure of more than \$5.00 per day (\$2.00 more than meter fare each way by one company's wheelchair taxi), some wheelchair handicapped take jobs beneath their capacity because that job is close to home or at a place where a cooperative friend who is willing to drive them, also works.

Because of the small number of buses, some youngsters are on the bus as long as four hours per day, two hours each way.

The Handi-Bus equipment is too large for single passenger use, so no transport service is available for the occasional single trip. Only "regular", routine passengers are served by the Handi-Buses. Volunteer drivers (organized through the Central Volunteer Bureau) are utilized for single passengers who make regular, periodic trips (monthly check-ups at clinics, for example), but otherwise, there is no special transportation service available.

It is very difficult for buses to park to unload in downtown rush-hour traffic; no parking space for this purpose has yet been set aside by the City.

Because of the eight-hour-working-day limit, the bus drivers are "let off" during mid-day. It is felt that at least one all-day driver and one full-time small vehicle to accommodate the handicapped for odd trips, is a much needed service, but to date, the budget has not been approved to include this "extra". The Handi-Bus Association is a United Community Fund recipient.

Another need is night-time service for recreational pursuits of handicapped groups. The Handi-Buses do not charge for use of their equipment, but must charge the amount needed to pay their drivers time and a half for overtime. They do not feel that because their drivers are employed for a charitable endeavor, they should be expected to regularly donate their evenings without compensation. The present budget does not allow the Handi-Bus Association to absorb this expense, and the handicapped groups have minimal financial resources.

Needs of Specific Groups

The Blind

Facilities for educating the blind child are still next to non-existent in Alberta.

More capable volunteers (not do-gooders) are needed to assist the blind socially.

The Deaf

Prohibitive rules and regulations:

The "cream of the crop" at the School for the Deaf achieve Grade 9 (the majority achieve only Grade 5 because it takes so long to establish communication at the basic level before the teaching/learning process can begin); most jobs require a Grade 11 education.

To gain entry into the apprenticeship program at NAIT, the Grade 10 eligibility requirement can be waived by passing an examination. However, the examination now is written in terms unfamiliar to the ordinary deaf person. He may have the knowledge required but is not facile with abstract terms so can't pass the test. The tests need to be rewrit-

ten in more concrete terms so the deaf can at least have a fair chance at competing. "In line with this, there is still no valid psychological test for the deaf."

The Alberta Government will not grant A or B licenses to the deaf; hence, they cannot become truck drivers. It was felt that many Deaf School "graduates", with limited education, could function adequately as truck drivers if this restriction were waived.

CHAPTER X

DISCUSSION

While scanning the individual charts to obtain brief reviews of the medical history of each subject, it became apparent that resources for assistance to the handicapped left much to be desired. Cerebral Palsy Clinic referrals to the Provincial Department of Welfare (now called "Department of Social Development") were often acknowledged with long reports full of explanations as to why assistance could not be given, but little indication that action had been taken to try to find ways in which assistance could be given. At times, it appeared that if the Clinic staff organized a plan and then sought government help/ approval to implement it (through finances or referral to the appropriate agency if the individual were over 18 and therefore no longer eligible for assistance from the Clinic), approval was granted, but if referral was made "for appropriate assistance" without a specific plan of assistance already outlined, nothing was forthcoming. It appeared that the Rehabilitation Division of the Public Assistance Branch showed interest if the individual manifested potential for the professional or technical level of employment, but little interest was shown in those (mostly marginal cases) just seeking a job -- any job they might be able to perform. In some instances, recommendations were made which appeared to reveal a lack of knowledge, understanding, and insight on the part of the governmental authorities. An example of a subject's reaction to this was included in Chapter VI, page 85. Governmental correspondence covering

this recommendation of the subject's purchasing a loom, doing home weaving, and selling her products in her rural area had been noted because it was wondered at the time of the chart review, whether such a recommendation was indeed realistic for a person handicapped to the degree that her chart indicated she was. It was therefore illuminating to visit the subject several years after the fact and have the opportunity to record the thoughts which she spontaneously volunteered in response to the stimulus provided by the interview questions, and to visually assess the wisdom of such a recommendation, keeping in mind the subject's capabilities, her immediate home environment, and the opportunities available in her local community. It would appear that she was correct; such a recommendation was not realistic but it did "close her case" for the department concerned.

A glaring example of the apparent inadequacy of one representative of the Department of Welfare was provided in the case of a male subject in a rural community, handicapped both by physical disability (speech as well as all four limbs affected) and "insufficient" education (Grade 10). He was motivated enough to appeal to every possible source of assistance he could think of: he exhausted his local employment possibilities, he answered The Edmonton Journal ads, he wrote the National Employment Service, he wrote the Edmonton Rehabilitation Society, he wrote the Clinic, he wrote the doctors who had treated him asking if they knew of places he might seek employment, he wrote the minister who was counseling by radio, he bought himself a typewriter and taught himself to type with one finger (see Appendix G, Map, page 265), etc. He requested special education to upgrade himself and the Clinic doctors

appealed for vocational training; no action was taken. Two years later he tried the same resources again; his plight was acknowledged by the Edmonton Rehabilitation Society who said they would refer his request to the appropriate department of Welfare, but again no action was taken. The following year, the radio minister requested help from the Clinic so he could give guidance to the young man. The Welfare Rehabilitation Section requested from the Clinic a copy of the subject's most recent Guidance Clinic report. The following is an entry on his Cerebral Palsy Clinic chart:

"Sep 6, 1963: Mr. _____, Welfare Rehab Section, has not received the Guidance Clinic rpt we forwarded him on July 10th. The story is that (subject) heard Rev. _____ on the radio, came down from (his home town) to see if he could help him find a job, the Rev referred him to _____ (Paraplegic Assn), who told us of the inquiry on our visit to the Paraplegic Assn Hq, and (Para Assn Rep) referred him to Mr. _____ at Welfare Rehab. Mr. _____ referred him back to (subject's home town) Welfare, asking for info from them relative to future Rehab Assessment, including a request that they seek a dr's report. The doctor's report gave no information other than 'no improvement anticipated,' and the home town Welfare rpt essentially referred the case back to Mr. _____, practically rephrasing his own letter to him. This angered Mr. _____ and he hasn't pursued the matter. (The subject) has written Mr. _____ asking what has happened to his case, but Mr. _____ has not replied. Mr. _____ indicated he felt the boy was so severely handicapped that he would be impossible to place. He felt it impractical to even have him assessed at Rehab because it would be time and money down the drain. When I remarked that it would at least be giving him a chance, he countered with the feeling that it might be better for (subject) to feel that he did have a chance for a future some time, rather than to be assessed and be told that he didn't."

The subject in question, in the course of this study's interview, commented that he had written and written, but his correspondence was never acknowledged. When he went in person to his local Welfare office, they told him to write the Edmonton office; when he wrote the Edmonton office, he received no reply.

These instances (only two are cited herein; others are contained in the old Cerebral Palsy Clinic charts) evolve into the recommendation that the governmental authorities charged with the responsibility of rehabilitation cases, become better qualified in terms of obtaining training which will give them an understanding of the handicapped, knowledge of the different disease entities, familiarity with the employment picture -- both metropolitan and rural, and an attitude toward capitalizing on what the disabled can do, rather than emphasizing what they can't do. The above-mentioned examples illustrate not only lack of realism, but lack of interest, and letting personal emotions interfere with professional responsibilities.

During the chart review and also during the pre-interview telephone contacts to locate subjects, it also became apparent that in the past, some children have been deprived of special education because of standard IQ requirements. This was especially acute at the time the Glenrose School Hospital was opened. Parents had put their hopes in this hospital's at last affording a place where their child could receive help, only to have their child found ineligible by the assessment team. Even though it is well known that IQ tests standardized on normal children are not valid for handicapped children, standard tests were utilized, with the eligibility cut-off mark being 70 ± 5 , 20 points higher than the minimum required by the Edmonton Public School Board for entry in their classrooms. In some known instances, adaptations of these tests which could have been made to accommodate the physical capacities of the individual child, were not made. Another known fact is that IQ tests standardized on "normal" children are standardized on those who have had

a "normal" education. It does not make sense to expect a child who has had very little, if any, "normal" schooling to rank at the level expected of a child who has been attending school regularly. Yet, this seems to be expected. Hence, some children have been deemed "stupid" when they are, in fact, merely "unschooled". A third known fact is that a child from a non-English speaking home who is not exposed to English until he enters school at age 6, usually does not perform up to the level expected of a child who is administered the IQ test in his native tongue when that IQ test is given at age 6 or 7.

From this situation evolves the recommendation that only qualified psychologists, well-grounded in test theory, and flexible enough to adapt conventional tests to the motor ability of the child (attaching handles to puzzle pieces which will enable the child to manipulate them if he cannot otherwise grasp and pick them up, using numbered or lettered blocks which the child can move with gross movements if he lacks speech and cannot make fine enough gestures to indicate choices listed in a small area, etc.), be allowed to assess and participate in the sometimes irreversible decisions regarding who will and who will not profit from special education. In times past, many unfortunate children have been institutionalized because of inadequate assessment. As more light is shed on the causes of subnormality, early detection and accurate diagnosis become increasingly important, for there is a small group of conditions which is amenable to direct treatment, i.e., cretenism, phenylketonuria, hypoglycaemia, galactosaremia, etc.; some cases of petit mal associated with backwardness may derive benefit from treatment; some emotional disturbances are mistaken for mental

retardation; many deaf children used to be inaccurately diagnosed as mentally defective and were institutionalized because of the syndrome of failure of speech development, inattention, and naughtiness combined with a good level of attainment in other directions. In institutions they often developed a superimposed psychosis, quite understandably. Qualified psychologists are needed for such assessments.

Several parents also expressed their disappointment at the Industrial Research and Training Centre. Under the impression that it was being set up for vocational training for those needing special help, they made early inquiry by telephone, at which time they were told they'd be sent application blanks. When no blanks were forthcoming, they called again and were told their names would be held until appropriate processing could be done. Repeated inquiries sometimes resulted in unpleasantness. Nothing has been heard by them from IRTC. The final assumption that the IRTC would be utilized solely by the mentally retarded once more frustrated those parents who are still looking for appropriate help for their children.

A visit by this researcher to the IRTC included a tour of the facilities and an opportunity to view it in operation. The overall impression was one of much space; fine, heavy-duty, expensive tools and machinery; but few students and little activity. At one point, after observing a student trimming one page at a time, when the mechanized automatic blade was designed to trim hundreds of pages in one cut, this researcher inquired of the guide why only one was being cut at a time. "Because if he cut them all at once, there would be nothing for him to do the rest of the day." It was acknowledged that the staff was finding it difficult to keep the students occupied because of the step-by-

step programming involved in teaching the skills necessary for each operation. The staff, themselves, was having to break down these operations into simple steps and was finding it a time-consuming task. One room, filled with expensive, precision lens grinding equipment, was standing idle, awaiting the hiring of a qualified instructor.

The building would appear to be designed so that ambulatory (including cane and crutch) handicapped, or even wheelchair cases, could function there. It is well known that lens grinding is a skill in which the physically handicapped have proven successful. (New York University's Institute for the Crippled and Disabled uses lens grinding as one of its job samples on which its enrollees are tested and trained for future employment.) The commonly asked question was: "Why is the Industrial Research and Training Centre restricted to mental retardates?" There would seem to be no apparent reason why, in a center with much space and much equipment, the physically disabled could not learn marketable skills in an unpressured, simple step-by-step sequence, too, and utilize the high-cost building, instruction, and maintenance provided by the Alberta taxpayer.

Another topic which was noted during chart review and interviewing, was the idealistic attitude of some of the therapeutic staff -- doctors, therapists, and teachers. Optimism is essential, but false optimism is self-defeating. Too often, in their efforts to encourage and motivate the patient to try, the therapeutic staff influences him (and his family) to set too-high goals. Sometimes they impose their own ideals on the patient -- transferring their own values and ambitions to him without letting him think for himself and set his. Attempts to shield him

from the truth are not as helpful as assisting him to achieve by showing faith and confidence in him, teaching him in easy step-by-step fashion what is expected of him, and by acknowledging progress, no matter how small the accomplishment. Both the patient and his parents should be allowed to talk about the condition and what it means in not only today's world, but tomorrow's. The truth should be told; false reassurance should be avoided. The patient and his parents should play active roles in habilitation and rehabilitation; the therapeutic staff should guide but should not take over. Most patients (and their parents) have strengths and can arrange/rearrange their lives to adapt, but they sometimes need help in recognizing those strengths (particularly at times of crisis), and need guidance in using their potential, utilizing the resources available, and attempting to help establish resources which are not yet set up. Instead of using over-optimism to combat feelings of aggression and depression, realism should be used to assist acceptance of these feelings.

Too often, the patient is told that once he gets his education, he'll be able to find a job. Too often, he is trained in a skill which pertains to only one job -- not transferable. Too often, when a therapist is reminded that the typical employer will not be interested in hiring a person with little qualification, that therapist counters with, "Well, he should."

The recommendation evolving from the above is that therapeutic personnel be reminded from time to time that they must expend their efforts toward REALISTIC, rather than IDEALISTIC goals. Practical goals should be attainable in terms of not only the physical energy, intellectual capacity, and emotional stability of the patient, BUT ALSO the current

economics of the environment. In a rehabilitation setting where the therapeutic staff is constantly surrounded by "subnormals", it is easy to become charmed by their charges' personalities, and to lose sight of the gap between the functioning level of these "subnormals" and the "normals" with whom they'll have to compete when leaving the rehabilitation setting. The staff sometimes expects standards and rules to be bent in favor of the "subnormals" because they're handicapped; whereas, those very standards and rules have been assiduously set up by systems and management experts to avoid hiring anything but "the best available." A handicapped person entering the work force must be prepared to present the same job qualifications as the non-handicapped.

Allied with the above item is that of dependency needs. In some cases there is reason to believe that the therapeutic staff can develop dependency on their patients, becoming so involved that they unconsciously foster the patient's dependency needs, perpetrating his immaturity, extending the active treatment period, and putting off the first step toward trial at real independence. The helping hand is kept too ready, prolonging the try-it-on-your-own venture. In effect, then, the therapeutic staff is sometimes guilty of the very thing it loudly criticizes the parents for: overprotection.

During the follow-up phase of this study, at which time the whereabouts and the present activities of the subjects were sought, many parents were queried by telephone. Considerable pride was expressed in the accomplishments achieved by those children who were still in school; however, many parents expressed concern over the lack of social opportunities. Their children just didn't seem to fit in anywhere socially.

Finding friends and keeping them was their main problem. They did not wish to join the group organized for the handicapped because they didn't wish to be labeled; however, they did not feel welcome or comfortable at non-handicapped social activities. Physical education was mentioned several times as an activity which created problems; they often were not encouraged or even not allowed to participate; they felt conspicuous as spectators, and they felt general failure because when they did participate, they felt their teammates were unhappy because their performance was inferior.

Hence, the recommendation is made that school administrators make every effort to encourage all teachers to establish a climate of acceptance of any handicapped in the classroom. The attitude of the pupils stems from the attitude of the teacher. Most cerebral palsied in the regular classroom can participate in at least some forms of physical education. Not only does it enhance perceptual-motor development (often a problem, particularly at school entry age) but it establishes communication with peers and enhances mutual understanding. Even the severely handicapped can engage in wrestling and tumbling but should not be expected to meet the standards set up for non-handicapped. It is possible to organize group games so that the disabled can participate, succeed, develop, and enjoy (for example, relay races.) In the writer's judgement, it is good for the non-handicapped to have physical as well as intellectual and emotional contact with the handicapped; it is good for the non-handicapped to learn that the handicapped are human, with the same attributes needing expression that the non-handicapped have. It is good for the handicapped to be active participants in all standard

activities, to the limit of their abilities. Often they can develop compensating resources which are beyond the imagination of the non-handicapped.

In the course of interviewing, many problems which are well documented in the literature were brought up by the subjects or their parents: there was little understanding of the disease -- the explanation given them had often been couched in terminology too technical to be understood by the subject or his parents (many of whom have had little academic education), they were given many different reasons, and many different treatments were suggested, resulting in needless expense, feelings of frustration, and feelings of guilt and insecurity; finding appropriate facilities and then getting the children accepted therein was sometimes "a real battle"; transportation was difficult and expensive (for example, one taxicab company has recently added a wheelchair coach to its fleet but charges \$2.00 more than the meter reading per trip); they were not often given a chance to express themselves -- their thoughts were determined by the authorities, they were told what to do and "no questions asked", they were "put-off" by the large number of strangers who were present, "staring and listening", at the examining clinics without their understanding why.

Time is important. Too often only the doctor's, therapist's, and teacher's time (workload) seems to be considered; the patient's time is taken for granted. And so is the parents'. The patients felt that not enough time was taken to explain the disability, the treatment, and the goal. Several patients felt they had no part in the decisions made

concerning them. (See Chapter VI, page 91.) The parents felt that the time, energy, and expense involved in making frequent trips to Edmonton was not met with enough time allotted to them for adequate discussion of the problems involved, once they arrived at the treatment center. They didn't have time to think things over before making an important decision; they were confused. In the rehabilitation setting it is easy to overlook the need of the patient and his family to be treated as individuals.

Although other studies have found the subjects to be unrealistic about their capacities, the subjects in this study, by and large, were quite realistic about their limitations. Some initially attempted to maintain a joking facade which superficially appeared to be an indication of unrealistic thought about their limitations, but as they relaxed and began to divulge their inner feelings, the facade disappeared and their thinking appeared quite realistic. Some were defensive about not being given a chance to prove their capabilities, and after listening to their reasons for feeling so, the interviewer felt their feelings might well be justified. Others were so determined to overcome their limitations that they continually attempted more than they should. In general, their lack of realism seemed pin-pointed to the feeling that they were being discriminated against when seeking employment; they did not realize that the non-handicapped encounters the same difficulties when looking for a job, i.e., applying to newspaper ads and not having the application acknowledged, being told they would be contacted when a decision was made and never hearing, tramping the streets, knocking on doors, being curtly told "very sorry", or being smoothed over with a

saccharine voice and courteous, but hollow words. In fact, this researcher was struck with the lack of bitterness they displayed; they did not whine. They had all tried to the extent of their knowledge of possible outlets for their capabilities; none of the potentially employable had made no effort at all. Some had perhaps given up "too soon" (several employers commented that not many handicapped apply), others did not know where to go for further attempts, and still others were being actively discouraged from making further attempts by their parents who seemed to be using their children to satisfy their own dependency needs. After years of concentrated close personal relationship, they cannot now let go of their child and let him get out on his own. In such situations, both the parent and the child would need counseling (albeit short-term) before the child would be really "employable" -- physically, intellectually, and emotionally.

It was noted that although employed, six were still living with their parents and, therefore, were not altogether independent. Their answers to the question, "How much money do you feel you need to get along each month?" indicated that at least four were being partially subsidized by their parents through room and board, and that they likely weren't being realistic about the cost of living, which includes maintenance (laundry, repairs, and miscellaneous incidentals which count up faster than people realize until they sit down and itemize their expenditures.) The subjects who were living alone understandably had a more realistic view of financial matters.

Two of the employers interviewed commented that they felt the handicapped in small communities were better off than those in the city.

"Small places take care of their own." It may be true that small businesses are more willing to make the adaptations necessary to provide the handicapped with gainful employment; it seems to depend on the humanitarian impulses and compassionate nature of the owner of the business. But large companies, based on the balance of costs versus profits, and closely competitive enterprise, do not seem to feel able to afford the "luxury" of deviations from the norm in their standard operating procedures. Small communities are often not affluent enough to support more business establishments than are absolutely necessary to carry out "survival" transactions for the local residents. Employment opportunities in remote rural areas are virtually non-existent for the non-handicapped youth; the handicapped don't have a chance, as a rule. Now and then a job is created for the handicapped, but that job is the first to be discontinued when meeting overhead expenses becomes a problem. An instance of this was cited by one of the employed subjects who had been "given" two such jobs -- one as scorekeeper in a pool hall, and another as a salesman in his father-in-law's clothing store; he is now hoping for upgrading through Canada Manpower. The "small place" one employer had in mind was Wetaskiwin, a thriving center of 6,008* in the heart of Alberta's richest farm land; the "small places" the interviewer had in mind were crossroads like Thorhild (population 312*), Vimy (40*), and Warburg (285*), accessible only by gravel roads. There might be a general store there.

Arising from interviews with both subjects and employers, was the note that many jobs which might be held by handicapped individuals are

* 1966 census figures

those which are "unattractive", repetitive tasks which must be done manually, but which provide little challenge, variation, or satisfaction, and thus are not desired by the "average" job-seeker of today. This pleases neither the handicapped nor his parents. Indeed, some parents have been known to block habilitation and rehabilitation efforts because of pride; instead of emphasizing the benefits associated with partial independence through employment at even menial, rudimentary tasks, they emphasize their own prejudices by projecting their own hopes and ambitions onto their children, actually opposing the effort more forcibly than their offspring did. In cases such as this, parents need counseling more than the handicapped individuals. The parents of one potentially employable subject definitely fell in this category.

As was indicated in Chapter IX, domiciliary facilities of some sort are felt to be needed by all handicapped groups. In England, residences have been set up combined with sheltered workshops where adult residents may stay permanently or for periodic temporary intervals. "Holiday hotels" have been established, as well as vocational training and employment services. In some instances, all of these facilities are housed under one roof. A few mothers in this study commented that they would have been very grateful if there had been some place where their handicapped child could be accommodated happily for a short time while the rest of the family got away on a holiday. As was noted in Appendix E, one handicapped subject commented that he had no current interests or activities for he must always do what everyone else wanted to do and any time they did go anywhere, they always just spent that day there, and came right back the same day. His is a very

lonely, boring, empty and perhaps sad existence; he would appreciate a holiday, too. Just a friendly smile is a treasure to him.

In Holland, whole communities have been constructed to enable the handicapped to "live their own lives." Whether or not isolated, "artificial" communities are desirable depends upon the culture in which they might operate. In the Alberta, Canada, environs, those subjects queried on the topic wanted to be in the heart of town -- where the action is. They wanted to be integrated with "normal" society, not isolated from it. Their thinking has been molded toward participating in human endeavor as much as possible like ordinary human beings.

In New York City, selected patients of a rehabilitation center have been successfully housed in a "stepping-stone" residential facility in the heart of the city where they could try semi-independent or independent living, including their own housekeeping and getting themselves to and from employment found for them by the rehabilitation center's placement section.

In Red Deer, Alberta, nine selected trainees at the Alberta School Hospital have been successfully housed for almost a year in a split-level dwelling in a residential district, under the light supervision of a former home economics instructor at the school. These young women are employed full-time in jobs (for example, dishwashing in a local cafe) found for them by the School's social worker, cooperate with rotating household and yard chores, and are virtually independent. One trainee has achieved "complete independence" and has left the residence. (These women were diagnosed as mentally defective, rather than physically handicapped.)

In discussion with representatives of other handicapped groups, when asked if they felt a residence offering both permanent and temporary domicile to all handicapped would be feasible, both the representative of the Division of Alcoholism and the representative of the Division of Mental Health commented that "their" clients would be initially unsettled at being housed with physically handicapped, but after a moment, both added that they would likely settle in. A representative of one group commented that "our people would be sensitive about being classed with defectives. They'd feel stigmatized." She also stated that she did not yet know enough about the problems and appropriate treatment of the young drug addicts to know whether or not it would be wise to house them with "handicapped". It is the feeling of this researcher that initially, it would require adjustment, just as facing any new domiciliary arrangement requires "adjustment", but, judging from the spontaneous comments of some rather severely physically handicapped individuals, it might do them all good to see other people with problems deemed worse than their own. Combined housing could actually be turned into a therapeutic process for them all -- switch their minds off themselves by stressing cooperative living.

With the exception of the blind, whose association has its own placement officer carrying on an active program, there is essentially no Northern Alberta placement service for the handicapped. Under the "old" National Employment Service, the Special Services Section provided help for the handicapped, but with successive reorganizations, the "new" Canada Manpower has eliminated placement as a part of its service. According to the representative interviewed (see page 119), it is now only a matching agency -- matching the job specifications of the listed

vacancies with the qualifications of the walk-in applicants. No longer are possible jobs solicited for individuals needing special consideration. The only people who seem to know this, however, are the personnel employed in Canada Manpower; the employers do not know it, the applicants do not know it, and the community at large does not know it. Again, the qualifications of Canada Manpower personnel merit careful study. During the interview, it became apparent that their staff is operating with limited training. They are the first to acknowledge their background limitations, however; the representative who received this interviewer volunteered that "There's a lot we don't know, but we're trying to learn. We have organized a few psychology workshops for our personnel and have made real strides in our 'understanding' of the needs and ways of thinking of some of our clients, particularly the Indians."

The literature is beginning to be sprinkled more and more with suggestions that counseling be channeled away from the goal of employment toward "planned dependence". (Gardner 1969.) Regardless of level of intelligence, few severely handicapped obtain employment. In this study, none with "severe" diagnosis obtained employment; only seven "milds" and 10 "moderates" did. Most of these received minimal treatment and attended regular schools. They encountered problems, but nowhere near the problems encountered by those so extensively handicapped that lengthy special schooling was required. Suggestions are being made that instead of continuing to press for independence (emphasizing employment), it would be preferable to press for acceptance of severe disability, inferior status -- second-class citizenship", and a life of virtual inactivity. Because ours has been a work-oriented society, this would demand

curriculum changes from formal academics to a more "social" orientation, concentrating on daily living skills, simple workshop activities, and leisure activities to enable the handicapped to occupy his time at some enjoyable effort and thus lessen the burden of care for those charged with the responsibility of caring for him in his adult life. Such a change in orientation would involve the extension of sheltered workshops as we now know them (wherein industrial contract work is undertaken for token monetary wages), to encompass social, craft, artistic (drawing, music, drama, prose and poetry), and perhaps political activities: a community center rather than a work center.

This thinking comes at a time in cultural evolution when the goals of the entire society may need to be changed away from man's work as the measure of man's worth, because forecasters of the effect of automation on world production predict increasing leisure time, and the problem looms large regarding how man will adapt to more leisure -- will he use it constructively or destructively? (At the moment, destruction appears prevalent, but that may be an erroneous impression created by the mass media.) Mass programs of orientation toward leisure and creativity will have to be undertaken and there is no reason why the needs of the handicapped toward this same end, cannot be integrated in that whole new orientation so there need be no cause for them to be labeled "inferior -- second-class citizen". It will take careful planning, organization, and implementation to insure that the handicapped are not forgotten in this public enterprise as they have been in that past planning pertaining to public buildings, public health, public education, and public welfare (including recreation). (The key word in that last sentence is "CAREful"; there must be someone at the helm who CARES.) This means that governmental

authorities need to be alerted and kept alerted; this involves lobbying groups such as organized groups of professional practitioners and educators, as well as parents, and the adult handicapped, themselves. Articulate assertions by the handicapped, themselves, rather than through mouthpieces, would be most effective. With wise, adequate planning, the needs of the handicapped could be integrated with those of the public at large and a planned community center for the whole public could then accommodate the handicapped in one and the same facility as the "normals", without necessitating "special" quarters for the "sub-normals", thereby stigmatizing them, as well as necessitating additional expenditure of public funds for duplication of services.

However, until mass public opinion is rechanneled, in order to maintain the self-esteem of the handicapped and orient the parents to an alternative life-style, continual counseling would be necessary. Vocational assessment has traditionally been undertaken at about age 16. That is too late. Assessment should actually be a continuous process starting with the original assessment and diagnosis (preferably done by a multi-disciplinary team), and carried on periodically throughout the individual's developmental stages, so that even before age 10, possible potential could be hypothesized and the appropriate curriculum chosen. Continued counseling, albeit periodic, should accompany this continual assessment to insure easy transition from one stage to another, depending on the changing priorities of treatment vs. education, and alternative types of education. Attempts should be made to afford a sense of accomplishment whether it derive from work or leisure. The individual (and his parents) must not lose his feeling of self-worth.

"Diagnosis, assessment, treatment and care must be concerned not only with the disability, but with the whole child in his total environment. The organization of services must be such that all the parts are linked together, that information passes freely from one to another and that the workers at all levels of specialization function and see each other as equal partners in a combined task. To achieve this it is essential that the training of all the workers shall aim at producing not only specialized skills, but also an understanding of the task as a whole." (World Health Organization, 1966, p. 66.)

Indeed, let it be emphasized that confidentiality should not be confused with secrecy. Information should be shared between members of different disciplines so that it may be used responsibly in the patient's best interest. There should be sequential planning from one agency to another. Ideally, there should be a central organization which would coordinate the services of workers in different fields of medical and social rehabilitation, including all aspects, of all handicapped groups, from initial assessment in infancy to ultimate placement in adulthood. At present, most attention is given to the children; needs continue into adulthood. Psychotherapy can be of real value when combined with vocational training, for emotional problems are usually more severe in early adulthood than in childhood.

At present, eligibility for education and treatment services terminates at age 18. Provision should be made for continuation of services to adults. In 1969, the Alberta Human Resources Research Council, in its study of the Department of Social Development's Employment Opportunities Program, found that "about the eighth grade" was the minimal level of education necessary before employment or retraining was possible. (The Alberta Government, 1969.) Many physically handicapped could reach this level if "special" adult education were available to them.

Placement services are needed for those mildly handicapped who could continue to be work-oriented (some need only information as to where to apply), and alternative services are needed for the severely handicapped. Some have been institutionalized at a relatively young age because their parents have become mentally unable to keep them happily occupied and physically unable to handle them -- as the handicapped grow larger, their parents grow older. No one is happy with premature institutionalization.

Allied with the current thinking toward education for leisure, there have been questions as to whether or not creativity, rather than work, could/should be cited as a goal. The definition of creativity, however, has not been specified. The literature contains references ranging from "Just being is creative living," (O'Byrne, 1966, p. 82), to writing, painting/sculpting, contributing ideas in scientific research, inventing, and participating in politics. Suggestions have been made to introduce leadership training in the curriculum afforded the handicapped and to establish liaison with the news media. (Ford, 1963.) Webster's dictionary defines "creative" as "having the power or quality of creating -- to bring into being; to cause to exist. Hence, to produce as a work of thought or imagination." In this current research, several manifested such creativity. One subject was employed as a writer for the Provincial Government, another wrote poetry for his own enjoyment (see page 220), two were therapists who learned to develop their creative ingenuity through their professional training (one via university occupational therapy training and the other via the Provincial Parks and Recreation Department's leadership training course), one

developed through the leadership training program her mother gave her at home and was now using her skill to mold the character and thinking (particularly in mathematics) of elementary school children. One was taking an active leadership role in his church. One taught himself to upholster chairs and "picked up TV and radio repair at home". He also "works on cars". One was installing a sheet-metal furnace in his parents' home and planned to build a mini-car and a cabin on a lot he bought "on a lake just about to the mountains". One painted signs for commercial establishments and built himself a desk. One was beginning to pursue craft-type hobbies which involve ingenuity. One potentially employable aspired to be an artist and took a course at art school toward that end. One could do leatherwork and paint signs if not pressured time-wise. Another was teaching himself to play the accordeon and "makes up his own tunes". Several in both categories taught themselves to type (see Appendix G, page 265). It is felt that others might manifest potential if opportunity were provided and appropriate stimuli applied. If a "new" curriculum were designed which included cultural facets similar to those incorporated in the "liberal arts education", heretofore untapped human resources (latent talent) might be surfaced, with surprisingly rewarding results. "Creativity appears to be an individually stable characteristic that is systematically sensitive to environmental circumstances." (Mackler and Shontz, 1965, p. 873.)

A revised curriculum, combined with adequate counseling toward avocational rather than vocational pursuits, would obviate the feelings of futility and consequent depression which have borne in on the physically handicapped college graduate who has pressed on educationally

in spite of real difficulties, only to find professional employment unattainable. The frequently posed question, "Education for what?" could now be answered with "Education for creativity." Great care must be taken to be sure that the handicapped clearly understands this avocational role for his college training. It is very easy for the counselor to get the answers he suggests to his client; hence, the goal might be very clear in the counselor's mind but not in that of the client. The client, therefore, must be actively involved -- he should be consulted and encouraged to find his own level -- not pushed beyond his ability, but neither prevented from functioning commensurate with his capacity. "What education can and should do is to accentuate the humanity in people. The basic aim of education is to develop manhood, not manpower." (Hall-Dennis Report, 1968, p. 108.)

In any event, both for present placement and for future orientation toward an alternative life-style, liaison with the news media is needed to rechannel public opinion regarding the handicapped. The present fear and misgiving which stem from lack of knowledge about, and little day-to-day contact with, the various crippling disease entities, must give way to acceptance of the human qualities, capabilities, needs, and desires of the handicapped. At present, when the words "cerebral palsy" are mentioned, the visual image that springs to mind in the ordinary man-on-the-street is the poster child exploited in the advertisements for fund-raising campaigns. He is usually moderately to severely handicapped, physically, but his cunning smile tugs at the heartstrings which release the pursestrings. Where are the pictures of the producing handicapped adult? It is not the awkward, sometimes "grotesque-appearing"

handicapped adult who fills the coffers of the fund-raisers. The handicapped child elicits sympathy; the handicapped adult elicits revulsion. This revulsion would gradually diminish and the handicapped would not be seen as "grotesque" if the public were gradually exposed to unemotional, factual information which would lead to understanding and thence to acceptance. A positive, well-organized, continuing public education program aimed at all levels of school (basic through university), church, politics, service clubs, interest groups, public and private granting agencies for research, professional and industrial associations, public planners, movies, magazines (particularly women's magazines), radio, and television, etc., could eventually do the job. This would involve including illustrated stories about the handicapped in the readers used in the elementary grades; it would involve Sunday School lessons which exemplify the handicapped being on the giving rather than always on the receiving end; it would involve sequences about the handicapped in the comic strips; ⁶ it would involve adventure/love themes about the handicapped in the appropriate glossy magazine, radio, television, and movie plots; it would involve articles about the handicapped in the professional and trade journals; and it would involve charitable projects to serve those in need right here at home rather than on the other side of the world. It would involve WORK and a sincere personality

6. Milt Caniff, through "Steve Canyon", Bradley & Edgington, through "Rex Morgan, M. D.", and Charles Schulz, through "Peanuts, featuring 'Good Ol' Charlie Brown'", have cooperatively complied with justified requests in the past and have attempted to effect public opinion change. There is no reason why the help of Dr. Seuss could not also be solicited; his is a vast audience of children of all ages.

to "sell" the program; a "smooth operator" could kill the whole effort. The approach should be based on the philosophy that the handicapped are not inferior or totally different, but are human beings whose disabilities require that their "same" needs be fulfilled in special ways. It could not be done overnight but IT COULD BE DONE!

CHAPTER XI

SUMMARY AND CONCLUSIONS

Summary of the information yielded by this research, and conclusions derived therefrom, are presented below:

1. Of a total population of 290 cerebral palsied registered in Northern Alberta, between the ages of 16 and 30 at the time this research was initiated, 183 (63.1%) were found. Half of them (92, or 50.3% of the available group of 183) were unemployable. Only 17 (9.3% of the available group) were employed; 11 (6.0%) were deemed potentially employable, and two (1.1%) were judged doubtfully employable.
2. Of the 17 employed, 13 were spastic. Seven were diagnosed "mild", and 10, "moderate". About half needed minimal treatment; two needed none. The other half needed surgery, some rather extensive. All attended regular schools for the most part, but a few attended the Cerebral Palsy Clinic intermittently for periods of intensive therapy or post-surgery rehabilitation. Their levels of education ranged from Grade 5 to University degree and four years at the Northern Alberta Institute of Technology. Their annual salaries ranged from "Less than \$1000" to "More than \$5000", and their jobs ranged from manual to professional. Nine were women and eight were men. Ten were single, seven have been married, but two (women) were now separated. Five were parents (four female and one male) and were raising from one to three children (all normal). Eight resided in Edmonton, seven in small

communities, and two, on farms. Several had experienced difficulty in finding employment; attempts to seek help through agencies resulted in frustration. Nine found their jobs through their own resources; three, through relatives; and one, through Canada Manpower. Several felt they were working beneath their capacity and were attempting to plan for advancement. Five of the subjects' symptoms of cerebral palsy were hardly noticeable; two had limps. It would appear, then, that nearly half of those cerebral palsied who have been successful in obtaining and sustaining employment were minimally handicapped and had had minimal or no assistance from special medical/educational services.

3. Of the 11 potentially employable, one was diagnosed "mild"; nine were "moderate"; and one, "severe". Three had attended the Cerebral Palsy Clinic School and one had completed Grades 1-6 at home through the services of a visiting teacher. Her experiences in regular school in Grade 7-9 influenced her to withdraw from the system at the end of Grade 9. The remainder had attempted regular school. Their levels of education ranged from Grade 5 to Grade 11 plus correspondence work after leaving school. (Several felt they had been eased out of school because the teachers weren't interested in spending the extra time and effort required, and would appreciate adult educational opportunities so they might continue learning.) Three of the potentially employable had no financial assistance; their parents were bearing their entire cost. Four had disability pensions, three had Department of Social Development assistance, and one had both a pension and assistance. Six were men and five were women. None were married; all but one were living with their parents, and that one was keeping house for his brother on a

farm. Five resided in Edmonton, four in small towns, and two, on farms. It was felt that one could/should be working, five would need sheltered workshop settings (which are not presently available), and five (plus their parents) would need counseling before they would become employable in any setting. In the smaller communities and rural areas there were no obvious employment opportunities available to them, except odd jobs offered by compassionate neighbors. Their efforts to obtain aid from agencies in seeking further training and employment, had been in vain.

4. It would seem, then, that their inability to find jobs was due to lack of both job opportunities and helping agencies, rather than to lack of achievement motivation. According to their own descriptions of their efforts (see Chapter VI and Appendix E), they had NOT received either encouragement or assistance in finding jobs even though, after exhausting their own resources, they had repeatedly appealed to the agencies commonly thought to be the appropriate channels for obtaining aid.

5. About half of the experimental group (employed and potentially employable) were not able to talk with their parents about their disability, most had little understanding of it, and several did not know what it was called. Counseling would be helpful, for both parents and children, to enable them to understand the disability and "talk out" their feelings about it.

6. Making friends was difficult for many. None of the employed participated in groups organized for the disabled; indeed, several avoided them. Seven of the experimental group had been married (two

women were now separated); seven had dated, but the remainder had not. Five were parents of normal children. Lack of social opportunities was mentioned by many parents as one of the biggest problems.

7. All of the experimental group said they could look after their own personal care. Five owned cars, five others had licenses, one could drive but didn't have a license, one had applied for a license, and one had a learner's permit but needed lessons. Several (both male and female) drove tractors. Three of the potentially employable had difficulty with public transportation. For the majority of this group, then, self-care and transportation were no problem.

8. Many would have appreciated being better informed about what the doctors and therapists were attempting to do in their treatment programs. Lack of explanation and resultant lack of understanding had resulted in varying attitudes toward the treatment they received. None were undergoing active, on-going treatment for their cerebral palsy from doctors of medicine although accompanying problems were still present and several felt further treatment might help. Therefore, it would appear that some kind of follow-up arrangement into the adult years would be helpful.

9. Only one mother mentioned planning for the long-range future. However, her son was doubtfully employable and she had received no response regarding her application for disability pension, so she was the only mother to whom the subject was of immediate concern.

10. The potentially employable, as a group, appeared more dependent,

passive, and generally less "bright" than the employable. However, they were considerably more severely handicapped so they were more dependent, they were forced by circumstances to take a passive role in their environment, and their lack of social interaction would account for their less "sparkling" personalities. Several did display engaging senses of humor. They had not given up all hope but appeared to be "biding time." They did seem to feel that they had exhausted their present possibilities and were relying on Canada Manpower or the Department of Social Development to take the next step toward any change in their employment status. They knew not what else to do. Again, some kind of coordinated follow-up arrangement into the adult years would be helpful.

11. The experimental attempt to determine whether the McClelland tool for measuring n Achievement would tap motivation of the cerebral palsied and their parents toward employment, and thus indicate whether the employed have more motivation than those who are potentially employable but remain unemployed, and also whether there is a positive relationship between motivation of mother and cerebral palsied offspring, was aborted because of the variation in interpretation among the four psychologists who attempted to score the tests according to self-taught McClelland directions. Since there was no agreement between the psychologists, it was recommended that the McClelland measure for n Achievement NOT be used on a general basis. Before it could be used, inter-rater reliability would have to be achieved.

12. Few employment opportunities appeared available in rural areas.

To tap the philosophy, operating policy, experience, and attitude of metropolitan employers toward hiring the handicapped, 25 Edmonton employers and legislators were interviewed. Consensus revealed:

(1) not many handicapped apply, (2) basic economics force the employer to hire the man best qualified to do the job as it is presently set up, (3) the public and fellow employees must be considered as well as the handicapped, (4) union rules preclude hiring the safety hazard and/or the slow producer, (5) private enterprise would oppose legislated hiring practices, (6) The Government authorizes less than minimum wage for the handicapped if it is in the best interest of the individual to do so, (7) success depends on the individual, not the handicap, and (8) there is no special public placement program (only CNIB has its own placement officer). Hence, it would seem that there is real need for a placement officer to serve ALL handicapped citizens.

13. To ascertain the other needs of all disabled, contact was made

with 13 representatives of, or agencies dealing with, the prominent handicapped groups. Needs shared by all were: (1) accommodation of various types -- domiciliary and visitors' quarters, (2) a center for leisure time activities, (3) sheltered workshops, (4) educational improvements, i.e., more imaginative special education, and adult education, (5) counseling service -- both metropolitan and rural, (6) placement, (7) expansion of existing service, i.e., institute aid for drug users, reinstate traveling diagnostic clinics of doctors and institute traveling teams of therapists, continue service beyond age 18, increase foster home allowance, provide nursing aides in special classrooms in regular school,

and increase the Edmonton Handi-Bus fleet. The Blind needed educational facilities at all levels in Alberta (there are none), and The Deaf needed changes in existing rules which inhibit their employability.

14. Some governmental authorities charged with the responsibility of rehabilitation cases have apparently had insufficient training to enable them to understand the handicapped, the different disease entities and their ramifications, and the employment opportunities feasible in both metropolitan and rural areas. A careful evaluation would appear to be required of both the qualifications of personnel and the operating policies of the Department of Social Development and Canada Manpower.

15. There have been times when physical and temporal adaptations of IQ tests could/should have been made, but were not, thus jeopardizing the education of some handicapped youngsters who might well have profited from it. Only qualified psychologists, well-grounded in test theory, and flexible enough to adapt conventional tests to the motor ability of the child, should be utilized for such important decisions as eligibility for special schooling.

16. The Industrial Research and Training Centre seems to be limiting its enrollment to mental retardates. Its philosophy, operation, physical design, and program would make it amenable to instruction and vocational training of the physically disabled with little increased effort or expense on the part of the IRTC staff or the Alberta taxpayer.

17. Optimism on the part of therapeutic staff is essential, but false optimism is self-defeating. Realistic, rather than idealistic

attitudes and goals should prevail. The patient and his parents should play active roles; the staff should guide but not take over. Practical goals should be attainable in terms of not only the physical energy, intellectual capacity, and emotional stability of the patient, but also the current economics of the environment. A handicapped person entering the work force must be prepared to present the same job qualifications as the non-handicapped.

18. School administrators and teachers in general need more background in the various disease entities and their ramifications. Every effort should be made to encourage all teachers to establish a climate of acceptance of the handicapped in the classroom, emphasize what he can do rather than what he can't do, and provide opportunities for give and take between all the students in the classroom (including physical education.)

19. Parents' questions, feelings, time, and money need to be given more consideration and attention than in the past. Parental counseling other than crisis counseling would be beneficial.

20. The subjects in this study appeared quite realistic. Their feelings of employment discrimination may well stem, in part, from lack of knowledge regarding the job-seeking difficulties non-handicapped encounter, rather than from faulty self-concept.

21. The most important fact gleaned from this research project was that only 17 (5.9% of the total population of 290, or 9.3% of the available group of 183) were employed on the open labor market in Northern

Alberta. About half of those needed only minimal treatment -- two needed none. What will be the future of those who are more severely handicapped, who have undergone extensive treatment, and/or are emerging from the special education classes, hoping to find "a place" in society? At the moment there is no "place" for them to step into. Therefore, it would behoove the appropriate authorities to consider changing the goal away from work as the measure of man's worth. Through counseling, the goal (understood by both parents and offspring) could become "planned dependence". This would demand curriculum changes; extension of sheltered workshops to encompass more social, creative, and leisure activities; public planning to integrate the handicapped into public enterprise (for example, reducing architectural barriers in public buildings), and a public information program to rechannel public opinion toward acceptance of the disabled as human beings with potential for contributing to society, but in need of special help to develop that potential.

CHAPTER XII

RECOMMENDATIONS

"Handicapped should not be stigmatized as failures. Each human being is deserving of respect, identity and the right to develop toward the fulfilment of his unique potential." (Hall-Dennis Report, 1968, p. 21.)

Compiled below are recommendations based not only on results of this research project, but also on review of the literature and the medical charts; on interviews with the cerebral palsied, their parents, other handicapped groups; and on several years of clinical experience with the cerebral palsied prior to embarking on this project. They represent needs which remain unmet or circumstances which could be improved. All have been mentioned in previous chapters. The majority will be presented in outline form according to chronological development of the human being, and the remainder will be listed under "General" and "Specific" headings.

Chronology

Pre-School Years

Multidisciplinary assessment and diagnosis

Initial parent counseling to explain handicap and its meaning in terms of long-term management, including genetic counseling for those whose family history reveals high incidence of anomalies

Follow-up counseling to guide parents through common emotional stages of shock, denial, fear and anxiety, acceptance of fact, and altruism

Family counseling or a parent education program might include

Causes and effects of cerebral palsy

Emotional needs of the child

Techniques in habit training

Developmental stages of normal children and CPs

Discipline of the CP child

The school program

Recreation and religion

Facilities available within the community

Establishment of new facilities to fill unmet needs

A realistic look at the future of the CP child and his family

(Wildman 1967)

Continual periodic assessment to determine appropriate educational setting

Traveling therapeutic teams

Doctors and qualified psychologists for assessment and prognosis of patient, and for widening horizons of rural general practitioners and public health nurses
Therapists (occupational, speech, physio, and social service) to assess home, devise realistic home treatment program, and guide positive management

"The focal point of care must be the home. Since nothing can ever be a quite adequate substitute for a good home it is fundamentally important to assess the home's deficiencies in relation to the individual child's problems and to take whatever steps may be needed to remedy those deficiencies. . . . The presence of a handicapped child in a household means that that household is actually or potentially subjected to physical or emotional stress or strain. This may affect every member of the household. If the consequence of giving the handicapped child proper care is that the mother becomes a physical wreck or that another child becomes emotionally disturbed, then the total process may involve as much loss as gain. Special measures must, therefore, be taken to prevent this from happening." (World Health Organization, 1966, p. 52.)

School Years

Continual periodic assessment to determine changing priorities of treatment, education, or training; and potential in terms of long-range goals: independence, creativity, and/or planned dependence

Continual intermittent counseling of both parents and child -- to help parents with problems encountered at different developmental stages as their child grows toward questionable self-sufficiency and to help the handicapped accept themselves (including their sometimes a- or anti-social feelings)

Appropriate education

Educate administrators and teachers regarding the various disease entities, and their ramifications in the classroom, playground, and extra-curricular activities. Encourage establishment of climate of acceptance in regular school. Encourage participation in all activities but set realistic standards, i.e., oral versus written work if writing is a

major problem. Encourage teachers to be flexible both in regular and special education classrooms; encourage communication between teachers and therapists. Encourage both to allow the child to use his own imagination to find his own way of accomplishing the task. Guide but do not take over.

Furnish nursing aides in regular schools so that more handicapped can attend regular schools where "normal" children can gain awareness of the humanness of the handicapped and can serve as a prophylactic for them.

Revise the curriculum for those whose assessment indicates little work potential, to include less academic and more social-leisure-creative subjects to orient away from the work world as the future goal and toward education for living.

Include "liberal arts" courses to develop general awareness of the world and stimulate creativity.

Include laboratories or workshops which will develop creative skills and afford them some means of enjoyably occupying their time to reduce the burden of care for those charged with the responsibility for their future of virtual inactivity, whether that future be spent at home, in a domiciliary facility, or ultimately, in an institution.

Establish adult special education facilities so that those who can continue academic learning but need more time because of motor handicap and/or mental slowness (as opposed to mental defectiveness) may achieve to their capacity.

Incorporate job assessment, pre-vocational training, and motivational counseling (guidance service) as part of the curriculum. (Counseling might be necessary to orient a little-motivated but physically able person toward taking his place in the world of work. This might include parent counseling, as well.)

Design all new schools with the needs of the handicapped in mind, i.e., ramps, railings, doors and lavatories wide enough to accommodate wheelchairs, elevators, etc.

Finances

Transportation costs from rural areas to the metropolitan treatment centers might be subsidized. In addition to trips for out-patients, trips home by in-patients and for hospital visits by the parents and siblings of the in-patients, are vital parts of the over-all habilitation program.

If low-cost visitors' quarters were established at or near the hospital treatment centers, transportation-meals-lodging costs for parents could be reduced and would encourage more frequent soliciting of medical advice when it is needed, rather than putting off asking for

assistance because of the expense involved.

Foster home allowances need to be raised for the accommodation of those non-Edmontonian handicapped who need to reside in the city for appropriate education and therapy, but who do not need active hospital treatment.

Transportation

Expand Handi-Cab service. Additional buses (and drivers) are needed, as well as at least one small vehicle to accommodate the occasional single passenger during the day (as opposed to the full loads at rush hour to and from the schools). One potentially employable subject remains sitting at home in his rural area because the transportation problem in the city precludes his continuation at NAIT, and there is no appropriate facility in his own area.

Post-School Years

Continue eligibility for education and treatment into the adult years. Ability to learn, need for medical attention, and need for occasional moral support does not automatically stop at age 18.

Continue periodic assessment and counseling to insure appropriate placement in the adult world (including sex counseling for the disabled).

ESTABLISH A JOB PLACEMENT SERVICE. Many handicapped need only information as to the possible resources available for

seeking employment; others need only encouragement. Still others need real help finding either unique jobs into which their capabilities would fit, or resources for further training which would enhance their employability. Employers need to be solicited and encouraged to spot jobs which the handicapped could perform without requiring the prospective employer to make undue adjustments to his physical plant.

Establish vocational training in a sheltered workshop setting.

There are several recognized levels of sheltered workshops:

1. Hospital therapy unit. Here, assessment and basic job training (including work habits as well as work skills) could be given in addition to conventional occupational therapy and rehabilitation to rechannel the residue of skills lost through injury.
2. Partial employment. Vocational training utilizing the job-sample technique as a stepping-stone to open labor market.
3. Diversional and/or terminal employment. Includes both homebound crafts wherein materials are taken to the homebound and are picked up for sale upon the object's completion, and contracted jobs brought to the workshop for those who can work outside their own homes but only under conditions of reduced pressure, lower standards, and specially designed physical environment.

In any workshop setting, care must be taken to match the enterprise with the intellectual capacity of the individual,

insofar as possible. Those with normal intelligence must be stimulated and challenged; they resent being stigmatized by being treated as mentally deficient, or thinking they're being treated thus.

Establish a domiciliary facility in Edmonton for all handicapped, including units for the semi-independent as well as the dependent, to serve as a stepping-stone to independence. Include visitors' quarters so that family and friends may be entertained. Include both permanent, temporary, and intermittent residents. Include recreational facilities and planned activities so the handicapped may use it as a holiday hotel and enjoy their own holiday while their families enjoy theirs elsewhere. Include self-contained units as well as staff-maintained rooms and a cafeteria. Include an infirmary, a resident nurse, and doctors on call.

Establish a community center where the handicapped could go for leisure and to engage in creative pursuits. As one representative of a handicapped group said, "This doesn't need to be anything fancy -- just A PLACE. Somewhere to go away from the home they're stuck in."

For future public planning, all of the above included under "Post-School Years" (periodic assessment and counseling, adult education, occupational assessment, vocational training, job placement, sheltered workshop, domicile, and leisure time facilities) COULD be housed under one well-designed, well-organized, and well-staffed roof. If all the activities of all the handicapped were coordinated by a central agency

which operated out of this structure, it would minimize the obvious costs to the public of treatment, education, training, maintenance, transportation, professional staff, and duplication of service, plus the hidden costs of boredom and feelings of futility with concomitant depression of the handicapped, as well as the mental and physical stress of his parents. With one center for all handicapped, the stigma which each separate group attaches to another might eventually diminish through amalgamation and reorientation of attitude (of both patients and staff.) It is important that such a domicile be located in a centralized spot for easy access of the residents to "normal" metropolitan activities, for easy access of the staff employed there, for easy access of family and friends, and for easy access to transportation services, including Handi-Buses.

General

It was noted that government agencies which have been established to serve that segment of the population which needs assistance, are not enjoying good public relations. The function of both the Department of Social Development and Canada Manpower merits close scrutiny, for their efforts are not understood by the public and are not fulfilling the needs. Indeed, in some instances, they are offending the very persons they aim to be assisting. Hence:

1. More training is needed so that governmental personnel charged with the responsibility of rehabilitation cases will become qualified in terms of understanding the handicapped, knowledge of the different disease entities, familiarity with the employment picture -- both metropolitan and rural, an attitude toward capitalizing on what the disabled

can do rather than emphasizing what he can't, and public relations -- personal dynamics -- communication skills.

2. Encourage governmental employees to follow-up their cases. Do their jobs, listen to the client's point of view, keep the promises they make to "look into things", actually inquire into various possibilities in an effort to work something out, keep a positive approach, report back, speak the truth as they see it, give the client a chance to react-counter-pursue other areas, and take action of some sort rather than leave the case dangling. (One mother has been waiting two years for response to her application for a disability pension.) Always remember that many of these clients have neither background nor resources which are taken for granted by the professional; they can easily "sort of give up, waiting."

A long-term public education program is needed to orient society toward inclusion of the handicapped as productive members of that society. The physically disabled, themselves, plea for acceptance as mentally "normal", for architectural planning which will enable them to participate in "normal" activities, for more realistic disability pensions (as they are now, they prohibit the handicapped from leaving home to try to "make it" on their own.)

Continuing education programs might be considered for all service-type agencies to gently remind their personnel from time to time to

Treat clients as individuals; include them in the planning, listen

to them, guide but don't take over

Maintain realistic, rather than idealistic goals

Maintain the positive, rather than negative approach

Avoid working out own dependency needs on clients

Look at the whole situation, not just the patient; consider his family, his immediate home surroundings, and the economic greater environment

Remember that the handicapped must present the same qualifications as the non-handicapped to merit employment on the open market

Facilities for educating the blind child are still next to non-existent in Alberta. Attention could be given to developing this facet of the special education program, for even though their numbers are few, the blind children should not be forgotten.

Specific

Investigate the driver's license difficulties mentioned (see Chapter VI, page 100.) Apprise Motor Vehicles Department authorities of the differing aspects of the various disease entities and revise standing operating procedures accordingly. The victim of a non-deteriorating disability should not have to undergo annual examination (with the accompanying additional expense) to renew his license.

Investigate the possibility of vocational training of the physically handicapped at the Industrial Research and Training Centre which, according to its own "General Information" sheet, "is designed to train functionally retarded persons for productive work in industry. . . The present student population is classified as having an I.Q. of 60 or below." Why are these excellent facilities, subsidized by public funds, apparently restricted to the "graduates" of the Winnifred Stewart School for Mentally Retarded?

Investigate the possibility of providing additional education/treatment centers in the province. Frequent trips from "way up North" present real hardship for remote, rural families with few resources.

Encourage the rewriting of NAIT admission examinations, utilizing less abstract and more concrete terminology so that the deaf who may have the technical knowledge but not the standard means to express it, may compete.

Encourage development of valid psychological tests for use with the handicapped. Support experimental research toward this end.

Encourage public planners to explore the needs of the handicapped for use in city planning. Avoid inclusion of architectural barriers. The City of Edmonton could start with posting convenient 5-minute parking areas for the Handi-Buses to unload in the downtown area and for safe transfer of passengers from one Handi-Bus to another when necessary.

Continue follow-up of those cerebral palsied now "Still in School". (See Chapter V, page 47.) Many will have completed their Grade 12 by the time this research project is completed, and many more will soon follow. What will their experiences be when trying to find places in the current open labor market? This study describes the findings of a very small group; within two to three years of its completion, a larger population would be readily available through utilization of the information already compiled in the working papers of this current project, and their progress could be followed relatively easily, and economically, with possibly a very fruitful yield of useful information.

"These children are entitled to the same measure of opportunity as their more fortunate brothers and sisters. The neglects of the past must now be remedied, and heroic efforts, if necessary, must be made to compensate for disabilities which nature and

misfortune have imposed. The responsibility for providing integrated services, personnel, and special facilities, where needed, is a Provincial one; it should not be limited, as at present. Only in this way can discrimination be avoided and an equal opportunity given to all." (Hall-Dennis Report, 1968, p. 13.)

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APPENDIX A

APPENDIX A
QUESTIONNAIRE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY, UNIVERSITY OF ALBERTA, EDMONTON

Dear

I am gathering information regarding all those who have been examined at the Edmonton Cerebral Palsy Clinic and are now between the ages of 16 and 30. I would like to find out how they are spending their young adult lives in order that I may make realistic recommendations for the expansion of services to help fill the needs of the adult handicapped.

Would you please be good enough to let me know where you are and what you are doing now? I'm particularly interested in whether or not you've been able to look for a job, whether you found one, whether you are now working, and if so, at what kind of job?

Some people with cerebral palsy can do most everything for themselves while some need a lot of help. Would you please answer the following questions and return this sheet as soon as you can in the enclosed stamped, self-addressed envelope so I can have an idea of what YOU can do?

	YES	NO
Can you hear?	- . .	-
Can you talk?	- . .	-
Can you walk?	- . .	-
Can you feed yourself?	- . .	-
Can you dress yourself?	- . .	-
Can you get lunch for yourself?	- . .	-
Can you get around out-of-doors by yourself?	- . .	-
Can you get on and off public transportation?	- . .	-
Are you living with your parents?	- . .	-
Can you read?	- . .	-
Can you write?	- . .	-
Were you able to go to school?	- . .	-
Are you in school now?	- . .	-
What is the highest grade you have completed? Gr _____		
Can you use both hands?	- . .	-
Can you grasp and pick up objects in one hand?	- . .	-
Can you pinch with one hand?	- . .	-
Do you think you could get a job?	- . .	-
Have you looked for a job?	- . .	-
Do you have a job now?	- . .	-
If so, what kind of job is it?		
If you aren't in school and aren't working, how do you spend your time?		

Thank you very much for giving me these answers. What YOU can do now is vitally important to me because it will help draw the total picture of what facilities are still needed in Alberta to help handicapped folks, particularly handicapped adults. Until now, most of the attention has been given to handicapped youngsters. From what you and all the others on my list tell me, I will be able to make recommendations.

Again, thank you,

Enc.

APPENDIX B

APPENDIX B

CORRESPONDENCE PERTAINING TO PERSONAL INTERVIEWS

1. Dear

Thank you for returning the questionnaire I recently sent to you, inquiring where you are now and what you are doing. It sounds as though you are one of the people whose experiences I would like to learn more about. (Either: How you have succeeded may help others to become successful, or: What you have encountered in trying to find a job is important to me.)

I plan to be in the _____ area on _____. May I call on you at your home that afternoon (or evening, if the subject was employed) for a chat? Would you please furnish me with directions as to how to find it, for I have never been in _____.

A stamped, self-addressed envelope is enclosed for your convenience in replying.

Thank you,

2. Dear

I am gathering information regarding all those who have been examined at the Edmonton Cerebral Palsy Clinic and are now between the ages of 16 and 30. I would like to find out how they are spending their young adult lives in order that I may make realistic recommendations for the expansion of services to help fill the needs of the adult handicapped, particularly with respect to employment.

Your daughter sounds to be one of the "successful" ones -- a young lady who has managed very well in spite of difficulties. I have not yet met her, but plan to interview her next weekend. I would also like to chat with you, her parents, about her early childhood and "growing" years to try to isolate, if possible, the "secret of success." How she has succeeded may help others become successful.

I plan to be in the _____ area on _____, and wonder if I might call on you at your home that afternoon. Would you please furnish me with directions as to how to find it, for I have never been in _____. A stamped, self-addressed envelope is enclosed for your convenience.

Thank you,

3. Dear

Please accept my thanks for the courteous hospitality you extended to me last week. It was a real pleasure meeting and chatting with you. I thoroughly enjoyed our visit.

The information you gave me is very much appreciated. You may wonder whether what you told me was very helpful, so may I assure you it very definitely was! It was just what I was wanting to learn. The way you handled your experiences may prove very beneficial to others.

I do hope our paths cross again, and once more, Thank You.

Sincerely,

APPENDIX C

APPENDIX C

FOLLOW-UP CORRESPONDENCE

1. Dear

Last month I mailed a questionnaire to a large number of young adults in Northern Alberta. Almost all of them have been returned except yours. Since it is important for us to learn where you are, what you can do, and how you are spending your time, I wonder if you could please possibly take the time right now to fill it out and mail it to me at your earliest opportunity.

In case the first copy did not reach you, or if it has been mislaid, here is another copy and another stamped, self-addressed envelope for you to mail it in.

I would very much appreciate your filling it out and returning it to me.

Thank you,

2. Dear

I am trying to locate a _____ who was born on _____. If you are he, would you please be good enough to fill out the enclosed questionnaire and return it to me? If you are not he, would you please return the blank questionnaire with just a piece of paper included, saying you are NOT the right person?

A stamped, self-addressed envelope is enclosed for your convenience in replying.

Thank you very much for your cooperation. Your help is truly appreciated.

Sincerely,

3. Dear

In May and June I mailed a questionnaire to a large number of young adults in Northern Alberta. All but four have now been returned and YOURS is one of those four. Since I need a complete picture of the whole situation in order to help plan for expansion of services, it is important that I learn a bit about where YOU are, what YOU are doing, and whether or not you've been successful in finding and keeping a job if you've tried to get one.

I am enclosing another copy of my questionnaire. Would you please be good enough to fill it out and return it to me immediately? I would appreciate your cooperation very much!

A stamped, self-addressed envelope is enclosed for your convenience.

Thank you,

APPENDIX D

APPENDIX D

INTERVIEW FORM

STUDY OF EMPLOYMENT DIFFICULTIES OF THE CEREBRAL PALSIED ^{7.}

No. _____

I. EMPLOYMENT

1. Are you employed? Yes _____ No _____
 If employed
2. Are you employed full time? _____ Part time _____
3. How would you describe your work? _____
4. What tools and equipment do you use? _____
5. How do you feel about your job? _____
 What do you like about it? _____
 What do you dislike about it? _____
6. Is your annual salary less than \$1000 _____
 2000 _____
 3000 _____
 4000 _____
 5000 _____
 More than 5000 _____
7. How much money do you feel you need to get along each month? _____
8. How did you obtain your present job? Through efforts of _____
 a. Yourself _____
 b. Canada Manpower _____
 c. Rehabilitation agency _____
 d. Friends or relatives _____
 e. Other (specify) _____
9. How long were you unemployed prior to beginning this job? _____
 For what reason(s) _____
10. What job did you have before this one? _____
11. How long did you work at it? _____
12. What was the reason for leaving that job? _____
13. What other jobs have you held?
 a. _____
 b. _____
 c. _____
 d. _____
14. For how long did you work at each of them?
 Re 12 a. _____
 b. _____
 c. _____
 d. _____

7. Adapted from Thompson, undated but likely 1964, and Lofquist, 1957.

15. What was the reason for leaving each job?
 Re 12 a. _____
 b. _____
 c. _____
 d. _____
16. Of all your jobs, which did you like best? _____
 Least? _____
17. Can you describe your feelings about working with or around other people? _____
18. Do you like your supervisor or boss to check your work?
 Frequently _____ Occasionally _____ Seldom _____ Not at all _____
19. What was your usual way of applying for a job?
 a. Letter _____
 b. Telephone _____
 c. Personal interview _____
 d. Through a friend or relative _____
 e. Other (specify) _____
20. How did you learn of the openings? Through _____
 a. Your own efforts (newspaper) _____
 b. Canada Manpower _____
 c. Rehabilitation agency _____
 d. Friends or relatives _____
 e. Other (specify) _____
21. Did prospective employers know you had a physical disability?
 Yes _____ No _____
22. How did they learn of this? Through _____
 a. Yourself _____
 b. A placement agency _____
 c. Friends or relatives _____
 d. Other (specify) _____
- Skip to Item 33.

If unemployed

23. How long have you been unemployed? _____
24. Have you ever held a job? Yes _____ No _____
25. Are you looking for a job now? Yes _____ Specify _____ No _____
26. If 25 no, the reason(s) _____
27. If 25 yes, what kind of job are you looking for? _____
28. If 25 yes, are efforts being made to find employment by
 a. Yourself _____
 b. Canada Manpower _____
 c. Rehabilitation agency _____
 d. Friends or relatives _____
 e. Other (specify) _____
29. Why do you believe it has been so difficult for you to find a job?

30. If you could do any kind of a job you wanted, describe what you would like best and how you think you would want to prepare for it _____
31. Why would you like this kind of job? _____

32. How certain are you that this is what you really want?
Very _____ Fairly _____ Uncertain _____ Doubtful _____
33. Are there activities or work in which you feel you are not very good?
Specify: _____
34. Are there any things that seem to cause you trouble on the job?
Specify: _____

II. EDUCATION

35. What was the highest grade you completed in school? Grade _____
 a. Regular school _____
 b. Special school _____
 c. Residential school _____
 d. Correspondence and/or visiting teacher _____
 e. Other (i.e., ungraded class) _____
36. How old were you when you began school?
37. How old were you when you left school?
38. Did you do as well as you believe you could? Yes _____ No _____
 If no, specify reason _____
39. What courses did you like most? _____
 Least? _____
40. In which courses did you get your best grades? _____
 Poorest? _____
41. Which teacher do you remember the best? _____
 For what reason? _____
42. Did you participate in any school activities or clubs? Yes _____ No _____
 If yes, specify _____
 If no, specify reason _____
43. What in your school experiences has helped you most in life?

44. Why did you not go further in school? _____
45. Did you hold any after-school or holiday jobs? Yes _____ No _____
 Specify: _____
46. What did you think you would do when you left school (i.e., "I hadn't thought about it", "get a job", etc.)? _____
47. What did your parents think you would do? _____
48. Did they think you could hold a steady job? Yes _____ No _____
49. Did you take any vocational tests while you were at school?
 Yes _____ No _____ Can't remember _____
50. Did you have any vocational counseling (help with job planning) while you were still at school? No _____
 Yes _____
 a. Teacher _____
 b. Psychologist _____
 c. Vocational counselor _____
 d. Other _____
51. If 50 yes, what type of employment was suggested? _____

52. Have you had any special job training? Yes _____ No _____
 Be as specific as possible a. Business, including business machines _____
 b. Technical (trade) _____
 c. On-the-job, specify _____
 d. University _____
 e. Other (specify) _____
53. If 52 no, do you believe any particular job training would help you?
 No _____ Yes (specify) _____

If 52 yes, answer Items 54-58

54. How long was the training period? _____
55. Did you complete the course? Yes _____ No (reason) _____
56. Was this training course preparation for the kind of work you wanted to do? Yes _____ No _____ If no, why did you enroll in the course? _____
57. When you completed (or left) the training program, did you try to find a job on your own? Yes _____ No _____
58. Did you receive help then with looking for a job? Yes _____ No _____
 From a. Canada Manpower _____
 b. Rehabilitation agency _____
 c. Friends or relatives _____
 d. Other (specify) _____

III. FAMILY AND RELATIONSHIP

59. Did you grow up with both parents in your home? Yes _____ No _____
60. If no, what was the reason? a. Parents separated _____
 b. Parents divorced _____
 c. Father died _____
 d. Mother died _____
 e. Other (specify) _____
61. What are the names and ages of your brothers and sisters?
 Start with the oldest and work backward.
- | Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
62. If 61 indicates siblings, do you feel especially close to (or fond of) one? Yes _____ No _____ If yes, if possible, describe the relationship a little - or why this one has a special meaning _____
63. Do you think you are closer to your mother _____
 or father? _____
64. Can you describe why? _____
65. If 61 indicates siblings, do you believe your parents tried to bring you up much the same as your brothers and sisters? Yes _____ No _____
66. Can you describe in what ways differences were seen? _____

67. Were you able to talk with your parents about your disability?
 Yes _____ No _____ If no, did you ever want to talk with them
 about it? Yes _____ No _____ Comment? _____
-
68. When you were growing up, do you feel you could have done more for
 yourself? Yes _____ No _____ If yes, in what way? _____
-
69. Do you feel you had enough opportunity as a child to make friends?
 Yes _____ No _____ Comment? _____
-
70. Did you have any special friend(s) in school? Yes _____ No _____
 If yes, do you keep in touch with him (them) now? Yes _____ No _____
71. What were your particular childhood interests (specify any part
 taken in sports, recreational or social groups)? _____
-
72. Did you participate in any groups organized for the physically
 disabled during your school years? Yes _____ No _____ If yes,
 specify _____
-
73. What thoughts did you have about them? _____
-
74. Did you have much contact with relatives? Yes _____ No _____
75. Were you particularly fond of any of them? Yes _____ No _____
76. What are your special interests now (i.e., hobbies, recreational or
 social groups)? _____
77. Do you date? Yes _____ No _____
78. Do you have any physically handicapped friends? Yes _____ No _____
79. Would you prefer to associate with non-handicapped _____
 handicapped _____
 no preference _____
80. Are you usually comfortable about meeting new people? Yes _____ No _____
81. Do you attend a church regularly? Yes _____ Infrequently _____ Never _____
82. If 81 indicates infrequently or never, specify the reason (i.e.,
 "the church is difficult to get to, or into", "my family never
 goes", etc.) _____

IV. PHYSICAL DISABILITY

83. Are you able to look after your own personal care? Yes _____ No _____
 If no, specify what help is needed, and from whom _____
-
84. Are you able to travel by yourself on public transportation?
 Yes _____ No _____
85. Can you get on and off a bus by yourself or do you need a bit of
 help? _____

86. Do you remember what your ideas were, as a child, about why you had a physical disability? _____
87. What is the name of your physical disability? _____
88. Who explained your disability to you? a. Mother _____
 b. Father _____
 c. Doctor _____
 d. Other (specify) _____
89. In your contact with doctors, physiotherapists (those concerned with your physical treatment), etc., do you feel they took enough time to talk with you? Yes _____ No _____ If no, can you describe what your feelings were about this? _____
90. Do you believe you have had all the physical treatment that could help you? Yes _____ No _____
91. Are you under treatment now? Yes _____ No _____ If yes, is the nature of the treatment medical? _____ surgical? _____ physical therapy? _____ If yes, how do you hope this will help you? _____
- If no, do you believe any further treatment would help you? No _____ Yes (specify in what way) _____
92. What do you think is your main handicap? _____

V. PRESENT CIRCUMSTANCES

93. What is your present living arrangement?
 a. With parents _____
 b. Board and room with relatives _____
 c. Board and room with non-relatives _____
 d. Alone _____
 e. Institution _____
 f. Other (specify) _____
94. If unemployed, what is your source of support?
 a. Parents _____
 b. Unemployment insurance _____
 c. Disability allowance _____
 d. Public Welfare assistance _____
 e. Other (specify) _____
95. Would you like any change in your present living situation? No _____ Yes (specify) _____
96. What facilities for physically disabled people would you like to see?

97. What comments do you have about this whole interview?

SPACE FOR SPONTANEOUS COMMENTS IF NOT ENOUGH ROOM ON QUESTION

INTERVIEWER'S COMMENTS

(including impression of interviewee's appearance
and ability to handle situation)

APPENDIX E

APPENDIX E.

REPRESENTATIVE ANSWERS TO INTERVIEW QUESTIONS

How do you feel about your job?

"I feel I can do a whole lot more than what I'm doing now."

"I enjoy it. I'd enjoy anything I have patience to do."

"It's a job. It's not something I'd stick to. I'm doing it for money." (This subject sometimes makes \$700 per month, depending on overtime.)

"It's a job. There's something different to do each day. I get the odd-ball jobs."

"Too much administrative work; not enough patient contact."

"I love it. To me the hours are good and nobody bothers you. Everyone gets along well."

"I like it but my husband wishes I weren't working. I like kids. I like activity. (I don't like staying home.) It's stimulating."

"It's work. Keeps me busy, and I like it."

What do you dislike about your job?

"I'm under constant pressure and it's not very high pay for my education. A Grade 9 could do it. Guys come and go -- they quit. They think they should be making more money."

"I don't meet too many people and when I do, I stutter and stammer and come away feeling 'so high'."

"Working seven day week. No communication between me and anybody else, period. Except for the parents and the kids, not one word from anyone. I wish my supervisor would check my work at least once every two years."

"Strain on the eyes. I look at the bright lights all day."

"There's not much to dislike about it. I get annoyed when the apprentices get mouthy."

"All the brick walls a person can't knock doors in. The frustrations of working for the government."

"The educational system. They're revolutionizing it but wanting the same old evaluation." (School teacher.)

"It's too hot." (Steam press operator.)

"Working in the swamps, making the road through. It's heavy work. You stand six or seven hours in the water. I had a cold from the time I started until I finished. Lifting logs is hard. My left hand plays out. My whole left side used to go dead. I guess I overexert. I'd rub my arm and wait a moment before going on. I pulled muscles in both legs but kept on working. Then they were hurt. A log fell on them."

How long were you unemployed prior to beginning this job?

"Two weeks. There wasn't any work and I didn't have money to look for another job."

"Two months of beating the pavement. I couldn't find a job."

What job did you have before this one?

Potentially Employable

"Highway construction. I picked stones and rip-rapped." (Rip-rapping: putting stones around the culverts.)

"Last year I worked one and a half months for a neighbor, cultivating field except for seeding. I waited months for my \$1.25 an hour wages. In 1966-67 I worked a year on a camp job in _____ and _____ -- for an oil company putting pipeline through. I was a swamper on a digger. I was a welder's helper for one day in a gas plant. They figured it was too dangerous for me. I'd like road construction, working a packer." (Swamper: one who greases and cleans up the machine.)

"I've never looked for a job but I babysit during the summer."

What other jobs have you held?

Potentially Employable

"Farmer's helper -- fanning grain, driving tractor, pounding nails (building) -- around the neighborhood. Casual odd jobs."

Can you describe your feelings about working with or around other people?

Employed

"I like people but I . . . (Pause.) I try to be friendly with everybody but don't get too close because all people are different. Some cause trouble. I just try to mind my own business and then I get along with everyone."

"It depends on their attitude. I don't like bossy people. I enjoy people who share the work. People get too nosy."

"I like to work with people; I don't like to work alone."

"I like it; otherwise, I wouldn't be in this profession."

"It depends on the people. I get along with most people. I don't like to be pushed around."

"Beautiful. People are my first love. I'm an expert people-watcher."

"Oh, I wouldn't work without people -- especially little ones."

"I definitely like working with people."

"No problem."

Potentially Employable

"It's kind of hard until you get to know people. I feel kind of out of place."

"You begin to get accustomed to them."

Do you like your supervisor or boss to check your work?

Employed

"Occasionally. But there's not too much to check on. We all have our assigned duties and it falls in line. Once we learn it and do our job, there's no need to check."

"Occasionally. I would like my supervisor to know that I'm doing a good job."

"Frequently. I like constructive criticism, especially when you're learning. I think you need it so you don't get in the wrong rut."

"Frequently. A lot more frequently than he does."

"Whenever they want to, I don't care. They check you all the time."

"It really doesn't matter. I do my work as best as I can and that's it."

How did you learn of the openings?

Employed

"I went around to every shop around and they took my name and said they'd call."

"Any way I could. Mainly, I tramped the streets."

"I just went down and asked if there were any openings anywhere."

Did prospective employers know you had a physical disability?

Employed

"I always tell them, 'I have cerebral palsy causing slight spastic movement of the left side, and of course, as is quite obvious, I have a speech impediment.'"

How long have you been unemployed?

Potentially Employable

"I was never employed." (5)

"Since 1967. I worked six weeks then doing sewing repairs at a cleaners. I was too slow."

"I never had a job. I've applied many places but never hear. Oh, I worked one and a half days at the creamery writing payroll checks, but the person who had it before came back."

"I'm employed." (He helps at home on the farm but has no money of his own.)

Are you looking for a job now?

Potentially Employable

"Yes." (3)

"I'm always looking."

"No. I need transportation and housing in the city."

"No. I'm too unsteady on my feet. I have frequent falls. My hands aren't useful."

"No. There's nothing here." (A small, rural community.)

"No. We'll likely be moving to Winnipeg soon."

"No. My parents want me at home. I'm not worried. I saved my pension for a year and financed my own trip to Holland. I bought my own TV, bike, clothes, and typewriter. I'm teaching myself to type. I'm saving again now and plan to go again in two years."

No answer: 1.

Doubtfully Employable

"No. Never wanted to."

The other doubtfully employable was in hospital, obviously not looking for a job.

What kind of job are you looking for?

Potentially Employable

"Perhaps I could do leather work or sign painting. But leather is expensive and you can't sell that stuff. I can type with one finger." (He does a neat job.)

"Office work where I wouldn't be on my feet too much."

"I tried at AGT but was told my voice slurs. Clerking would be too hard on my feet. My writing is no good. I've thought of clerking in a drugstore but my feet wouldn't last a whole eight hours. The doctor says babysitting is not recommended because of my unsteadiness."

"I taught myself to type with one finger this last year." (See Appendix G, Map, page 258.)

"Bookkeeping and medical assistant. I have very little typing."

"Alberta Liquor Control Board liquor store. I'd like a part-time job after school this year."

"Any kind of a job so long as it's not too hard. I don't know what kind of job. Maybe garbage pick-up -- I'd like that."

"I'd like to operate a packer. I like operating machinery."

"None now because we're probably moving soon. Two or three years ago I tried the secretary outfits -- the Girl Friday type -- for work to be done at home. It was always, 'Don't call us, we'll call you.' At _____ I was done out by machines. I can use an automatic machine -- not a treadle -- so I applied at the cleaners for sewing repairs, but never heard anything. I thought I could do typing at home on my own time, but that didn't pan out, either. So I gave up for a while and went to art school. I feel I'm about ready to try again and will in Winnipeg -- fresh territory."

Why do you believe it has been so difficult for you to find a job?

Employed

"It hasn't been. I'm well-known in town and they're always calling me to work in the cafes when they're short-handed, but I won't work in a cafe. Maybe a snack bar." (Housewife.)

Potentially Employable

"Transportation."

"I'm awful nervous when I go for an interview to try to find a job."

"They won't give you a chance to prove yourself no matter how much determination you have."

"They want someone with typing and shorthand. I only have Grade 11 and they want a diploma and experience. I don't have experience so I'm the last to be hired. There aren't many jobs available in this area and I don't like the city."

"Mainly because I haven't tried very much, I guess. Stuff like that bothers me -- asking people for things. I babysit, but I don't want to just do babysitting all my life. I get along with kids OK." (Male.)

"My position."

"I was handicapped, I wasn't trained, and I only had Grade 9."

If you could do any kind of a job you wanted, describe what you would like best and how you think you would want to prepare for it.

Employed -- Housewives

"Stocking shelves in a store. I don't have enough education for much more. It's routine, but that'd be OK."

"I don't know enough about enough jobs."

Potentially Employable

"Something not on feet. I would like to be a doctor's assistant. Why? I don't know, maybe because it's clean."

"I don't know. A job usually takes hand work or foot work. Maybe if I saw a list of jobs I could pick one I might be able to do."

"I really don't know. Work with people."

"Medical assistant. I have taken a course through Career Training in Calgary -- by correspondence. I'm interested in medicine because I've had so many problems. To prepare, I bought myself a medical encyclopedia."

"I don't know -- haven't figured it out. An outside job but I'm not cut out for heavy labor. I like cars and that stuff."

"I'd work on the rigs if I weren't crippled."

"Art. I'm already prepared. I took a course at the _____ Art School -- 10 weeks. Oil painting. I could be a commercial artist. I'm best at scenery and animals. My talent was recognized at age 12. Why? It's just because it's really interesting and lots of fun." Her mother added, "Her balance is better when she's sitting down."

Doubtfully Employable

"Truck driver, if I could get a license. I'm learning to drive tractor. Why? See places all the time."

(How certain are you that this is what you really want? "Doubtful -- I'd really like to buy a farm and be a farmer. I was thinking of going homesteading. I don't want office work.")

Mother, interviewed separately: "He doesn't catch on too good; he's dangerous on tractor.")

How certain are you that this is what you really want?

Potentially Employable

"It would give me a more respectable position in life."

"I won't know until I try."

"Very certain." (Artist.)

Are there activities or work in which you feel you are not very good?

Employed

"My education is low -- reading, spelling, pronouncing poor. This is why I made no effort to find office work."

"I can't think of anything I can't handle."

"Not really. I feel I'm just as normal as anyone else. I can do anything in that shop anyone else can that has to do with work."

"Athletics."

"I join everything, even the stock car races. I bowl in the wintertime." (Housewife.)

"I have an awful time using a ruler, picking up pencil, water, etc., in my left hand. Trouble putting on a glove, and I need gloves right now. Most of the jobs I pick I know I can do."

"If I'm not interested, I don't try it. I don't like office work."

"I can do everything needed -- drive tractors, trucks, can use small tools -- hammers, tools, wrenches. (Farmer.)

"I'm not good in making phone calls. I'm slow when it comes to scrubbing." (This subject has a speech problem: stammer.)

"I don't have full use of my left hand. I can no longer knit or play the piano. I'm sorry, too. I used to be able to, but I haven't done it for a long time and it's sort of slipped away. I can't knit now."

Potentially Employable

"Painting walls and cupboards, etc. I can't get up on a ladder."

"I don't know because I haven't tried too many different things."

"I can't type, my writing is no good, and my feet won't hold up."

"I have no shorthand and I type with only one hand. I'm not the least bit artistic." (However, she painted several "liquid embroidery" pictures while in hospital for tailbone surgery, two of which were attractively framed and hung on the living room wall.)

"Heavy labor, concrete work, moving furniture."

"A job that requires lots of walking. There's lots I can't do but lots I can do."

"Stewardess, nurse, cashier -- my math is bad so I couldn't be a teller in a bank."

Are there any things that seem to cause you trouble on the job?

Employed

"If there's a lot of stairs -- it affects my knees."

"No, I do more on the job than I'm supposed to."

"No, if I don't know something, I ask the superintendent."

Potentially Employable

"I'm too slow. I don't think too fast, either. I can manage small detail if not pressured."

"Inflexibility of the supervisor. Everything had to be done just her way as if it was the only way things could be done."

"I need a desk job -- receptionist."

"Right now I can't sit on a chair with a back on it. Last year I had to have some joints taken off my tailbone. A water blister from a fall got infected."

"Sometimes nothing to do and sometimes way too much to do."

"If stairs don't have railings."

What was the highest grade you completed in school?

Employed

"Grade 10. I was hospitalized for three months for surgery and never went back to school. I wish I had."

"Grade 11. I missed two months of Grade 11 because of pneumonia. I did two Grade 12 correspondence courses -- math."

"Only two years of University. I'm teaching on a letter of authority. I went to the Cerebral Palsy Clinic for several months before I started school, for readiness training."

Potentially Employable

"I had Grade 9 in pre-employment class. I took a business course and can type 38 words per minute. I also took home economics at another school two afternoons a week. I was never late all through school. My last year at pre-employment it was a hard winter -- 1962. Even though the snow was that high (gestured), and I had to walk several blocks to the bus, I always got to school. When a lot were absent one day, the teacher said, 'I don't know how _____ can get here EVERY day when all you others don't seem to be able to.'"

"I didn't pass Grade 12 exams. I have bookkeeping and business math 11 to complete. The family moved and the new school didn't offer them." Mother: "The teachers were easy on her -- passed her when they shouldn't have." (This mother finds nothing about her daughter "acceptable".)

"I passed Grade 10 in the commercial course. I spent one year at the Cerebral Palsy Clinic, half days at regular school and half days at the Clinic. I failed Grade 11. I couldn't keep up and was given no help."

"I completed modified Grade 9. I'm real stubborn; when I was little I'd bite people. I left school at the Cerebral Palsy Clinic a year early. I thought I could do better on my own. Then I went to regular class at _____. I didn't try at all; I was just there for fooling around. Then I quit a year. I tried Rehab but there was too much sitting around. I priced greeting cards. Most kids quit because they aren't busy enough and get to thinking, 'Why should I put up with this?' Then I went to _____ vocational wing but I was stupid and quit. I liked TV Arts but I got so tired I just couldn't keep going. I had rheumatism in my hip and couldn't get to school. I finally went to a doctor and got some tonic to build me up. I was chicken then and couldn't go back, but I'm considering going back this fall. I had 9:00 disease."

"I had a visiting teacher from Grade 1-6 and then went to regular school for Grade 7-9. My math was so bad I don't think I could have made it so quit on my own."

Doubtfully Employable

"Grade 5. I couldn't do it -- it got too hard."

Did you do as well as you believe you could (in school)?

Employed

"No. I could have done better if I'd applied myself. I had too many outside interests."

"No. My teachers didn't make me. I had my brother for a teacher. I should have done more. I lost interest the last year -- didn't get the help I needed."

"No. No matter how good you are, you can do better."

"No. I did quite a bit of running around -- skipped in Grade 12. But I missed only one day out of four years at NAIT."

"No. I was too worn out physically -- trying to get around campus."

"No. Laziness."

"No. I could have done better if I'd applied myself. I got pretty good marks."

"Well, I passed with honors, but I slacked off in Grade 9-10."

"I tried."

"Not exactly, but I got by."

"I didn't study hard enough."

"When I think I couldn't do it at home and had to do it all in one hour a week at school, I think I did OK."

Potentially Employable

"I didn't pass Grade 9 because I didn't feel well and didn't feel like studying. But I went on and finished Grade 11 and part of Grade 12. I have some correspondence work to finish yet."

"Oh yeah, I was doin' real good. Vocational is based on attitude, attendance, and achievement, and I had all A's in that. 55-60 average. What courses did I like best? Lunch and the break. Christian Citizenship. Naw, last year I was interested in the whole works. There was nothing I didn't like."

"As well as I figured I could."

"No. The boys started to fool around so I slacked off, too."

Doubtfully Employable

"I tried my best. I didn't like school."

What courses did you like most? "Psychology. It seems like common sense."

Least? "Phys Ed. I was so terrible at it."

"It depends on the teacher."

In which courses did you get your best grades? Poorest?

"Poorest? Math. But I like teaching it. Some teachers whiz through the explanations and get mad when their kids can't understand it. They blame the kids. Maybe that's why I enjoy teaching it. It was hard for me so I can understand why kids find it confusing. I can explain it over and over in different ways until it finally gets through. I don't hurry them. They're so happy when they finally see it."

Which teacher do you remember the best? For what reason?

Employed

"He helped me in math -- stayed after school to give me special help."

"A man who had polio. He helped me talk about my disability."

"I had so many good ones it's hard to pick one. They were wonderful -- really good to me."

"He just treated me right -- spoke to me. He knew I had a bad hand and didn't hold it against me."

"My English teacher. She had a way about her to keep you listening and make you interested. Very understanding. She'd learn from tests where we needed help and then she'd give us that help."

"She always had time for you. No matter if you did her homework, out of class you were still a person to her."

"There were quite a few friendly ones in high school but two stand out. _____ really made you learn -- just by listening. He made it interesting -- like I was there.* The other one, well, he was friendly."

"Quite a number. One seemed to take a special interest. He would stay after school to help if you were willing to learn."

"She taught me how to work in Grade 6. She was a very strict teacher. Before you'd go to the next day's work, you'd correct the last day's."

"She was always well prepared. She loved her work and you could tell it. Our personalities matched; we got along well."

"My brother. He let me get by. I should have done more."

"He knew how to teach. He could put it across and you wouldn't forget it."*

"Grade 10-11 math and health teacher. Very fair and could be angry at one person but didn't take it out on the next person. Had respect of the class."

"We used to work with him in the field, combining, and I got to know him real good."

"He had a dynamic personality."

"Mr. _____. I got along with him good."

"I never did like teachers. They're all alike. I liked one, but I don't know why."

* Two subjects cited the same man teacher.

"Many. They were teachers who took an individual interest in me, who had, rather, a 'love of life' personality, had good sense of humor, and who believed in getting down to the heart of the matter without putting a lot of irrelevant, useless deadwood in it."

Potentially Employable

"NAIT. Explained things pretty good."

"Can't remember."

"Two. They tried to help me more. The one in _____ gave me self-confidence because he made me go up in front of the class and do recitations."

"One teacher from the States in Grade 10. He encouraged me. He gave me more time and was real nice and polite."

"A female teacher in the lower grades. Her personality was so good. She'd go out and play ball. She wasn't the best teacher in the world but I liked her."

"All of them."

"Miss _____. She was a very nice person."

"Mr. F and Mr. H in Grade 9. Mr. F was a character. He teased the heck out of me. He was an individualist. Mr. H was nice and quiet."

"Several. They were patient and understanding."

"Miss _____. Personality. She talks to you -- explains. She showed personal interest."

Doubtfully Employable

"She was a good math teacher. You learned something."

"Grade 5 man teacher. I don't know why." (Mother: "He was good to them.")

Did you participate in any school activities or clubs?

Employed

"No, I felt so sorry for myself it was pitiful. Once I got married and had a family, I didn't have time to feel sorry for myself." When asked how she had managed with two babies, 17 months

apart, and only one good hand, she replied, "I was so busy running I never stopped to wonder how -- I just did. But I was exhausted at the end of the day."

"Chorus and Students' Union."

"No, homework took up too much of my time. Writing."

"I can't stand groups. But I do participate in weight-lifting. I taught Phys Ed the last year of school. I took Phys Ed 10 and 20 and then I taught a Grade 10 group. I worked out a lot of frustrations that way. I always thought I wanted to try -- I didn't want to be different. As long as I'm doing something, I'm OK."

"Football, baseball, curling, basketball, volley ball."

"No. I had friends but none of them seemed to be in it either. I had a short, fat friend who seemed to be out of it, too, but we both got motorcycles and had fun."

"Jr High glee club, ping pong competition in Grade 8, young people's group in church during university -- choir as well, librarian in church."

"No, I was pretty much of a deadbeat."

"There was too much fighting in the clubs. I wasn't good enough for the basketball team, though I tried."

"I wasn't in anything. I did join the 4-H sewing club, but we had no machine. Mom did it for me so I quit. I thought, 'How am I ever going to learn if Mom does it for me?'"

"Football (rough), soccer, hockey, baseball, chased the girls."

"Volley ball, sports. They didn't have any clubs."

"There were no clubs in the country school except sports and I wasn't involved."

"4-H."

"I always took part in all of the phys ed. There was real fellowship among my classmates -- about 28. In Grade 8, I joined the others in cutting up in one teacher's class; in Grade 9, I learned to express my opinion in class but I knew everyone was behind me; from Grade 10 to now, I've sung in the church choir. They accepted me just like my classmates. Now I'm choir librarian. (Maybe my being the only tenor has something to do with it.) I sang in the school glee club and served on the school council, Booster Club, and Yearbook. The class elected me the honor of giving the toast to teachers. I've written two poems and both were published in

the local paper. May I write them down for you? I'd like to share them with you."

On Graduation Day

The years of school have all rushed past
And now as grads they stand:
The pride of all, from first to last;
The hope of this great land.

I have known their joy today,
I have known their bliss,
Known their ecstasy in May,
Known their happiness.

Behind the joy there lurks a fear,
Behind their bliss, a sorrow:
To bid farewell to old friends dear,
To face alone the morrow.

But go they must, and build much more,
And strive to score again,
For they have opened Future's door,
A conquest for all men.

On Mother's Day

On Mother's Day a flower I wear,
As white as winter's snow,
That shows the grief and sorrow I bear,
Far more than you could know.

The years can never dull the pain,
That I feel every day;
Her smile forever haunts my brain,
E'n more on Mother's Day.

I share a common bond with others
Who've lost their mother too;
In one accord we stand as brothers,
'Tis all that we can do.

Oh, love your mother while you may,
And show her that you care.
Too short is time with her today;
One day she won't be there.

Potentially Employable

"No clubs, but I played volley ball and badminton. I couldn't race."

"Phys ed, but I got tired quickly so they made me drop out. I couldn't run. I felt kind of out of place just watching. I'd love to dance."

"After school I played ball, but there's not much organized here."

"I can't run so couldn't participate in sports, but I like to watch."

"No, I was going to but I don't know -- it just seemed like five to six hours a day in school was enough."

"No, I couldn't participate in sports."

"I was Room Rep for student Council in Grade 7. I got a citizenship award. I tried hard, I guess."

"Baseball, football, basketball, volley ball."

"Baseball." (Female; wore cock-up splint to achieve some use of left hand.)

Doubtfully Employable

"No, too far from school."

What in your school experiences has helped you most in life?

Employed

"People have always been very considerate of me. I've been a striver, I've had fear, and people have been exceptionally good in helping me toward my goal."

"Getting to know people -- what they thought of you. Do they associate you with an idiot or just a person who has a disability? Believe me, a lot don't know the difference."

"Great kids. Complete acceptance in high school. University faculty were good friends, too. In the lower grades I was teacher's pet. Other kids asked questions. If anyone said anything

about my disability I was careful not to say anything to Mother or she'd go straight to the higher authorities in school."

"Taking the vocational course."

"Having a profession."

"I don't really know. Going out and meeting people."

"I made one or two very close friends that I still like."

"Mainly my association with people -- getting to know different types of personalities. This knowledge enables you to get along with people. You can more readily accept people as they are."

"It helped me to work with figures and that helped in my pool hall work. I liked that job: I'm right at home in the pool hall -- not nervous about nothin'."

"Can't remember. I enjoyed NAIT -- got good variety."

"Learning about people and how different they are -- how to get along with them."

Potentially Employable

"Language -- teaching how to form sentences and avoid slang expressions."

"To look out for myself, that's all."

"I don't really know."

"Physically, the Cerebral Palsy Clinic helped me most. Just meeting people. I never really enjoyed school until after I got out of the Clinic."

"It really didn't do a hell of a lot for me." (Female.)

Doubtfully Employable

"Nothing, really."

Why did you not go further in school?

Employed

"It was too hard."

"Need more money." (To finance last year at NAIT.)

"I went as far as needed." (Four years at NAIT.) "You learn until your dying day in that job."

"That was all there was at the time." (Three years university for OT.) "I may go back for the new degree program -- one year more."

"I'm aspiring to go further." (Has a Bachelor of Commerce degree.)

"I was fleeing from place to place and I didn't know where I was going."

"I got married at 17. I finished Grade 11 in June and married in July."

"I wanted to but I didn't like the new semester system. I thought it would be too boring taking only four long courses rather than eight short."

"I figured I could make more out of getting a job."

"My husband was transferred away from a university center."

Potentially Employable

"I didn't pass Grade 12 exams."

"I failed Grade 11. I couldn't keep up and was given no help."

"Without social and science, you're beat. I couldn't get it. Math was hopeless, too. I just decided I wasn't going back."

"The teacher didn't think I could do so good."

"The principal said I couldn't grasp it. It was getting hard. I worked but couldn't get it."

"I preferred to farm. School was getting difficult."

"Because I was too old. I stayed a year longer than I should have."

Did you hold any after-school or holiday jobs?

Employed

"My parents wouldn't let me. I was too busy with homework. Writing."

"For three years I collected pop bottles and bought my first two-wheeler to prove to my parents that I COULD ride one. I got an after-school job with an oil company. But my father works there and the boss is in the same church and was one of the first people we met when we came to Edmonton. He's a real friend. So maybe that job doesn't really count for what you're interested in."

"The only thing would be waitress and that didn't appeal to me. No need; didn't have time. Mother wouldn't let me leave home at 17 to get a job."

"I was a counselor at the Lake Isle Crippled Children's Camp."

"No, I was needed at home like a slave. I kept the house. Mom never did housework; she liked to garden."

"Working on the AGT switchboard in _____. Grandpa owned it and showed me."

Potentially Employable

"Washing dishes and peeling potatoes, etc., in a cafe. I could do it OK."

What did you think you would do when you left school?

Employed

"I planned to go into theology but our minister left and he was the greatest drive behind that. My husband didn't have church background at all."

"I didn't even really know. Sometimes I thought I'd be a big bum." (Female.)

"I didn't have anything in mind except milking cows and working on my brothers' cars. I'm mechanically minded."

"I started on a job the next day."

"I didn't think I'd be in Economics -- I thought I'd be in Personnel. My parents thought I'd probably article for my CA; they thought maybe I should have a CA to fall back on."

"I'd like to be a teacher -- but I got married."

"Stay home for the rest of my life."

"I wanted to be a nurse's aide, but I didn't make it. It was too hard to get in."

"An office job of some kind. My parents were hoping I'd do that, too, because I wanted it so badly. (But I never got it.)"
(Housewife.)

"Be a farmer -- buy and sell cattle. Run a feed lot. And I am."

"Have a dull job as a filing clerk."

"Uncertain. Take a holiday. I worked for two months and then went to California."

"I did internship in Vancouver."

Potentially Employable

"Get a job as receptionist in a doctor's office."

"Take correspondence -- math and science -- but it didn't work out."

"I always wished to be a clerk-receptionist and do a bit of typing, but when I got to Grade 11, those hopes went out the window. I'm wishing I could get any kind of job that I could do to make a living."

"I didn't have the slightest idea. My parents didn't know, either."

"I didn't give it much thought this time. The first time I thought I'd get a job but it wasn't as easy as I thought."

"Come home and work on the farm."

"Farm."

"Stay home."

Doubtfully Employable

"I didn't really know. I wanted to go farming, but nothing goes right."

"I didn't know."

What did your parents think you would do?

Doubtfully Employable

"Be a bum."

"I wouldn't know."

Did they think you could hold a steady job?

Doubtfully Employable

"I don't know."

"No."

Employed

"Well, if they didn't, they never let on, because they always cheered me on as I left for my interviews."

"They didn't want me to. They wanted me to stay home and do the housework and look after the kids."

"I don't think they knew. They were just scared that I wouldn't. They didn't know which way to turn."

"I don't know. I never had contact with her. Mother is as cold as a fish."

"They didn't think I'd be able to manage with one hand. I thought I might become an auctioneer but I couldn't remember the talk and I was scared of people."

"They knew I had the determination to do so."

"They thought it was doubtful, but later changed their minds. I would like to have gone into the religious field, or teaching, or nursing -- the helping fields." (Housewife -- separated.)

"They never mentioned anything. I don't think it mattered to them."

"They always let me do my own choosing -- but she leaned toward teaching." (Schoolteacher.)

"No. They didn't know what I was going to do. They didn't think I could manage with one hand."

"They figured I'd do what I'm doing: farming."

Potentially Employable

"Yes. I can get around and do things just like anybody else -- just slowed down by a limp."

"No."

"Didn't think about it at the time."

"There's no getting away from it -- I'm lazy. I don't know what they think but I know I could make a go of it as long as it's not really boring. Salesman, shipping clerk -- where you're on the move all the time." (This subject has real difficulty in walking.)

"Not really, no. But I said, 'I think I could.'"

Mother answered for him: "We really didn't know what he could do. We hoped for a trade. We thought he could hold a job if he could find the right job."

"I really didn't know." Mother offered, "We thought you might get something to do at home." The subject continued, "Well, I guess it's 'Yes, if I found one.'"

Did you take any vocational tests while you were at school? What type of employment was suggested?

Potentially Employable

"Government tests at Canada Manpower. I got Grade 10 averages in math."

"Grade 12. Aptitude tests suggested nursing, teaching, and home-making. The man said nursing and teaching were out, but I might possibly be a homemaker if I could take my own time."

Did you have any vocational counseling (help with job planning) while you were still at school?

"My business course included 'How to act on the job' and tours to different places in town."

Have you had any special job training?

Employed

"Age 16. Lab technician for DOT. \$400 per month."

"No, but I would like Nurse's Aide training."

"Student teaching."

Do you believe any particular job training would help you?

Employed

"I'm considering one more year for a degree. A person can always live and learn. I'd take short courses when available."

"I learned to repair clocks and shavers at Rehab and I taught myself to upholster chairs. I help the jewelryman across town fix clocks when he gets behind. I picked up TV and radio repair at home."

"No. In the kind of work I intend to be doing, the only prerequisites are possibly more university or more reading. It's up to me to train myself." (Has a Bachelor of Commerce degree.)

Potentially Employable

"I think so but I really don't know what kind."

"Maybe a refresher course in bookkeeping."

"Telephone operator or typist. Elevator operator. I'd like to be an artist, really." (Has art training.)

"Mechanics."

"Not interested."

Do you feel especially close to (or fond of) one of your brothers or sisters?

Employed

"My brother -- he was kind of protective when kids teased me."

"I have only one brother. He's five years younger but we were very close. When anybody made fun of me, he was my defender. Now if we have troubles, we go to each other." (Female.)

"I was a loner." (This subject had 12 siblings; the next older was two years older, and the next younger was one year younger.)

"Twin brother. We never ever argued about anything. When we needed something, we talked it over with each other."

"My next older sister. She was always there when I needed her and she was the closest in age to me. Everything we did, we did together."

"My youngest brother -- five years younger. Anybody that hurts me, he's out there fightin' for me."

"I'm closer to my sister now. Before, I was closer to my brother until my sister got into her teens. Now I'm putting her through school."

"We're all very close. The closest, probably, are my brother and myself. We're both bookish and have great goals. The three of us girls are all different, but we get along. It's interesting how you never really know what you're doing to your sisters. They're both talented in their own ways, but one is exceptionally good as an artist and she's also very pretty. Everyone has always showered her with compliments. The other one never seemed to care what she looked like. And she never got any compliments about anything. But now that we've been apart for a while and I see her alone now and then, I realize that she never felt she measured up to us other two. So I talked to my other sister about it and we're very careful now to casually compliment her on her appearance. And you know? It's made a lot of difference in her whole attitude. She takes pride in looking neat and trim, and seems happier somehow."

Potentially Employable

"I guess I like them both. Perhaps I'm closer to my second sister. I don't know whether it's the age gap or personality. The older one is quiet; the younger jokes here and there."

"My youngest sister. We could talk easier."

"I was closer to my older sister when small; now, I'm close to both."

"We're pretty fairly close -- any trouble and we all come runnin'."

"Ordinary. Sometimes you kiss and sometimes you fight."

Doubtfully Employable

"None of them. I can't get along with anybody. They're always ready for an argument."

"All of them."

Do you think you are closer to your mother, or father?

Employed

MOTHER: "She's always helped me so much more than Dad -- more patient, especially when it comes to working."

"She raised me." (The father deserted.)

"Mother is quiet. She would do anything for anybody. She's big-hearted and never complained. When things

"went wrong, she made the best of it. To me, my mother is my world. I can't say I love my father but I respect him."

"When I was younger, my father went up North to work and I'd be alone with Mom quite some time and she was authoritarian and yelled at me but as I think back, it was good."

"Father has never had much to do with the bringing up of any of us. War drove him away from us. He is a heavy drinker and I cannot stand it. The Division of Alcoholism has helped me. I'm the only one who went. All the others married by my age. I stayed around the house and couldn't stand the way he treated Mother. They get along much better now that I'm gone. While father was fighting in the war, his only son, three, died. He hung himself on a hayrack. Father never got over it."

"She's the stronger of the two. Dad's hard to get to know."

"I'm with her more."

"She was in the house while he was outside working. He was more interested in reading than kids. Now he's more interested in us."

BOTH: "Mother, a few years ago; now, just as much with father -- we have a better understanding now."

"Both."

"Pretty well split."

FATHER: "Father, I think. He seemed to 'understand' better."

"He's helped me a lot, explaining what there was in life. Now that I'm married, he helps me out of binds, financially. He says, 'Don't tell your mother,' so I don't."

"He spoiled me."

"I hate my mother; my father's dead."

"Intellectual interests in common."

Potentially Employable

MOTHER: "Maybe because I like to be like her."

"We could talk easier."

"She's nice company."

BOTH: "Both." (2)

"I don't think I'd pick and choose between either of them."

"No difference, but I use different tactics on each."

FATHER: "Usually my father and I get along better. Both Mother and I have our temper. I can talk with Mother without anger, but Mom and I are alike -- we say things we don't mean."

Doubtfully Employable

"I don't know, really." (One of this subject's first comments when the interviewer introduced herself, was, "My mother hates me.")

"Both."

Do you believe your parents tried to bring you up much the same as your brothers and sisters?

Employed

"Yes, but I think I got more attention because of my handicap. Both parents tried to find help for me from the very beginning."

"No. Maybe I'm wrong, but I feel they were more strict with me. They never let me use bad language and now it sounds like a lumber camp there."

"I'd never say this to them, but I think they sheltered me too much. Never let me do anything around the house. They thought it was for my own good so I can't blame them."

"Dad had favorites. He tried his best but there were so many kids (18) he felt that as long as we had food and something to wear, that's all we needed."

"Mom didn't want me to do as much. But I was stubborn and kept nagging to do things. I was determined I was just like anybody else."

"No, I was different. She had a grudge against me. Maybe because I had a handicap or because I was Daddy's little ol' pet before he died."

"I think my sister has it easier. But I never lacked anything -- they gave me all they could afford."

"They taught me to be very independent. For areas in which I couldn't make it, they tried to make it up in another. I was the best dressed in school."

"No differences. I was to do chores like the rest -- milking cows, responsibility for the chickens."

"They seem a lot looser with them. I was a little more disciplined. They get away with more."

"Yes, but they suggested less strenuous training for me. I feel parents shouldn't hold kids back. If I weren't so determined, I wouldn't be doing what I am."

Potentially Employable

"They treated us all equal -- no favorites."

"They probably tried harder to give me more leeway than the others without realizing they were babying me."

"I couldn't see any difference at all."

"We were all brought up in much the same way."

"No, when everybody gets up in the morning, they don't wake me because they know I'm in a bad mood so I eat after they've had breakfast."

Doubtfully Employable

Both: "Yes."

Were you able to talk with your parents about your disability?

Employed

"Just with Mom. I never mentioned it to Dad and he didn't to me. It's understandable. Dad was on the road. He took his job very seriously. He was tense (I'm like him), which meant he really didn't have enough time for things that went on at home. I guess I blame him. I never did know him. He was not a patient man. He was clever -- a perfectionist. He did not have a great deal of patience. I was pretty slow in some ways. . ."

"No, I wanted to put it out of my mind."

"Not as much then as I do now. It was hard for my mom to face it, really -- you know."

"I never talked with my parents about anything. Mother couldn't talk (a stroke, followed a week later by a heart attack, left her without speech) and Dad wasn't the kind you could talk with."

"It never worried me. I guess it worried everybody but myself."

"It was just never brought up. It didn't seem to bother us enough that it had to be thrashed out. We never talked much about anything -- as a family. If I'd wanted to, I would have brought it up. It didn't really occur to me that I had a problem. Then it was the word 'cerebral palsy', not the handicap, that interfered."

"It didn't bother me, so. . ."

"Not at all. When I got to realize how she was treating me, I didn't want her to circulate in my world (age 11). She tossed me out at age 14. She was a stranger to me."

"I guess so. There was never that much of a need to. Mother was always more of a friend than a 'mother-type' mother to all of us."

"As a kid, no. I wanted to talk with them but they really didn't understand it themselves so couldn't tell me anything. Mother has felt guilty about it. I studied about it in university and told them right."

Potentially Employable

"Oh, sure."

"I think they've taken it harder than me. If kids were mean, I'd go into the corner and cry, but if I told them, they were more hurt. I've seen others worse off than myself at the Cerebral Palsy Clinic and they haven't."

"Well, I really don't like to talk about it."

"No, but I wanted to."

"No. I don't feel it's that bad."

"No, but I wanted to. They were too busy with. . .you know. . . I don't mind. . . I talked it over with an older friend. I usually go there when I have troubles. I see her frequently; she's an old school chum."

Doubtfully Employable

"No. It's just there and that's it."

"No, but I wanted to."

When you were growing up, do you feel you could have done more for yourself?

Employed

"Oh yes, I sure do. If I hadn't lived in self pity, I sure could. Too much protection."

"We tried to manage by ourselves. Mom was in hospital so everyone tried to help each other. We took turns doing all the jobs. We all did our share."

"Mom did things for me I know darn well I could have done myself. It used to make me mad."

"If I wasn't dragged by her (mother), I could have had a good job right now."

"I could have put more time and effort into practicing walking. I was always running, not caring. I should have had more treatment."

"I could have used my left hand more than I did. I didn't use it enough -- when I look back."

"I think I was a strong personality. I like to lead and I pushed the others in 4-H."

"I did everything everybody else tried."

"I was independent. Self-care is everything."

"If I was less lazy."

"Yes, if I hadn't been so resentful about it -- about the treatments."

"Not really."

"I should have saved my money."

"I could have worked harder in school. I did things myself."

"Yes, I could have been more independent. I relied too much on Mom, even into the grown-up stage -- in certain things."

Potentially Employable

"I could have went to school longer or go to a special school."

"I don't know, I really don't."

"Yes. Now, too. I can do everything now. I go to dances but I just watch."

"Sometimes."

"I don't know. I tried pretty hard."

"Every way -- but I don't want to."

Doubtfully Employable

"I might have. I wouldn't know, really."

Do you feel you had enough opportunity as a child to make friends?

Employed

"My friends were pretty accepting all the way along. I find that if I can't make friends, it's because I don't want to. From the end of school to two or three years ago, I was withdrawn. I tended to cut them before they cut me."

"Yes, but I never did. It was mostly my fault, too. I guess I was a bit ashamed of myself. I'd run home rather than stop to play because kids are cruel and it took me one year, and I'd run home. Now, looking back, it seems silly but it was heart-breaking to live through."

"I didn't want to because I like them but I'm scared. You get to like people and then they hurt you. I generally just went my own way."

"You don't keep friends very long if you can't do things with them. I was too busy with homework."

"Not too when my mother was draggin' me. I was too scared."

"I'd rather have one or two real close friends than a whole bunch of half-acquaintances. I've had special friends enduring from age three."

"I would have liked Guides and Brownies but Father couldn't interrupt his work to take us. He took us to and from school as it was."

"Wide area of association with people. Much exposure to people."

"I had a lot of friends."

"In the school years I made friends."

Potentially Employable

"Oh, sure."

"There were not many neighbors my age but in school I liked to talk to just about anybody."

"More than enough."

"I don't think so. I couldn't get moving so quick so I couldn't go next door and talk to them guys."

Doubtfully Employable

"I think I had a few when I was small."

"Yes."

Did you have any special friend(s) in school? Do you keep in touch with them now?

Employed

"Yes, a big, huge fellow who had glandular trouble. We were in the same grade. Also another fellow."

"Not really. He and my brother were pretty close. We were usually working."

"Yes, but I haven't seen him for two years; he's married."

"I still keep in touch with my 7th Grade chum, _____ College and University friends."

"A girl cousin and a boy down the road."

"A girl friend but I don't even know where she is now -- moved around too much. I still go see her mother and father once in a while."

"Lots of them. _____ used to help me a lot."

"I was a bridesmaid for her a month ago."

Potentially Employable

"Now they're married or gone. I've lost track of them. I have one good friend now."

"Yes, we were 'the inseparables'. We still keep in touch."

"Yes, but most have left town." (Rural community.)

"I don't know. Not really, I guess. I think after I left school I had closer friends than in school."

"Not so special that I'd go and talk, but I did have a friend."

"No. At age 10, my special friend was my dog, but I usually don't admit this." (Female.)

"A German girl who found it hard to speak English."

Doubtfully Employable

"I had a few friends. I haven't kept in touch with them since I've been out of school."

"Some friends. Most are gone." (Rural community.)

What were your particular childhood interests?

Employed

"Camping with family and friends every year. We went to lakes. I love nature -- it's a part of my life."

"People (even then!!), baseball, cubs & scouts. Now: Jaycees, books, music, & still people, writing." (He wrote the answer to this question.)

"Reading. I liked animals but was scared of them."

"Working too much. Watching hockey games."

"Movie stars. Scrapbooks upon scrapbooks."

"Picking up bottles, skating, going to shows, chum around with friends, I had chickens and pigeons, went trapping in wintertime, skinned and sold fur, hunting."

"Riding horses and herding cattle. Now it's riding horses and buying cattle."

"Jigsaw puzzles and knitting."

"Schoolwork which I couldn't do. I had to work at home. She always yelled at me and I couldn't think."

"I liked to read. I still like to."

"Can't remember. Spool knitting." (Male.)

"Shooting. I liked to work."

"Model cars."

"Reading."

Potentially Employable

"Mostly animals. We lived on a farm and I helped care for them."

"Playing records, horseback riding, baseball, church choir. All still. And there are always people here! I've set up my own baseball club and I'm typing the rules for the girls. But the girls didn't join." (Female.)

Did you participate in any groups organized for the physically disabled during your school years?

Employed

"I always had an aversion to them because I felt they labeled me. I feel I could have been included but I never cared to try."

"I don't think of myself as that disabled." (2)

"I didn't know they had any."

Potentially Employable

"The Cerebral Palsy Teen Club. They never did much. I enjoyed some of it."

"There were none where I lived. I was born a little bit too early."

"There were none around here. There was only one other handicapped person. He was also CP."

"The teen club at the Clinic. Meeting at the church once a month. St. Albert retreat for the handicapped every year. You really gain peace of mind. Two days. The retreat is great; the Teen Club was OK."

"Rehab group -- swimming. But I got tired of it."

Did you have much contact with relatives? Were you particularly fond of any of them?

Employed

"A girl cousin. She understood me, I guess. Accepted me. Didn't look at me as a crippled child."

"Aunty used to let me do things when my mother wouldn't. Well, she's a very good friend I call 'Aunty', but she wasn't a relative. She was the one I always turned to to talk to."

"Grandmother! And Uncle Harry -- he treated me like a doll. Now his wife is very good to me."

"One family was almost like our own. The oldest son was killed last year and I haven't gotten over it yet."

"Up to Grade 9, I was on my grandparents' farm -- goofing off."

"Grandmother, great aunts and uncles. They appreciated me as a good listener. I liked hearing about the old times and they enjoyed knowing someone was interested."

"Indifferent because of shyness."

"Our relatives don't get along very well."

"My mother's two sisters. I still keep in real close contact with them."

Potentially Employable

"A cousin. He passed away last summer. He was just plain good-hearted."

"Yes, they're all close."

"Just average. A cousin the same age."

What are your special interests now?

Employed

"Church."

"Curling, hunting, traveling."

"Going out -- a social life just like anybody else."

"I want to get my cooking course done and want to finish school and if my marks in Grade 12 are very good, I plan on being a nurse. I'd like to be a surgeon or a social worker."

"This group of guys. We play ball and tennis, and go on picnics. Then there's my religious group. It's mixed."

"Choir and Doubleday Book Club."

"Making ash tray stands out of bottles -- using a blow torch, making lamps out of moose horns, making smocked cushions, and things like that." (Female.)

"Big and strong." (Male.)

"Stock cars. I race." (Female.)

"Handicrafts. Baking, cooking, sewing, reading, and small get-togethers."

Potentially Employable

"Reading The Journal."

"I just want to get a job so I can be on my own and maybe travel and see things. I'm helping Mom with the housework now. We have my brother's kids here."

"There are lots of things I'd like to do but it's impossible to do them. So many things I try but have to have someone else finish. I either fatigue or lose interest because it takes so much effort and still doesn't go right. I read."

"Listening to records, watching sports, camping."

"None -- there's nothing you can do. You have to do what others want to do. When you do go anyplace, it's for only one day and then you come right back."

"Going out with the guys -- driving around, going to dances at Alberta Beach (we went twice). I went to the lake with the guys for the week-end."

"I mow the grass a lot just to kill time."

"Painting, traveling, rock collection. No groups."

"Fishing, teaching myself to play the accordian." (His mother commented that he makes up his own tunes.)

"Same as childhood interests (playing records, horseback riding, baseball, church choir, and people) plus baking."

Doubtfully Employable

"It's hard to say. I don't really know. I spend my time fooling around."

"Nothing much."

Do you date?

Employed

"Not really. I don't guess I really want to enough yet or I would."

"I did take a girl to the graduation dance and dated her a couple of times."

"Not at present. I broke my engagement in June so am a little wary. It's a dead town here."

"Yes. But not any more until I finish my career."

"Naw -- never!" (His girlfriend was curled up in a big easychair across the room.)

Potentially Employable

"I did once, but they take you to the bar and I can't stand liquor so I don't date now."

"I have, some, in the past." (Female.)

"No. I wish I had a girl friend."

"Never have."

"Never have. Shucks, I wish I did but no boys around."

Doubtfully Employable

"No, I haven't got a girl friend. I think I'd like to be single."

The other subject just shook his head.

Do you have any physically handicapped friends?

Employed

"No, but I sure wish I did. I'd love to help them. I know a bit what they feel like. I've got patience and could sit for hours and be with them, helping them learn to do what they want to learn to do."

"I don't know anyone. But I don't shy away."

"I have one who burned one arm on a power pole. It had to be amputated."

"Not at present. At University I dated a fellow who had polio and broke his heart."

"I have several deaf and dumb friends. I'm learning sign language. I met them at work and like them; they're great."

Would you prefer to associate with non-handicapped _____
 handicapped _____
 no preference _____

Employed

"Before, I would have preferred non-handicapped. All that changes. I never think of them like that -- it's friendship."

"It depends on the person, really -- but usually non-handicapped. The handicapped people I've known seem to demand special consideration. But I enjoy working with physically handicapped patients. I serve as an inspiration that they CAN go ahead and do something."

Are you usually comfortable about meeting new people?

Employed

"This has been my downfall. The first meeting is hard -- particularly as a teen-ager."

"It depends on the other person."

"It didn't used to bother me but now I'm embarrassed because my head bobs more and more."

"Pretty UNcomfortable."

"I love meeting new people."

"It depends on the people. Nowadays you can't tell about people since drugs and rape." (Female.)

"I still can't talk properly to people at first -- especially a crowd. I slur words a lot; some I don't know how to say and they come out wrong. Bothers me. I don't usually talk unless I can say something (there's a lot I don't know nothing about) -- unless I can make jokes."

"Not right at first."

"If people are well educated and know disability is no laughing matter, I enjoy them, but some young kids think it's a big joke and laugh. And I don't like that."

"NO!!!" (He wrote this answer.)

Potentially Employable

"It all depends upon the person, really. Some think nothing of your handicap and others eye you up and down, and down and up."

"After you get to know them, it's OK."

"Yes, except sometimes I'm scared I'll say the wrong thing."

"Fairly. A little nervous."

Doubtfully Employable

"It depends on the kind of people you are -- some are pretty snobby."

The other subject shook his head.

Do you attend church regularly?

Employed

"Several times a week."

"For many years I didn't miss a Sunday."

"It depends on which shift I work. There's no minister now."

"Very seldom."

"As often as I can with the kids."

"I used to, but churches lately bother me. My beliefs, I guess."

"No. Reason: philisophical and theological loggerheads." (He wrote this answer.)

"Infrequently. It's a group situation. I joined a group but never let myself get too close to them. They've tried to involve me in activities -- I was treasurer of the Sunday School for three years. I've been highly skeptical of the religious approach because of my handicap. I don't blame anybody or thing, but I'm skeptical. I've tried, but didn't believe, so it's not been too successful."

Potentially Employable

"Every Sunday and sometimes in between. With a father like mine, you don't stay in bed Sunday mornings."

"Father goes to church, but the rest of the family doesn't."

"Sometimes I just can't get away."

"Infrequently. It's a bit far -- across town -- and I can't get a ride every Sunday and my dad isn't feeling up to it. I went to handicapped retreat and really enjoyed it."

"Twice a month."

"Not unless to weddings or funerals."

"About five or six years ago I went because Mom and Dad made me go."

"Never. I'm not interested."

"Once in a while."

Doubtfully Employable

"I used to. Now I could never get a ride."

"Infrequently."

Are you able to look after your own personal care?

Potentially Employable

"I can manage just about anything once I get my mind made up I'm going to. I'm hesitant about new things -- I'm uneasy at first -- but I get my stride."

Can you get on and off a bus by yourself or do you need a bit of help?

Potentially Employable

"I need help getting on. I can do it but Mom is afraid I'll fall over backwards and land on my head."

"I've got caught in the back door of the bus. I can't handle the doors."

"Yes, if I have the time. I'm unsteady. The bus must stop before I get up. I always go out the front door."

"I drive -- both car and tractor. I have a license."

Do you remember what your ideas were, as a child, about why you had a physical disability?

Employed

"I can't remember. I just knew I was different."

"I always wondered why. Why do I?"

"I don't feel, actually, that there's anything wrong. My right side is just weaker. I felt I was OK. When I did sports in Phys Ed, the teacher thought something might be wrong. I didn't like all the fuss they made about it and all the exams they put me through."

"I caught a cold when I was very small."

"Not actually."

"I was 'just slower'. I had enough patience to put up with this and I must have had a wonderful set of teachers to put up with me. 'Cerebral Palsy' had never been mentioned to me until I asked for extra time to write Grade 12 departmentals. That was the only allowance I was given throughout schooling. I wasn't discovered until I was five. I wasn't severe enough to investigate. I first started to inquire at about eight."

"My mother told me."

"It's just something that happened when I was born."

"I think I knew early. Dr. _____ explained."

"I can't remember."

"I never even thought of it."

"Mother told me that my great aunt had held me and I'd fallen backward. They thought I had a dislocated hip. I wasn't treated until age nine. The general practitioner was neither alert nor concerned."

"I did not think about it."

"They weren't certain if it was polio or brain injury so aren't sure, but I was breech birth -- my bad arm came first. I think it was a birth defect. I was born that way."

Potentially Employable

"No." (3)

"I never had a clue."

"I never took much notice of it, really. When people in school would ask, I'd just say, 'Polio'. It was quicker and easier to explain."

"Nope."

"I don't think it bothered me until I started school. I couldn't understand why I couldn't go to school until almost nine."

"I just figured it'd come. I couldn't do nothing about it. As a kid, I had dreams of being OK."

"I couldn't know too much then."

"I figured I didn't use one enough." (After interview, subject asked interviewer what had caused his disability.)

"I don't remember."

Doubtfully Employable

"I never ever thought of it."

The other subject shook his head.

What is the name of your physical disability?

Employed

"I don't know -- mother never heard them put a name to it."

"Seeba plusy."

"One leg is shorter than the other. Maybe I was born with it? I don't know."

"I don't know. I'll find it in my wallet." On a green piece of paper was written, "spastic diplegia".

"Cerebral palsy -- spastic."

"I don't know."

"Cerebral palsy -- left side. An injury at birth to my spine."

Doubtfully Employable

"I was born handicapped, that's about all."

"Spinal meningitis."

"A touch of cerebral palsy."

"I think it starts with 'c'. Cerebral palsy, I think."

"I don't remember."

"Little's disease."

"I don't know. I'm crippled, that's all."

Doubtfully Employable

"They never did say. Injured brain when I was born."

"I can't talk very well."

Who explained your disability to you?

Employed

"Mother. She called it an 'accident'. If I resented it from the religious approach, I never blamed my parents."

"I never listened to details much -- I wasn't in the least interested except details of ordinary life. I didn't understand the terminology. My parents talked about it in my presence but I didn't listen."

"It just came natural. Aunt and Uncle used to talk about it. Their son had it also. We learned from hearing them talk. We don't blame anyone or feel sorry -- some do, you know -- blame parents."

"I guess I just grew up with it."

"Nobody."

"I heard everybody talking about it so I took a nurse's book in the hospital and read about it the last four years."

"Dr. _____."

"My sister. She's a nurse."

"No one, but Dr. _____ has operated three times."

"Mother. She was not correct, though. I found out myself."

"Nobody. The doctors were talking of an operation to lengthen the heel cords at age 12, but nothing came of it."

"I gradually became aware myself."

"Mother and Father."

Potentially Employable

"Nobody. I never found out."

"I don't know."

"A doctor. But not so I could really understand it."

"I wouldn't know -- I can't remember. I guess the nurses at the Cerebral Palsy Clinic. One was from England. And Dr. _____ Dr. _____ when I was older."

"A doctor."

"The man teacher at the Cerebral Palsy Clinic. He had CP himself. And I read a little bit about it. Just by nosing around."

"Mother, I think."

"It must have been Mother."

"Mother."

"Mother, I think. I don't know."

Doubtfully Employable

"Mother."

"Mother and Father."

What do you think is your main handicap?

Employed

"I'm still pretty sensitive but I'm fast gaining control of that. It's not the handicap, it's my reaction to it, but I'm on the road now to bettering that. I've fallen in love and plan to be married soon. Suddenly everything has changed. Some things just don't matter anymore." (Male.)

"I don't really know. I'm scared of escalators -- I have to raise my left leg and flop it down."

"I'd like to walk straighter and my right arm -- I can't put a cup to my mouth. Anything with liquid, I can't control. I can lift it when it's not holding liquid."

"People associate CP with mental disease."

"My left leg I have on my mind all the time or it drags or I limp."

"Speech difficulty, by far. More than the CP. My only trouble is emergency phone calls. It takes me 15 minutes to get the message through. _____ lacks patience; he slams the receiver."

"I don't really think it's physical; it's my total involvement in things. I get too excited -- ulcerated. Tension during exams!"

"I wouldn't mind skiing or skating but my ankles won't hold up. I'm going to build a mini-car and help my friends race."

"My knees now, wearing out with osteoarthritis."

"Inferior complex." (He wrote this while continuing a "sparkling" conversation with his parents.)

"Really, I never think of that -- I suppose it's my left arm."

"My left side. I can't use my left hand. I can't hold a cigarette and my leg drags. I can pick up but can't handle."

"Picking up small things. Pulling the light switch in the car. There's not enough strength in my fingers. I can't turn buttons."

"Moving my fingers on my left hand."

"My writing. I hate to write."

"I don't feel handicapped."

Potentially Employable

"Not being able to do anything. My hands! I can pick up, but can't hold and control with one hand -- nails, ruler, etc."

"My right leg."

"My hands. If I could do anything with my hands, I could probably sit and do some job."

"I'm nervous, that's all. My left hand doesn't work well. Walking is hard but I get around. My left side is worse than my right."

"Limited use of my left hand. I can't hold anything with any weight to it -- like a bowl of liquid."

"My eyes. For reading. I can't see unless it's very close. I need a lot of light. My glasses are broken now."

"I don't know."

"My health."

"I'm not that handicapped."

"I don't think about it."

Doubtfully Employable

"Stubbornness."

"Talking."

Would you like any change in your present living situation?

Employed

"I'd like to go to Frobisher Bay and get rich quick. I have my application in. I've bought a lot on a lake just about to the mountains and will build a cabin next summer. Dad built our home and will teach me." (Sheet metal mechanic.)

"I'm headed for Ontario -- AWAY from the government and it's do-nothingism."

"Independence (personal challenge)."

"I'd like to live in B.C. by the water -- mountains and stuff."

"I want to get out on my own. I don't make enough money to do it now. That's one reason for no further schooling."

"I can't complain."

Potentially Employable

"Yes. I'd like to be in the city where there are more things I could do."

"I want to be independent!"

"Get a job."

"I'd like to move to Edmonton where there are more people. It's pretty quiet here. My brother's working in the fields so I'm alone most of the time in the house -- I keep house for him."
(Male.)

"I'd like to find a job."

Doubtfully Employable

"I'd like to be on my own."

"No."

What comments do you have about this whole interview?

Employed

"I'm older than most you'll be interviewing and we've been friends a long time, so it's probably easier for me to answer these questions than it will be for younger people. I'm still sensitive, though. But the way you have this set up is good and I wouldn't change anything. It brings a lot of things out. I feel good about the interview."

"I would answer any questions of myself to help other handicap child, that they to can enjoy the things of this life." (The subject wrote this answer.)

"I figure you're going to write all this down and then compare it with others and go to them and reassure them that it's not the end of the world."

"I'll go out of my way to help people who show concern. I respect them."

"I'm very pleased that you have taken such an interest in ME."

"I've been eager for you to get here. I've been wanting very much to talk to somebody and I didn't know who to go to. Nobody cares."

"It doesn't bother."

Potentially Employable

"If these questions help show that the National Employment Service isn't helping people, it's OK."

"I've learned to live more or less with my handicap, at least with myself. But it's hard on my folks."

"Well, when you asked to come see me, I thought you might be nosing into why I'd quit school and were going to jump on me."

Doubtfully Employable

"I don't really know. (Pause.) I have to do a lot of thinking."

Housewife

"You'll never know the difference your visit has made in my life. In the two months since I knew you'd be coming, I've done more than I ever did before. I scrubbed the place from top to bottom and I never thought I could balance well enough to wash walls. Mother kidded me, saying, 'She's not going to inspect the inside of your cupboards,' but I didn't know whether you would or not. We made alterations we've talked about doing for a long time but never got around to. We painted. We put in indoor plumbing, and that make-do bathroom has made all the difference in the world. And this sink! When I think of all that water I used to haul. . . The landlady complains that I'm using too much, but I'm using it and I'm enjoying it. The landlady! I used preparing for your visit as an excuse for not doing all the things I used to do for her. She tries to take advantage of people. Cooking for five hired men was too much for her, but she expected me to do it, and I did up until this summer -- for no pay, either. Through you -- because you were coming -- I've learned that I can stand up to her. I've been doing it more and more.

"All the time I was working, I was thinking. I thought about things I'd never let myself think about before, and now I see things in an altogether different light. (And as I scrubbed, I worked out a lot of mad.) I see now that a lot of things I blamed on others, was really my own fault. It wasn't the others who kept me away, it was me who kept them away. I thought the girls talked

about me a lot, but it was no more than about anyone else. The things they made up about my having to get married really hurt. But now I realize they were probably jealous. They talk that way about everybody -- I did my share of talking, too. I realize that I married too young. To escape, I guess. From what? From a lot of things -- like school, and having to get out on my own. I wanted to be a teacher but didn't think I could make it. You know. . . things like that. I'm awfully lucky I got the man I did. I think I could look all over the world for a long time and not find one as good as him. He told me I was stewing way too much over your coming. He said I'd hate you by the time you got here. Well, maybe he does (laugh), but I don't. I'm very grateful to you for coming. I'm a changed person now. A lot of fears have just vanished into thin air. I'm very grateful to the people at the Clinic, too. They were all very good to me. I still keep in touch with who was an aide there. They came by just last week and left a note. We weren't home. I realize now what my parents went through for me, too. I hope I can show my appreciation by being there when they need help later on.

"I didn't sleep very much last night. I knew you'd be here early this morning. I was scared. I wanted everything to be just right. I wouldn't let my husband or my little girl touch anything this morning for fear they'd get it dirty or out of place. That's why they were both outside when you came. She got all muddy and I was upset when I saw her, but you laughed, and suddenly I wasn't scared anymore. I just wanted to start talking and I haven't stopped since. I guess there's been an awful lot bottled up inside that I never let out. I wanted to tell you everything I could do and show you how I could do it. I wanted you to watch me fix lunch. While you've been watching me, I've been watching you. I saw how you managed my little girl. You taught her several things today. In watching how you did it, I realize I don't spend enough time explaining to her. I guess I just expect her to know how to do things and then get mad at her when she doesn't.

"Won't you please stay for supper, too? It won't be any work at all and I want you to see more of my husband."

APPENDIX F

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COMMENTS OF EMPLOYERS AND GOVERNMENT ADMINISTRATORS

Philosophy and Policy

1. "We hire strictly on qualifications alone -- we match the person to the job opening. The man with more qualifications is the one who gets hired and the one who gets promoted. No special considerations; no discrimination. We don't create jobs. We have to keep public appearance in mind. We have a man who is close to blind loading food trucks -- he's slower but has seniority, so we'll keep him to retirement. He was blinded on the job. We don't have any others 'seriously' handicapped -- maybe a limp, medical problems, or 'slower', but they're behind the scenes where we can look at their production rather than their appearance. We don't have many applicants from physically handicapped. We're willing to hire as long as they're willing to do the job and abide by the rules. We warn and warn before firing. They have six months to prove themselves and whether they stay depends on the individual department manager's recommendations. It's likely that many are screened out by the girl at the employment counter because they're socially immature. We have few openings in 'routine jobs' because many of them go to management trainees, and the warehouse staff has been there 20 years. Most of our ads are for selling jobs; we fill the others from walk-ins. There is nothing on the application form asking about handicap but it may be necessary for them to pass the store medical. Applications are kept for three months."
2. "We have enough walk-in traffic that we don't need to hire people who'll demand extra care. We look for qualifications and the ability to adjust, in so far as possible, to the present situation in the organization. Going way out of our way to adapt to an individual would have to be approved by the head office in _____. Maneuverability limits; lifting limits. Service repairmen have to have freedom to move in homes. Our peak time is November -- marking and receiving -- in preparation for the Christmas rush. We have to hire people who can learn right now and do it without supervision. There is no mention of disability on our application form, but all applicants are required to take a medical which consists of not much more than a TB X-ray, blood pressure, heartbeat -- so if they're breathing, they could be hired if they can do the job required. Applications are kept on file six weeks. We do hire diabetics and epileptics but don't put them around machinery."
3. "I can't say the handicapped are any different; it depends on the person. We look for a personable, pleasing manner -- well-spoken -- softly spoken. But you have to think of what you'd be subjecting the person to. Customers can be cruel. The handicapped try harder but customers often subject them to misery. They don't have a high absentee rate."

4. "Most companies have to be profit oriented. If you can find the right spot, they're good employees. I would hire the handicapped over equal non-handicapped (also on ethnic and color basis) to show the humanitarian aspect to enhance public relations and staff relations. A lot of people have the notion that big business is cold. That isn't so in 'good' companies with 'good' personnel policies, so I make an effort to try to combat that notion. Our policies are not governed by a union; I feel that any organization that has allowed its personnel policies to degenerate to the point where the employees are forced to organize and bring in a union, deserves to be run by a union."

5. "We have a union agreement: performance is IT. There's a strict medical for pension insurance -- we have close liaison with Workmen's Compensation. We're becoming more selective on who even fills out an application. We don't hold out hope by having them fill out an application which we aren't going to do anything about."

6. "We'll take an unskilled laborer with potential and a strong back. If he progresses, learning as he goes (on the job and through supplemental courses), we'll promote him. We promote from among the ranks. We'd probably have to hire any handicapped in a clerical capacity, rather than the plant, because this is heavy work. We do have a handicapped man who was injured on the job, and he's doing OK in his reduced job which we had to assign him because of his reduced maneuverability. He's doing some drafting, but mostly key-punch. The biggest problem is that it's unchallenging to HIM.

"Some unions do not wish to be involved. The union must pass all apprentices. The handicapped can drive wages up, and they're the first to be laid off, so all that acclimatizing is lost. It boils down to simple economics -- we have to highlight qualifications."

7. "Very very few apply. The medical officers in our company are giving 'hiring the handicapped' consideration, but mostly in the Eastern operations. At the moment, we have stringent medical requirements because we generate our own disabilities. We require good coordination to prevent them from becoming handicapped. We keep people who have been injured on the job. We work with the Workmen's Compensation Board to get them retrained and replaced elsewhere in the plant.

"We match qualifications to job requirements. Maneuverability is a must. The only job here would be a 'beginning type' clerical job, and they'd be stuck there."

8. "Certain jobs cannot be redesigned and expanded, so the Personnel Department recommends hiring practices be geared to getting the best man available to do the job as it's now set up. We can't afford to adapt an expensive piece of machinery to one person who may be hired today, try the job for a couple of weeks, decide he doesn't like it, and is gone."

9. "It's too dangerous here to hire physically handicapped. We do have one blind electrician who rewinds electric motors, but he was on our force before he was injured. We've kept him on and will continue to do so."
10. "Not many apply. We have a rigid medical, and it's becoming more rigid, administered by our own nurses and doctors. Heart conditions are out. We can't place epileptics -- we select, but hiring is up to the line foremen. They won't take the chance. We must educate; it hasn't sunk home. There's a wheelchair case in the office where there's a high turnover. He was referred by Canada Manpower. Our employees are mostly male and have to be mobile -- flexible -- because they move into the field and onto the road. Our females work shifts. We're reluctant to take females. We did have a one-legged operator who was very good -- in fact she was well qualified to become an interviewer, but didn't get it because we require mobility. The deaf are difficult to instruct and others make fun of them."

Experience

1. "None have applied in the past year."
2. "Handicapped haven't applied. This place isn't so good for any disability. An epileptic asked for a job once but he wasn't hired because he had a pretty shaky background. He could work six months OK, he told me, and then he'd find he couldn't handle it."
3. "We had one who was completely blind, who worked for us for 22 years, from 1941 until he died four years ago. He did his work well and efficiently. He made cartons, packed our product in them, and then date-stamped the cartons. But now machinery does that job. It's dangerous in the plant but we went out of our way to help him.

"One had a short leg and wasn't too strong. We made sure we didn't go beyond his ability. He was with us 10-15 years and then up and quit on us."

"We could place girls, but they have to be tough -- they work under refrigerated conditions -- 42° and wind velocity.

"The plant is dangerous: much heavy equipment overhead and around the floor; it's unionized. We would be forced to pay a slower producer the same amount as a fast one, so the slower one wouldn't last. The office is not unionized; we might be able to use one there as a bill sorter."

4. "Our organization demands finger and hand dexterity and we've established our own norms."

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"One one-armed girl is overproducing. One one-legged girl has been here 13 years and is making production with no absenteeism. She had a nervous breakdown from family pressure rather than job pressure and we carried her for 18 months at 60% of her pay. She's back on the job and is doing very well now. She has a special job -- on a machine that requires only one leg.

"At one time we had quite a few deaf mutes but they are way out of the picture so far as reality is concerned. One was here 15 years but had crying sessions and temper tantrums several times a year. They made excessive demands. For example, one insisted on having an advance in pay because she saw a dress that she simply had to have. They're handled with kid gloves at the Deaf School and have no idea what the work world is all about.

"Indian girls, handicapped because of their culture, are transient -- here three or four months and then go. They have very strong allegiance to their families and it interferes with the work world. When they're not tied up with their families, they're very stable.

"We don't have any blind -- the work requires good eyesight.

"Some handicapped have a bad attitude -- acceptance of selves and limitations. One on crutches made his own rules. The former management made a mistake in originally giving in to him and they had to keep right on until the union took over. Union rules are: one warning and they're out. He had three before he was finally fired."

5. "We have had four deaf people in the key-punch area. The Deaf School brings their classes in. It's an incentive to their pupils and good for the morale of our workers. We view hiring the handicapped as highly favorable. The workers in the area have all learned to communicate through sign language. They have to, to get along.

"CNIB placed a blind typist. She brought in her dog and he sat at her typewriter every day for two years.

"In our area of the company, the only qualifications are accounting training. The handicapped seem to make any adjustments that seem necessary. We're very receptive, in fact we encourage hiring the handicapped, but we haven't had to do too much. Not many apply. Other areas of the company would likely have physical requirements that would limit who they could hire."

6. "We've hired part-time employees through CNIB, from 10% to 50% vision. Every quarter we mail 60,000 envelopes. They come, stuff 20,000, leave, and come back next time. Some have emotional problems but their production is higher than those with full faculty. One is totally blind -- he does programming work through a tape recorder."

"Those from the Rehabilitation Centre and the mental rehabilitation Sheltered Workshop didn't work out. If they aren't downright stupid, they have emotional problems. They read every report and wonder if they know any individuals named in the reports; as a result, they process 200-300 an hour rather than 1500 an hour. Unless they have quite a bit on the ball, we shy away from hiring them now, because you can hire two of those for \$250 a month; whereas, you can hire one with only the usual problems for \$300 a month and get well over twice as much work done as the other two put together.

"We've hired one with polio -- no legs -- and he's a good worker when he's here, but he can't get around in the winter, so that would create problems if the job weren't seasonal.

"Mental problems come in with other employees, too. We hired one who'd had brain operations and he couldn't remember. He just couldn't do the job.

"We hired a deaf mute who had graduated from the NAIT course to do multilithing in our print shop. He wasn't properly trained; NAIT must have just let him through. Other deaf mutes have done satisfactory jobs, providing they mix in. Their language problem has been OK."

7. "We have two or three who have back problems gotten on the job. One is in charge of all the mail and all the work attached to it. He's a semi-supervisor but has a boy and girl to do the running. One is on the switchboard, and one is in Customer Service to help on minor adjustments to appliances. The only allowance they need is parking stalls -- convenient spots for coming and going under icy conditions.

"We could use deaf and dumb employees in clerical capacities, as repairmen, or as watchmen.

"Not many handicapped come in."

8. "It's their mental attitude. How a person works out depends entirely on how he reacts to his disability. One of our employees lost the use of one arm and had only partial use of one hand as a result of an accident on the job. After his medical treatment, he was rehired as a relief guard, but he was always feeling sorry for himself and was so concerned about driving in the winter that he finally quit. We tried to talk him into looking at his problems. The emotional handicap is worse than the physical handicap. We try to re-employ -- perhaps in a job less demanding -- and the mental adjustment is the hard part."

9. "I've had years of experience and have had about the five to eight variety in every 300-500 people. It's their mental attitude, not the actual physical disability. For instance, one man had a hook arm. He'd use any possibility to grieve through the union or on his own. Everyone was quite relieved when he parted company. Another had an artificial leg. For years everything was fine, and then he tried to commit suicide one night by taking pills in his car in the company parking lot."

10. "CNIB is very active. We got one person in our Calgary office through CNIB there. We treat them as if they aren't handicapped. They are very very nervous at first until they realize they aren't being treated differently. One has 30% vision. He's slower and has trouble handling and talking with others in the work situation (cannot work in a team in problem-solving but can work alone). A paraplegic has been successful in eliciting cooperation of outside clients -- they come to him. One with polio has been given the assignment of operations manager -- branch manager.

"It's their lack of mobility -- slowness of turn-around time -- and client contact. Their not going out to make client contact slows them down and limits their growth in management. In all cases, we probably wouldn't have employed them without experience (this is true of ALL employees) -- any work exposure, preferably in some related area, but not necessarily. But we train our people, too, to a degree. Writing should be clear, so a one-handed person could work. We get most of our people through contacts at the University and NAIT. Our standards are high, and so are our salaries: all in the \$20,000 - \$25,000 range.

"In my opinion, the City should do more in designing buildings and street parking facilities; car manufacturers could design drive-up ramps into cars for people in wheelchairs."

Government

City: "Only about two apply a year and they're in wheelchairs. The main difficulty is space to move. Architectural barriers prohibit their mobility; there should be wider gangways. Another difficulty is convincing the plant superintendents to hire; it's hard enough trying to relocate our own employees who are getting older and/or becoming disabled, but several departments will give a try wherever possible. One completely blind person is the fastest typist in her whole department. One wheelchair person has been doing clerical work for 15 years in the Consumer Service Department and is 'just one of the girls'. People are very helpful. A deaf mute is a key-punch operator -- one of the best we have. Space is the problem. We could place at the telephone switchboard if there were room. As soon as we are able to place them, everyone is happy."

Provincial:

1. "We have no specific policy now. Everyone is subject to competitive methods -- screening and selection panel. They must have a minimum standard of health and dexterity to get hired. We are reluctant to hire those with a deteriorating condition even in the dormant state, for it might erupt later and cause us to live with a condition which keeps them out one week out of five. Once they're permanently appointed, it's hard to get rid of them. We've hired some with

multiple sclerosis, muscular dystrophy, and polio who have deteriorated. We've kept them on to the very end and it was hard on those around them.

"We are continually getting referrals of people who have worked in industry and are no longer employable, so come to us. Their former employers tell them it's up to us to hire them -- it's our duty. Well, it isn't; we can't hire them either. We don't give jobs just so people can say they're working. But we do hire those who can do the job required. We have no special placement program for any group, but we are putting pressure on our departments to hire them when they can. They must be certifiable in shorthand, comptometer, bookkeeping machine, switchboard, key-punch, or whatever. Our clerical aptitude covers just the basic levels. We have a blind, male typist who is excellent.

"The unsolicited file of applications of walk-ins is held only six months -- general applications. We've found that the placement record from that file is poor, so we're going to restrict the holding of applications to those with professional and technical training. Salaried positions are hired here, but seasonal (wage) positions are hired by the specific departments concerned."

2. "The Board of Industrial Relations, under the Alberta Labor Act, does approve for less than minimum wage for the handicapped if they cannot produce up to expectations of the normal employee. No exploitation. Sheltered workshops, vocational and educational training centers, and the Rehabilitation Centre, are approved by the Board via blanket authorization. For individual employers, contracts have to be dealt with individually."

Federal: "The Minister may authorize the employment of a handicapped person at a wage under the minimum wage. . .if it is in the interest of the person to do so. There must be supporting evidence. The Civil Service policy has been to hire the handicapped by ratio. In the Supply Department, I know of two in wheelchairs."

Canada Manpower

"Canada Manpower does not contact us regarding possible employees." (Three employers made that comment.)

"At one time, 7% of our referrals came from Canada Manpower, but we hired less than 1% of what they sent. They were unsuitable -- the dregs. It got so bad it was a waste of time even seeing them. Our best source of referrals is our own employees."

"We don't get much from Canada Manpower. They should improve their services. For the life of me, I don't know what they do over there."

"Canada Manpower is useless except for financing training schemes we offer for our people. (We make an effort to get back some of the money we're forced to pay to support them.) For personnel, they're terrible. We go to commercial agencies -- particularly at the professional levels. The people Canada Manpower used to send were absolutely unfit."

"Canada Manpower may have contacted us once. I can't remember the details, but I don't think we could hire the guy they referred."

"I have had no experience with the handicapped here. There are none here now and none have applied except one through Canada Manpower, and he wasn't suitable in any way, not just physically."

"We've tried some mental rehabilitation employees referred by Canada Manpower but they have been unsatisfactory. Their emotional problems are always barely below the surface and usually flare up pretty quickly. Fortunately we hire many part-time, on a seasonal basis, so have a built-in way of getting rid of them. They can't stand the strain of work for very long, so a part-time job of not too long duration may help them, and it really hasn't hurt us, I guess, except for coping with their getting along with other employees. That takes the time. But most of those we've hired wouldn't be able to make a go of a full-time, permanent job."

Spontaneous Comments

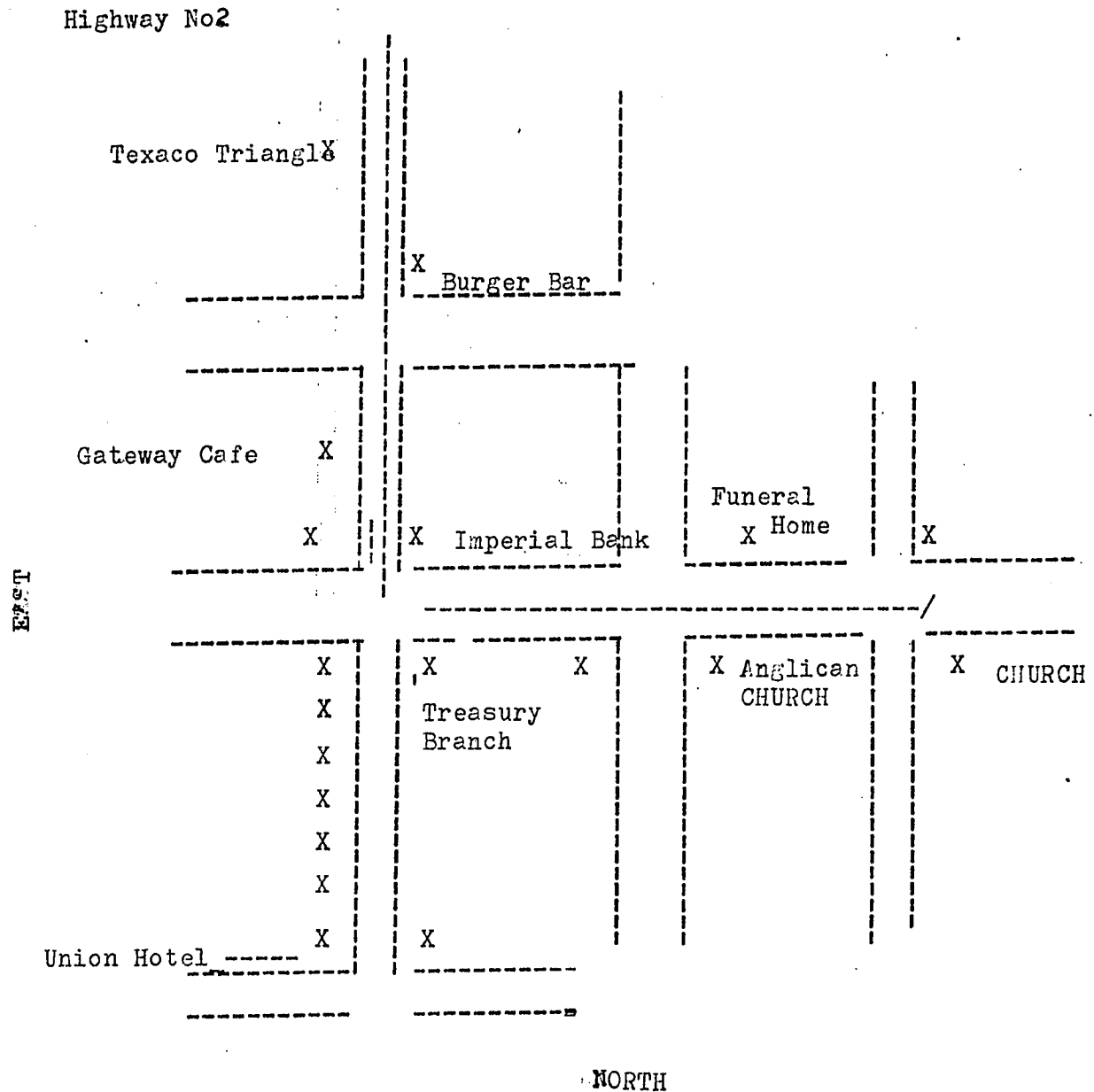
1. Legislation: "Like a lot of theories, it might look good on paper but just doesn't work in practice. Blanket rule never works. There are always loopholes; big companies employ people whose specific job is to get around rules like that. We, for instance, would always have plenty of our own employees who have been injured right here on the job to qualify so we wouldn't have to hire any who were already handicapped. And think of the number of bad backs that could be found in any heavy-labor outfit."
2. "I, myself, would never hire a multiple sclerosis sufferer. I worked with one for a long time and watched him die. It was a terrible experience for me and everyone else in the area. I wouldn't put my fellow employees through that ordeal for anything. It's not fair to anybody -- neither the handicapped person nor his co-workers."
3. "I had a secretary who was an epileptic but never told me. One day she suddenly had a seizure and it terrified me. She was gagging and foaming something awful. I didn't know what to do but finally forced my hand into her mouth to hold onto her tongue so she wouldn't choke to death. I couldn't concentrate on my work after that. Every time she walked across the room I wondered if she'd make it. I finally had to ask her to leave because just the worry, itself, was interfering with my work, and my business was suffering. I didn't think it was honest

of her not to tell me. Now, I always inquire. I'll never hire another one. I can appreciate their problem, but I can also appreciate mine."

APPENDIX G

MAP

SOUTH



This map was made in "Oh, about a half-hour" by a young man who bought himself a typewriter and taught himself to type with the hope that it would enhance his employability. The representative of the Rehabilitation Section of the Department of Welfare did not feel that this man even warranted assessment to determine what his work potential might be. (See Chapter X, p. 129.) The map, itself, utilized both red and black ribbon; the photocopy does not illustrate the color emphasis.