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UNIVERSITY OF ALBERTA

COPING WITH VISIBLE DISABILITY -
PERCEPTIONS OF YOUNG ADULTS
A SYSTEMS THEORY APPROACH

BY

GILLIAN G. RENNIE

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of
the requirements for the degree of Master of Education.

IN

SPECIAL EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

Spring, 1992



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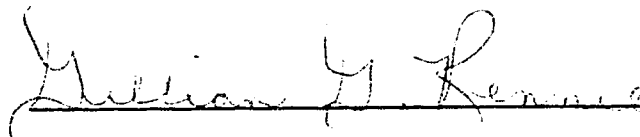
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TITLE OF THESIS: Coping with Visible Disability -
Perceptions of Young Adults
A Systems Theory Approach

DEGREE: MASTER OF EDUCATION

YEAR THIS DEGREE GRANTED: 1992

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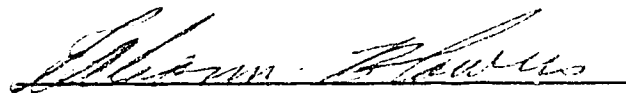
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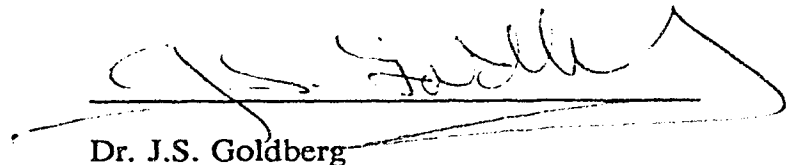
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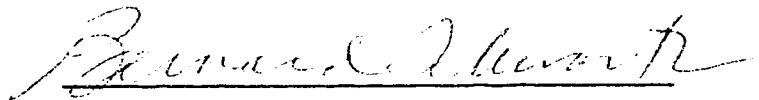
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Coping With Visible Disability - Perceptions of Young Adults A Systems Theory Approach submitted by Gillian G. Rennie in partial fulfillment of the requirements for the degree of Master of Education in Special Education.



Dr. E.A. Conn-Blowers



Dr. J.S. Goldberg



Dr. B. Schwartz

24 March 1992

This study is dedicated to my parents, Alan and Doreen, for their support and encouraging me to be my best, and that I understand it was very hard for them to let me wheel on my own.

ABSTRACT

This study investigated the perceptions of visibly different adults, and how they have coped with their handicapping conditions in everyday life. For the purpose of this study visible difference has been defined as a physical impairment which is visible. The informants for this study were seven adults, in their twenties to forties, who have had a visible difference either since birth or with onset before or during adolescence. Perceptions were categorized in six systems; individual, family, education, medical and related services, employment and social group. The individual and family systems appeared to be most important in the healthy development of coping abilities. The role of the family is thought to be vital to the integration of the visibly different person. The informants in this study believed that their families were helpful in some way with their integration. It appears that the education system has also been central in the integration of the visibly different individual. A major period of difficulty with integration in the education system appeared to be during the junior high school years, with feelings of nonacceptance from other students. The medical and related services system appears to be perceived as the least important in the healthy development of coping abilities. The informants discussed poor experiences with medical and related services personnel, although they believed that certain professionals were more helpful than others. Implications are discussed for the systems and some suggestions made for counsellors working with visibly different individuals and their families. Families at times may need outside counselling to lessen stress related to the handicapped child including possible feelings of guilt. In the education system, counsellors may need to intervene to develop appropriate social interaction among handicapped and nonhandicapped students. Counsellors at the junior and senior high school levels may also guide handicapped students in choosing future careers which they can master academically, can gain access to the necessary training and for which there is a future need. Within the medical and related services system a possible solution to lessen the perceived lack of information being provided by the medical profession would be a

medical liaison worker who could increase the understanding of all individuals involved. In the individual system counsellors may need to guide handicapped individuals who experience periodic losses of body functions through mourning processes to cope with these losses. Once the grieving is at a manageable level, the counsellor may then help the handicapped individual develop realistic goals and objectives.

I would like to thank Dr. Vargo for his guidance in the initial stage of the study.

I would like to thank the members of my thesis examining committee, Dr. Goldberg and Dr. Schwartz, for their guidance in the latter stages of the study.

I would like to especially thank Dr. Conn-Blowers for her continued support and guidance throughout the study, her continuous encouragement pushed me through some difficult times. This study in part is dedicated to her for the endless hours spent in providing guidance from the beginning to the completion of this study.

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CHAPTER I

INTRODUCTION

General Discussion

In Canada and other developed countries, there are increasing numbers of handicapped persons, as medical procedures improve the survival rates of both infants and those suffering handicaps later in life. At the same time, current policies emphasize the integration of handicapped persons in educational, employment and social settings.

The integration of handicapped persons has become a general concern of professional, family and social groups. At this time, there is a need for professionals, including medical, educational and related personnel and non-professionals including colleagues, family members, employers and classmates to better understand the experiences of handicapped persons.

Statement of the Problem

Literature in this area tends to be from the perspective of the professionals who work with visibly different persons rather than from the handicapped themselves. This lack of information from the handicapped at times may hinder the professionals who are working towards integration of these individuals, in that the professionals may not have adequate knowledge of how best to provide services which will further this process.

A major difficulty in extracting useful information from the studies available is a strong tendency for researchers to use unrealistic groupings. Although the study may be discussing handicapping conditions, these may include such varying conditions as blindness, deafness and having to use a wheelchair. Each of these handicapping conditions has some differences in the difficulties associated with it. Other studies have problems in that they have used instruments to assess such constructs as self-concept or self-esteem, of handicapped persons, with instruments which have not been normed on the handicapped population.

Justification

The reason for using visibly handicapped persons in this study is the probability that they will encounter a maximum number of problems common to disabled people, relating mainly to integration, in such areas as school, employment and social situations.

This study investigates how some visibly different persons cope with their handicapping conditions. In this study, individuals over the age of eighteen were interviewed on their experiences of growing up with a physical handicap. A major difficulty with many of the previous studies done in this area is that there is little information from older individuals who have a long term disability. In this study, visibly different individuals discuss their experiences on living with a handicapping condition from childhood onward.

CHAPTER II

REVIEW OF THE LITERATURE

Literature in this field generally focuses on the perceptions of nondisabled persons who work with the disabled in professional capacities. One national Canadian study which looked at disabled individuals in a wide range of daily activities was the Canadian Health and Disability Survey (1986), compiled from January 1983 to June 1984. This survey examines national data on the prevalence of disability according to the functional definitions of disability and handicap used by the World Health Organization. The questions in the survey allow respondents to identify themselves as having functional limitations in a number of different daily living activities. Results indicate that approximately two-and-a-half million Canadian adults, or twelve percent of the adult population, report some level of disability. In this survey adult population was defined as age fifteen and up. Two-thirds of all disability problems identified in the survey are related to mobility or body movements, fifteen percent to hearing and eight percent to eyesight. Comparing such a range of handicapping conditions can be considered to be a limitation, in that each condition represents a different set of problems. Another limitation in the survey is the age range used in the collection of data. Individuals over the age of sixty-five were incorporated in the tabulation of results, increasing the likelihood of handicapping conditions. Although only twelve percent of the Canadian population is aged sixty-five and over, thirty-seven percent of those reporting a disability fall in this age group. Another limitation with the data collection is that one individual can have different handicapping conditions, such as an older individual's eyesight and level of hearing declining with age. In the tabulation of results this appears as two disabled individuals rather than one person having two handicapping conditions. Because of this a true estimate of the disabled population is still unknown.

Attitudes Toward the Disabled

Social, Educational and Employment Implications

Although visibly different individuals encounter many obstacles in their lives, a major barrier which they must face is the attitude of other people toward them, especially attitudes of family, friends and professionals, in relation to education, medical services and employment. Research has demonstrated that public attitudes toward the disabled reflect educational, vocational and social discriminations and prejudices (Westwood, Vargo & Vargo, 1981). It is hypothesized that how others react to and interact with persons who have visible differences will affect how disabled persons cope with their disabilities later in life.

Within the literature the term 'attitude' has several interpretations. One interpretation, by Fishbein and Ajzen, is that an attitude is "a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object" (cited in Oskamp, 1977, p. 9). Another definition of attitude is that it has three components: cognitive, affective (emotional) and behavioral. The cognitive component consists "of the ideas and beliefs which the attitude-holder has about the attitude object" (Oskamp, 1977, p. 10). Attitudes toward people with visible differences could include myths and misconceptions about handicapped persons. A second component of attitude is the affective (emotional) area, "the feelings and emotions one has toward the object" (Oskamp, 1977, p. 10), for example, how a nonhandicapped person initially 'feels' on seeing someone with a visible difference. A final component is behavioral, which consists of "one's action tendencies toward the object" (Oskamp, 1977, p. 10).

Physically and/or mentally disabled individuals who bear such labels as mental illness, visible difference or mental handicap may be the targets of prejudice and discriminatory practices. This discrimination may be least apparent in relatively impersonal situations and most blatant in close interpersonal and business situations, such as marriage and employment (Marinelli & Dell Orto, 1977). It would appear that there may

be less tolerance of visibly different individuals in areas which in our culture are of critical importance to what is commonly seen as normal functioning.

In the groups regularly interacting with visibly different individuals, the attitudes of teachers, medical practitioners and others, including parents and siblings, can effect the quality of life, self-concept and degree of general acceptance of those individuals by themselves and others (Stewart, 1988). It is important for parents to realize that the visibly different child's basic needs are very similar to those of other children, with some specific needs. This attitude can help the child integrate into everyday life. Overprotection by the family is crippling to initiative, independence and maturity (Barshay, 1964). Equally harmful is the attitude that children are superior when accomplishments are ordinary, which can lead to unrealistic self-concepts.

Attitudes can also effect a visibly different person's right to an education and can influence access, which includes both physical access to the school and access to school programs. For instance, a child who has a visible difference may not be allowed into a public school setting because both the teachers and the parents of other students may believe that the inclusion of the 'special' student into the classroom may disrupt the other students' learning. Education may also be limited by schools not being accessible for someone who uses a wheelchair, or there may be other limitations that would make it a hardship to attend certain schools, such as inappropriate washroom facilities and multi level schools without elevators.

Access to Facilities

Access also effects a visibly different individual's employment possibilities. The individual looking for a job must take into account the working environment and particular needs. The type of work an individual can do may be effected by the handicapping condition. The Canadian Health and Disability Survey indicates that individuals with some type of mobility impairment were less likely to be employed than individuals who had a sensory impairment, such as blindness or hearing loss (Government of Canada, 1986). An

employer cannot discriminate against the applicant solely on the visible difference. In 1982 the Government of Canada made an amendment to the Constitution Act, in the area of the Charter of Rights and Freedoms, which states that visible minorities, women, aboriginal people, and people who have either a mental or physical handicap have equal rights under the law (Government of Canada, 1982). This indicates that any of these groups can not be discriminated against on the basis of these differences in applying for a job, and that the best person for that job must be hired. With regard to the visibly different person, if the working environment is inaccessible in some way, then reasonable changes should be made to allow access. Reasonable accommodation, or change, is the adaption of environments, schedules or requirements to the known physical limitations of handicapped persons in a manner that does not impose undue hardship on the employer. Reasonable accommodation may include making facilities readily accessible to and usable by handicapped persons, as well as job restructuring, part-time or modified work schedules, acquisitions or modifications of equipment or devices, and other similar actions (Anderson & Coons, 1979). Inaccessibility is not an acceptable excuse for not hiring a visibly different individual. The Canadian Health and Disability Survey reports that disabled persons appear to be doubly disadvantaged in that they may have functional limitations which may restrict their access to certain types of work, and they may also have lower educational attainment which may also limit their access to work (Government of Canada, 1986).

Creating a barrier-free environment requires modifications of buildings, realignment of attitudes and planning for new programs (Shanhouse & Yates, 1980), to provide independent living for individuals who have visible differences. Independent living is the ability to interact with the environment without assistance from or dependency on external sources, to come and go as one chooses, and to participate or not participate as one chooses (Shanhouse & Yates, 1980). The goal is to provide an environment in which visibly different people have the option of participating fully and interacting totally with society,

with choice being the ultimate goal. By designing a barrier-free environment that is esthetically pleasing, the attitudes of both handicapped and nonhandicapped will be positively affected (Shanhouse & Yates, 1980).

Self-Concept

Visible disability often affects one's self-concept. Acceptance and adjustment mean learning how to best adapt to one's physical environment as well as developing a new self-concept, which may include difference values as to what it means to be worthwhile (Vargo, 1989).

In the area of self-esteem and self-concept, Schlieper (1985) indicated that the handicapped individual is more vulnerable than the nonhandicapped to a variety of psychosocial problems. One such problem is the enhancement of self-concept, while coping with the physical handicap or visible difference.

Self-concept may be influenced by whether a disability was present at birth or happened later to a previously nondisabled individual (Vash, 1981). It is considered by some that to be born with a handicapping condition is somehow less respectable than to have acquired a disability later on in life. Vash (1981) discusses the relationship between the stage of one's life when the disablement occurs and its influence on the reactions that will be experienced. This is partly because the disability affects the way one is perceived and treated by others, and partly because different developmental tasks are interrupted during different life stages. For instance, if individuals become disabled in infancy or childhood they may, like persons born with a disability, be subjected to isolation and separation from the mainstream in family life, play and education (Vash, 1981). The person who becomes disabled later in life may not have to face these issues, but will have to confront different ones, such as learning to adjust to doing daily tasks in a different manner, such as dressing oneself or not being able to perform a variety of physical activities, such as writing notes in a classroom.

Other variables which may influence the development of self-concept in the visibly different individual include the functions impaired and the severity, visibility and stability of the disability and pain. Regarding the functions impaired, and despite the commonalities across all types of disablement, it is obvious that losing eyesight, hearing or ability to move a limb will generate different reactions because each creates different problems. One such problem is the extent to which a disability interferes with physical attractiveness. Sensitivity to the lack or loss of personal attractiveness sometimes can exceed the pain felt about the more obvious functional impediments disability entails (Vash, 1981). Displeasure with one's looks may be increased by the reactions of others, which may lead to a lower self-concept, and may be especially difficult during adolescence as development of self-image reaches an especially critical stage in dealing with physical change. Social attitudes, particularly as they are reflected in the attitudes of family members, friends, teachers, classmates and others, strongly influence adolescents' self-images. Negative attitudes by any of these individuals can be detrimental to any person, but may be particularly painful for disabled teenagers who have not yet developed secure self-concepts. Although adolescence is a difficult time for any youngster, it is even more difficult for a teenager with a handicapping condition. Though there may be similarities between the difficulties of disabled and nondisabled teenagers, for the disabled adolescence many ordinary problems may be magnified, and frustrations and uncertainties tend to be more frequent and intense (Winter & DeSimone, 1983).

The severity of disability may also influence the development of self-concept. Varying degrees of severity create different kinds of situations for disabled people to respond to, independent of personal dynamics. For example, a young woman with a partially paralyzed leg will not experience the fear associated with the realization of total dependency on others which a quadriplegic may have to experience. Related to the severity of disability is the visibility of disability. For instance, a visible impairment such as having to use a wheelchair could be difficult interpersonally, because the individual has to cope

with the possibility of being ignored by other people, not because of personal factors, but because of the wheelchair. The stability of the disability can also influence self-concept. A progressive disability can produce a negative outlook because the individual is under the constant threat of losing some ability to function, for example, a person with a neuromuscular disability may no longer be able to use the arms due to a constant erosion of muscle strength. The variable of pain can also influence self-concept, as pain can influence both behaviors and feelings. For some people pain may lead to a lower self-concept, and may lead to decreased social activity, eroding the sense of self-worth.

There are no universal principles to simplify the task of learning to live with a visible difference. Success, to a large degree, depends on the physiological, psychological and emotional makeup of the visibly different person and the support and encouragement received from family, friends and others (Penn & Dudley, 1980). Within the educational system, especially in secondary and postsecondary schooling, limited work has been done in trying to help visibly different students cope with specific emotional difficulties arising from their handicaps. Within mainstreamed classrooms, school children with visible differences and their classmates are often instructed: "Say it all together. Don't be different. Behave right. Do it right. Be right." (Timberlake, 1985, p. 232). For students with visible differences, this indicates they are first expected to cope with themselves and their differences, and secondly to master academic learning tasks (Timberlake, 1985). Self-concepts of individuals with visible differences may suffer even more if they believe that they are academically delayed in comparison to classmates who do not have a visible difference.

Consulting with regular classroom teachers is an important aspect of promoting successful mainstream experiences for visibly different students. Preparation of teachers may be important not only in facilitating positive attitudes, but in facilitating an understanding of handicaps and their implications in the classroom (Dunn, McCartan & Fuqua, 1988). Also, research indicates that the attitudes of the nonhandicapped students

toward the visibly different classmate is an important component to the success of mainstreaming (Dunn et al., 1988). Consultant service can assist both teacher and students by increasing the teacher's understanding of the faulty attitudes and beliefs that visibly different students maintain about academic performance and their possible resultant behaviors, and by helping the teacher to develop a classroom atmosphere that is supportive of all students. Increased teacher awareness of the needs of visibly different students and the development of a supportive classroom atmosphere are of primary importance in increasing the efficacy of any educational intervention (Bello, 1989). For instance, education about a variety of handicapping conditions can assist handicapped students in adjusting to their own handicap by letting them know they are not the only ones with a disability (Dunn et al., 1988).

Student ability to learn is determined largely by self-concept (Jones, 1985), the internalized self description used by an individual, based on the roles played and the attributes and beliefs held (Beane & Lipka, 1984). Self-concept accounts for a significant portion of achievement independent of measured intelligence, socioeconomic status, educational aspiration and the expectations of family, friends and teachers (Jones, 1985).

The Penn and Dudley (1980) study indicated that most handicapped students did not see their disability as a great tragedy, but as a fact of life, an inconvenience and a cause of frustration. On the other hand, Thomas, Bax and Smyth (1988) found that handicapped students were more likely to experience difficulties, including severe social difficulties.

Frequently, low self-esteem is reinforced over the years (Kashani, 1986). Only in recent years has there been an increasing awareness of the importance of personal characteristics in the ultimate success of handicapped individuals (Abramson, Ash & Nash, 1979). It is felt that without specific training designed to increase social acceptability, independent functioning, and better performance of everyday skills, many handicapped persons will never achieve self-sufficiency.

Education and Employment

Self-sufficiency for many individuals', whether handicapped or nonhandicapped, is achieving postsecondary career training, which then may provide a higher standard of living, personal status and satisfaction. Rosher and Howell (1978) found that disabled students appear to be extremely similar to nondisabled students in career goals, and that being physically disabled did not affect level of educational and career aspirations. On the other hand, one finding in Rosher and Howell's study (1978) was that the disabled scored lower than the nondisabled in terms of career aspirations in the professional realm, while the Canadian Health and Disability Survey reports that there are relatively few differences between the types of occupations held by disabled and nondisabled persons (Government of Canada, 1986). This then raises the question of why such a small number of physically handicapped individuals go on to a postsecondary institution such as a university or community college, as reported by the Canadian survey which also states that a high number of individuals who report having a disability have low levels of formal education. In Canada, forty-three percent of the disabled population have only eight or fewer years of education compared to seventeen percent of the nondisabled population. Fifteen percent of individuals with a disability have received some postsecondary education, compared to thirty-one percent of the nondisabled population. For those in school, disability has clearly had an important influence on their school career. The majority of the disabled population currently enrolled in school state that their education had been interrupted for long periods of time, while sixty-five percent took fewer courses, sixty-two percent at some time attended special classes and forty-six percent at some point had to change schools because of their condition (Government of Canada, 1986).

Another way in which visibly different individuals achieve self-sufficiency is through employment. One way that the differences can be lessened and equality increased is through employment, which can occur only if visibly different individuals are given an opportunity to work. Employer attitudes toward persons with disabilities have been

considered one of the primary factors contributing to both unemployment and underemployment of disabled persons, though several studies describe the disabled as competent, reliable employees (Wilgosh & Skaret, 1987). Thomas and Thomas (1984) indicated that for some employers the handicap an individual has did not effect being offered a job, whereas other studies, such as the one conducted by Krefting and Brief in 1976 (cited in Thomas & Thomas, 1984) found that the number of job interviews for the handicapped were significantly lower, and they were given gloomier job market outlooks (Thomas & Thomas, 1984). It is felt that employers tend to focus on the limitations of the visibly different individual rather than on their capabilities (Wilgosh & Skaret, 1987).

This type of attitude not only leads to frustration for the visibly different person, but may also lead to apathy. Many visibly different adults develop a defeatist attitude of feeling that there is no reason to get training for employment, or even apply for a job, because the handicap will result in their being refused employment. Another difficulty for some visibly different adults in the province of Alberta is that they may lose access to medical benefits and, in Alberta, the Assured Income for the Severely Handicapped (A.I.S.H.).

Assured Income for the Severely Handicapped is a program for adult Albertans with severe and permanent handicaps. It is designed for people who have reached their full potential for training, rehabilitation or gainful employment and are substantially limited in their ability to earn a livelihood because of their medical condition. A.I.S.H. is not a pension program, as it attempts to incorporate incentive provisions. The program designed was thought to be fair and equitable to persons with disabilities and at the same time to address some of the concerns raised by professionals and advocates. Therefore the program requires that its recipients be severely and permanently disabled. Also, the legislation places very specific expectations on individuals with disabilities, such as the requirement that disabled persons must seek and accept reasonable employment for reasonable wages, retain employment that can reasonably be held, collect income to which they are entitled and participate in appropriate training or rehabilitative measures. It should

be noted that a recipient of A.I.S.H. can earn only a specified amount without reduction of the A.I.S.H. payment. Once that amount is exceeded, and depending upon the level of earnings, deductions will be made from the A.I.S.H. benefit. For instance, a single person may earn up to one hundred and sixty-five dollars per month (\$165.00), with no reduction in the A.I.S.H. benefit.

Within the A.I.S.H. regulations the term severe handicap is defined as a condition that, in the opinion of the director, with the advice of a physician, so severely impairs an individual that it substantially limits the ability to earn a livelihood and is likely to continue to affect that individual permanently because no remedial therapy that would materially lessen the impairment is available (Alberta Government, 1991). A.I.S.H. eligibility depends upon the impairment limiting the ability to earn a livelihood. It is the medical condition that must be the primary cause of the inability to earn a livelihood, not factors such as age, education, location and lack of jobs (Alberta Government, 1991). The judgement about whether the condition substantially limits the ability to earn a livelihood is not entirely a medical decision, but also relies upon social work/rehabilitation judgement. A.I.S.H. regulations also stipulate that the individual cannot have refused to seek or accept reasonable employment for reasonable wages. Reasonable wages would be at least minimum wage or the training allowance provided in training or rehabilitation facilities. Persons receiving a training allowance or minimum wage would be required to continue the employment, but could be eligible for A.I.S.H. for additional income, if other eligibility criteria are met (Alberta Government, 1991).

The A.I.S.H. program finds the World Health Organization's definitions of impairment, disability and handicap to be helpful in distinguishing between these three concepts. An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. For the purposes of A.I.S.H., existence of an impairment is not sufficient to establish eligibility. A disability is any restriction or lack of ability to perform an activity in a manner or within the range which is considered normal. A

disability represents a departure from the norm in terms of performance of the whole individual, as opposed to performance of the organ or mechanism (Alberta Government, 1991). A handicap is a disadvantage for a given individual resulting from an impairment or a disability that limits or prevents the fulfillment of a role that is normal for that individual. For the purposes of A.I.S.H., a judgement is required as to whether severely impaired individuals, within the context of their particular personal, social and environmental situations, have a handicap which limits employability (Alberta Government, 1991). The A.I.S.H. program requires that this subjective judgement be made based on the individuals' life situation, not merely on classification of medical conditions or other broad labels. For instance, an individual who has a neuro-muscular disability, with a university education who can work as a teacher has an impairment and a disability with respect to mobility, but is not handicapped in the ability to earn a livelihood.

A concern expressed by A.I.S.H. recipients is becoming employed, which precludes A.I.S.H. funding and, later, losing their employment because of their medical condition. It is important for A.I.S.H. clients to realize that handicapped persons who are medically qualified for A.I.S.H. but whose level of earned income disqualifies them from A.I.S.H. benefits may reapply if their earned income is reduced. If a file has been closed because the recipient has taken employment, and then they lose the employment due to a medical condition, within a period of twelve months, the file may be reopened by conducting a financial eligibility review and by updating the file. After the twelve month period the individual may reapply, and a full application is taken.

In 1982 there were over two million handicapped people in Canada (Obstacles, 1982), yet it is felt that a small percentage of these people are working in competitive employment, and many more are living at the poverty level, due to unemployment, partially through lack of job opportunities. The Canadian Health and Disability Survey reports that forty-one percent of the disabled adult population who are of working age (15-64) are employed, compared to sixty-seven percent of the remainder of the population. Also, the

survey reports that fifty-two percent of the disabled adult population are not in the labor force, are not working and are not looking for work, possibly because of the disability (Government of Canada, 1986, p. 66). This in part may be due to only a small percentage of disabled adults going on to receive some form of postsecondary education, which has previously been discussed. Whether the disabled adult population has received some formal training or not, the survey reports that only six percent are unemployed and seeking work. An important factor which influences the disabled individual's likelihood of employment is severity of disability. The Canadian Health and Disability Survey reports that the possibility of employment declines with increasing severity of disability. It therefore appears that the presence of a disability is a major contributing factor to the lower labor force participation rates among disabled persons. Of those disabled persons not in the labor force the survey reports that fifty-seven percent are completely prevented from working by their handicapping condition, and another twenty percent are limited to some extent by their health (Government of Canada, 1986).

This lack of participation by disabled adults in the labor force will directly affect their level of income. A comparison of income levels among disabled adults and the Canadian population in general indicates that thirty percent of income recipients in the total population have incomes of twenty thousand dollars (\$20,000) or more, in comparison to fourteen percent of those with a disability (Government of Canada, 1986, p. 85). The survey reports that the level of income for those with a disability tends to decline as the severity of the disability increases. The survey also indicates that individuals with the most severe levels of disability are those least likely to earn an income, and are also more likely to have additional expenses as a result of their handicapping condition (Government of Canada, 1986).

Preparing for a vocation, seeking employment and retaining employment are three important tasks that must be satisfactorily accomplished by persons with disabilities if they are to be successful in their vocational and career development. The satisfactory

completion of a vocational preparation program is an important step toward successful employment and career development for persons with disabilities. Social and self-presentation skills are important to the successful completion of such a program, and the lack of these skills may be a significant barrier to success in rehabilitation programs. An important phase of career development is job seeking. The ability to conduct oneself effectively in a job interview is seen as critical by several investigators, and the interview is probably the most important selection device used in making employment decisions. Employers use interviews to measure applicants' future work potential and frequently regard satisfactory interview behaviors as evidence of the ability to function independently in a work setting. Graduates of vocational rehabilitation programs have often been characterized as lacking the social and self-presentation skills critical to effective interview performance (Farley & Hinman, 1987). The need to complete training, conduct oneself well in a job interview, and relate to co-workers and supervisors effectively is well documented, as is the need for effective social and self-presentation skills. There is little documentation concerning the most effective interventions for successfully teaching these skills to persons with visible differences.

Physically disabled individuals who are mainstreamed into an able-bodied environment, such as a university, community college or the work place, must communicate particular needs and feelings to individuals who are unfamiliar with the experience of physical disability. Some professionals feel that it may be even more important for these disabled individuals than for the general population to learn appropriate assertive behavior (Starke, 1987). Morgan and Leung (1980) found that individuals given assertive training showed a significant difference in acceptance of disability when compared with individuals who experienced no assertiveness training. The few studies that have been conducted regarding assertion training with physically handicapped persons have found that such training appears to increase acceptance of disability, improve self-concept,

enhance social interaction skills and increase assertive behavior of physically disabled individuals (Morgan & Leung, 1980; Grimes, 1980; Starke, 1987).

Social Competence

In order to grasp the complexity of personal adjustment for the individual with a visible difference, it is vital that the influence of attitudes toward disability be appreciated. External attitudes strongly influence the attitudes which individuals with visible differences may develop toward themselves on the basis of repeated social interactions. Negative social interactions may develop because of perceptions others have regarding the handicapped. Limited physical accessibility to public buildings may reflect social evaluation of the handicapped. While there have been laws enacted stating that all newly constructed buildings must have access for people who use wheelchairs, conditions remain less than ideal. For example, there may be an entrance that is accessible for someone who uses a wheelchair, but it may be in the back corner of the building, not through the front door where other members of the public may enter. This type of difference may have a negative impact socially on the handicapped, being separated in places that are supposed to be for all people, handicapped and nonhandicapped.

Richardson (1976) has suggested that a person with a visible difference needs a high level of social competence to overcome the social effects of the disability, yet much of the research done within this area indicates that many are deprived of the experiences necessary for the development of social competence and social skills (cited in Thomas et al., 1986). Research has indicated that a young person with a physical disability is likely to lack social independence, to become socially isolated and to experience difficulties in maintaining social relationships (Thomas et al., 1986). While both able-bodied and physically disabled young people experience difficulties in social situations, those with physical disabilities experience difficulties that are more severe in nature (Thomas et al., 1986). Clarke, Riach and Cheyne (cited in Thomas et al., 1988) found that social relationships of children with disabilities were frequently impaired. Disabled children were

found to be less likely to communicate with other children, more likely to play alone, and more likely to engage in passive activities by listening to or watching others. Visible differences in children have also been associated with lower levels of self-confidence, greater self-depreciation, and difficulties in interpersonal relations. Physically disabled persons also face a social handicap in that nondisabled persons may tend to avoid social interaction with them (Mills, Belgrave & Boyer, 1984). One way persons with visible differences may overcome this secondary handicap is by being more assertive in social interactions. Evans (cited in Mills et al., 1984) stated that "Disabled persons should not accept a passive, submissive role but rather they should assume control of the social environment around them by creating a positive image and displaying behaviors that lead to positive, accepting attitudes on the part of the nondisabled population" (Mills et al., 1984, p. 2).

Persons with visible differences with the support and encouragement of family, friends and others can learn social assertiveness through social skills training. It is felt by some researchers that the extent of the social difficulties for people with disabilities is of sufficient magnitude to warrant intervention, yet structured programs of social skills training tailored specifically for their needs are not generally included as part of the education curriculum (Thomas et al., 1986). Some professionals who work with physically handicapped persons feel that social skills training programs should form an integral part of the program of independence training available for persons with physical disabilities.

Role of the Family

There is evidence to support the view that families with a child who is handicapped experience more stress than families with only nonhandicapped children (McDonald, Kysela & Reddon, 1986). Blacher (cited in McDonald et al., 1986) stated that the child with special needs may have a negative effect on the marital relationship, sibling relationships, and relationships with friends and other relatives. For instance, the