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AN EXPLORATORY STUDY OF THE MANAGEMENT OF SPOILED IDENTITY: A STUDY OF THE MENTALLY HANDICAPPED WORKERS OF A.R C INDUSTRIES, ESSEX, ONTARIO

by

Nancy Jane (Robinson) Sheldon

A Thesis
submitted to the Faculty of Graduate Studies
through the Department of
Sociology and Anthropology in Partial Fulfillment
of the requirements for the Degree
of Master of Arts at
The University of Windsor

Windsor, Ontario, Canada

1977

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668304

Dedication

To the so-labelled 'mentally handicapped' workers of A.R.C. Industries in Essex, Ontario whose warmth and human kindness will forever be a fond and vivid memory of mine.

ABSTRACT

The mentally retarded have been labelled in such a manner that it is almost impossible for them to escape the stereotypical stigma which pervades every aspect of their lives. They are judged to be incompetent and are seen as unfit or at least incapable of functioning in the everyday work world of the 'normal' society. The purpose of this study has been to investigate the effects of stigma on the lives of mentally handicapped individuals. In order to gain some understanding of this problem, mentally handicapped workers' perceptions of themselves and of their everyday lives has been of concern to the study.

Through participant observation in the work setting of A.R.C. Industries (Adult Rehabilitation Centre for the Mentally Handicapped) accompanied by forty-nine in depth interviews with mentally handicapped workers, information concerning the perception and management of spoiled identity was obtained. This information provides the basis of the thesis which explores the hypothesis that the visibility of handicap has an effect on the perception and management of spoiled identity.

From the research findings it has been demonstrated that the management and perception of spoiled identity vary as the visibility of handicap varies. The visibility of handicap and the socialization of the individual are found to be related. Depending on whether or not the individual is visibly handicapped,

his/her arrival at A.R.C. Industries may mark the beginning or the final stages of the deviant's career. These individuals arrive at A.R.C. being at different points in their deviant careers. Differences between those who are visibly handicapped and those who are more normal in appearance have been identified in relation to the processes of self-aggrandizement and of self-mortification which may be associated with the individual's point in his/her career. Both the visibility of handicap and the extent of institutionalization are found to be important variables in reference to these processes. For all involved, regardless of the visibility of handicap, the process of self-aggrandizement is displayed by those individuals who have worked at A.R.C. Industries for more than three years. The institutional nature of A.R.C. Industries and the custodial nature of the supervision of the 'inmates' has been exemplified, explaining in part why these individuals display similar reactions as are displayed by institutionalized individuals.

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I am deeply indebted to the workers of A.R.C. Industries who were so very open and honest with me. Without their support and co-operation, this research project would not have been possible. They always made me feel welcome at A.R.C. as did the director, Mr. Carl Sobie, and all of the supervisors who work at A.R.C. From the beginning, Carl supported me in this project. I am especially greatful to Carl for his assistance and patience.

I would also like to thank the members of my committee--Prof. G. Booth, Prof. M. Blair and Prof. E. Aquino--their enthusiasm, assistance and support throughout the course of this research project has been greatly appreciated.

I am greatly indebted to several other members of the faculty--namely, Prof. M.L. Dietz, Prof. A. Ehrentraut and Prof. V. Signorile--for their discussion, input and criticism of my proposal and drafts of my thesis, and for their support and encouragement in general.

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CHAPTER 1

INTRODUCTION

The following thesis presents the results of a one year study of the mentally handicapped workers of A.R.C. Industries in Essex, Ontario. Of major concern to this study is an examination of the relationship between the visibility of handicap, socialization and the perception and management of spoiled identity. The major hypothesis of concern to this study (from which a series of sub-hypotheses have been derived) is: the visibility of handicap of the individual will affect the perception and management of spoiled identity. As it is expected that the socialization of the individual will be an important intervening variable, it is suggested that the socialization of the individual will have a bearing on how the person perceives and manages his/her spoiled identity.

Many studies have been carried out in the area of the mentally retarded which focus upon their ability and trainability in relation to work. The significance of this study lies in the fact that the 'mentally retarded' are not regarded merely as IQ scores or some other abstract phenomenon, but rather they are viewed as a group of individuals who are struggling for an identity of their own and a place of worth in society. Instead of rating manual and mental skills on a scale, the social behaviours of these people have been observed and their own perception of their work and their lives has been studied. Generally, very little concern has been demonstrated for the 'mental retardate's' plight with the

management of his/her spoiled identity. For many of the 'mentally retarded', the management of spoiled identity is further complicated by the visibility of the handicap. Because of a physical deformity or a genetically based condition, several of the individuals under study are found to be visibly handicapped. One of the major contributions of this research is in the area of the visibility of handicap. It is hoped that through the efforts of this study some insight into this area will be gained.

Mental Retardation in Canada

Mental retardation (or mental deficiency) is a social problem of significant dimensions. In Canada there are estimated to be 660,000 mentally defective individuals representing 3% of Canada's population according to a recent publication of the Canadian Association for the Mentally Retarded.

The mentally retarded have been labelled in such a manner that it is almost impossible for these so-labelled individuals to escape the stereotypical stigma which pervades every aspect of their lives.(Edgerton:1967) They are, for the most part, judged to be incompetent and are seen as unfit or at least incapable of functioning in the everyday work world of the 'normal' society. Many of the mentally handicapped are as a result placed in special work settings where they may be treated with acceptance and respect.

There appears to be an inescapable stigma which is attached to being 'stupid' in our Western society where intellectual ability is so highly valued.(Dexter:1960) Answers to such questions as: how do the individuals under study manage their spoiled identities; and, how do they deal with the fact that they have been judged to be incompetent, will be sought through the efforts of this research project. In order to gain some understanding of this problem, mentally handicapped workers' perception of themselves and their everyday lives has been of concern to this research project.

A.R.C. Industries of Ontario

The Ontario Association for Retarded Children was established in 1953 through the efforts of parents' self-help groups. Through these efforts and aided by the provincial government, forty-two schools for retarded children were in operation by 1955. As an outgrowth of these developments, the first sheltered workshop was established in Toronto in 1957. Sheltered workshops were originally considered to be essential for the following reasons:

1) They would serve as an example to business and industry that the retarded could work effectively under regular competitive conditions.
2) They would provide permanent employment for persons who, for one reason or another, were unable to compete on the

open labour market.

3) For the trainee, they would provide the opportunity to work toward the goal of eventual independence.

4) For parents and/or guardians, it would provide respite from constant care and supervision, and provide them with the hope that their charge could eventually care for himself.

6) For institutions, it would provide relief from further enrollment and burdening of an overworked custodial care system. (abstracted from O.A.M.R. reports:1976)

There are presently over one hundred A.R.C. Industries in Ontario with similar workshops being located throughout Canada. A.R.C. Industries (Adult Rehabilitation Centre for the Mentally Handicapped) provide employment for 'trainable retardates'. They serve ideally as an intermediary step between school programs for the retarded and the work world.

The Ontario Association for the Mentally Retarded is the governing body of A.R.C. Industries in Ontario. It is this association which represents the interests of the retarded to the Department of Community and Social Services of Ontario. The Canadian Association for the Mentally Retarded represents the interests of the mentally retarded at the Federal level.

A.R.C. Industries in Essex, Ontario employs fifty-six

mentally handicapped individuals. The workshop itself is similar to a factory setting where piece-work types of jobs are performed. Outdoor furniture, picnic tables, and wooden toys are designed, assembled and finished in the carpentry shop. A gas station located in Essex is operated by workers from A.R.C.

Outline of the Report

Chapter two presents a review of the literature pertinent to the stigmatization and management of spoiled identity of the mentally retarded. The theoretical framework of this study is also outlined in Chapter two, with special regards being given to theories of identity and socialization. In Chapter three, the methodology which was utilized in the study is discussed: the paradigm of hypotheses on which the study is based is presented and explained. The analysis of the data is presented in Chapter four with conclusions and recommendations for further study being presented in Chapter five. Appendix 1 contains a list of recommendations for A.R.C. Industries which have been developed from the present research project. A copy of the interview schedule which was employed in this study is included at the end of the report in Appendix II.

CHAPTER II

REVIEW OF THE LITERATURE AND THEORETICAL FRAMEWORK

INTRODUCTION:

Man is a social animal who is born into, grows and develops within a particular social grouping. It is through the use of significant signs and symbols that man learns to mediate and comprehend the universe. These signs and symbols are held in common with the particular grouping in which one finds oneself. Through the process of socialization, these signs and symbols take on a very real and personal meaning for the human being. The individual grows to identify him/herself with his/her social grouping through the manipulation of these signs and symbols. As the individual continues to grow and his/her social world begins to expand, the definition of who s/he in fact is undergoes continual revision.

It is because of shared signs and symbols amongst one's social grouping that interaction with others is at all possible. Through interaction with others and through reflection on this interaction, the individual is able to establish his/her own personal and social identity. (McCall and Simmons: 1966) Further, through the ability to perform in social situations, the actor establishes his/her identity. Many roles are assumed by each individual throughout his/her life. (Goffman: 1959)

In summary, it can be seen that through the process of taking roles, performing in these roles, and through inter-

action with others, the individual is able to establish a role identity, or an imaginative view of who s/he is. (McCall and Simmons: 1966)

George Herbert Mead makes a distinction between the spontaneous aspect of the self (the "I") and the reflective, evaluative aspect of the self (the "me"). He describes man as having the curious ability to objectify him/herself, being thus enabled to stand back from the subjective self for self-evaluative purposes. Morris Rosenberg, in agreement with Mead, regards this ability to stand outside of the self and to describe, judge and evaluate one's self as being a distinctively human attribute. Rosenberg regards the self as the most important aspect of one's existence with the acquisition of self-knowledge being a very central human endeavour. (Rosenberg: 1965).

Charles Horton Cooley's discussion of "the looking-glass self" is of interest where he writes that:

> "A self-idea of this sort seems to have three principal elements: The imagination of our appearance to the other person; the imagination of his judgement of that appearance; and some sort of self-feeling, such as pride or mortification, quite apparently makes the others the looking-glass in which one is able to be an object to himself, and without which he would lack even self-feelings." (Cooley: 1912)

Both Mead and Cooley regard significant others as being of importance with regards to the development of any self-idea.

It is through identification with and interaction with others that evaluation of the self and of one's performances is made possible.

Shibutani examines the nature of reference groups as perspectives. He concludes that the group provides the perspective which becomes the frame of reference for the actor. This perspective is regarded as determining how one defines situations as well as how one acts in a given social situation. (Shibutani:1955)

From the above discussion, the social nature of man is evidenced. Although being born into a particular social grouping, man none the less is seen to possess infinite possibilities for the development of an acceptable self within his/her social environment. With the ability to reflect on one's actions, revisions of the self are made possible. The self, when regarded as an object, may be viewed as a dynamic process which is controlled by the individual.

Up to this point in our discussion, man has been regarded as an actor who has the free choice as to what role he will play in life, or more specifically, in any social encounter. Man is recognized as having the ability to play many varied roles throughout the process of his existence.

The Existentialists consider that man is radically free

(a Sartrian notion). He is free to choose how he relates to the world that he finds himself in. Along with this notion of freedom belongs the notion of responsibility. If man has the freedom to choose, he must be responsible for his own actions. Only he, the individual, is responsible for his own actions, not society as a whole. Put simply, the man makes himself.

There are variations of this theme within the Existentialist school of thought. Certain existentialists (such as Heidegger) place more emphasis on the idea that man finds himself in a certain situation in life. They recognize that man does in fact possess the freedom to choose amongst his many possibilities. However, it is not sufficient to merely possess these many possibilities for existence, one must 'seize' upon one's possibilities in order to live what Heidegger terms an authentic life. The individual may fail to seize upon his possibilities and thus is doomed to live an 'inauthentic' existence. The authentic man then is seen to be one who seizes upon his possibilities and is recognized as being the true individual; the inauthentic man follows the dictates of the masses. The inauthentic mode of being does not allow the individual the awareness of his possibilities; he does not understand his freedom to choose and fails to exercise this freedom.

Erving Goffman points out that not all human beings are equally free to choose the part they will play in social encounters

and in life in general. Due to the acquisition of or possession of some discrediting attribute, the stigmatized individual may be very limited as to what part s/he may play (or is permitted by others to play). Goffman describes a stigma as a relationship between a discrediting attribute and a stereotype. The possession of a stigmatizing attribute may result in one's identity being spoiled. A discrediting attribute might include such characteristics as physical deformities, mental disorders, or membership in and/or identification with a certain discreditable social grouping. (Goffman: 1963)

Mental retardation is such a discrediting attribute which an individual may possess and which may be more or less perceivable by others. The visibility of handicap is a crucial factor in a discussion of spoiled identity. If the handicap is visible, the possession of such a discrediting attribute may cause the individual to be 'type-cast'. The individual may, because of this, be forced to play a stigmatized role in almost all social situations. (Goffman:1963)

With regards to the stigmatization of the mentally retarded, Robert Edgerton writes that:

"....one might speculate that no other stigma is as basic as mental retardation in the sense that a person so labeled is thought to be so completely lacking in basic competence. Other stigmatized persons typically retain some competencies, limited though they may be, but the retarded person has none left to him. He is by definition, incompetent to manage any of his affairs...the mental retardate is forever doomed to his condition." (Edgerton:1967)

The extent of the stigma attached to the so-labelled mentally retarded individual may vary according to the degree

of the visibility of handicap. It is conceivable that the retarded individual might possess a physical deformity, a mental disorder, as well as membership in and/or identification with a discreditable group, simultaneously, compounding the stigma which is attached to him/herself.

To be labelled as being mentally retarded, thus being recognized as lacking the necessary competence to function in the normal society, is seen to have extensive ramifications with regards to the perception and management of one's identity. There are recurring threats to sociability which the visibly handicapped must face making the management of spoiled identity a very complex process. (Goffman:1963) The negotiation of one's identity in face-to-face interaction is complex enough for most 'normal' individuals. For those who are visibly handicapped certain threats to sociability are an ever present reality. These threats may include the tendency for the fact of the visibility of handicap to become the focus of interaction; embarrassing situations may occur in interaction; and inappropriate responses and assessments may be made by the 'normal' interactants. (Davis:1963; Goffman: 1963) The stigmatized individual may choose to avoid interaction situations as much as possible or may develop certain other coping mechanisms which will allow him/her to participate in social interaction more or less successfully.

For most individuals involved, there is no desire to be

mentally or physically handicapped.(Friedson:1966; Davis: 1963) This is a kind of deviance over which one feels no control and thus no responsibility.(Friedson:1966;Davis:1963) There is no pleasure to be gained from this stigmatized role; there is rather an attempt to avoid the role completely. Robert Edgerton, in a study of once-institutionalized mentally retarded adults, found that almost without exception these people would not make reference to themselves as being mentally retarded. In fact, he reports that these individuals would go to great lengths to deny this fact and would attempt to 'pass' as being normal.(Edgerton:1967; Goffman:1963)

Rosenberg recognizes that we all struggle to maintain a favourable opinion of ourselves. He points to Gardner Murphy in this regard who writes that:

"The main self-attitudes, those involving the fear of losing one's self-esteem, are horrified at violating one's standards and struggle to keep the self-picture good."(Murphy:1947)

Rosenberg designed a 'self-esteem scale' for the purpose of measuring attitudes (both positive and negative attitudes) toward the self. This same scale is utilized in the present study. Self-esteem is defined by Rosenberg as being an attitude towards an object, where the object under consideration is the self. (Rosenberg:1965) It is difficult to conceive of measuring self-esteem as if it were some quantifiable item.

However, the results of the ten-item self-esteem scale do provide us with some indication of an individual's perception of his/her identity at a given point in time. Many factors are regarded by the researcher as affecting the perception and management of one's identity. Whether one has a good feeling or a bad feeling about him/herself (that is, high or low self-esteem) may be dependent upon such factors as the visibility of handicap and the socialization of the individual. E. Goffman and F. Davis allude to this fact in their writings in this area.

In quite a general way, socialization may be viewed as the process by which people internalize the values, attitudes and belief systems of societies and groups. Through this process the stigmatized individual learns and incorporates the standpoint of the 'normal.'(Goffman:1963) The individual will learn at some point in this process that s/he does in fact possess a discreditable attribute. It will also be learned at some point in the socialization process that the possession of such an attribute has certain social consequences. (Goffman: 1963) There is little doubt that the experiences which the individual encounters throughout his/her upbringing will have a great deal of influence on how this individual will perceive and manage his/her spoiled identity. The institutionalization of a stigmatized individual may have a profound effect on the understanding of his/her situation. (Goffman:1963) Whether or not the individual--attends special schools for the retarded; is accepted in his/her family; has 'normal' friends,

if any friends at all; secures employment in the 'normal' work world or in a special centre for the mentally handicapped as at A.R.C.--how the individual perceives and manages his/her spoiled identity will be greatly influenced by these aspects of socialization.

For example, Erving Goffman has demonstrated the process by which the institutionalization of an individual results in the mortification of the self. Through this process, the individual is stripped of his/her previous identity; personal belongings, control over one's own activities and time, the right of self-determination, as well as the right to privacy--all is denied the inmate. The person is degraded and humiliated until s/he reaches the point of acceptance of his/her institutionalization and all that accompanies institutional life. (Goffman:1963) Robert Edgerton, on the other hand, argues that although mortification of the self is an important aspect of the career of the institutionalized individual, there are other aspects which deserve careful consideration.

Through his research of institutionalized mentally retarded individuals, Edgerton concludes that the institutional setting also allows for the aggrandizement of the self in such a manner as was not possible for these individuals on the 'outside.' (Edgerton:1962) Edgerton summarizes his findings as follows:

"A number of general opportunities for the aggrandizement of the self are inherent in the social system of the hospital.

In brief these opportunities include:
1) The presence of manifestly severely retarded patients with whom comparisons of intellectual ability may profitably be made,
2) peer-group relationships that, in comparison with hospital relationships, support an acceptable 'nonretarded' conception of self,
3) relationships with employees that encourage a more acceptable self-image, and
4) in the event that other opportunities are unrewarding, avenues for unrealistic-although not psychotic-self-aggrandizement." (Edgerton:1962)

Within the institution, the once stigmatized individual becomes a member of groups having the possibility of acquiring a position of authority within the group as well as a boy/girl friend. (Edgerton:1962) Edgerton points to the paradox which the hospital or institutional setting finds itself in--the institution for the mentally retarded is the place where the individual may most easily conceive of him/herself as being nonretarded. The conflicting goals of the institution of preparation for return to 'normal' society and that of long-term custodial care are difficult to balance.(Edgerton:1962) Edgerton suggests that the mentally retarded individual who has been institutionalized may no longer see him/herself as being retarded due to the opportunity for self-aggrandizement within the institution, and may re-enter normal society with an unrealistic self-concept. (Edgerton: 1962)

There is a certain cultural aspect related to the concept of mental retardation, or spoiled identity. In any society where there is such a high value placed on intellectual ability, as in modern western society, there will be resultant

segregation of those individuals who have been judged to be incompetent. (Edgerton:1967; Dexter:1963) Diagnosis of mental retardation is based on IQ testing as a rule, often after some display of 'social incompetence' has occurred. It is often because of performance on IQ tests as well as poor academic performance that the 'mentally retarded' are excluded from 'normal' society and not because they lack the ability to perform work tasks. (Edgerton:1967; Dexter:1963) The 'mentally retarded' person is regarded by others as being responsible for his/her incompetency and is viewed as being somehow deviant and thus socially unacceptable. Edwin Lemert describes a secondary deviant as a person whose life and identity are organized around the facts of deviance. (Lemert:1967) Such is the situation with the so-labelled mentally retarded under study--their lives and their identity centre around their membership in a deviant subculture. Becker recognizes movement into an organized deviant group as a final step in the career of a deviant. The realization of this fact by the deviant him/herself, it is suggested by Becker, will have a great effect on his/her self-conception. (Becker:1964) Being placed within control agencies, the mentally retarded are forced into a position of dependence and the 'self-fulfilling prophecy' of the deviant career is an inescapable reality. The so-labelled mental retardate is thus effectively segregated from the mainstream of society; his/her crime of 'stupidity' is hidden from the view of his/her judges.

CONCLUSION:

As McCall and Simmons describe it, man's reality is a matter to be negotiated. And within this reality which man knows, the presentation of self in everyday life is a negotiable matter. Man does have a tendency to always want to come out the winner and so he strives to maintain a favourable self-image. But for some individuals, the process of socialization serves to reinforce an unfavourable definition of the self. For example, the so-labelled mentally retarded individual may hold a special position within his/her family from the very beginning and from this experience, s/he may gain the knowledge of his/her differentness. This differentness will more likely than not be reinforced by the various socializing institutions. The mentally retarded individual may undergo a period of institutionalization or may attend special schools for the retarded. A 'retarded' definition of the self is further reinforced through these experiences. Finally, the retarded individual may arrive at such an agency as A.R.C. being transported daily to and from work by special little yellow buses for the mentally handicapped. Whether or not the individual accepts a 'retarded' definition of the self, the process is now complete. The individual may develop a complacent attitude towards him/herself and his/her work and life. However, it is doubtful that the majority of the so-labelled mentally retarded ever accept this definition of the self. It is a rare occurance that they will make reference to themselves as being retarded. There is rather an attempt to protect their spoiled identity through active denial of their

situation. The 'mentally retarded' individuals of A.R.C. Industries provide the researcher with a unique opportunity to witness this all too human experiment. The following chapters present the findings of research which investigates the self-attitudes and behaviours of a group of mentally handicapped workers.

CHAPTER III

RESEARCH METHODOLOGY

Introduction:

The content of the following chapter includes a discussion of the research methodology which was utilized in this study. The collection of the data is reviewed and the research sample is described. The method of analysis of the data is briefly outlined. A discussion of the variables and hypotheses which are of concern to this study follows with the hypotheses being concisely presented in the section entitled 'paradigm of hypotheses.' A schematic outline of the research is presented at the conclusion of the chapter to assist the reader with the visualization of the overall plan of the research.

Collection of the Data

The participant observation method was utilized in the research project to study the behaviour of the workers in their work setting. Regular visits were made to A.R.C. Industries by the researcher since June,1976 and continued for approximately one year. Through these visits, the researcher was able to gain familiarity with the work place and work processes, as well as a great deal of insight into the day-to-day lives of the workers, their relationships with one another and with their supervisors. Through participating actively in the work place, close contact was maintained with the workers and their supervisors. Field notes were kept on a daily basis.

Information from this source serves as a supplement to the information which was obtained through interviewing.

As mentioned, an interview schedule was employed in this study. (see Appendix II) This tool of investigation was utilized to gain a more formalized knowledge of the individual's perception and management of his/her life. The interview schedule is divided into five sections: background information; life as a worker; leisure time activities; home life; and self-esteem scale.

The Research Sample

At the time which the study was conducted, there were fifty-six mentally handicapped people employed by A.R.C. Industries in Essex. This group of people constitutes the research sample. This study, being an exploratory study, is a self-contained research project of one A.R.C. Industries and one group of so-labelled mentally handicapped workers.

The workers vary between the ages of nineteen and sixty-five with the majority of the people being in their twenties. Twenty-one of the sample are female and twenty-eight are male. Two individuals out of forty-nine interviewed are married and one of the two has children. The majority of those who work at A.R.C. receive a disability pension of $230.00 a month plus $5.00 a week from A.R.C. The sample of forty-nine indivi-

duals reside in sixteen localities. Five respondents live in Windsor, seven in Essex, six in Amherstburg, four in Kingsville, three in Puce, three in Maidstone, five in Tecumseh, one in Emeryville, one in Leamington, five in Harrow, one in Comber, one in Woodslee, one in Belle River, one in Old Castle, one in LaSalle, and one in Colchester. Thirty-six of the respondents live at home with their parents, while five of the respondents live in Nursing Homes. None of those interviewed has a driver's license and only one of the single respondents has been out on a date.

Analysis of Data: The Procedures Utilized

The Frequencies subprogram of the SPSS (Statistical Package for the Social Sciences) provided a summary of the research data from which appropriate variables could be selected for cross-tabulation purposes.

The Cross-tabs subprogram of the SPSS was utilized for the testing of hypotheses and the elaboration of relationships. All of the data which are reported in this chapter are either ordinal or nominal level data: Tau b and c are employed as the measures of statistical significance; Cramer's V and Gamma are employed as the measures of association allowing for interpretation of the data.

Discussion of Variables and Hypotheses

One of the major independent variables of concern to this

study is the visibility of handicap. It is generally agreed by researchers in this area that when one is visibly handicapped, there are resultant personal and social consequences for the affected individual. By visibility of handicap is meant any handicap (physical or psychological) which is readily perceptible to others. Visibility of handicap has been operationalized as is demonstrated in questions two, three and four of the interview schedule. (see Appendix II) Question two is concerned with whether or not the individual looks visibly mentally handicapped to the naked eye. To aid in the assessment of the visibility of handicap of the respondents, photographs of each individual were taken by the researcher. These photographs were then examined and rated by a 'panel' of experts' (five individuals, having some relationship to this field of study, rated the pictures). Based on these results, along with the researcher's own assessment of the photographs, (as well as of the individuals themselves at the time of the interview) a decision as to the visibility of handicap of each respondent was arrived at. Question three is concerned with whether or not the person has a visible physical handicap. Question four examines the person's ability to verbalize--whether or not the person has a readily perceptible verbal difficulty as is the case with a severe stutter. Questions three and four were assessed by the researcher and double checked with supervisors and the director at A.R.C. As a result of this procedure, twenty-three of the respondents were judged to be visibly handicapped while twenty-six were not.

Another major independent variable of concern to this study is the socialization of the individual, both past and present; the educational background and institutionalization of the individual are employed as indicators of past socialization. The number of years which the individual has worked at A.R.C. and his/her attendance at the summer camp for the retarded are employed as indicators of present institutionalization. These are further explained at a later point in this paper.

As has been pointed out, the major dependent variable of concern to this research project is that of the individual's perception and management of his/her spoiled identity. Spoiled identity suggests that the person has been placed in a stigmatized role due to the possession or acquisition of a discrediting attribute and that s/he is considered to be somehow deviant. Through gaining some knowledge of how the individual views his/her life in regards to work life, home life and leisure time activities, an explanation of how these individuals perceive and manage their spoiled identities will be undertaken. When this information is considered in conjunction with the information gained from the participant observation portion of the study, inferences may be made concerning the lives of the individuals under study.

Three control variables are employed throughout the analysis: namely, educational background, institutionalization;

and the number of years at A.R.C. These three variables are indicators of socialization experienced by the individual. It is expected that these will be intervening variables. The process of self-aggrandizement and that of the mortification of the self may be tied in with the socialization of the individual as was explained in the review of the literature.

Education is described as 'special always,' 'some special and some normal', and 'normal always'. By 'special' is meant that the individual attended a school which is not open to the general public but rather is only open to those who are retarded. By 'normal' is meant that the individual attended a public educational institution along with 'normals'. By 'some special and some normal', is meant that the individual experienced a number of years of education in public institutions for 'normals' as well as a number of years of education in schools for the 'retarded'.

Institutionalization is described simply as--has been institutionalized, or has not been institutionalized. By 'institutionalized' is meant that the individual in fact spent a number of months or years in a hospital situation where s/he resided for a period of time. Another indicator of institutionalization which is utilized is whether or not the individual attends the two week summer camp for the retarded on his/her

summer holidays. Both past and present institutionalization of the individual are of concern to the present project and will be further explained at another point in the paper.

The number of years which the individual has worked at A.R.C. is employed as a third control variable. This variable is described as--has worked at A.R.C. for less than three years; or has worked at A.R.C. for three years or longer. This variable indicates the more immediate socialization which the individual is experiencing.

As the review of the literature indicates, the socialization of the individual is considered to be a crucial factor in the development of one's identity. Hypothesis one (see 'Paradigm of Hypotheses' presented at the conclusion of this chapter) examines the relationship between the visibility of handicap and the educational background of the respondents. Hypothesis two examines the relationship between the visibility of handicap and the institutionalization of the respondents.

Hypotheses three to nine examine various aspects of the respondents' perception and management of their identities and lives. It is suggested that the visibility of handicap will affect one's perception and management of his/her identity. Erving Goffman and Fred Davis point to the social consequences

which the fact of the visibility of handicap is likely to have in one's day to day life. (Hypothesis three is concerned with the relationship between the visibility of handicap and self-esteem.) Self-esteem is presented in the tables as being either ('high' or 'low'). The results of the ten item standardized self-esteem scale were utilized to obtain this information. (see Appendix II) Rosenberg, as was described in the review of the literature, developed the scale of self-esteem which was utilized in this study. He provided the means by which a measure of 'high' or 'low' self-esteem could be arrived at. Rosenberg tested this scale on over 5,000 high school students and found the instrument to be a valid measure of self-esteem having high reliability. (Rosenberg:1965) When we talk of self-esteem, we are in fact talking of the positive and negative feelings which one has of oneself. Because of the fact of the visibility of handicap and the experiences which these individuals encounter, it is expected that they may express negative feelings about themselves. Although self-esteem is not considered to be a direct measure of the processes of the mortification of the self and of self-aggrandizement, it is regarded as being indicative of these processes. Negative attitudes towards oneself (or low self-esteem) provide an indication of self-mortification, while positive self-attitudes (or high self-esteem) indicate the process of self-aggrandizement.

Hypothesis four examines the relationship between the visibility of handicap and the desire to date fellow workers from A.R.C. It is felt that if the person is visibly handicapped, s/he will be more likely to desire to date people from A.R.C. as s/he would see less chance of dating 'outsiders', whereas those who are more normal in appearance would be more likely to desire to date 'outsiders'. The visibly handicapped are more likely to have as a frame of reference the group of workers at A.R.C.

The next three hypotheses demonstrate the custodial nature of the care which the visibly handicapped encounter. Robert Edgerton points out that the institutions (and other socializing agencies) have conflicting goals of long-term custodial care and the eventual independence and return to 'normal' society. It is suggested that these goals are applied differentially to those who are visibly handicapped and to those who are not. Hypothesis five suggests that if the person is visibly handicapped, s/he will more likely want to spend time alone. This hypothesis has a close connection with hypothesis six which suggests that the visibly handicapped are more closely supervised than are those who are not visibly handicapped. It is felt that because of this close supervision, those who are visibly handicapped are more likely to want to spend time by themselves. Hypothesis seven again demonstrates the lack of independence which is permitted those who are visibly handi-

capped. It is suggested that access to one's own bank account is curtailed thus limiting the individual's freedom in a rather vital manner.

H. Becker recognizes the final stage in the career of the deviant as his/her entry into a deviant sub-culture. He recognizes that there are changes in one's self-conception when the individual realizes the fact of his/her deviance. Hypothesis eight suggests that the visibly handicapped are content with their place of residence. This is seen as being connected with hypothesis nine which examines the relationship between the visibility of handicap and whether or not the individual feels s/he has a choice of jobs. This hypothesis is utilized to arrive at some indication of how these individuals perceive their situation. Do these individuals feel restricted by this aspect of their being? It is felt that they do by and large feel their choices to be very limited and so are seemingly complacent about many aspects of their lives (such as with their espoused contentment with their place of residence).

Hypotheses ten and eleven are concerned with the effect of the visibility of handicap on the work life of the individual. Hypothesis ten examines the relationship between the visibility of handicap and the contentment with working at A.R.C. It is again felt that, as is shown in hypothesis nine,

because of the feeling of those who are visibly handicapped that they have a very limited choice as to where they can work, they will more likely express that they are content with working at A.R.C. Hypothesis eleven suggests that those who are visibly handicapped in fact have fewer friends at A.R.C. which would seem to reinforce the notion that there is a rather complacent acceptance by these people of their situation. It would seem reasonable that if the visibly handicapped are more content with working at A.R.C. than are those who are not visibly handicapped, that they should have more friends at A.R.C. However, it does make sense to structure the hypothesis in the present fashion when the literature on personal attraction and attractiveness is considered which simply points to the fact that people tend to be attracted to the more attractive individuals.

Hypothesis twelve examines the relationship between the visibility of handicap and the desire to change one's life. Hypotheses thirteen and fourteen examine the future plans of the respondents in regards to marriage and children. These three hypotheses explore the life expectations of the respondents. In relation to life expectations it should be mentioned that very few individuals leave A.R.C. to work at jobs on the 'outside'. Of the few who do secure employment in the 'normal' work world (with the assistance of A.R.C. Industries), most return to A.R.C. after an unsuccessful attempt to fit in on the 'outside'. Over the last year, one

individual 'dropped-out' of A.R.C. and another individual transferred to Sun Parlor Nursery School to assist with their program. However, the population at A.R.C. remains quite constant with the addition of newcomers each year who graduate from Sun Parlor School for the mentally handicapped in Windsor, Ontario.

Paradigm of Hypotheses

Major Hypothesis:

The visibility of handicap of the individual will affect the perception and management of spoiled identity.

Sub-hypotheses:

1) If the person is visibly handicapped, s/he will more likely have attended schools for the retarded.

2) If the person is visibly handicapped, s/he will more likely have been institutionalized.

3) If the person is visibly handicapped, the lower will be his/her self-esteem.

4) If the person is visibly handicapped, s/he will more likely have the desire to date people from A.R.C.

5) If the person is visibly handicapped, s/he will more likely want to spend time alone.

6) If the person is visibly handicapped, s/he will more likely do things under supervision.

7) If the person is visibly handicapped, s/he will be less likely to have a bank account or to do his/her own banking.

8) If the person is visibly handicapped, s/he will more likely be content with his/her place of residence.

9) If the person is visibly handicapped, s/he will be less likely to feel that s/he has a choice of jobs.

10) If the person is visibly handicapped, s/he will more likely be content with working at A.R.C.

11) If the person is visibly handicapped,s/he will less likely have friends at A.R.C.

12) If the person is visibly handicapped, s/he will more likely desire to change his/her life.

13) If the person is visibly handicapped, s/he will be less likely to desire marriage.

14) If the person is visibly handicapped, s/he will be less likely to plan children.

SCHEMATIC OUTLINE OF RESEARCH

Independent Variable	Control (intervening) Variable	Dependent Variable
VISIBILITY OF HANDICAP	I. EDUCATION II. INSTITUTIONAL-IZATION III. NUMBER OF YEARS AT A.R.C.	PERCEPTION AND MANAGEMENT OF SPOILED IDENTITY

CHAPTER IV.

ANALYSIS OF RESEARCH DATA

INTRODUCTION:

The following chapter presents an analysis of the data which was obtained in this study. As has already been mentioned, the sample is in effect a census of the entire population under study and so sampling error and significance testing need not be of concern to the present report. The statistics of significance which are reported along with statistics of association are presented merely as additional information for the reader and are not discussed at length. The format adopted is simply to present each hypothesis in turn and to report the observed relationships between the variables as they appear in the accompanying tables. A summary of the research findings is presented at the conclusion of this chapter for the convenience of the reader.

As the reader progresses through this chapter, it will become evident that information concerning the IQ's of the respondents has not been incorporated into this report. This information was available for only a small portion of the research sample and so could not be considered for that reason. However, through discussions with Carl Sobie (Director of A.RC.) and through the participant observation efforts of the researcher, it is argued that IQ has little if any relationship to the visibility of handicap. Further research would be re-

quired to lend support to such a contention.

The socialization of the individual is considered to be an integral part of the discussion of the visibility of handicap and has therefore been employed as a control variable throughout the analysis. It is suggested by the researcher that socialization practices vary depending upon the visibility of handicap. For this reason, the socialization of the respondent warrants careful consideration. In an effort to limit the discussion in a reasonable manner, formal hypotheses concerning socialization have not been presented. However, at the appropriate points in the following discussion, tables considering the socialization of the respondent as an independent variable have been presented.

Discussion of Hypotheses:

Hypothesis 1:

If the person is visibly handicapped, s/he will more likely have attended schools for the retarded.

From TableAit can be seen that 60.9% of those who are visibly handicapped have always attended special schools as compared to 15.4% of those who are not visibly mentally handicapped. Sixty-one percent of those who are not visibly mentally handicapped attended normal schools for their education as compared with 30.4% of those who are visibly mentally handicapped. At this point, the question logically arises as to what role IQ plays in this relationship. Unfortunately, this information is not available as was previously explained. Through the participant observation efforts of the study it is suggested by the researcher that IQ and visibility of handicap are not inversely related, but rather a similar distribution of IQ scores would be expected for both the visibly handicapped and for those who are not visibly handicapped. This assertion is supported by the director of A.R.C. Industries. Further empirical investigation into this area would be of great benefit to the theory related to the management of spoiled identity. From the present findings it is suggested that the visibly handicapped are quite likely to experience all special education, while those who are not visibly handicapped are quite likely to experience all normal education.

Table A: Visibility of handicap by Education

Visibility of Handicap	Education		
	Special Always	Some Special Some Normal	Normal Always
Is Visibly Handicapped	14 (60.9%)	2 (8.7%)	7 (30.4%)
Is Not Visibly Handicapped	4 (15.4%)	6 (23.1%)	16 (61.5%)

Tau C=0.43
Sign.=0.002
Gamma=0.62

Hypothesis 2: If the person is visibly handicapped, s/he will more likely have been institutionalized.

For the purpose of this hypothesis, the indicators of institutionalization which will be employed are: 1) institutionalization in a hospital for the mentally retarded; 2) whether or not the individual attends the camp for the retarded in the summer.

Tables B(1) and B(2) demonstrate support for this hypothesis. From Tables B(1) and B(2) it can be seen that the visibly handicapped are more likely than are those who are not visibly handicapped to have: 1) spent time in an institution; and, 2) spent their summer holidays at the special camp for the retarded.

Again, it would be very beneficial to control for the IQ of the respondent. From the information which is available to us, differences in the past and present socialization of the mentally retarded are evident on the basis of the visibility of handicap. At a later point in the discussion, these findings are related to the career of the mentally retarded. Variations in the careers of the mentally retarded based on the visibility of handicap are portrayed.

Generally, the findings of hypotheses one and two suggest

that there is a greater tendency to institutionalize the visibly handicapped. The fact of the visibility of handicap, it could be argued, aids in the labelling process which in turn affects how others manage the lives of these individuals. This in turn is seen to affect how these individuals will perceive and manage their spoiled identities.

At this point, a closer look will be taken at how these people spend their holidays providing some indication of the totality of their present institutionalization.

When institutionalization is employed as the test factor, the results which are obtained are presented in Table B(3). From the marginals it can be seen that if the person has been institutionalized, s/he will more likely attend the camp for the retarded than if s/he has not been institutionalized. This is especially true for those who are visibly handicapped as 63.6% of this group attend the camp while only 11.1% of those who are not visibly handicapped and have been institutionalized attend the camp. A conditional relationship is apparent here.

Attendance at the summer camp for the retarded is recognized as an aspect of institutionalization for the purposes of this study. The 'mentally handicapped' workers of A.R.C. Industries have two weeks holidays every year. For many, this is a time which is spent away from the institutional sort of

life which they experience at A.R.C. For others, especially for those who are visibly handicapped, these two weeks are spent with the 'mentally handicapped' at camp. They have no break from institutional life under these circumstances and for this reason are regarded by the researcher as being totally institutionalized. This again points to differences in the management by others of these individuals. For most, very little independence is permitted but rather an institutional custodial type of care is evident.

When the number of years which the respondent has worked at A.R.C. is employed as the control variable the following results (as presented in Table B(4)) are obtained. From the marginals it can be seen that the longer a person works at A.R.C., the less likely will s/he attend camp for the retarded. For those who have been at A.R.C. for less than three years, 42.1% attend the camp as compared to 33.3% of those who have been at A.R.C. for three years or more. However, for those who are visibly handicapped, the longer they remain at A.R.C. the more likely that they will attend camp for the retarded. Of those who are visibly handicapped and have been at A.R.C. for less than three years, 40% attend camp for the retarded while 53.3% of those who are visibly handicapped and have been at A.R.C. for three years or more attend the camp. The opposite is seen to be the case for those who are not visibly handicapped. That is, 44.4% of those who are not visibly

handicapped and have worked at A.R.C. for less than three years attend the camp as compared to 17.6% of those who have been at A.R.C. for three years or more. A conditional relationship is revealed in this case.

From these results, differences in the management by others of those who are visibly handicapped and for those who are not visibly handicapped are evident. It is recognized that the age of the respondent may have a bearing on these findings. However, there are fairly equal numbers of older respondents in both categories (visibly handicapped and not visibly handicapped). As was suggested with IQ, it was found that there are similar age distributions for those who are visibly handicapped and for those who are not visibly handicapped.

Table B(1): Visibility of handicap by Institutionalization

Visibility of Handicap	Institutionalization	
	Has been Institutionalized	Has not been Institutionalized
Is Visibly Handicapped	11 (47.8%)	12 (52.2%)
Is Not Visibly Handicapped	9 (34.6%)	17 (65.4%)

Tau B=0.13
Sign.=0.17
Gamma=0.26

Table B(2): Visibility of handicap by Attendance at Camp

Visibility of Handicap	Attendance at Camp for Retarded	
	Attends Camp	Does Not Attend Camp
Is Visibly Handicapped	11 (47.8%)	12 (52.2%)
Is Not Visibly Handicapped	7 (26.9%)	19 (73.1%)

Tau B=0.21
Sign.=0.06
Gamma=0.20

Table B(3): Visibility of Handicap by Attendance at Camp by Institutionalization

Visibility of Handicap	Have been Institutionalized Attendance at Camp for Retarded	
	Attends Camp	Does Not Attend Camp
Is Visibly Handicapped	7 (63.6%)	4 (36.4%)
Is Not Visibly Handicapped	1 (11.1%)	8 (88.9%)

Tau B=0.53
Sign.=0.01
Gamma=0.86

Visibility of Handicap	Have Not been Institutionalized Attendance at Camp for Retarded	
	Attends Camp	Does Not Attend Camp
Is Visibly Handicapped	4 (33.3%)	8 (66.7%)
Is Not Visibly Handicapped	6 (35.3%)	11 (64.7%)

Tau B=-0.02
Sign.=0.45
Gamma=-0.04

Table^B(4): Visibility of handicap by Attendance at Camp by Length of Employment at A.R.C.

Visibility of Handicap	At A.R.C. less than 3Yrs.	
	Attendance at Camp for Retarded	
	Attend Camp	Do Not Attend Camp
Is Visibly Handicapped	4 (40%)	6 (60%)
Is Not Visibly Handicapped	4 (44.4%)	5 (55.6%)

Tau B=-0.04
Sign.=0.42
Gamma=-0.09

Visibility of Handicap	At A.R.C. 3Yrs. or more	
	Attendance at Camp for Retarded	
	Attend Camp	Do Not Attend Camp
Is Visibly Handicapped	7 (53.8%)	6 (46.2%)
Is Not Visibly Handicapped	3 (17.6%)	14 (82.4%)

Tau B=0.38
Sign.=0.02
Gamma=0.68

Hypothesis 3: If the person is visibly handicapped, the lower will be his/her self-esteem.

Table C provides support for this hypothesis, although only a weak relationship is demonstrated. From this table it can be seen that 61.1% of those who are visibly handicapped have low self-esteem as compared with 45.8% of those who are not visibly handicapped. At the same time, 54.2% of those who are not visibly handicapped have high self-esteem while 38.9% of those who are visibly handicapped have high self-esteem.

The review of the literature suggests that the maintenance of an acceptable self-concept is a very central human endeavour. The present results suggest that those who are visibly handicapped are more likely to have negative attitudes towards themselves. Because of the visibility of their handicap, it may be more difficult for them to maintain a favourable self-concept.

Table C(1) presents the results when institutionalization of the respondent is employed as a test factor. From the marginals it can be seen that there is more likelihood of the person having high self-esteem if s/he has not been institutionalized. In this regard it was found that 33.3% of those

who had been institutionalized had high self-esteem as compared with 58.3% of those who had not been institutionalized. However, it is interesting to note the differences between the visibly handicapped and the 'normals'. For those who are visibly handicapped and have been institutionalized, 40% have high self-esteem as compared with 37.5% of those who have not been institutionalized. For those who are not visibly handicapped and have been institutionalized only 25% have high self-esteem as compared with 68.8% of those who have not been institutionalized. A conditional relationship is apparent here.

From these results, it is suggested that institutionalization affects the individuals involved differently depending on whether or not they are visibly handicapped. The visibly handicapped are far more likely to have high self-esteem than are those who are not visibly handicapped when considering those individuals who have been institutionalized in the past. These findings are regarded by the researcher as indicating the processes of self-aggrandizement and the mortification of the self as have been discussed by Goffman and Edgerton. Although the numbers in the partial tables are quite small, it is demonstrated that the visibly handicapped are more likely to aggrandize themselves (indicated by high self-esteem) as a result of institutionalization. Those who are not visibly handicapped but who have been institutionalized are more likely to display self-mortification (indicated by low self-esteem).

Table c(i) presents the results when the past institutionalization of the respondent is considered as the independent variable. From Table c(i) it can be seen that those individuals who have been institutionalized are very likely to have low self-esteem. The inverse of this is true for those who have not been institutionalized. In a general way, the results of this table suggest that institutionalization does have an effect on the self-esteem of the individual; for the majority of once-institutionalized individuals, there will be a resultant low self-esteem.

When the number of years which the individual has worked at A.R.C. is controlled for, although being of little statistical value in explaining this relationship, it none the less yields interesting findings. Table C(2) presents these results. From the marginals it is evident that if the respondent stays at A.R.C. over three years, s/he is more likely to have higher self-esteem. Of those who have spent less than three years at A.R.C., 41.2% demonstrate high self-esteem as compared with 52% of those who have been at A.R.C. for three years or more. This increase in self-esteem over time holds true for both those who are visibly handicapped and for those who are not visibly handicapped. More specifically, of those who have been at A.R.C. for less than three years and are visibly handicapped, 37.5% have high self-esteem as compared with 40%

of those who have been at A.R.C. for three years or more. Of those who have been at A.R.C. for less than three years and are not visibly handicapped, 44.4% have high self-esteem as compared with 60% of those who have been at A.R.C. for three years or more. It would appear from these results that A.R.C. aids in the development of a positive self-attitude for the 'mentally handicapped' individual.

Table c(ii) presents the results when the number of years which the respondent has worked at A.R.C. is employed as the independent variable. An inverse relationship is demonstrated here where low self-esteem is seen to be more likely during the first three years of employment at A.R.C. As the individuals remain at A.R.C. over three years, their self-esteem is seen to improve. This finding may indicate that A.R.C. aids in the development of a more acceptable self-image over a period of three years or more. It may also indicate the effects of a prolonged period of institutionalization on the individual. Again the theories of the mortification of the self and of self-aggrandizement may be related to the findings. In the early stages of institutionalization (i.e. the first years at A.R.C.), the process of the mortification of the self is evidenced by the reported low self-esteem of the majority of this group of individuals. However, over a longer period of time, the individuals involved are seen to adjust to

institutional life. They are regarded as complacently giving in to their situation and demonstrate the process of self-aggrandizement. This self-aggrandizement is regarded as a defence mechanism which is employed in order that these individuals might protect and manage their spoiled identities.

When educational background of the respondent is employed as the test factor, the results which are obtained are presented in Table C(3). From the marginals it can be seen that 57.1% of those who have had all special education have high self-esteem as compared with 12.5% of those who have had some special and some normal education, and 55% of those who have had all normal education.

In Table C(3) where all special education is considered it is seen that 50% of those who are visibly handicapped have high self-esteem as compared with 75% of those who are not visibly handicapped. It should be pointed out that the majority of those who have had all special education are in fact visibly handicapped (71.4%).

For those who have had some special and some normal education it can be seen that the majority of individuals who have experienced this type of educational background have low self-esteem (87.5%). Of those who are visibly handicapped, 100% have low self-esteem as compared with 83.3% of those who are not visibly handicapped. Although only eight individuals fall

within this category of some special and some normal education the results are none the less of interest.

Seventy percent of those who have had all normal education are in fact not visibly handicapped. Of those who are visibly handicapped and have experienced all normal education, 66.7% have low self-esteem. This can be contrasted with those who are not visibly handicapped and have had all normal education. Of these people 64.3% have high self-esteem.

Table c(iii) presents the results when the educational background of the respondent is considered as the independent variable. Although the statistics which are reported along with this table suggest that there is no relationship between these two variables, this table none the less is of interest as it provides a convenient summary. These findings are again related to reference group theory and the theories of self-aggrandizement and the mortification of the self. For those who experience all special education, there is a resultant self-aggrandizement. For the purposes of the present report, special education is considered as one type of institutionalization. As has already been established, it is the visibly handicapped who are the most likely to experience all special education. As a result of this experience, they learn to identify with a 'retarded' reference group; they pass

through the process of the mortification of the self at an early point in their lives, if ever at all. The effects of a 'mixture' of educational experiences are considered at length in the conclusions.

Table C(4) provides a summary of the ten item self-esteem scale which was employed in this study as a means of arriving at some indication of self-esteem. It can be seen from these results that a greater proportion of those who are not visibly mentally handicapped feel that they have a number of good qualities (87%), as compared with 73% of those who are visibly mentally handicapped. A greater proportion of those who are visibly handicapped (52%) feel that they are failures as compared with 45% of those who are not visibly mentally handicapped. In response to item ten (that is, at times I think I am no good at all), 55% of those who are visibly mentally handicapped agreed with this statement as compared with 41% of those who are not visibly mentally handicapped. On the other hand, it is quite interesting to note the high percentages of agreement in response to items four, six and seven given by the visibly mentally handicapped. These items deal with doing things as well as most other people, having a positive attitude towards oneself, and self-satisfaction. One possible explanation of this conflicting information is that those who are visibly handicapped become defensive of themselves at times and attempt to portray themselves as being normal or at least equal to others. This of course holds true

for both those who are visibly handicapped and for those who are not as the following tables demonstrate.

Table C: Visibility of handicap by Self-Esteem

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	7 (38.9%)	11 (61.1%)
Is Not Visibly Handicapped	13 (54.2%)	11 (45.8%)

Tau B=-0.15
Sign.=0.16
Gamma=-0.3

Table C(f): Visibility of handicap by Self-Esteem by Institutionalization

Visibility of Handicap	Have been institutionalized	
	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	4 (40%)	6 (60%)
Is Not Visibly Handicapped	2 (25%)	6 (75%)
		Tau B=0.15 Sign.=0.25 Gamma=0.33

Visibility of Handicap	Have Not been institutionalized	
	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	3 (37.5%)	5 (62.5%)
Is Not Visibly Handicapped	11 (68.8%)	5 (31.3%)
		Tau B=-0.29 Sign.=0.07 Gamma=-0.57

Table c(i): Institutionalization by Self-Esteem

Institutionalization	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Have been institutionalized	6 (33.3%)	12 (66.7%)
Have not been institutionalized	14 (58.3%)	10 (41.7%)

Tau B=-0.24
Sign.=0.05
Gamma=-0.47

Table C(2): Visibility of handicap by Self-Esteem by Number of Years at A.R.C.

At A.R.C. less than 3Yrs.

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	3 (37.5%)	5 (62.5%)
Is Not Visibly Handicapped	4 (44.4%)	5 (55.6%)

Tau B=-0.07
Sign.=0.38
Gamma=-0.14

At A.R.C. 3Yrs. or more

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	4 (40%)	6 (60%)
Is Not Visibly Handicapped	9 (60%)	6 (40%)

Tau B=-0.19
Sign.=0.16
Gamma=-0.38

Table c(ii): Number of Years at A.R.C. by Self-Esteem

Number of Years at A.R.C.	Self-Esteem	
	Low Self-Esteem	High Self-Esteem
At A.R.C. less than 3Yrs.	7 (41.2%)	10 (58.8%)
At A.R.C. 3Yrs. or more	13 (52.0%)	12 (48.0%)

Tau B=-0.10
Sign.=0.24
Gamma=-0.21

Table C(3): Visibility of Handicap by Self-Esteem by Education

All Special Education

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	5 (50%)	5 (50%)
Is Not Visibly Handicapped	3 (75%)	1 (25%)

Tau B=-0.22
Sign.=0.2
Gamma=-0.5

Some Special/Some Normal Education

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	0	2 (100%)
Is Not Visibly Handicapped	1 (16.7%)	5 (83.3%)

Tau B=-0.21
Gamma=-1.0

All Normal Education

Visibility of Handicap	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
Is Visibly Handicapped	2 (33.3%)	4 (66.7%)
Is Not Visibly Handicapped	9 (64.3%)	5 (35.7%)

Tau B=-0.28
Sign.=0.10
Gamma=-0.56

Table c(iii): Education by Self-Esteem

Education	Self-Esteem	
	High Self-Esteem	Low Self-Esteem
All Special Education	8 (57.1%)	6 (42.9%)
Some Special/Some Normal Education	1 (12.5%)	7 (87.5%)
All Normal Education ——	11 (55.0%)	9 (45.0%)

Tau C=-0.02
Sign.=0.43
Gamma=-0.04

Table C(4): Ten Item Self-Esteem Scale by Visibility of Handicap (percentage of those agreeing with each statement is reported)

Ten Item Self-Esteem Scale	Visibility of Handicap	
	Is Visibly Handicapped	Is Not Visibly Handicapped
1. I feel that I am a person of worth, at least equal to others.	84%	75%
2. I feel that I have a number of good qualities.	73%	87%
3. All in all, I am inclined to feel that I am a failure.	52%	45%
4. I am able to do things as well as most other people.	83%	83%
5. I feel that I do not have much to be proud of.	56%	58%
6. I take a positive attitude towards myself.	89%	75%
7. On the whole, I am satisfied with myself.	89%	75%
8. I wish I could have more respect for myself.	72%	83%
9. I certainly feel useless at times.	72%	79%
10. At times I think I am no good at all.	55%	41%

Table C(5) indicates that if a person is visibly handicapped, s/he is more likely to feel that s/he is a special person than are those who are not visibly handicapped.

The findings which are presented in Table C(5) are almost identical but opposite to those found in Table C where self-esteem is presented. In Table C(5) it can be seen that 60.9% of those who are visibly handicapped feel they are special while in Table C, 61.1% of this same group was found to have low self-esteem. In Table C(5), of those who are not visibly handicapped, 57.7% feel that they are not special and yet in Table C, 54.2% of this same group were found to have high self-esteem. In the case of the visibly handicapped it could be argued that they make more effort to protect their spoiled identities while those who are not visibly handicapped are able to be more realistic concerning themselves, especially within the familiar, comfortable setting of A.R.C. Industries.

A variety of responses were obtained when the respondent was asked whether or not s/he felt special and why as is illustrated by the following examples. One orphaned twenty-six year old man who had been institutionalized for five years responded:

"Nope, I don't feel special because I don't belong to nobody."

Another twenty year old woman from a large family having professional parents responded:

"My parents always treated me differently than my brothers and sisters--I don't feel special because I feel like an outcast."

A thirty-five year old man who has spent a great deal of time in institutions responded this way:

"I feel special because I'm the only son. I'd say I feel happy almost all the time but I am surprised that I live in a Nursing Home."

Another person responded that she felt special because Mrs. Anger (one of the supervisors) makes her feel special. One young woman explained that if she could be like the girl in the Brady Bunch she would feel special but that she does not feel special the way she is presently.

Table C(6) presents the results where institutionalization of the respondent is employed as the test factor. From the marginals, it can be seen that a greater percentage of those individuals who feel they are special have been institutionalized. More specifically, 55% of those people who have been institutionalized feel that they are special as compared with 48.3% of those who have not been institutionalized. Again, the results for those who are visibly handicapped as compared with those who are not visibly handicapped reveal noticeable differences.

In Table C(6), it can be seen that 72.7% of the visibly handicapped who have been institutionalized feel that they are special as compared with 33.3% of those who are not visibly handicapped. In Table C(6) where those who have not been institutionalized are considered, proportionately fewer of

those who are visibly mentally handicapped report feeling special (50% as compared with 72.7%) where proportionately more of those who are not visibly mentally handicapped report feeling special (47.1% as compared with 33.3%). This is the same result as was obtained for self-esteem. Again, a conditional relationship is evidenced here.

Table C(7) presents the results where the number of years at A.R.C. is employed as the test factor. From the marginals it can be seen that if the individual remains at A.R.C. for more than three years, s/he will more likely feel that s/he is a special person. Of those who have been at A.R.C. for less than three years, 47.4% feel that they are special as compared with 53.3% of those who have been at A.R.C. for three years or more. Again, the visibility of handicap appears to have a bearing on whether or not one will feel him/herself to be a special person.

Table C(7) shows that 50% of those who have been at A.R.C. for less than three years and are visibly handicapped feel that they are special as compared with 44.4% of those who are not visibly handicapped. Table C(7) shows that 69.2% of those who have been at A.R.C. for less than three years and are visibly handicapped feel that they are special as compared with 41.2% of those who are not visibly handicapped. Overall, it can be seen that those who are visibly handicapped are more likely to feel that they are special the longer they stay at A.R.C. while those who are not visibly handicapped

are less likely to feel that they are special the longer they stay at A.R.C.

When Educational background of the respondent is employed as the test factor, the results are obtained as are presented in Table C(8). From the marginals it can be seen that 72.2% of those who have had all special education feel special; 12.5% of those who have had some special and some normal education feel special; 47.8% of those who have had all normal education feel themselves to be special.

Of those who are visibly handicapped,78.6% of those who have had all special education in fact regard themselves as being special as compared to 0% of those who have had some special and some normal education and 42.9% of those who have had all normal education. For those who are visibly handicapped, proportionately more of those who have had special education in fact consider themselves to be special.

Of those who are not visibly handicapped, 50% who have had all special education feel themselves to be special as compared with 16.7% of those who have had some special and some normal education and 50% of those who have had all normal education, Proportionately more of those who are visibly handicapped and have had all special education feel special. A mixture of special and normal education seems to have serious

effects on all involved.

Table c(viii) provides a convenient summary of the relationship between education and the respondent's feelings of being special. In this case, the educational background of the respondent is considered as the independent variable. From this table, it can be seen that those who have experienced all special education are the most likely to consider themselves as being special people. These findings demonstrate the impact of one's educational background on attitudes towards oneself. Along with the findings of self-esteem, the information concerning how special one regards him/herself as being is related to both reference group theory and to the theories of the mortification of the self and self-aggrandizement. It is suggested that those who have experienced all special education are provided with a consistent reference group. As was explained at an earlier point in the analysis, special education is regarded as being one type of institutionalization. The individuals who fall within this grouping have experienced prolonged institutionalization and so display the process of self-aggrandizement. If the individual regards him/herself as being special, this is taken by the researcher as being one indication of self-aggrandizement. With those who have experienced a 'mixture' of education, the majority are unlikely to regard themselves as being special. This is taken by the researcher as an indication of the mortification

of the self. These findings are discussed at length along with the conclusions.

Table C(5): Visibility of Handicap by Feelings of Being 'Special'

Visibility of Handicap	Feelings of being 'special'	
	Feels Special	Does not feel special
Is Visibly Handicapped	14 (60.9%)	9 (39.1%)
Is Not Visibly Handicapped	11 (42.3%)	15 (57.7%)

Tau B=0.18
Sign.=0.09
Gamma=0.35

Table C(6): Visibility of Handicap by Feelings of Being 'Special' by Institutionalization

Visibility of Handicap	Have been Institutionalized: Feelings of Being Special	
	Feel Special	Do Not Feel Special
Is Visibily Handicapped	8 (72.7%)	3 (27.3%)
Is Not Visibily Handicapped	3 (33.3%)	6 (66.7%)
		Tau B=0.39 Sign.=0.04 Gamma=0.68

Visibility of Handicap	Have Not been Institutionalized: Feelings of Being Special	
	Feel Special	Do Not Feel Special
Is Visibly Handicapped	6 (50%)	6 (50%)
Is Not Visibly Handicapped	8 (47.1%)	9 (52.9%)
		Tau B=0.02 Gamma=0.05

Table C(7):- Visibility of Handicap by Feelings of Being 'Special' by Number of Years at A.R.C.

At A.R.C. less than 3Yrs.

Visibility of Handicap	Feelings of Being Special	
	Feel Special	Do Not Feel Special
Is Visibly Handicapped	5 (50%)	5 (50%)
Is Not Visibly Handicapped	4 (44.4%)	5 (55.6%)

Tau B=0.05
Gamma=0.11

At A.R.C. 3Yrs. or More

Visibility of Handicap	Feelings of Being Special	
	Feel Special	Do Not Feel Special
Is Visibly Handicapped	9 (69.2%)	4 (30.8%)
Is Not Visibly Handicapped	7 (41.2%)	10 (58.8%)

Tau B=0.27
Sign.=0.06
Gamma=0.52

Table C(8): Visibility of Handicap by Feelings of Being 'Special' by Education

All Special Education

Visibility of Handicap	Feelings of Being Special: Feel Special	Feelings of Being Special: Do Not Feel Special
Is Visibly Handicapped	11 (78.6%)	3 (21.4%)
Is Not Visibly Handicapped	2 (50%)	2 (50%)

Tau B=0.26
Sign.=0.13
Gamma=0.57

Some Special/Some Normal Education

Visibility of Handicap	Feelings of Being Special: Feel Special	Feelings of Being Special: Do Not Feel Special
Is Visibly Handicapped	0	2 (100%)
Is Not Visibly Handicapped	1 (16.7%)	5 (83.3%)

Tau B=-0.21
Sign.=0.15
Gamma=-1.0

All Normal Education

Visibility of Handicap	Feelings of Being Special: Feel Special	Feelings of Being Special: Do Not Feel Special
Is Visibily Handicapped	3 (42.9%)	4 (57.1%)
Is Not Visibly Handicapped	8 (50%)	8 (50%)

Tau B=-0.06
Gamma=-0.14

Table c(viii): Education by Feelings of Being 'Special'

Education	Feelings of Being Special	
	Feel Special	Do Not Feel Special
All Special Education	13 (72.2%)	5 (27.8%)
Some Special/Some Normal Education	1 (12.5%)	7 (87.5%)
All Normal Education	11 (47.8%)	12 (52.2%)

Tau C=0.18
Sign.=0.09
Gamma=0.30

Hypothesis 4: If the person is visibly handicapped, s/he will more likely desire to date people from A.R.C.

Table D demonstrates support for this hypothesis. From Table D it can be seen that the majority (69.4%) do in fact indicate that they would date people from A.R.C. Of those who are visibly handicapped, 78.3% say that they would date people from A.R.C. as compared with 61.5% of those who are not visibly handicapped. These differences remain when institutionalization, number of years at A.R.C., and education are employed as test factors. Although it is recognized that the majority of those who work at A.R.C. would in fact like to date people from A.R.C., the visibly handicapped are more likely as a group to have this desire. This finding is related to reference group theory. The visibly handicapped are regarded as identifying with fellow workers at A.R.C. to a greater extent, than do those who are not visibly handicapped. Those who are not visibly handicapped are more likely to have an extended frame of reference as far as dating possibilities are concerned. They are less likely than are those who are visibly handicapped to feel that they are limited to their fellow workers at A.R.C. with regards to dating.

Table D: Visibility of Handicap by Desire to Date People from A.R.C.

Visibility of Handicap	Desire to date people from A.R.C.	
	Would like to date	Would not like to date
Is Visibly Handicapped	18 (78.3%)	5 (21.7%)
Is Not Visibly Handicapped	16 (61.5%)	10 (38.5%)
		Tau B=0.18 Sign.=0.10 Gamma=0.38

Hypothesis 5: If the person is visibly handicapped s/he will more likely want to spend time alone.

From Table E it can be seen that 39.1% of those who are visibly handicapped like to spend time by themselves as compared to 26.9% of those who are not visibly handicapped. This finding is related to the social isolation which is experienced by the visibly handicapped.

Table E(1) presents the results when institutionalization is employed as the control variable. From the marginals it can be seen that if the person has been institutionalized s/he will more likely want to be by his/herself. More specifically, 45% of those who have been institutionalized like to be by themselves as compared with 24.1% of those who have not been institutionalized. If the respondents have not been institutionalized, they are more likely to want to spend time with their friends. Of those who have been institutionalized, 36.4% of the visibly handicapped prefer being by themselves as compared with 55.6% of those who are not visibly handicapped. Of those who have not been institutionalized, 41.7% of the visibly handicapped prefer being by themselves as compared with 11.8% of those who are not visibly handicapped. A conditional relationship is evidenced here.

To summarize, it can be seen that if a person has been institutionalized and is visibly handicapped, s/he will more likely want to be by his/herself or with friends. If the person has not been institutionalized and is visibly handicapped, s/he will most likely want to be by his/herself. If the individual is not visibly handicapped but has been institutionalized, s/he will most likely want to be by his/herself. While those who have not been institutionalized and are not visibly handicapped will most likely want to be with friends.

Table E(2) presents the results obtained when the number of years which the respondent has worked at A.R.C. is utilized as the test factor. From the marginals it can be seen that the longer a person remains at A.R.C., the more likely will s/he want to spend time with his/her parents, the less likely will s/he want to spend time with friends, and the more likely will s/he want to spend time alone.

Table E(2) suggests that of those who have been at A.R.C. for less than three years, 47.4% will want to spend time with friends. Of those who are visibly handicapped, 40% say they would like to spend time with friends and 40% say they would like to spend time alone. Of those who are not visibly handicapped, 55.6% would like to spend time with friends. Table E(2) suggests that of those who have been at A.R.C. for three years or more, 36.7% would like to spend time alone. Of those

who are visibly handicapped, 38.5% would like to spend time alone as compared with 35.3% of those who are not visibly handicapped.

When educational background of the respondent is employed as the test factor, the results which are obtained are presented in Table E(3). From the marginals it can be seen that the majority of those who have had all special education like to be with their parents (44.4%) Thirty-three percent indicated that they like to be by themselves with 22.2% saying they would like to be with friends. For those with some special and some normal education, the respondents indicated that they are equally as likely to want to spend time with friends or by themselves (37.5% for both categories). Twenty-five percent indicated that they would like to spend time with their parents. For those who have had all normal education, the majority (47.8%) indicated that they would like to spend time with friends; 30.4% would like to spend time by themselves; and 21.7% would like to spend time with parents.

For those who are visibly handicapped and have had all special education, 42.9% would like to spend time by themselves and 35.7% like to spend time with parents. They are least likely to want to spend time with friends. For those who are not visibly handicapped and have had all special education, the

majority (75%) would like to spend time with parents. Twenty-five percent would like to spend time with friends. They are least likely to want to spend time alone.

Of those who are visibly handicapped and have had some special and some normal education, they are equally as likely to want to spend time with friends or alone, and least likely to want to spend time with parents. For those who are not visibly handicapped, they are seen to be equally as likely to want to spend time with parents, friends or alone.

For those who are visibly handicapped and who have had all normal education, they are seen to most likely want to spend time with friends (57.1%). Twenty-eight percent indicated that they would like to spend time by themselves. They are least likely to want to spend time with parents. For those who are not visibly handicapped and have had all normal education, 43.8% indicate that they would like to spend time with friends; 31.3% say they would like to spend time by themselves and 25% say they would like to spend time with parents.

From conversations and through interviewing the respondents, it appears that those who are visibly handicapped are more likely to rely on their parents for company. They are also more likely to report that their parents would not permit

them to do this or that (i.e. go on dates, marry, etc.). Those who are not visibly handicapped are more likely to display rebellious sorts of attitudes towards their parents comparable to those attitudes which adolescents commonly display. Also, the older individuals at A.R.C. seem to spend more time with their parents and to display the more complacent attitudes towards their parents (and authority figures) as were observed for those who are visibly handicapped. These findings are related to the stage which the visibly handicapped and those who are not visibly handicapped are in with regards to their careers as mental retardates. This is discussed at length in the conclusion.

Table E: Visibility of Handicap by Preference of whom to Spend Time With

Visibility of Handicap	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	6 (26.1%)	8 (34.8%)	9 (39.1%)
Is Not Visibly Handicapped	9 (34.6%)	10 (38.5%)	7 (26.9%)

Cramer's V= 0.13

Table E(1): Visibility of Handicap by Preference of whom to Spend Time With by Institutionalization

Have been Institutionalized

Visibility of Handicap	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	3 (27.3%)	4 (36.4%)	4 (36.4%)
Is Not Visibly Handicapped	3 (33.3%)	1 (11.1%)	5 (55.6%)

Cramer's V=0.13

Have Not Been Institutionalized

Visibility of Handicap	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	3 (25%)	4 (33.3%)	5 (41.7%)
Is Not Visibly Handicapped	6 (35.3%)	9 (52.9%)	2 (11.8%)

Cramer's V=0.34

Table E(2): Visibility of Handicap by Preference of whom to Spend Time With by Number of Years at A.R.C.

Visibility of Handicap	At A.R.C. less than 3Yrs.		
	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	2 (20%)	4 (40%)	4 (40%)
Is Not Visibly Handicapped	3 (33.3%)	5 (55.6%)	1 (11.1%)

Cramer's V=0.32

Visibility of Handicap	At A.R.C. 3Yrs. or More		
	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	4 (30.8%)	4 (30.8%)	5 (38.5%)
Is Not Visibly Handicapped	6 (35.3%)	5 (29.4%)	6 (35.3%)

Cramer's V=0.04

Table E(3): Visibility of Handicap by Preference of whom to Spend Time With by Education

All Special Education

Visibility of Handicap	Preference of Whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	5 (35.7%)	3 (21.4%)	6 (42.9%)
Is Not Visibly Handicapped	3 (75%)	1 (25%)	0

Cramer's V=0.39

Some Special/Some Normal Education

Visibility of Handicap	Preference of Whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	0	1 (50%)	1 (50%)
Is Not Visibly Handicapped	2 (33.3%)	2 (33.3%)	2 (33.3%)

Cramer's V=0.33

All Normal Education

Visibility of Handicap	Preference of whom to spend time with		
	Parents	Friends	By oneself
Is Visibly Handicapped	1 (14.3%)	4 (57.1%)	2 (28.6%)
Is Not Visibly Handicapped	4 (25%)	7 (43.8%)	5 (31.8%)

Cramer's V=0.14

Hypothesis 6: If the person is visibly handicapped, s/he will more likely do things under supervision.

The following four tables are presented to demonstrate this hypothesis. As indicators of 'supervision', various activities which are commonly engaged in are discussed. These include: listening to music; doing housework; going shopping; and going for walks. Although there is not a direct relationship to the concept of supervision, whether or not the respondents are permitted to perform activities independently (being free from a custodial type of supervision) is revealed.

From Tables F(1) to F(4) it can be seen that if a person is visibly handicapped, s/he will more likely do things with other people as compared to those who are not visibly handicapped. Those who are not visibly handicapped will engage in proportionately fewer supervised activities than will those who are visibly handicapped. Hypothesis five suggests that if a person is visibly handicapped, s/he would more likely want to spend time alone. When hypotheses five and six are considered together, it can easily be seen why the visibly handicapped prefer to spend time alone as they are normally closely supervised in almost all activities in which they engage. These findings are related to the custodial nature

of care which is experienced by the mentally retarded in general and which is experienced to an even greater extent by the visibly handicapped.



Table F(1): Visibility of Handicap by 'Listen to Music'

Visibility of Handicap	Listen to Music	
	By Self	With Others
Is Visibly Handicapped	9 (52.9%)	8 (47.1%)
Is Not Visibly Handicapped	16 (76.2%)	5 (23.8%)

Tau B=-0.24
Sign.=0.06
Gamma=-0.47

Table F(2): Visibility of Handicap by 'Do Housework'

Visibility of Handicap	Do Housework	
	By Self	With Others
Is Visibly Handicapped	6 (42.9%)	8 (81.8%)
Is Not Visibly Handicapped	11 (73.3%)	4 (26.7%)

Tau B=-0.30
Sign.=0.05
Gamma=-0.57

Table F(3): Visibility of Handicap by 'Go Shopping'

Visibility of Handicap	Go Shopping	
	By Self	With Others
Is Visibly Handicapped	2 (18.2%)	9 (81.8%)
Is Not Visibly Handicapped	4 (40%)	6 (60%)

Tau B=-0.24
Sign.=0.1
Gamma=-0.5

Table F(4): Visibility of Handicap by 'Go For Walks'

Visibility of Handicap	Go For Walks	
	By Self	With Others
Is Visibly Handicapped	2 (28.6%)	5 (71.4%)
Is Not Visibly Handicapped	9 (90%)	1 (10%)

Tau B=-0.63
Sign.=0.005
Gamma=-0.91

Hypothesis 7: If the person is visibly handicapped, s/he will be less likely to have a bank account or to do his/her own banking.

Table G(1) demonstrates the opposite of the hypothesis while Table G(2) supports the hypothesis. From Table G(1) it can be seen that 73.9% of those who are visibly handicapped have their own bank account as compared with 57.7% of those who are not visibly handicapped. However, when Table G(2) is considered a better appreciation of this situation may be arrived at. Of those who are visibly handicapped 91.3% have their parents do their banking even though the majority report having their own bank accounts. For those who are not visibly handicapped, 65.4% of them have their parents do their banking. A greater proportion of those who are not visibly handicapped do their own banking (34.6%) as compared with only 8.7% of those who are visibly handicapped. These findings again may be related to the custodial type of supervision which is experienced by the mentally retarded in general, but even more so by those who are visibly handicapped. From the present results it can be seen that even though the visibly handicapped are more likely to have their own bank account than are those who are not visibly handicapped, they are much less likely to do their own banking.

Table G(1): Visibility of Handicap by 'Has Own Bank Account'

Visibility of Handicap	Bank Account	
	Has own account	Does not have own account
Is Visibly Handicapped	17 (73.9%)	6 (26.1%)
Is Not Visibly Handicapped	15 (57.7%)	11 (42.3%)

Tau B=0.17
Sign.=0.11
Gamma=0.35

Table G(2): Visibility of Handicap by 'Does own Banking'

Visibility of Handicap	Banking	
	Does own banking	Does Not do own banking
Is Visibly Handicapped	2 (8.7%)	21 (91.3%)
Is Not Visibly Handicapped	9 (34.6%)	17 (65.4%)

Tau B=-0.31
Sign.=0.01
Gamma=-0.69

Hypothesis 8: If the person is visibly handicapped, s/he will more likely be content with his/her place of residence.

Table H demonstrates that this is in fact the case. From Table H it can be seen that 58.3% of those who are visibly handicapped would prefer to stay living where they presently are as compared with 37.8% of those who are not visibly handicapped. The visibly handicapped are seen to be much more likely to complacently accept their situation. Those who are not visibly handicapped demonstrate a much greater desire to live on their own and to be independent. These findings are related to the stage of career which these individuals are experiencing. It is later suggested that for many, arrival at A.R.C. Industries marks the beginning of their deviant careers, which for others, arrival at A.R.C. Industries marks the final stage in their deviant careers.

Table H(1) demonstrates the results for those who have been institutionalized and for those who have notbeen institutionalized respectively. From the marginals it can be seen that a proportionately greater number of those who have been institutionalized would like to live in an apartment on their own or stay where they are as compared with those who have not been institutionalized. Of those who are visibly handicapped and who have been institutionalized, 25% would like to live on their own as compared with 50% of those who are not visibly handicapped. Of those who have not been institutionalized, 25% of those who are visibly handicapped would like to live on their own as compared with 33.3% of those who are not visibly handicapped. Of those who have been institutionalized and are visibly handicapped, 75% would like to stay where they are presently as compared with 37.5% of those who are not visibly handicapped. Of those who have not been institutionalized and are visibly handicapped, 50% would like to stay where they are presently as compared with 38.1% of those who are not visibly handicapped. Overall it can be seen that the visibly handicapped are more likely to want to live in a group home if they have not been institutionalized, equally as likely to want to live in an apartment on their own and less likely to want to stay where they presently are living. For those who are not visibly handicapped, they are more likely to want to live in a group

home if they have not been institutionalized, less likely to want to live in an apartment on their own, and equally as likely to want to stay where they are presently living.

When the number of years at A.R.C. is employed as a test factor, the results which are obtained are presented in Table H(2). From the marginals it can be seen that if a person has worked at A.R.C. for over 3 years, s/he is more likely to want to live in a group home, equally as likely to want to live in an apartment on his/her own, and less likely to want to stay living where s/he is presently. A conditional relationship is demonstrated by Table H(2) where it is seen that if a visibly handicapped person stays at A.R.C. for more than three years, s/he will very likely want to stay where s/he is living presently. Those who are not visibly handicapped and who have been at A.R.C. for more than three years are more likely to want an apartment of their own. These findings suggest that the longer the visibly handicapped remain at A.R.C., the less likely they are to see independence for themselves as a possibility. This does not appear to be the case for those who are not visibly handicapped and once again these findings may be related to the stage of the deviant career which these individuals are experiencing. Throughout this analysis, the visibly handicapped are found to be much more resigned to their fate.

Table H: Visibility of Handicap by Choice of Residence

Visibility of Handicap	Choice of Residence		
	Group Home	Apartment	Stay where they are
Is Visibly Handicapped	2 (16.7%)	3 (25%)	7 (58.3%)
Is Not Visibly Handicapped	8 (21.6%)	15 (40.5%)	14 (37.8%)

Cramer's V=0.23

Table H(1): Visibility of Handicap by Choice of Residence By Institutionalization

Visibility of Handicap	Have been Institutionalized		
	Choice of Residence		
	Group Home	Apartment	Stay where they are
Is Visibly Handicapped	0	1 (25%)	3 (75%)
Is Not Visibly Handicapped	2 (12.5%)	8 (50%)	6 (37.5%)

Cramer's V=0.3

Visibility of Handicap	Have Not Been Institutionalized		
	Choice of Residence		
	Group Home	Apartment	Stay where they are
Is Visibly Handicapped	2 (25%)	2 (25%)	4 (50%)
Is Not Visibly Handicapped	6 (28.6%)	7 (33.3%)	8 (38.1%)

Cramer's V=0.11

Table H(2): Visibility of Handicap by Choice of Residence by Number of Years at A.R.C.

Visibility of Handicap	At A.R.C. less than 3Yrs. — Choice of Residence		
	Group Home	Apartment	Stay where they are
Is Visibly Handicapped	2 (28.6%)	2 (28.6%)	3 (43.9%)
Is Not Visibly Handicapped	1 (8.3%)	5 (41.7%)	6 (50%)

Cramer's V=0.27

Visibility of Handicap	At A.R.C. 3Yrs. or More — Choice of Residence		
	Group Home	Apartment	Stay where they are
Is Visibly Handicapped	0	1 (20%)	4 (80%)
Is Not Visibly Handicapped	7 (28%)	10 (40%)	8 (32%)

Cramer's V=0.37

Hypothesis 9: If the person is visibly handicapped, s/he will less likely feel that s/he has a choice of jobs.

Table I demonstrates support for this hypothesis. From Table I it can be seen that 75% of those who are visibly handicapped feel that they have no choice as to where they can work as compared with 56.8% of those who are not visibly handicapped. Of the total sample, 61% felt that they have no choice as to where they can work. The results of this hypothesis again exemplify the complacent attitudes which the visibly handicapped have towards their lives. There appears to be more of a resignation to their lives being the way they are than is demonstrated by those who are not visibly handicapped. This finding is related to the career stage of these individuals and is discussed in more depth in the conclusions.

When institutionalization is controlled for, the results as presented in Table I(1) are found. From the marginals it can be seen that if a person has been institutionalized s/he is more likely to feel that s/he has no choice as to where to work: 68% of those who have been institutionalized as compared with 58% of those who have not been institutionalized feel that they have no choice as to where to work.

For the visibly handicapped who have been institutionalized

as well as for those who have not been institutionalized, 75% of them feel that they have no choice as to where they work. For those who are not visibly handicapped a greater percentage of those who have been institutionalized (62%) feel that they have no choice as to where to work as compared with 52% of those who have not been institutionalized.

The number of years which the person has worked at A.R.C. appears to make a difference as to whether or not the individual feels that s/he has a choice as to where to work as Table I(2) demonstrates. From the marginals it can be seen that the longer a person remains at A.R.C. the more likely s/he will feel that there is no choice as to where to work. Of those who have been at A.R.C. less than 3 years, 52.6% feel that they have no choice as to where to work as compared with 66.7% of those who have worked at A.R.C. for over 3 yrs.

For those who are visibly handicapped and have worked at A.R.C. for less than 3 yrs., 71.4% feel that they have no choice as to where to work. Of those who are visibly handicapped and have worked at A.R.C. for more than 3 yrs., 80% feel that they have no choice as to where to work.

For those who are not visibly handicapped and have worked at A.R.C. for less than 3 yrs., 41.7% feel that they have no

choice as compared to 64% of those who are not visibly handicapped and have worked at A.R.C. for more than 3 yrs.

Table i(ii) presents the results where the number of years which the respondent has worked at A.R.C. is considered as the independent variable. From this table it can be seen that the longer the individual remains at A.R.C., the less likely it becomes that s/he will feel s/he has a choice as to where to work. This finding again points to the resignation which is experienced the longer these individuals are institutionalized.

When education background of the respondent is controlled for, the results which are obtained are presented in Table I(3). From the marginals it can be seen that 61.1% of those who have had all special education feel that they have no choice as to where to work; 50% of those who have had some special and some normal education feel that they have no choice as to where to work; and 65.2% of those who have had all normal education feel that they have no choice as to where to work.

Of those who have had all special education, proportionately more of those who are visibly handicapped feel that they have no choice as to where to work than do those who are not visibly handicapped. In fact, this is the case for those who

have had some special and some normal education, as well as for those who have had all normal education.

For those who have had some special and some normal education, 60% of those who are not visibly handicapped feel that they do have a choice as to where to work. Once again, the contradictory nature of the findings presented in this category are evident.

In response to the question--where would you most like to work if you had a choice, and, do you feel that you have a choice--the following responses were obtained. One young woman in her early twenties who is afflicted with cerebral palsey responded: "I would like to be a secretary, but I don't feel I have any choice."

A good looking young man reported: "I'd like to work on my father's farm, but I don't have any choice."

Another young man from a rural community responded:

"I can't work any other place because I don't have no transportation."

Other responses included the following:

"I'd like to work in construction digging dirt--they can make $300.00 a week at that job."

"I'd like to work at Chrysler's on the line, but I can't get in."

"I wouldn't know--I don't feel that I have any choice but if I did I'd like to be a secretary and type and do shorthand."

"I'd like to have a job where I work with people and feel useful."

"I have a choice--I just want to stay here."

"I'd really like to work at the media. I don't have any choice though--I really feel boxed in."

"I'd like to work in a restaurant doing dishes or something--but I don't seem to have any choice."

"I don't feel I have a choice like my sister did--but I'd like to work at a Flower Shop."

Table I: Visibility of Handicap by Choice of Jobs

Visibility of Handicap	Choice of Jobs	
	Have a choice	No Choice
Is Visibly Handicapped	3 (25%)	9 (75%)
Is Not Visibly Handicapped	16 (43.2%)	21 (56.8%)

Tau B=-0.16
Sign.=0.1
Gamma=-0.39

Table I(1): Visibility of Handicap by Choice of Job by Institutionalization

Visibility of Handicap	Have been Institutionalized: Choice of Job: Have a choice	No Choice
Is Visibly Handicapped	1 (25%)	3 (75%)
Is Not Visibly Handicapped	6 (37.5%)	10 (62.5%)

Tau B=-0.10
Sign.=0.3
Gamma=-0.28

Visibility of Handicap	Have Not Been Institutionalized: Choice of Job: Have a choice	No Choice
Is Visibly Handicapped	2 (25%)	6 (75%)
Is Not Visibly Handicapped	10 (47.6%)	11 (52.4%)

Tau B=-0.20
Sign.=0.1
Gamma=-0.46

Table I(2): Visibility of Handicap by Choice of Job by Number of Years at A.R.C.

Visibility of Handicap	At A.R.C. less than 3Yrs.	
	Choice of Job	
	Have a Choice	No Choice
Is Visibly Handicapped	2 (28.6%)	5 (71.4%)
Is Not Visibly Handicapped	7 (58.3%)	5 (41.7%)

Tau B=-0.28
Sign.=0.11
Gamma=-0.55

Visibility of Handicap	At A.R.C. 3Yrs. or More	
	Choice of Job	
	Have a Choice	No Choice
Is Visibly Handicapped	1 (20%)	4 (80%)
Is Not Visibly Handicapped	9 (36%)	16 (64%)

Tau B=-0.12
Sign.=0.24
Gamma=-0.38

Table 1(ii): Number of Years at A.R.C. by Choice of Job

Number of Years at A.R.C.	Choice of Job	
	Have a choice	No Choice
At A.R.C. less than 3Yrs.	9 (47.4%)	10 (52.6%)
At A.R.C. 3Yrs. or more	10 (33.3%)	20 (66.7%)

Tau B=0.14
Sign.=0.16
Gamma=0.28

Table I(3): Visibility of Handicap by Choice of Job by Education

All Special Education

Visibility of Handicap	Choice of Job	
	Have a choice	No Choice
Is Visibly Handicapped	2 (33.3%)	4 (66.7%)
Is Not Visibly Handicapped	5 (41.7%)	7 (58.3%)

Tau B=-0.08
Sign.=0.36
Gamma=-0.17

Some Special/Some Normal Education

Visibility of Handicap	Choice of Job	
	Have a choice	No Choice
Is Visibly Handicapped	1 (33.3%)	2 (66.7%)
Is Not Visibly Handicapped	3 (60%)	2 (40%)

Tau B=-0.25
Gamma=-0.50

All Normal Education

Visibility of Handicap	Choice of Job	
	Have a choice	No Choice
Is Visibly Handicapped	0	3 (100%)
Is Not Visibly Handicapped	8 (40%)	12 (60%)

Tau B=-0.28
Sign.=0.09
Gamma=-1.0

Hypothesis 10: If the person is visibly handicapped, s/he will more likely be content with working at A.R.C.

Table J provides support for this hypothesis. From this table it can be seen that 91.3% of those people who are visibly handicapped as compared with 69.2% of those who are not visibly handicapped plan to stay at A.R.C. At the same time, 8.7% of those who are visibly handicapped would like to leave A.R.C. while 30.8% of those who are not visibly handicapped plan to leave A.R.C. These findings again point to the resignation of the 'mentally handicapped' to their situation; this is especially true of the visibly handicapped.

When institutionalization of the individual is controlled for, the following results are obtained as demonstrated in Table J(1). From the marginals it can be seen that 90% of those who have been institutionalized as compared with 72% of those who have not been institutionalized plan to stay at A.R.C. One hundred percent of those who are visibly handicapped and have been institutionalized plan to stay at A.R.C. as compared to 83.3% of those who have not been institutionalized. Of those who are not visibly handicapped and have not been institutionalized, 77.8% plan to stay at A.R.C. while 64.7% of those who are not visibly handicapped and have never been institutionalized plan to stay at A.R.C. In

both the cases of the visibly handicapped and those who are not visibly handicapped, the effect of institutionalization on the individual's desire to stay working at A.R.C. can be seen. Institutionalization is demonstrated to be an important specifying variable.

Generally, it can be seen that institutionalization results in the resignation of those individuals to their situation. Table j(i) presents the results where the past institutionalization of the respondent is considered as the independent variable. This table demonstrates that the majority of the so-labelled 'mentally handicapped' are resigned to their situation regardless of past institutionalization. However, this finding is even more pronounced for those who have been institutionalized.

Table J(2) presents the results where the educational background is employed as the test factor. From the marginals of these three tables, it can be seen that 88.9% of those who have had all special education plan to stay at A.R.C. as compared with 75% of those who have had some special, some normal education and 73.9% of those who have had all normal education. Of those who have had all special education 92.9% of those individuals who are visibly handicapped plan to stay at A.R.C as compared with 75% of those who are not visibly

handicapped. This situation also holds true for those who have had all normal education with 100% of those who are visibly mentally handicapped planning to stay at A.R.C., as compared with 62.5% of those who are not visibly handicapped. However, this situation is reversed for those who have had some special and some normal education. It is recognized that the sample number is very small, however, the results are of some interest as will be seen later in the section of the report on educational background of the respondent. In Table J(2) it can be seen that 50% of those who are visibly handicapped and have had some special and some normal education plan to stay at A.R.C. as compared with 83.3% of those who are not visibly handicapped. It could be suggested that the inconsistencies which were experienced by these individuals in their educational backgrounds has led them to seek out a secure situation for themselves.

Again, from the marginals of these three tables, it is interesting to note that of those who have had all special education, 77.8% are in fact visibly handicapped as compared with 25% of those who had some special and some normal education and 30.4% of those who have had all normal education.

Table j(ii) presents the results where the educational background of the respondent is considered as the independent variable. This table demonstrates again that the majority of the 'mentally handicapped' are resigned to their situa-

tion; however, this is particularly true of those who have had all special education. It could be suggested that those who have experienced all special education have also experienced a stable reference group providing a consistent frame of reference. They grow accustomed to their situation over time and are unlikely to consider other possibilities for themselves.

From Table J(3), it can be seen that as the person's length of stay at A.R.C. increases, s/he is more likely to want to stay at A.R.C. From the marginals it can be seen that 73.7% of those who have been at A.R.C. for less than three years plan to stay at A.R.C. while 83.3% of those who have been at A.R.C. for three years or more plan to stay at A.R.C. For both the visibly handicapped and those who are not visibly handicapped, this increased desire to remain at A.R.C. is evidenced.

Table j(iii) presents the results where the number of years which the respondent has worked at A.R.C. is considered as the independent variable. This table demonstrates the effect of prolonged institutionalization upon the resignation of those involved. The longer the individuals remain at A.R.C., the more resigned they become to their situation.

Table J: Visibility of Handicap by Future Plans

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	21 (91.3%)	2 (8.7%)
Is Not Visibly Handicapped	18 (69.2%)	8 (30.8%)

Tau B=0.27
Sign.=0.02
Gamma=0.64

Table J(1): Visibility of Handicap by Future Plans by Institutionalization

Have been Institutionalized

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	11 (100%)	0
Is Not Visibly Handicapped	7 (77.8%)	2 (22.2%)

Tau B=0.36
Sign.=0.05
Gamma=1.0

Have Not Been Institutionalized

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	10 (83.3%)	2 (16.7%)
Is Not Visibly Handicapped	11 (64.7%)	6 (35.3%)

Tau B=0.20
Sign.=0.13
Gamma=0.46

Table j(i): Institutionalization by Future Plans

Institutionalization	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Have been institutionalized	18 (90%)	2 (10%)
Have not been Institutionalized	21 (72.4%)	8 (27.6%)

Tau B=0.21
Sign.=0.06
Gamma=0.54

Table J(2): Visibility of Handicap by Future Plans by Education

All Special Education

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	13 (92.9%)	1 (7.1%)
Is Not Visibly Handicapped	3 (75%)	1 (25%)

Tau B=0.23
Sign.=0.16
Gamma=0.62

Some Special/some Normal Education

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	1 (50%)	1 (50%)
Is Not Visibly Handicapped	5 (83.3%)	1 (16.7%)

Tau B=-0.33
Gamma=-0.66

All Normal Education

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	7 (100%)	0
Is Not Visibly Handicapped	10 (62.5%)	6 (37.5%)

Tau B=0.39
Sign.=0.03
Gamma=1.0

Table 1(ii): Education by Future Plans

Education	Future Plans	
	Plan to Stay at A.R.C.	Plan to leave A.R.C.
All Special Education	16 (88.9%)	2 (11.1%)
Some Special/Some Normal Education	6 (75%)	2 (25%)
All Normal Education	17 (73.9%)	6 (26%)

Tau C=0.15
Sign.=0.12
Gamma=0.34

Table J(3): Visibility of Handicap by Number of Years at A.R.C.

At A.R.C. less than 3Yrs.

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	9 (90%)	1 (10%)
Is Not Visibly Handicapped	5 (55.6%)	4 (44.4%)

Tau B=0.39
Sign.=0.05
Gamma=0.75

At A.R.C. 3Yrs. or More

Visibility of Handicap	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
Is Visibly Handicapped	12 (92.3%)	1 (7.7%)
Is Not Visibly Handicapped	13 (76.5%)	4 (23.5%)

Tau B=0.21
Sign.=0.12
Gamma=0.57

Table 1(iii): Number of Years at A.R.C. by Future Plans

Number of Years at A.R.C.	Future Plans	
	Plan to stay at A.R.C.	Plan to leave A.R.C.
At A.R.C. less than 3Yrs.	14 (73.7%)	5 (26.3%)
At A.R.C. 3Yrs. or more	25 (83.3%)	5 (16.7%)

Tau B=-0.11
Sign.=0.20
Gamma=-0.28

Hypothesis 11: If the person is visibly handicapped, s/he will less likely have friends at A.R.C.

Table K demonstrates support for this hypothesis. From Table K it can be seen that if the person is visibly handicapped, s/he is less likely to have several friends at A.R.C. than are those who are not visibly handicapped. Of those who are visibly handicapped, 8.3% have many friends at A.R.C. as compared with 37.8% of those who are not visibly handicapped. These findings are demonstrative of the relative social isolation of the visibly handicapped.

When institutionalization is employed as a test factor, a conditional relationship is revealed. (see Table K(1)) From the marginals, it can be seen that if the person has been institutionalized, s/he is more likely to have several friends at A.R.C. than are those who have not been institutionalized. Of those who have been institutionalized, 35% report having several friends at A.R.C. while 27.6% of those who have not been institutionalized report having several friends at A.R.C.

Of those who have been institutionalized, 75% of the visibly handicapped report having few or no friends at A.R.C. as compared with 62.5% of those who are not visibly handicapped. Of those who have been institutionalized, 100% of the visibly handicapped have few to no friends at A.R.C. as compared with 61.9% of those who are not visibly handicapped.

When the number of years which the respondent has worked at A.R.C. is employed as the test factor, a conditional relationship is revealed. (See Table K(2)). From the marginals it can be seen that the longer a person remains at A.R.C., the more likely s/he will have several friends at A.R.C. For those who have been at A.R.C. for less than three years, 21.1% report having several friends at A.R.C. while for those who have been at A.R.C. for three years or more, 36.7% report having several friends. Of those who are visibly handicapped and have been at A.R.C. for less than 3 yrs., 0% report having several friends at A.R.C. as compared with 33.3% of those who are not visibly handicapped. Of those who are visibly handicapped and have been at A.R.C. for three years or more, 20% (only one person) reports having several friends at A.R.C. as compared with 40% of those who are not visibly handicapped.

When educational background of the respondent is employed as the test factor, the results which are obtained are presented in Table K(3). From the marginals it can be seen that 16.7% of those who have had all special education report having several friends at A.R.C., 37.5% of those who have had some special and some normal education report having several friends at A.R.C.; and 39.1% of those who have had all normal education report having several friends at A.R.C.

However, when each table is examined closely it can be seen that those who are visibly handicapped invariably have few to no friends at A.R.C. while those who are not visibly handicapped are far more likely to have several friends at A.R.C.

Table K: Visibility of Handicap by Friends at A.R.C.

Visibility of Handicap	Friends at A.R.C.	
	Several	Few or None
Is Visibly Handicapped	1 (8.3%)	11 (91.7%)
Is Not Visibly Handicapped	14 (37.6%)	23 (62.2%)

Tau B=-0.27
Sign.=0.02
Gamma=-0.74

Table K(1): Visibility of Handicap by Friends at A.R.C. by Institutionalization

Visibility of Handicap	Have been Institutionalized	
	Friends at A.R.C.	
	Several	Few or None
Is Visibly Handicapped	1 (25%)	3 (75%)
Is Not Visibly Handicapped	6 (37.5%)	10 (62.5%)
		Tau B=-0.10 Sign.=0.32 Gamma=-0.28

Visibility of Handicap	Have Not Been Institutionalized	
	Friends at A.R.C.	
	Several	Few or None
Is Visibly Handicapped	0	8 (100%)
Is Not Visibly Handicapped	8 (38.1%)	13 (61.9%)
		Tau B=-0.38 Sign.=0.02 Gamma=-1.0

Table K(2): Visibility of Handicap by Friends at A.R.C. by Number of Years at A.R.C.

Visibility of Handicap	At A.R.C. less than 3Yrs.	
	Friends at A.R.C.	
	Several	Few to None
Is Visibly Handicapped	0	7 (100%)
Is Not Visibly Handicapped	4 (33.3%)	8 (66.7%)

Tau B=-0.39
Sign.=0.04
Gamma=-1.0

Visibility of Handicap	At A.R.C. 3Yrs. or More	
	Friends at A.R.C.	
	Several	Few to None
Is Visibly Handicapped	1 (20%)	6 (80%)
Is Not Visibly Handicapped	10 (40%)	15 (60%)

Tau B=-0.15
Sign.=0.20
Gamma=-0.45

Table K(3): Visibility of Handicap by Friends at A.R.C. by Education

All Special Education

Visibility of Handicap	Friends at A.R.C.	
	Several	Few to None
Is Visibly Handicapped	0	6 (100%)
Is Not Visibly Handicapped	3 (25%)	9 (75%)

Tau B=-0.31
Sign.=0.09
Gamma=-1.0

Some Special/Some Normal Education

Visibility of Handicap	Friends at A.R.C.	
	Several	Few to None
Is Visibly Handicapped	1 (33.3%)	2 (66.7%)
Is Not Visibly Handicapped	2 (40%)	3 (60%)

Tau B=-0.06
Gamma=-0.14

All Normal Education

Visibility of Handicap	Friends at A.R.C.	
	Several	Few to None
Is Visibly Handicapped	0	3 (100%)
Is Not Visibly Handicapped	9 (45%)	11 (55%)

Tau B=-0.31
Sign.=0.07
Gamma=-1.0

Hypothesis 12: If the person is visibly handicapped, s/he will more likely desire to change his/her life.

Table L demonstrates support for this hypothesis. From this table it can be seen that if the person is visibly handicapped, s/he will more likely desire to change his/her life. Of those who are visibly handicapped, 70% say that they would like to change almost everything about their life as compared with 53.8% of those who are not visibly handicapped. Although the visibly handicapped have been found to display self-aggrandizement and a sort of resignation to their situation, this finding ties in with the finding that the visibly handicapped have low self-esteem. This can only be further explained when control variables are employed.

When asked: what would you like to change about your life, the following were among the responses. One young man who presently lives in a Nursing Home responded:

"If I had the chance, I would live in another area and make friends."

A thirty-year old man who works in the carpentry shop replied:

"I'd like to move, get a job, get married and support my wife and kids."

Another individual responded:

"I'd like to have a good size income, about $250. to $300. a week."

One physically handicapped woman who is afflicted with cerebral

palsey said simply:

"I would like to walk better."

A good looking twenty year old fellow responded:

"I'd like to make myself perfect, then everything would be alright."

Another physically handicapped twenty-one year old woman stated:

"If I was normal--I'd go out on my own and be a secretary. I can't do that now without jeopardizing my pension."

One straight forward young man stated:

"I'd change everything--I'd change myself and be a new man."

Another common response was reflected in one young woman's reply:

"I want to go out and have some fun and enjoy myself for once."

When institutionalization of the respondent is employed as the test factor, Table L(1) demonstrates the results. From the marginals it can be seen that 68.8% of those who have been institutionalized would like to change their lives. Of these, 50% of the visibly handicapped report a desire to change their lives as compared with 75% of those who are not visibly handicapped. Of those who have not been institutionalized, 50% would like to change their lives. Of these 83.3% are visibly handicapped while 35.7% are not visibly handicapped. Proportionately fewer individuals who are visibly handicapped and have been institutionalized would like to change their

lives as compared with 83.3% of those who have not been institutionalized. This may be contrasted with those who are not visibly handicapped. Of those who are not visibly handicapped and have been institutionalized, 75% would like to change their lives as compared with 35.7% of those who have not been institutionalized. It might be suggested at this point that institutionalization permits for the aggrandizement of those who are visibly handicapped; at the same time, mortification of the self is the result of institutionalization for those who are not visibly handicapped. This suggestion will be dealt with at length in Chapter V along with the conclusions and recommendations for further study.

Table 1(i) provides the results where institutionalization of the respondent is considered as the independent variable. From this table it can be readily seen that institutionalization does in fact affect those individuals involved negatively as they report the desire to change almost everything about their lives. This is less likely to be the case if the respondent has not been institutionalized in the past. This information appears to be somewhat contradictory to previous information which has been reported in this study. However, the partial tables of Table L(1) do in fact demonstrate that it is the visibility of handicap which adds the necessary information to fully understand this relationship. The visibly handicapped who have been institutionalized de-

monstrate little desire to change their lives while those who are not visibly handicapped and have been institutionalized demonstrate a desire to change their lives.

When the number of years at A.R.C. is employed as a test factor, the results, although not statistically significant, are of interest. From the marginals (Table L(2)) it can be seen that 68.8% of those who have been at A.R.C. for less than three years desire to change their lives as compared with 50% of those who have been at A.R.C. for three years or more. For both the visibly handicapped and for those who are not visibly handicapped, if the person stays at A.R.C. for more than 3 years, s/he is less likely to want to change his/her life. With regards to those who are visibly handicapped, 83.3% of those people who have been working at A.R.C. for less than three years report a desire to change their lives as compared to 50% of those who have been at A.R.C. for over three years. Of those who are not visibly handicapped and have worked at A.R.C. for less than 3 yrs., 60% would like to change their lives as compared with 50% of those who have worked at A.R.C. for more than 3 yrs.

Table 1(ii) demonstrates the results where the number of years which the respondent has worked at A.R.C. is considered as the independent variable. From this table it can be seen that as the number of years at A.R.C. increase, there is

less likelihood that the individual will want to change his/her life from the way that it is presently. This table demonstrates the resignation experienced by those remaining at A.R.C. for three years or longer.

When educational background of the respondent is employed as the test factor, the following results as presented in Table L(3) are obtained. From the marginals it can be seen that 50% of those who have had all special education would like to change their lives. Of these, 80% of the visibly handicapped would like to change their lives as compared with 33.3% of those who are not visibly handicapped. Of those who have had some special and some normal educatinn, 50% would like to change their lives. Of these, 33.3% of the visibly handicapped wquld like to change their lives as compared with 66.7% of those who are not visibly handicapped. Of those who have had all normal education, 68.8% desire to change their lives. Of these, 100% of the visibly handicapped desire to change their lives as compared with 64.3% of those who are not visibly handicapped.

Table 1(iii) presents the results where the educational background is considered as the independent variable. This table provides the information that those who have experienced either special education or a 'mixture' of education are the

most resigned to their lives the way they are presently. Those who have experienced all normal education are the most likely to desire changes in their lives. These findings again may be related to the different stages which various individuals may be at with regards to their deviant careers.

Table L: Visibility of Handicap by Desire for Change

Visibility of Handicap	Desire for Change	
	Would change nothing	Would change everything
Is Visibly Handicapped	3 (30%)	7 (70%)
Is Not Visibly Handicapped	12 (46.2%)	14 (53.8%)

Tau B=-0.14
Sign.=0.19
Gamma=-0.33

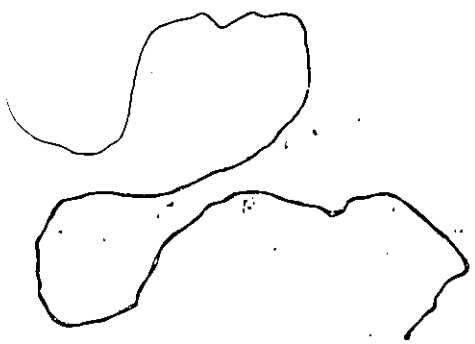


Table L(1): Visibility of Handicap by Desire for Change by Institutionalization

Visibility of Handicap	Have been Institutionalized: Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	2 (50%)	2 (50%)
Is Not Visibly Handicapped	3 (25%)	9 (75%)

Tau B=0.23
Sign.=0.18
Gamma=0.5

Visibility of Handicap	Have Not been Institutionalized: Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	1 (16.7%)	5 (83.3%)
Is Not Visibly Handicapped	9 (64.3%)	8 (35.7%)

Tau B=-0.43
Sign.=0.02
Gamma=-0.8

Table 1(i): Institutionalization by Desire for Change

Institutionalization	Desire for Change	
	Would change Nothing	Would change Everything
Have been Institutionalized	5 (31.3%)	11 (68.8%)
Have Not been Institutionalized	10 (50%)	10 (50%)

Tau B=-0.18
Sign.=0.13
Gamma=-0.37

Table L(2): Visibility of Handicap by Desire for Change by Number of Years at A.R.C.

At A.R.C. less than 3Yrs.

Visibility of Handicap	Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	1 (16.7%)	5 (83.3%)
Is Not Visibly Handicapped	4 (40%)	6 (60%)

Tau B=-0.24
Sign.=0.17
Gamma=-0.53

At A.R.C. 3Yrs. or More

Visibility of Handicap	Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	2 (50%)	2 (50%)
Is Not Visibly Handicapped	8 (50%)	8 (50%)

Tau B=0.0

Table 1(ii): Number of Years at A.R.C. by Desire for Change

Number of Years at A.R.C.	Desire for Change	
	Would change Nothing	Would change Everything
At A.R.C. less than 3Yrs.	5 (31.3%)	11 (68.8%)
At A.R.C. 3Yrs. or More	10 (50%)	10 (50%)

Tau B=-0.18
Sign.=0.13
Gamma=-0.37

Table L(3): Visibility of Handicap by Desire for Change by Education

All Special Education

Visibility of Handicap	Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	1 (20%)	4 (80%)
Is Not Visibly Handicapped	6 (66.7%)	3 (33.3%)

Tau B=-0.44
Sign.=0.05
Gamma=-0.77

Some Special/Some Normal Education

Visibility of Handicap	Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	2 (66.7%)	1 (33.3%)
Is Not Visibly Handicapped	1 (33.3%)	2 (66.7%)

Tau B=0.33
Gamma=0.60

All Normal Education

Visibility of Handicap	Desire for Change	
	Would change Nothing	Would change Everything
Is Visibly Handicapped	0	2 (100%)
Is Not Visibly Handicapped	5 (35.7%)	9 (64.3%)

Tau B=-0.25
Sign.=0.16
Gamma=-1.0

Table 1(iii): Education by Desire for Change

Education	Desire for Change	
	Would change Nothing	Would change Everything
All Special Education	7 (50%)	7 (50%)
Some Special/Some Normal Education	3 (50%)	3 (50%)
All Normal Education	5 (31.3%)	11 (68.8%)

Tau C=0.18
Sign.=0.14
Gamma=0.18

Hypothesis 13: If the person is visibly handicapped, s/he will be less likely to plan to marry.

Table M demonstrates support for this hypothesis. From Table M it can be seen that 33.3% of those who are visibly handicapped plan to marry as compared with 64.9% of those who are not visibly handicapped.

In response to the question of marriage plans and plans for children, the following explanations were imparted.

"No, I don't plan to marry now because my mother won't let me but I'd like to marry."

"No, I don't want to marry or have kids because I couldn't handle it."

"I really don't want the responsibility, and besides, my Mother won't let me."

"No, I don't plan to marry because I don't think that I could take on the responsibility--I'm not the easiest person to get along with you know."

"My parents won't let me but I'd like to get married and have children."

These findings are demonstrative of the life expectations which these individuals might have.

Table M: Visibility of Handicap by Marriage Plans

Visibility of Handicap	Marriage Plans	
	Plan to Marry	Plan Not to Marry
Is Visibly Handicapped	4 (33.3%)	8 (66.7%)
Is Not Visibly Handicapped	24 (64.9%)	13 (35.1%)

Tau B=-0.27
Sign.=0.02
Gamma=-0.57

Hypothesis 14: If the person is visibly handicapped, s/he will be less likely to plan children.

Table N demonstrates support for this hypothesis. From Table N it can be seen that fewer of those who are visibly handicapped (41.7%) plan to have children as compared with 59.5% of those who are not visibly handicapped.

Several individuals when asked why they preferred not to have children simply responded that they didn't know why not. Statements which were typical of other responses are as follows:

"I don't want children because they are too much work."

"I'd like to get married but I don't want children--they're too much trouble."

The majority of the respondents are Catholic and the majority are against the birth control pill. However, 45% of the sample reponded that they did not want to have children. These findings again provide information concerning life expectations and identification with 'normals'.

Table N: Visibility of Handicap by Plans for Children

Visibility of Handicap	Plan Children	
	Plan to have Children	Plan Not to have Children
Is Visibly Handicapped	5 (41.7%)	7 (58.3%)
Is Not Visibly Handicapped	22 (59.5%)	15 (40.5%)

Tau B=-0.15
Sign.=0.1
Gamma=-0.34

SUMMARY

The major hypothesis which has been of concern to this section of the analysis is: the visibility of handicap of the individual will affect the perception and management of spoiled identity. Fourteen sub-hypotheses were derived from this major hypothesis. Three of the hypotheses (hypotheses one, three and nine) were developed prior to collection of the data. Eleven hypotheses emerged as a result of the researcher's involvement in the work place and through the experience and insight gained during the collection of the data.

To summarize, it was found that the visibility of handicap has a significant bearing on almost all aspects of the perception and management of identity. More of those who are visibly handicapped have experienced all special education as compared to those who are not visibly handicapped. A greater proportion of those who are visibly handicapped have been institutionalized in the past. They are also more likely to attend the summer camp for the retarded than are those who are not visibly handicapped.

More of those who are visibly handicapped have low self-esteem as compared with those who are not visibly handicapped. Institutionalization of the individual is seem to be related to the self-esteem of the respondent. For those who are visibly handicapped and have been institutionalized,

there is a much greater likelihood that they will have high self-esteem as compared to those who are not visibly handicapped. However, of those who have not been institutionalized, there is a much greater likelihood that those who are not visibly handicapped will have high self-esteem. It was also found that the longer a person stays working at A.R.C., the greater is the likelihood that s/he will have high self-esteem. When educational background of the respondent is considered, it can be seen that more of those who are visibly handicapped have had all special education. For the visibly handicapped, the likelihood that they will have high self-esteem is the greatest amongst those who have had all special education and is the least likely amongst those who have had some special and some normal education. Of those who have had all normal education, the likelihood of those who are not visibly handicapped having high self-esteem is quite substantial while the likelihood of those who are visibly handicapped having low self-esteem is quite great.

More of those who are visibly handicapped regard themselves as being 'special' than do those who are not visibly handicapped. This finding appears to contradict the finding that more of those who are visibly handicapped have low self-esteem. However, when it is recognized that a greater proportion of the visibly handicapped have been institutionalized and have received all special education, it may logically

follow that they could regard themselves as being special people while at the same time having low self-esteem. More of those who are visibly handicapped and have been institutionalized regard themselves as being special people. In contrast to this, more of those who are not visibly handicapped and who have not been institutionalized regard themselves as special people. The longer that the visibly handicapped remain at A.R.C., the more likely they are to regard themselves as being special. However, the longer that those who are not visibly handicapped remain at A.R.C., the less likely they are to regard themselves as being special. When education is considered, it is seen that the greatest proportion of those who are visibly handicapped and who regard themselves as being special have had all special education. For those who are not visibly handicapped, they are equally as likely to regard themselves as being special people if they have had all special or all normal education. For both the visibly handicapped and for those who are not visibly handicapped, they are least likely to regard themselves as being special people if they have had some special and some normal education in their backgrounds. When the test factors are added it can be seen that, even though the initial tables concerning self-esteem and how special the individual regards him/herself differ, there are great similarities between these two variables--the apparent contradiction disappears.

It was further found that the visibly handicapped are more likely to have the desire to date people from A.R.C. than are those who are not visibly handicapped. However, the majority of the sample would like to date people from A.R.C. This might indicate that more of those who are visibly handicapped identify with A.R.C. as a sole source of dating possibilities while those who are not visibly handicapped see such possibilities beyond A.R.C. as well.

It was found that the visibly handicapped prefer spending time by themselves rather than with friends or parents. Those who are not visibly handicapped prefer spending time with friends. Of those who have been institutionalized and are visibly handicapped, an equal proportion enjoy being with friends or by themselves. Of those who are not visibly handicapped and have been institutionalized, the majority prefer being by themselves. Of those who have not been institutionalized, the visibly handicapped prefer to be by themselves while those who are not visibly handicapped prefer to be with friends. Closely connected with this finding is the finding that those who are visibly handicapped tend to spend more of their leisure time under supervision. They are more likely than are those who are not visibly handicapped, to do things with other people. This finding may in part explain why those who are visibly handicapped prefer

to spend time alone if given a choice as they are rarely given this opportunity.

More of those who are visibly handicapped report having their own bank accounts; however, the overwhelming majority of these people have their banking done for them by their parents. Even though there is an apparent curtailment of freedom by the parents of those who are visibly handicapped or at least a very custodial type of care is evident, the greatest proportion of those who are visibly handicapped report that they would like to stay living where they are presently. More of those who are visibly handicapped and have been institutionalized would like to stay where they are as compared to those who have not been institutionalized. As the number of years increases at A.R.C., the visibly handicapped are more likely to want to stay living where they presently are while those who are not visibly handicapped are more likely to want to move. This finding demonstrates that those who are visibly handicapped are less likely to feel that they have a choice. This lack of freedom and sense of determinism is reflected throughout several of the findings. For example, those who are visibly handicapped are less likely to feel that they have a choice of jobs than are those who are not visibly handicapped. For the majority of individuals, the longer they remain at A.R.C., the less

likely they are to feel that they have a choice of jobs. Also connected with this notion of choice, it was found that the visibly handicapped are more likely to be content with working at A.R.C. Those who are visibly handicapped and have been institutionalized are most likely to want to remain at A.R.C. Fewer of the total sample who have not been institutionalized plan to stay at A.R.C. as compared with those who have been institutionalized.

It was further found that if the person is visibly handicapped s/he will be less likely to have friends at A.R.C. The longer that people remain at A.R.C. the more likely it becomes that they will make friends; however, the number of friends which the visibly handicapped have made is still noticeably fewer than for those who are not handicapped in the same manner.

Finally, it was found that there is less likelihood of the visibly handicapped planning marriage or children as compared with those who are not visibly handicapped. The significance of these findings will be presented in Chapter five along with the conclusions.

CHAPTER V

CONCLUSION

Discussion of Research Findings

INTRODUCTION:

In Chapter I, it was explained that the major hypothesis of concern to the study was: the visibility of handicap of the individual will affect the perception and management of spoiled identity. Also, it was suggested that the socialization of the individual would have a bearing on how the person perceives and manages his/her spoiled identity. Answers to the questions of: how do the individuals under study perceive and manage their spoiled identities; and, how do these individuals deal with the fact that they have been judged to be incompetent, have been sought through the efforts of the present research project.

In a general way, it was found that the answers to these questions differ for those who are visibly handicapped and for those who have no apparent handicap. Even though it would seem logical to treat the mentally retarded workers of A.R.C. Industries as one homogeneous whole, there none the less appears to be prevalent differences within this group. The socialization of the individual was found to be an important specifying variable revealing numerous conditional relationships.

More specifically, the findings of the research may be divided into three main areas for discussion purposes. We

may talk in terms of the career of the mentally retarded. It is suggested that there are differences in the careers of those who are visibly handicapped and for those who have no apparent handicap. These differences can be identified in relation to the socialization of the individuals, both past and present. Secondly, we may talk in terms of the custodial nature of the care, or the closeness of supervision which is experienced by these individuals. Again it is suggested that there are distinctive differences for those who are visibly handicapped as compared with those who are not visibly handicapped. The third area which lends itself to the discussion of the findings is that of self-aggrandizement versus the mortification of the self. Once again, significant differences are found to exist for those who are visibly handicapped and for those more 'normal' appearing individuals. Each of these three main areas which have been identified will be discussed in turn.

The Career of the Mentally Retarded

The career patterns of those who are visibly handicapped and for those who have no apparent handicap may be traced from their past experiences to the present time. Of course, both groups have certain aspects of their existence in common. The fact of their deviance is shared in common. Having been identified at some point in their life as incompe-

tent, the resultant label of 'mentally retarded' is seen to be a common feature which is shared by the group as a whole. Also, whatever the past experiences of these two groups might have been, they have all arrived at the same end. They are members in and are identified with A.R.C. Industries for the mentally handicapped. Both groups are firmly entrenched in a deviant subculture being dependent on parents, A.R.C. Industries, and social welfare for their financial survival.

It would appear from our study that the visibly handicapped secure the label of 'mentally retarded' at an early stage in their lives, perhaps at the moment of birth. They are very likely to attend schools for the retarded for the best part of their formal education. Little yellow school buses for the 'mentally handicapped' transport them daily to and from their special schools. Institutionalization of these individuals is a real possibility and many spend a number of years within hospitals for the retarded. These experiences no doubt assist in the reaffirmation of a 'retarded' definition of the self. Their reference group which becomes their frame of reference is a 'retarded' one. It is suggested that the visibly handicapped identify with a 'visibly handicapped' group within the larger group of so-labelled 'mental retardates'. This fact accounts for their lower self-esteem and their apparent complacent attitude concerning their situation in life. Their placement in schools

for the retarded and in institutions may explain why these individuals regard themselves as being special. This may be especially true of those who have 'normal' brothers/sisters with whom comparisons can be made. Their membership in and identification with a deviant subculture commenced at a very early age--their differentness is reaffirmed daily throughout their lives.

The parents of those who are visibly handicapped are regarded as co-conspirators with the various socializing institutions which these individuals encounter in their deviant subculture. They of course have had the responsibility of making arrangements for their son/daughter and no doubt assist the other socializing institutions in the maintenance of a 'retarded' definition of the self for the visibly handicapped person.

When at home, the visibly handicapped person is closely supervised and is rarely left on his/her own even to do such things as to listen to music. They are regarded by others around them as being too incompetent to manage their own affairs and so their parents take over for them. Vital information, necessary for the successful management of day to day life, is withheld from these individuals. They lack sex education and information concerning birth control methods.

Very few of these people ever have the opportunity to learn to drive an automobile. Although they are taught how to identify, count and exchange money at school, they are not taught how to manage their money. Very few of these individuals do their own banking or even accompany their parents to the bank. Even if these individuals have the desire to care for themselves, they could not do so without considerable difficulty. Being placed in a relatively helpless position, lacking any means of control over their lives, they display rather complacent attitudes about their existence. They express little desire to change their lives as they presently are. They recognize that they have little choice as to where they may live or work given their financial restrictions.

By the time these individuals arrive at A.R.C., they have developed a great number of defenses to protect their self-image. The visibly handicapped are likely to have few friends at A.R.C. They do however, express a desire to date people from A.R.C. This opportunity is a rare one as they live in communities scattered about the county. Having no means of transportation and little money, to be able to date is an unrealized fantasy for these people. At work, if they are fortunate enough to acquire a boy/girlfriend, the rules of the workplace forbid kissing at work (even at break time).

Such behaviour is punishable by suspension from work for a period of time. This type of rule no doubt reinforces their misinformed belief that kissing on a date is undesirable behaviour.

There is a certain social isolation of these individuals both at work and away from work. They appear to be more or less aware of their situation as the majority of this group report that they do not plan marriage or children in the future. They say that they are happy with their lives the way they are and would change little if given the opportunity.

It is as if these individuals have been totally institutionalized all of their lives. They continue, when working at A.R.C., to be transported daily to and from work in little yellow school buses for the mentally handicapped. The majority of those who are visibly handicapped spend their holidays at the camp for the retarded (and no doubt are transported to the camp in yellow school buses).

This apparent complacent attitude which the visibly handicapped display towards themselves and towards their life in general, is regarded by the researcher as a defense mechanism which has been learned through their socialization to protect their spoiled identities. This group in general appears to have confronted the fact of their deviance,

and as Becker suggests, the effect of the realization of this fact on their self-concept is evident. Although it is difficult to pinpoint for each individual the moment of this realization, it would appear that for the majority of those who are visibly handicapped, identification with and membership in their deviant subculture took place quite early in their lives.

For those who are not visibly handicapped, a different career pattern emerges. This group of individuals is much more likely to have experienced either all 'normal' education in public educational institutions, or a mixture of educational experiences. If the individual is more 'normal' in appearance, s/he is less likely to have been institutionalized. Unlike those who are visibly handicapped, these individuals have been confronted with 'normal' reference groups as a frame of reference. A 'retarded' definition of the self probably does not become reinforced for this group until a much later point in their lives. Only those who have experienced institutionalization or special education would be confronted with the fact of their deviance. This group of individuals would no doubt experience a great deal of confusion as to their own identity. They would encounter both 'normal' and 'retarded' reference groups which would create confusion in the establishment of a frame of reference. A consistent definition of the self would be very difficult to arrive at under these circumstances. Even if these indi-

viduals attended opportunity classes in the schools, they would not likely be identified as mentally retarded. At the very worst, they would be regarded as being in the class for 'dumb' people but they wouldnot experience the same situation as was described for those who are visibly handicapped.

At some point in the socialization process, these individuals have become labelled as being mentally retarded, or at least, they have been identified as being too incompetent to function in the 'normal' work world. These people are no doubt the end results of the funneling process which takes place in the educational institutions.

This group as a whole does not express the same complacency about themselves or about their lives as do those who are visibly handicapped. They apparently have not accepted the fact of their deviance in the same manner which those who are visibly handicapped have. They are not as likely to identify solely with the workers of A.R.C. The same social isolation which the visibly handicapped know, is not experienced by those who are more 'normal' in appearance.

The process through which this group of individuals arrive at A.R.C. must be a very traumatic experience for both

the individual and the parents of the individual involved. For the first time for many, transportation by little yellow school buses (which are identified as being special buses for the mentally handicapped) may be provided. On these buses are the young children who attend Sun Parlor School for the retarded, visibly handicapped individuals and some older individuals from Nursing Homes. The first ride on the bus marks the entrance of these individuals into the deviant subculture of the mentally retarded. A.R.C. becomes the socializing agency for these individuals where they learn how to be 'mentally retarded'. The rules and regulations of the work-place guide the individual in his/her adjustment to this new life.

Since this group of individuals has experienced a more 'normal' socialization, they are better equipped to manage on their own. As a group, they are more likely to express the desire to live on their own and are more likely to want to change jobs. They are more likely to be 'behaviour' problems in the work-place as well. This can be accounted for by the fact that these individuals actively reject the definition of 'mentally retarded' which is imposed on them. They maintain a more 'normal' attitude about their future, with the majority of these individuals expressing the desire to marry and to have children.

This group of individuals does not see themselves as being 'special' people, but rather identify themselves as being more 'normal'. It is doubtful whether this group will ever accept a 'retarded' definition of the self. With their expressed desire to live a more or less 'normal' life, these individuals are probably more likely to leave A.R.C. They have not accepted the fact of their defiance: however, they do identify with A.R.C. to a certain extent and have membership in A.R.C. This stigmatization is very difficult for most of these individuals to contend with. The fact of their employment with A.R.C. and their receipt of a disability pension is added to their biographical record making employment in the 'normal' work world difficult to secure. The longer that these individuals remain at A.R.C., the more likely it becomes that they too will accept the fact of their deviance. They too will complacently give in to their label, remaining at the place where they have been able to experience a sense of belongingness; their membership in their deviant subculture becomes their way of life.

Custodial Care versus Independence

Robert Edgerton identifies the two primary goals of institutions for the mentally retarded as being: 1) long-term custodial care, and; 2) preparation of the inmate for eventual return to 'normal' society. As is suggested by Edgerton, these goals are often very difficult to balance as

the staff may be unclear as to the goals and objectives of the institution.

As can be readily seen, these two goals are at opposite ends of an imaginary continuum. The goal of long-term custodial care suggests that the individual requires life long institutionalization. Possibly, this individual requires assistance with the most basic daily activities. Realistically, these individuals (because of severe physical and intellectual limitations) could never manage on their own in 'normal' society.

The goal of preparation of the inmate for eventual return to 'normal' society, on the other hand, suggests that the individual could quite likely acquire the necessary knowledge and skills through a period of institutionalization leading to independent living in the 'normal' society.

These two goals sound distinct and clear enough when described in this manner. However, as mentioned previously, there is a selection process resulting in differential application of these goals to the various individuals. It is through the staff members directly associated with the 'inmates' that learning is transferred and not through the abstract philosophies, goals, rules and regulations of the

administrators. Although there may be endless explanations (such as numbers of 'inmates') it is suggested by the researcher that the very arrangement of institutional life fosters dependency and loss of individuality.

This comment may be extended to the situation at A.R.C. Industries as well. The conflicting goals once again appear in the description of the purpose of sheltered workshops (see Chapter I). First of all, it is suggested that the workshops should serve as an example to business showing how the 'retarded' are able to work in competitive conditions. The description then proceeds to suggest that sheltered workshops would provide permanent employment for otherwise unemployable individuals. In the very next clause, the description suggests that sheltered workshops would provide the retardate with the opportunity to work toward the goal of eventual independence. Of course, it is recognized that an institution might provide more than one service having more than one purpose and goal. However, it is again suggested that there is a confusion of these goals by the staff members and parents associated with A.R.C. Industries.

The arrangement of A.R.C. Industries fosters the dependency of the individuals involved. The workers are not responsible for their own transportation to work--this is

arranged with the parents of the 'retardate'. The individual is picked up at his/her door at a given time each day. When at A.R.C., the individuals are constantly under close supervision. On their breaks, they are forbidden to kiss on the grounds or are punished by suspension from work and a docking of pay. If they want to go to the store on their breaks, they must ask the permission of a supervisor. They are rarely given the opportunity to exercise any leadership ability which they might have. For example, all of the SKDs (a small metal steering wheel component which is assembled at A.R.C.) must be checked by supervisors before they may be shipped to the company. One of the 'retardates' no doubt could manage this job. At lunch time, the supervisors and the 'retardates' eat in one room with the supervisors sitting at a separate table. The 'retardates' seldom escape the constant supervision of the supervisors. Coffee and milk are sold at lunch hour and coffee breaks; however, the money is paid to a supervisor and not to one of the 'retardates'. There is a certain parental attitude which emenates from the supervisors. This attitude is regarded by the researcher as fostering a custodial type of care over these individuals which results in dependency.

Another area where the mentally retarded workers of A.R.C. learn dependency is through their receipt of disability

pensions. It is not the actual receipt of this pension in itself that fosters dependency; it is rather the insufficient amount of income that fosters dependency. The curtailment of access to one's bank account is also regarded as fostering dependency. Most of these individuals receive $230.00 a month from a disability pension and $20.00 a month from A.R.C. Industries. With this amount of income, it would be very difficult, if not impossible, to maintain oneself independently. Many of these individuals expressed awareness of the fact that if they earned more money from another job, they would lose their pension. They also are aware that the transportation is an added benefit. At one and the same time, these 'benefits' can be regarded as defecit to the individual's development of independence as they provide a solid rationalization for remaining at A.R.C.

From the present research, it may be concluded that there is a differential application of these goals to the individuals involved depending upon whether or not they are visibly handicapped. As mentioned, there appears to be a greater emphasis overall on a 'custodial-type' of care rather than on the fostering of independence. Both those who are visibly handicapped and those who are more 'normal' in appearance are closely supervised and directed both by parents

at home and by supervisors at A.R.C., providing little opportunity for the development of self-directive abilities.

However, it would appear from the results of this study, that those who are visibly handicapped are the major recipients of a closely supervised type of care, being given little (if any) opportunity to develop independence. As was demonstrated by the study, those who are visibly handicapped are closely supervised in almost all activities, whether at work or at home. They report that they are even unlikely to be afforded the opportunity to listen to music by themselves. As a group, it is more likely that these individuals will have their parents do their banking for them. Even though they are more likely to regard themselves as being 'special' people, they are also likely to have low self-esteem. When supervised in such a manner as is only experienced by children under three years of age in our society, it is little wonder that they have negative feelings about themselves.

Those who are visibly handicapped are more likely to attend the camp for the retarded during their two weeks holidays. Again, arrangements are made through the parents of these individuals. Although camp is an enjoyable experience for most who attend, they are placed in another highly supervised situation which can only serve to furtherfoster dependency and child like behaviour.

The Mortification of the Self versus Self-Aggrandizement

As was discussed in Chapter II, institutionalization of an individual is demonstrated by Erving Goffman as resulting in the mortification of the self. Through this process, the individual is stripped of his/her previous identity and through degrading and humiliating experiences, comes to accept institutional life.

Robert Edgerton agrees with Goffman that this is an important process which occurs as a result of institutionalization. However, he also recognizes the opportunity which institutionalization affords the individual for self-aggrandizement. Through this process, the stigmatized individual, often for the first time in his/her life, is able to develop and maintain an acceptable self-image. This was not possible when they lived on the 'outside' because there were no peer groups available to these individuals to aid in the maintenance of a 'non-retarded' definition of the self. The definition of the self which is fostered for many mildly retarded individuals within the institutional setting is considered by Edgerton to be dysfunctional for their return to 'normal' society as they develop an unrealistic view of themselves.

Edgerton's discussion may be carried one step further. It could be suggested that it is not merely due to the fact that a 'non-retarded' definition of the self (made possible through relationships in the institutional setting) makes it

difficult for the 'retarded' individual to return to 'normal' society; it may rather be due to the fact that these individuals learn how to be 'mentally retarded' through the process of their socialization experiences. They learn dependency through their experiences and they learn of their differentness from 'normals'. Once the fact of their deviance is accepted by themselves, and their identification with and membership in a deviant subculture is acknowledged and embraced as a way of life, return to 'normal' society is almost an impossibility. Those who actively reject the 'retarded' definition of the self are the individuals who will be the most able to return to 'normal' society and manage on their own. In a later study of once institutionalized mentally retarded individuals, Edgerton emphasizes how these individuals refused to acknowledge the fact of their deviance. Cover stories were created in many instances to explain the reason for past institutionalization. Only by denying the fact of their deviance did these individuals feel they could function in normal society.

The visibility of handicap is not considered by R. Edgerton in his discussion of the processes of the mortification of the self and of self-aggrandizement. The present research findings demonstrate that such a distinction is not only possible, but desirable. From the results of the present research project, it is demonstrated that for those who

are visibly handicapped, having experienced all special education and/or a period of institutionalization, there is a resultant self-aggrandizement (high self-esteem). For those who are more 'normal' in appearance, having experienced special education and/or a period of institutionalization, the process of the mortification of the self (low self-esteem) is evidenced.

It was found through the present research that a greater number of those who are visibly handicapped experience institutionalization and 'all special' education as compared with those who are not visibly handicapped. This fact suggests that the socialization of the individual may be the more important variable to consider in our discussion of the processes of self-mortification and self-aggrandizement.

Before we may go further into this discussion, it should be established what is meant by the institutionalization of the individual. In the present research study, both past and present 'institutionalization' have been of concern. With regards to past institutional experiences, residency in a hospital for the mentally retarded is considered to be 'institutionalization' as well as attendance at a special school for the mentally retarded (such as Sun Parlor in Windsor) for a period of time. The latter is considered to be an aspect of 'institutionalization' for the following reason. The individuals attended an establishment for one special group of people on a daily basis being transported

daily to and from school on little yellow school buses. Although these individuals did not reside at the school, their life and identity are regarded as centering around their membership in a deviant subculture. With regards to the present 'institutionalization' of these individuals, the number of years which the person has worked at A.R.C. and their attendance at the summer camp for the mentally retarded are considered. Employment at A.R.C. Industries and attendance at camp are considered as 'institutionalization' as again it can be seen that the lives and identities of these individuals center around their membership in a deviant subculture. They are placed in an 'institutional' like setting being closely supervised and governed by rules and regulations in both of these situations.

A greater number of the visibly handicapped who have spent a period of time in a hospital for the mentally retarded report having high self-esteem as compared with those who have not had this experience. If the visibly handicapped have had all special education, they are the most likely to have high self-esteem when compared with those who experienced a mixture of education or all normal education. The longer these individuals remain at A.R.C., the more likely it becomes that they will report having high self-esteem. These findings suggest that the experience of institutionalization has afforded these individuals the opportunity for self-aggrandizement.

On the other hand, those who are more 'normal' in appearance are most likely to have low self-esteem if they have been institutionalized. However, the longer these individuals remain at A.R.C., the more likely it becomes that they will have high self-esteem. The process of the mortification of the self is evidenced here for those who have been institutionalized; the process of self-aggrandizement is evidenced for those remaining at A.R.C. for more than three years.

The visibly handicapped who have been institutionalized are less likely to want to change their lives as they presently are than are those who have not been institutionalized. This finding is the opposite for those who are more 'normal' in appearance. That is, they are more likely to want to change their lives if they have been institutionalized and less likely to want to change their lives if they have not been institutionalized. However, the longer they remain at A.R.C., the less likely it becomes that they will desire to change their lives from the way they are presently. From these findings, it is suggested that the visibly handicapped more readily accept the fact of their deviance than do the more 'normal' individuals. As a means of managing their spoiled identities, the visibly handicapped aggrandize themselves and complacently give in to their situation. Only

after further socialization into institutional life which the more 'normal' individuals experience at A.R.C., do they employ this same defense mechanism.

Several other such examples from the present research point to the same finding: that is, of those individuals who have been institutionalized and have experienced all special education, the visibly handicapped are likely to demonstrate self-aggrandizement while those who are not visibly handicapped demonstrate self-mortification. This conclusion is not a clear cut matter and warrants careful consideration for the following reasons. In the present research study, the length of institutionalization is not considered and this could be a very important factor in a discussion of these two processes. As mentioned, the visibly handicapped are more likely to have experienced life-long institutionalization. Those who are not visibly handicapped are most likely to have experienced shorter periods of institutionalization and quite possibly all normal education. The finding that the longer the individual remains at A.R.C., regardless of the visibility of handicap, the more likely it becomes that they will aggrandize themselves, requires further attention. From this finding, it is suggested that it is the extent of the institutionalization encountered by the individual that governs the processes of the mortification

of the self and self-aggrandizement. Goffman recognized this fact identifying self-mortification as the process which occurs early in the institutional life of the individual. Self-aggrandizement occurs at a later point in one's institutional career, after the process of the mortification of the self has been contended with. Although further study is necessary to demonstrate the hypothesis that these processes occur at different rates for the visibly handicapped and for the more 'normal' appearing individuals, the present research points to such a theory. It is further suggested that self-aggrandizement may be a defense mechanism developed for the protection of one's spoiled identity. The mortification of the self is regarded as an adjustment to a new set of circumstances. It is not a defensive mechanism but is rather a disarming process where the old self is torn down and a new self, suitable for survival within an institutional setting, is created.

Summary

From the research findings it has been demonstrated that the management and perception of spoiled identity vary as the visibility of handicap varies. The visibility of handicap and the socialization of the individual are found to be related. Depending on whether or not the individual is visibly handicapped, his/her arrival at A.R.C. Industries

may mark the beginning or the final stages of the deviant's career. These individuals arrive at A.R.C. being at different points in their deviant careers. Differences between those who are visibly handicapped and those who are more normal in appearance have been identified in relation to the processes of self-mortification and self-aggrandizement which may be associated with the individual's point in his/her deviant career. Both the visibility of handicap and the extent of institutionalization are found to be important variables in reference to these processes. For all involved, regardless of the visibility of handicap, the process of self-aggrandizement is displayed by those individuals who have worked at A.R.C. for more than three years. The institutional nature of A.R.C. Industries and the custodial nature of the supervision of the 'inmates' has been exemplified, explaining in part why these individuals display similar reactions as are displayed by other institutionalized individuals.

This study has been identified as an exploratory study of the management of spoiled identity. The intention of this study has been to point directions for further research. Perhaps the most significant finding of this study which warrants further experimentation, is that the so-labelled mentally retarded are human beings with reactions, attitudes,

behaviours and feelings about all that goes on around them. The majority of these individuals are capable of being interviewed and of providing intelligible responses. The three areas of discussion presented in the conclusion chapter (namely: the career of the mentally retarded; custodial care versus independence; and the mortification of the self versus self-aggrandizement) all require further research. One of the major weaknesses of the present study has been the small research sample of forty-nine. With a larger sample of one hundred visibly handicapped and one hundred 'normal' appearing mentally retarded individuals, it is felt that major contributions to sociological theory in this area could be made.

In conclusion, it could be said that the so-labelled 'mentally retarded' learn to deal quite competently with their incompetence. Most eventually complacently comply with the wishes of those 'normals' who surround them. However, others provide a quiet yet persistent voice of retaliation protesting:

"I was never given a chance."

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APPENDIX I

RECOMMENDATIONS FOR A.R.C. INDUSTRIES

Recommendations for A.R.C. Industries

1. It is recommended that A.R.C. Industries review the long-term and short-term goals of the agency.

2. It is recommended that A.R.C. Industries revise the rules and regulations of the work place to correspond with the identified goals of the institution.

3. It is recommended that inservice programs be held on a regular basis to review the goals of the agency and their application to each individual.

4. It is recommended that experimental programs be developed and implemented where the workers would be given an opportunity to exercise self-direction. The following serve as examples of how this recommendation could be implemented:
   i) a worker could check the SKDs' either independently or along with a supervisor.
   ii) a worker could be responsible for taking charge of selling coffee and milk at coffee breaks and lunch hours.
   iii) each worker could, in turn, assist the supervisor for a period of time as an 'assistant supervisor.'

5. It is recommended that one or two workers be made responsible for 'supervising' activities at lunch hours. They could, for instance, go to the store for other workers.

6. It is recommended that the workers receive continuing education concerning:
   i) Sex Education and birth control methods.
   ii) Management of money and banking procedures.
   iii) Grocery shopping, nutrition and budgeting.
   iv) Reading and writing classes for those who are interested.

7. It is recommended that 'trainees' be reviewed periodically concerning their progress at A.R.C.

8. It is recommended that A.R.C. Industries develop connections with the Psychology and Social Work Departments of the University of Windsor. In this way, students could work on a one to one basis with the 'trainees.'

9. It is recommended that a committee of workers be formed for the purpose of planning special events and airing problems.

10. It is recommended that field trips be planned for educational purposes, and/or just for fun. (ie. a trip to a bank might be useful)

11. It is recommended that apartments for these individuals be planned rather than a group home so that they may have the opportunity to learn to live on their own, care for themselves, and possibly marry.

12. It is recommended that the disability pension received by those desiring to live on their own, or who presently are living on their own, be increased to a level well above the poverty line. It is also recommended that A.R.C. receive more funds from the province which in turn may be paid to the workers without a consequent reduction in their disability pension.

13. It is recommended that the 'older' people who attend the camp for the retarded in the summer be given the opportunity to be assistants to counsellors.

APPENDIX II

INTERVIEW SCHEDULE

INTERVIEW SCHEDULE:

1. Sex of Respondent.

2. According to 'panel of experts' does the individual look visibly retarded?
   --person looks retarded
   --person looks somewhat retarded
   --person does not look retarded

3. Does the person have a physical handicap?
   --person has a visibly physical handicap
   --person moves awkwardly
   --person does not have apparent problem

4. Ability to verbalize--does person speak in a 'retarded' manner?
   --person has a speech difficulty
   --person gives inappropriate responses
   --person has no apparent difficulty

Section #1--BACKGROUND

5. What is your age?

6. Are you married?

7. What schools have you attended?

8. Do you receive money from A.R.C.?

9. Where do you live?--in what city?

10. Do you pay room and board?

11. With whom do you live?

NB. Answer Question #12 if living at home with parents. Skip to Question #13 if not living at home with parents.

12. Do you have brothers/sisters living at home?

13. Do any brothers/sisters work at A.R.C.?

14. Do you enjoy living where you presently are?

15. If you had a choice, where would you live?

NB. If Question #15 indicated 'would like to move,' answer Question #16. If not, skip to Question #17.

16. Why would you like to move?

17. Have you ever lived away from home?

18. Do you have any ties with other agencies?

19. Do you have a driver's licenee?

NB. If married, answer question #20 to #24. If not married, skip to question #25.

20. Do you have any children?

21. Do you plan to have any/more children?

22. Who does the grocery shopping?

23. How do you get your groceries home?

24. How much would you say that you spend on groceries each week?

SECTION II--WORK:

25. Do you work at any other jobs?

NB. If married, answer question #26; if not married, skip to question #27.

26. Does you wife/husband work?

27. How long have you been working at A.R.C.?

28. How did you come to work at A.R.C.? That is, what were you doing before you came to A.R.C.?

29. Have you worked at any other jobs?

30. Why do you work at A.R.C.?

31. Do you like working at A.R.C.?

32. Where would you most like to work if you had the choice? Do you feel that you have a choice?

33. Have you ever tried to get a job at another place?

34. Do you have any training for any other jobs?

35. How do you get to A.R.C. each day?

NB. Answer question #36 if they take the Bus for the retarded; skip to #37 if they do not take bus for retarded.

36. How do you feel about taking the bus?

37. Do you like getting up early for work?

38. What job do you have at A.R.C.?

39. What part of your job do you like the best?

40. Do you plan to stay at A.R.C.?

41. Do you think that you could be a supervisor at A.R.C.?

42. Would you say that most of the friends which you have work at A.R.C.?

43. What do you most dislike about your job?

44. What do you like the best about your job?

45. Who do you like to talk to at work the best?

46. What do you like to talk about?

47. Who is your supervisor?

48. Do you like your supervisor? Does s/he like you?

49. When you talk to your supervisor, what do you talk about?

50. Do you think that your supervisor talks to you as much as to the other members of your group?

51. When you talk to your fellow workers at work what do you talk about?

52. Do you think that you fellow workers talk to you as much as to the others?

SECTION III--LEISURE: (NB.-answer question #53 to 59 if not married; if married, skip to question #60)

53. Do you go out on dates?

54. Which of the following activities do you do most frequently on dates?

55. Do you go out with people from A.R.C.? (or would you like to)

56. Do you think that it is alright to kiss on a date?

57. Do you think that it is a good idea for a woman to take birth control pills?

58. Do you plan to marry some day?

59. Do you plan to have children some day?

60. What do you most like to do in your spare time?

61. Of the activities which you like to do more than once a month, which do you like to do by yourself?

62. Which of the activities which you like to do more than once a month do you like to do with others?

63. Who do you like to be with the most?

64. What shows do you like to watch on T.V.?

65. Do you have any heroes?

66. What do you like about your hero?

67. What do you usually do when you go home from work?

68. Do you belong to any clubs?

69. Do you belong to a Church? If yes, are you involved in any groups in the Church?

70. Do you belong to the YM/YWCA?

71. What did you do on your holidays last summer?

72. Have you ever gone to Cedar Springs Hospital in the summer? Did you ever live there? If yes, how did you like it?

73. Do you like being with other people?

SECTION IV--HOME:

74. Are your parents both living?

75. What is/was your Father's occupation?

76. What is/was your Mother's occupation?

77. What is/was your Father's education?

78. What is/was your Mother's education?

79. Who do you spend the most time with at home?

80. What do you enjoy doing the most at home?

81. What do you least enjoy doing at home?

82. Do you help with the housework and other chores at home?

83. Do your brothers/sisters/other residents help at home with the chores? Why or why not?

84. Do you like to help around home?

85. Do you do any work for anyone else?

86. Are you paid for the work that you do for your parents?

87. Are you paid for the work that you do for others?

88. Do you have your own bank account? Do you do your own banking?

89. Do you keep track of your money?

90. Do you think that your parents treat(ed) you like your brothers/sisters.

91. Do you feel that you are a 'special' person?

92. Do you feel that you have a say in matters that affect you at home?

93. Would you say that you are happy with your life the way it is?

94. What would you most like to change about your life?

SELF-ESTEEM SCALE: (Rosenberg: 1965)

NB. Rank the following items according to:
1-------Strongly agree
2-------Agree
3-------Disagree
4-------Strongly Disagree

1. I feel that I am a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people.
5. I feel that I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times, I think I am no good at all.

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