DOCUMENT RESUME

ED 115 068 EC 080 677

TITLE	Fostering Positive Attitudes Toward the Handicapped In School Settings.
INSTITUTION	City Univ. of New York, N.Y. Hunter Coll. Special Education Development Center.; New York State Education Dept., Albany. Special Education Instructional Materials Center.
PUB DATE	75
NOTE	195p.; Proceedings of the Special Study Institute (Rensselaerville, New York May 1-3, 1975)
EDRS PRICE	MF-$0.76 HC-$9.51 Plus Postage
DESCRIPTORS	Bibliographies; *Changing Attitudes; Childrens Books; Conference Reports; Curriculum; Exceptional Child Education; *Handicapped Children; Instructional Materials; Labeling (of Persons); *School Role; Social Attitudes; Special Education Teachers; Television
IDENTIFIERS	New York

ABSTRACT

Provided are the proceedings of the Special Study Institute conference on Fostering Positive attitudes Toward the Handicapped in School Settings sponsored by the Division for Handicapped Children of the New York State Education Department. Presentations include the following topics: rationale for the conference (by Samuel Wallach); a review of theory and research on reactions to the handicapped (by Steven A. Richardson); television and attitudes toward the handicapped (by Robert M Liebert); the development of receptivity toward labeled children (by Ellen B. Barnes); supporting teachers for change (by Peter Knoblock); some curricular experiences for children (by Elizabeth Pieper); a curriculum fostering positive attitudes toward the handicapped (by Shirley Cohen); and the handicapped in children's literature (by Barbara H. Baskin). Reports from the area planning groups are summarized; and appendixed are results of an evaluation of the Special Study Institute, addresses of participants, a selected bibliography of professional references and children's literature (117 entries), and a selected bibliography of multimedia materials (34 entries). (SB)

PROCEEDINGS

of the

SPECIAL STUDY INSTITUTE

FOSTERING POSITIVE ATTITUDES TOWARD THE HANDICAPPED IN SCHOOL SETTINGS

Sponsored by

THE DIVISION FOR HANDICAPPED CHILDREN
NEW YORK STATE EDUCATION DEPARTMENT

In cooperation with

THE SPECIAL EDUCATION DEVELOPMENT CENTER
CENTER FOR ADVANCED STUDY IN EDUCATION
GRADUATE SCHOOL AND UNIVERSITY CENTER
CITY UNIVERSITY OF NEW YORK AT HUNTER COLLEGE

and

THE ALBANY-SCHOHARIE-SCHENECTADY BOCES

May 1-3, 1975

Rensselaerville, New York

A Project of the New York State Network of Special Education Instructional Materials Centers

CONTENTS

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SPECIAL STUDY INSTITUTE

"Fostering Positive Attitudes Toward the Handicapped in School Settings"

Date: May 1, 2, 3, 1975

Place: The Institute on Man and Science
Rensselaerville, New York

Program

Thursday, May 1

2:00 P.M.	Registration -- coffee
2:30	Greetings and Introductions
2:45	"A Rationale for a Conference on 'Fostering Positive Attitudes Toward the Handicapped in School Settings'" Samuel Wallach, Director, Educational Services Maimonides Developmental Center
3:15-5:00	"Reactions to the Handicapped: A Review of Theory and Research" Steven A. Richardson, Director, Social Ecology Unit Rose Kennedy Center-Albert Einstein College of Medicine Question and Answer Period
5:45-7:00	Dinner
7:15-8:30	"Television and Attitudes Toward the Handicapped" Robert M. Liebert, Professor of Psychology and Psychiatry, State University of New York at Stony Brook
8:30-9:30	Selected Television Program Excerpts

Friday, May 2

7:30-8:45	Breakfast
9:00-10:30	"Developing Receptivity Toward the Handicapped in Educational Personnel" Ellen B. Barnes, Education Director, Center on Human Policy, Syracuse University Peter Knoblock, Professor of Special Education Syracuse University
10:30-12:00	Small Group Reaction Session
12:00-1:15	Lunch
1:30-3:00	"Some Curricular Experiences for Children" Elizabeth Pieper, Parent and Director of the Village Nursery School, Amsterdam, New York Shirley Cohen, Director, Special Education Development Center, City University of New York at Hunter College
3:00-3:30	Coffee Break
3:30-5:00	Small Group Reaction Session
5:45-7:00	Dinner
7:15-8:30	"The Handicapped in Children's Literature" Barbara H. Baskin, Assistant Professor of Education State University of New York at Stony Brook
7:15-9:30	Materials Exhibit -- Media Showing

Saturday, May 3

7:30-8:45	Breakfast
9:00-11:00	Area Planning Groups
11:00-12:00	General Synthesis Session
12:00-1:30	Lunch

GREETINGS AND INTRODUCTIONS

Shirley Cohen

Good afternoon and welcome to this Special Study Institute on "Fostering Positive Attitudes Toward the Handicapped in School Settings." I am Shirley Cohen, Director of The Special Education Development Center of City University of New York, where the idea for this institute originated. Two other programs are co-sponsoring this conference. One of them is the Unit on Instructional Materials of the Division for Handicapped Children, New York State Education Department. The other is the Albany-Schoharie-Schenectady Board of Cooperative Educational Services(BOCES). Representing the New York State Education Department is Mr. Lawrence Gloeckler, Associate in Instructional Materials for the Handicapped. Representing the Albany Schoharie-Schenectady BOCES is Mr. Zeb Robbins, Director of both the Associate Special Education Instructional Materials Center and The Educational Communications Center of this BOCES.

Lawrence Gloeckler

This conference is important to us. There are many reasons for having it. The Division for Handicapped Children, through its Special Education Instructional Materials Center(SEIMC) Network, has been involved in trying to make changes in programs and instructional processes throughout the state. Dr. Cohen has worked closely with us on many of these aspects. In the next couple of days we're going to find out about how to deal with the way people feel about handicapped individuals, as they deal with less restrictive environments, as they move children along a continuum of services, as they try to do mainstreaming.

Where do we talk about or deal with the handicapped child in our educational programs? This is really an ignored segment of our society. We expect adults whose attitudes have been fairly solidly formed to deal with individuals from whom they have been sheltered all their lives. What results is a response of, "Yes, let's help the handicapped, but not in my community, my school, my class. I don't understand them and I don't know how to deal with them; I'm kind of fearful of them." The time to start to deal with individual differences is not in adulthood but in childhood. We have to let children grow up with other types of children. We have to let people see each other's strengths and weaknesses. If we can create this kind of understanding and relationship we will normally accept people for what they are and deal with them where they are. Perhaps then we wouldn't have to worry about fostering positive attitudes.

Zeb Robbins

I want to welcome you on behalf of myself, BOCES, and Dr. George Maybury, Chief Executive Officer. The program appears to be provocative, challenging, and well planned. We hope the proceedings of this institute meet some of your needs, and prove to be a valuable educational and personal experience for all of you.

Shirley Cohen

This institute was organized around a series of questions:

--What is the current status of attitudes toward the handicapped?

--What needs to be done in this realm?

--Why should the schools undertake this responsibility?

--What approaches to fostering understanding and acceptance of the handicapped are now in operation?

--What approaches might be added or how might this be done in a better way?

--What are you, the participants, going to do about these questions when you get back to your own schools?

In the early phases of planning for this conference I thought I would be up here now giving you a rationale for this institute, but I found someone else to do this job. Mr. Samuel Wallach, coming from a different segment of the professional community, has been saying for several years what I was planning to say today. He has been giving his message to legislators, and to the general public, as well as to selected educators. I thought you would want to hear it from him, because it would illustrate the broad support which the idea of this conference has been gathering from other groups which work with and represent the handicapped.

A RATIONALE FOR A CONFERENCE ON "FOSTERING POSITIVE ATTITUDES TOWARD THE HANDICAPPED IN SCHOOL SETTINGS"

Samuel Wallach*

I am delighted to be part of this Conference. For many years I have been asking how long it would be before our talking and writing and researching and planning about programs for the handicapped would get to the basic question of attitudes toward the handicapped. And, now we are here, and the matter is on our agenda--"Fostering positive attitudes toward the handicapped in school settings." But, I'd like to formulate our Conference topic somewhat differently, in the hope that our deliberations may be more fruitful. I once asked a young physician if he had discovered any great answers in his recently completed research project. He promptly responded, "No great answers yet, but some great questions."

Let us try to find answers to this question. How can the schools help change current negative attitudes toward the handicapped into positive attitudes, while our society constantly fosters negative attitudes and practices against the handicapped?

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*Samuel Wallach is Director, Educational Services and Community Relations, Maimonides Developmental Center. He is also Chairman, Brooklyn Boro-Wide Council for the Mentally Retarded.

Some time ago I sent a letter to the Editor of the New York Times. I'd like to read a few sentences to you:

> The New York Times recently reported on a dramatic conference sponsored by the Mayor's Office for the Handicapped and the New York City Department of Consumer Affairs.
>
> I attended this conference and heard the representatives of the deaf, blind, crippled, and mentally retarded describe their special needs and the types of discrimination they meet every day as consumers. Spokesmen for the Telephone Company, banks, the transportation authority, and retail stores expressed concern and described some specific arrangements they are now making, and their plans for the future to improve services for the handicapped.
>
> But no one--neither the handicapped nor the community representatives, nor those from government--mentioned the most fundamental need of the handicapped. The handicapped persons of our city desperately need a change in the thinking of the so-called normal population.
>
> Every day in our city over a million children go to our schools. Every day millions watch TV, go to the movies, read newspapers, magazines, and books. From all of these molders of minds the same message seems to come across--compete, do better than the next person, get more money, get more things, take care of yourself--no one else will, and similar guidelines for succeeding in a jungle. These attitudes have a devastating impact on the lives of the handicapped. Of course, there are individual exceptions, but in general the crippled, blind, deaf, and mentally retarded among us experience the daily suffering imposed on them by their alienated fellow New Yorkers.
>
> Certainly, it is important to make special arrangements and regulations and appropriations for the handicapped. But, basic to all of these is a change in the public attitude.

Those of us who work in the community to provide direct services to the mentally retarded, again and again see examples of negative attitudes. The furor over Willowbrook a couple of years ago brought a demand for deinstitutionalization, for "exodus Willowbrook," out of the human warehouses, into the community. Then came the discussions, the conferences, the writing, the research--about the advantages of community living, building hostels, and workshops, the relative economy of community versus institutional care, and of course--preparing the handicapped for community life. And, almost nothing about the attitudes of the people in the community. We have seen the negative attitudes.

This is a letter I received in August 1974 from the Director of Letchworth Village:

> Enclosed you will find the outline of a program for a proposed community residence for mentally retarded adults to be located at 257 East 57th Street, Brooklyn. If implemented, the program would be administered jointly by Letchworth Village and Brooklyn Developmental Center, with residents of Brooklyn coming from both facilities.
>
> The proposal was reviewed and disapproved by Community Planning Board #9 at a public hearing held on June 19, 1974.

Disapproved by the Planning Board says it very mildly. This was a proposal to open in East Flatbush a hostel for 8 to 12 young adults who had originally come to Letchworth Village from Brooklyn. When the citizens of the community heard about the project, they came to a meeting of the Planning Board and raised such hell that it was disapproved.

Some time ago the New York Times reported an example of negative attitude in Imperial Beach, California with a headline--Home for Retarded Boys Divides A Town.

> IMPERIAL BEACH, Calif., March 4--The Chester Martins and the six retarded boys who make up their family received a letter from City Manager Thomas R. Parks this week, with an apology and a belated welcome to their new beachfront home here.
>
> Mr. Parks assured the Martins that the hate and anguish to which they had been subjected for nearly four months was not shared by all the town's 21,000 residents and that there were "many fine people who want you to know that you and your boys are welcome."

> This official gesture of friendliness has yet to be reflected among the Martin's neighbors, who waged a long campaign of legal harassment in an effort to prevent the retired couple and their six wards, ages 12 to 26, from moving into the home on First Street that cost them $62,500.

Here is till another newspaper item--Residents Oppose Home For Retarded.

> Residents of Owego at a public hearing overwhelmingly opposed the purchase of a home in the village of Owego by the New York State Department of Mental Hygiene for use as a transitory house for retarded persons. Although a variety of reasons were given for opposing the purchase by Broome State School of a home at 81 Front Street, one that was not given was fear or ignorance about the retarded. Mental Health officials, however, said that they felt that these were the dominant reasons.

On could go on and on about negative attitudes toward the handicapped to be found among so many of the citizens in our communities. These citizens, of course, are the products of our schools--and the parents of the children now in our schools.

And, what of attitudes in our schools.

Mainstreaming is an "in" theme in the world of education at the present time. It has been one of the major subjects in conferences, periodicals, workshops, newspaper articles, and so on. A dozen states have mandated the practice of mainstreaming through legislation or executive orders. A search of the literature and the enactments reveals an awareness of some of the problems that must be tackled and solved. Most of the thinking centers around preparing the handicapped child for his entry into the mainstream. A few references are made to training and retraining teachers, to administrative efforts for providing resource teachers and materials. More recent discussion deals with unforeseen problems and difficulties. But we have not found any significant consideration of the problem of attitudes that is basic to the success of the entire effort called "mainstreaming." How shall we prepare the so-called normal children and their parents, their teachers, and supervisors so we dare move our handicapped children into the mainstream?

A special education teacher presents a problem in a Special Education publication: "I have the only special primary class of educable mental retardates in the school. My children are constantly being taunted by children in regular classes. My children complain that the other children in the school call them 'retards' or 'dummies.' Can you give me some ideas on how to handle this problem?"

The report of the New York State Commission on the Quality, Cost, and Financing of Elementary and Secondary Education (The Fleischmann Report) states: "Special class students whose afflictions are other than physical in origin are often labeled by their peers as 'retards' or 'dum-dums.' This label is applied to the retarded, the brain-injured, and the speech-impaired alike, as well as to children in classes for the emotionally handicapped, when they are not referred to as 'crazies.' Even the staff of 'regular' teachers and principals tend to look down on these children....Many regular class teachers, like others who are not disabled, regard the handicapped with fear and prejudice."

In general, the mainstream is polluted with negative attitudes. Far from being prepared to welcome their handicapped peers, the children of the mainstream, day after day, learn the very values which militate against cooperation and care for others. "Normal" children are encouraged by their parents and teachers to excel in competition, to be individualistic, to emulate the models set before them--the strongest, smartest, richest, most perfect. For almost all of the persons in the mainstream there is a lack of knowledge, contact and experience with the handicapped that can result in indifference, fear, and inappropriate behavior. Certainly there are exceptions in this picture of a polluted mainstream. There are children, parents, teachers, and supervisors who are different, who are not alienated, who care. But, they merely prove that changes are possible. They are not the solution to the problem.

How can we change negative attitudes toward the handicapped to positive attitudes? There will have to be fundamental changes in our social values. We will have to move from alienation to concern, from competition to cooperation; we will have to add humanitarian considerations to our material incentives. And, of course, this will take a long, long time.

But there are immediate steps we can take to bring about changes in attitudes on the part of the children and teachers and supervisors in our schools.

We must get the topmost policy makers in our state--the legislature, the commissioner of education, Boards of Education, and superintendents to formulate the goal and help achieve it--"prepare the mainstream so mainstreaming works."

Following this, well-planned programs, statewide and local, should be developed: The curriculum makers can provide a coordinated series of units for "normal" classes, from kindergarten through the twelfth grade, on the handicapped--who they are, what they are like, their needs, their capabilities, their contributions to society, and much more. The textbook makers and audiovisual suppliers will follow. And, of course, in every school there are handicapped children who are living audio-visual aids for helping teachers educate "normal" children about people who are different.

Colleges can introduce courses on the handicapped for all future teachers and the schools will provide in-service training for present teachers, and workshops for parents.

Television, films, the press will become part of the effort.

The mainstream will be cleansed of those pollutants which now make efforts at mainstreaming so frustrating. We will be preparing our "normal" children to live and to learn with, and learn from, their handicapped brothers and sisters. The handicapped will benefit enormously from a change in the attitude of "normal" children and their teachers. But, far beyond the benefits for the relatively small number of handicapped will be the gains for millions of "normal" children and their families. Into their lives the school can bring a cooperative relationship to others so sorely lacking these days. This is not a matter just for the people working with the handicapped. It is a challenge for all sections of the school systems.

Our work in the long run and in the present to change attitudes toward the handicapped will be difficult and beset with problems and frustrations, but certainly the motivation is there. We have no alternative if we want our efforts for the handicapped to succeed.

We know that in our society there are exceptions to the general rule of alienation and selfishness and they give promise of a better way.

Here is an article about Willowbrook and Midwood High School Students in Brooklyn. It tells how some of the students responded to the unfavorable publicity about Willowbrook by arranging for bus loads of some 150 students to visit the institution every other Saturday to play with and eat with, and talk with the children there.

Another news article describes how some 200 teenage volunteers participated in a summer recreation program in the Bronx, sponsored by Catholic Charities for deaf and mentally retarded children.

Certainly, other examples of positive attitudes toward the handicapped can be found all over our country. I think they occur in spite of what goes on in school and community. But, these examples are so beautiful and inspiring, we should determine to move all our children in that direction. May this Conference be a beginning step towards that goal.

COMMENT

Shirley Cohen

The original title of this institute was "Fostering Positive Attitudes Toward the Handicapped: Paving the Way for Mainstreaming." The second part of the title was dropped because "mainstreaming" is being used in a very narrow sense by many educators today, to mean moving handicapped children into regular classrooms. That is not the idea we are pushing at this conference. Nor is this a conference on how to do mainstreaming. This conference was conceived as a way of stimulating the removal of attitudinal barriers which prevent handicapped children from obtaining the kind of educational placement from which they can most benefit, whatever that placement is. We are here to plan for ways to deal with situations like the following: A school has special classes for the handicapped. They are all located in one part of the building. Children in the regular classes shun this area of the school. They go out of their way to avoid it. When they pass a class of orthopedically disabled or severely retarded or severely disturbed children, very often they are afraid or repulsed or both. No one does anything about these feelings, either to help the nonhandicapped children or to deal with the effects of these reactions upon the handicapped children.

The second comment I want to make is a reaction to something Mr. Wallach said, namely that in order to prepare the mainstream so that mainstreaming will work we need a statewide program with curriculum units, college training, media support, etc. I agree, but I think we need to start right now even though it will be in a smaller way. The structure of this conference was designed to bring together people who can get this process started. The participants at this conference were selected to serve as teams in their local school areas. Each team consists of at least one special educator and at least one or two regular educators. The regular educators are here because they work with the people--children, parents, teachers, administrators--whose attitudes we want to influence. The special educators are here because they will have to play a new role in this process. They will have to become resource people and consultants to educators in the mainstream on this problem of acceptance of the handicapped.

REACTIONS TO THE HANDICAPPED: A REVIEW OF THEORY AND RESEARCH

Steven A. Richardson*

Mr. Wallach has already made a very important point. We can't think of handicapped children and how we are going to work within the schools without thinking much more broadly of the society in general. The issues we have to think about are extremely widespread in our society.

I'd like to start off by telling three stories, none of them directly related to handicapping. Each is extremely different, but all have a common theme.

The first story I found in a New York Times article. It is entitled "A Yetti-like Monster Gives Statetown, Illinois a Fright."

> A strange creature which has baffled and frightened the police and residents for weeks in the southern Illinois town on a sluggish river in Illinois. It's a creature resembling a gorilla. It was eight feet tall, had long shaggy, mangy hair, colored a dirty white and it smelled from the river slime. Many people reported sightings of the strange creature but many incidents were not reported for fear not of the monster, but of the hundreds of humans that have flocked to each sighting with rifles and shotguns.

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*Steven A. Richardson is Director of the Social Ecology Unit, Rose Kennedy Center-Albert Einstein College of Medicine, Bronx, New York.

The first person who saw this creature was a boy and they interviewed him and I'd like to read his conclusion: "I think it's out there," said young Randy Creek. "It would be fascinating to see it again and study it. But you know, I kind of hope he doesn't come back. With everyone running around with guns and sticks, he really wouldn't have much of a chance, would he?"

The second story deals with Frank Shorter who won the Marathon Race at the Olympic Games in Munich, and was the first American to do so. During his training in New Mexico, where his father was a physician, the only way in which he could obtain his daily run was to have his father drive behind him in a pick-up truck with a shotgun. The reason for this was until his father was willing to do this, cars started veering over, almost pushing him off the road, people threw things at him, shouted at him and made it almost impossible for him to run.

The third story is one in which some of you probably have vivid memories. I happened to be in England at the time when the Beatles were first making their name. I brought back what must be one of the first recordings of their songs to the United States. I gave it to my boys. They looked at the photograph on the cover and my youngest son immediately decided he wanted to have a Beatle haircut and began growing his hair. This went on for a number of weeks. First of all, we got a letter from the teacher asking to have it cut, which we didn't pay much attention to. Finally, we were asked, both my wife and myself, to go to see the head of the school, who said that this was such a grave matter he'd have to suspend our son from school, unless his hair was cut.

Here are three very different stories. I'd like to suggest what is the major theme that underlies what you're going to have to deal with, and what we all are going to have to deal with in ourselves as well as with everyone else.

What I would like to suggest goes something like this. That early in life individuals develop a schema or a set of expectations about how other people should appear, what they expect others to look like, their movements, their dress, their manner, how they expect others to behave, how they expect others to speak, the language they are going to use, the rate of thought, and a whole series of other things. Also, the rates at which we expect people to learn, and the kind of abilities we expect them to have in terms of thinking processes. This schema that we all possess about our expectations towards others allows for some variation around the norms that we have established. If, however, the variation becomes too great around this norm, a violation of expectation occurs. This violation provokes feelings of anxiety and fear and withdrawal for the person who caused the violation. For the person who is frequently the cause of others' violations of expectations, that is the violator, the person who is different, there are serious consequences for their socialization, their everyday lives and their ability to become effective and satisfied adults. This is being described in a rather different way by a man called Irving Goffman (1963) in his book called Stigma. I'd like to read you his definition of what constitutes stigma, and you'll see that this is related, but not quite the same.

> While a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in a category of persons available for him to be. An individual who might have been received easily in ordinary social intercourse, possesses a trait that can intrude itself upon attention and turn those of us humans away from him, breaking the claim that these other attributes have on us. We tend to impute a wide range of imperfections upon the basis of the original one.

You see that this conceptualization of Goffman is similar to the "violation of expectation" concept I have suggested.

My task today is to review some of the research, and in a sense I'm talking around in a circle because the "violation of expectation" concept is where my thinking has come to after reviewing and conducting research.

I'd like to start with some of the more direct evidence related to this question of the arousal of anxiety when there is a deviance from one's expectation -- a violation. It was a study that was done by Jerome Kagan (1966) in which he studied four-month old infants lying in their cribs. As they were looking up, he showed one of two kinds of faces. The first was a three dimensional model of a normal human face. He then showed the children a face in which the features were scrambled -- the mouth was placed where the eye normally is, the eye was placed where the nose is, and so on. Even by the age of four months, this aroused fear reactions on the part of the children, and crying. The infant had developed some sort of a schema conception of what the face should look like. We develop an increasingly complex set of expectations about people's appearance, movement, behavior, abilities, etc. as we are socialized in our society.

When I started research dealing with handicapped children I was skeptical as to whether children would have the same values and attitudes as adults towards handicapped people. We often assume that children possess the same values that we do. I wanted to find out what children who are not handicapped felt towards various forms of physical disabilities.

We started off with three questions: The first was - Do children prefer a nonhandicapped child to a handicapped one? I'm speaking now about an overt physical handicap -- one that could be seen, such as loss of a limb or facial disfigurement, obesity, or similar handicaps of this kind. Secondly, if we were to find that children preferred the nonhandicapped child, what about different kinds of handicaps? Are there certain kinds of handicaps that are generally more preferred than others? Or are children's preferences more idiosyncratic and random? The third question was - What about the children themselves who are physically handicapped? Are they going to have the same or a different set of values and preferences from children who are not handicapped?

The way in which we approached these questions was to use a set of pictures of boys and girls aged about eight and ten (Richardson et. al. 1961). We used six pictures -- one showing the child with no handicap, and the five other pictures showing five different forms of handicap. Each picture was of the same child and everything was the same in each picture except the presence or absence of the handicap, or the kind of handicap which the child possessed. To obtain the children's preferences or values we laid the six pictures on the table facing the child. Our first instruction was: "Would you please look at these boys,(if the subjects were boys - we used pictures of girls if the subjects were girls) at each one of them very carefully." And you'd watch the child's eyes to check that they scanned the pictures. When they'd looked at each picture we said, "Which boy (or girl) had you liked best?" Generally, without any hesitation, they would point to a picture and we would remove and note which it was. There would be five pictures left, and we would now say, "Now which boy (or girl) do you like best?" They would point again and we would remove it. We continued the process until only one picture was left.

The ordering obtained of the children's preferences was their reaction to the different handicaps because everything else in each picture was held constant. A value is a set of preferences -- one thing is preferred above another thing. We used these pictures in a series of studies to answer to the three questions which we had initially asked.

Predominately, children preferred a nonhandicapped child. This occurred in about 85% of several thousand children that we tested. This occurred not only in our own culture, but also in numerous other cultures where we have also done this work.

Secondly, a remarkable consistency between children: some handicaps being more liked, and others being less liked. The one which most consistently is the least liked is obesity in the case of girls and boys, and this occurs in many cultures. It is not as strong in the case of boys, and there has been some change over the 15 or 18 years in which I've used these pictures, and I don't know what the reason is. The image of the professional football player may contribute to this shift, but this is speculation.

The answer to the third question about the children who are themselves physically handicapped was that their preference ordering on average was the same as age peers who are not physically handicapped. We first studied children with a variety of handicaps. We later used obese girls, and you recall that obesity in girls is the least liked of the six handicaps. obese girls ranked obese as the least liked. So they agreed with the majority culture of the nonhandicapped that they were the least liked of the six pictures. I think this is an important finding because it tells you something about the degree of self-esteem that children who have physical disabilities have towards themselves, and where they learn this from.

I'll summarize a few other results of these studies. The finding that holds across every culture that we've worked in is that if you compare boys with girls, boys have a lower preference than girls for the handicaps which interfere with physical activities -- such as being in a wheelchair, having a leg brace, or an amputation of the arm. The girls have a lower preference than boys for handicaps which are cosmetic in nature, or interfere with social relationships. To be specific, obesity and facial disfigurement.

Using different combinations of skin color and the different physical handicaps we found that preferences towards different handicaps have greater salience than preferences toward skin color.

We also found that the preference rank orderings tend to be very stable and it's difficult to change them. To try and obtain change, we used two women interviewers of the same age. One of the women interviewers was grossly obese and the other was of normal appearance. We thought that children responding to the obese interviewer would change their preference toward the obese picture to a more preferred ranking than would the children responding to a normal interviewer. We got no difference between the two sets of ranking of the children who were being interviewed by the obese woman and those being interviewed by the woman who was not obese.

In the work so far described I have been discussing the average preferences or rankings of the pictures for a set of children. But there is some variability in the preferences of individual children within the sets. Why do some children give preference rankings which express the average of their set and others express preferences which are very different from the average? We found that those children who tend to reflect the average preference or norm of their set tend to be the children who are central in their peer communication networks, whereas children who express values which are deviant from the average are those children who are isolated from their peers. This suggests a mechanism whereby children learn values.

Do values toward disability change as children grow older and reach adulthood? We studied all ages from nursery school through to the senior class of high school, and also studying the parents of the children. By the age of six, these values toward disability have emerged since there is a very definite pattern of their preference ranking. These values change somewhat with increasing age. For example, the facial disfigurement tends to become less preferred—the wheelchair tends to become more preferred while obesity remains at a low preference. As the children grow older, their values start moving towards that of their parents. So that by the time they are seniors in high school, they are the same as their parents. But this occurs earlier for girls than it does for boys.

I would like to describe one other study which we did which used a different approach to values. Instead of using pictures as a stimulus, we asked children with and without physical disabilities to tell us about themselves. We would first chat with the children and get them more comfortable. Then we would ask, "Now tell me about yourself." We used no follow-up questions that suggested what they should say. For example, we couldn't say, "Do you like sports?" or "Do you like watching television?" The only kind of prcbe we used was support or encouraging remarks, such as, "You're doing fine, tell me more." "What else could you tell me?" "Is there anything else you can think of?" The children's descriptions of themselves reflected their own concepts. When we compared children with and without physical disbilities, the handicapped children's descriptions more often reflected the functional restrictions of being handicapped. The handicapped children's self-descriptions more frequently reflected deprivation of social experience and the psychological impact of being handicapped.

A large body of research has dealt with attitude research using verbal rather than visual cues of handicaps. These studies use a series of questions and the subject chooses between alternative responses prepared by the investigator. Most words that describe handicaps begin to develop connotations which is the feeling tone which becomes attached to words. These connotations tend to reflect the values of our society. For a long time we talked about cripples. That developed so many negative connotations, we then moved to handicap. We then tended to move to exceptional and now developmental disability is used. After each term has been used for a few years, negative connotations build up. This is one of the problems of attitudinal research. You have to use words that carry the cues of connotations. Jerome Siller, using a factor analysis of attitudes, found a strong factor was the fear of intimacy which was found in attitudes toward different kinds of handicaps.

You may say, we really shouldn't put too much stock in what children say in response to looking at pictures, or what people give in response to attitudinal questions. Surely, we really want to see what happens in actual interpersonal relationships. I certainly do.

One of the pioneer studies was done by Kleck, Ono, and Hastorf (1966). They were interested in the question: Does a person who is not handicapped behave diffently when with a handicapped as compared to a nonhandicapped person? They designed an experiment in which in a standard social situation the person who was handicapped or who was not handicapped behaved in exactly the same manner with the normal subjects of the study. The problem in terms of experimental control was how to hold everything constant except the presence or absence of the handicap. If you have one handicapped person, and another person who wasn't handicapped, they'd be different people with many different characteristics. To solve this problem they used what is politely called a confederate -- a sort of accomplice. They constructed a wheelchair that had a false bottom. The confederate could either sit in the wheelchair and tuck up his leg in the false bottom to give a very good illusion of an amputation of the leg. Or he could appear as a person who was not handicapped. They wanted to see if when the subjects met with a person they perceived as disabled they would express more anxiety than when meeting the person they saw as not disabled. To measure anxiety they used the galvanic skin response which is a measure of emotion or arousal. They found, in accordance with their expectation, that the subjects in the presence of the handicapped person showed more anxiety than those who met the person who was not handicapped.

The authors of the study felt that one of the norms, or values, of our society is to be nice to the handicapped, or nice to people who are less fortunate than ourselves. In the experiment, the authors asked a series of questions which to give answers which were honest could possibly be hurtful to the handicapped person. For example, questions about dancing, questions about dating, and so on. Their hypothesis was that the person in contact with the handicapped person would be more likely to distort information, than they would when dealing with a nonhandicapped person. This was confirmed.

The third idea they had was that if people, when they are meeting a handicapped person, feel ambivalent in the situation, and they have some hostilities and anxieties, there is a danger that these may pop out and they may say something that is terribly embarrassing to themselves and will prevent the continuation of an easy social interchange between the two people. If you are in this kind of situation, the only way you can deal with ambivalence is to control yourself much more tightly than you normally would. So the hypothesis was that the subjects meeting the person appearing handicapped would be far more formal. They'd play it cool and be less spontaneous. This was also found to be true.

Another important way of learning something about our reactions to the handicapped comes from studies of the reactions of parents when they have a child born with a congenital handicap. There are two studies I'd like to refer to here. The first is a study done by Hunt (1973) in which he looks at children with spina bifida, in which the child is born with part of the spinal cord outside the spine. It is a visible and clear handicap, and frequently these children have severe nervous system damage. They are partially paralyzed from the waist down and some are mentally retarded. A second study was done by Helmut Strasser (1969). It was done at the time there was the tragedy as a result of the thalidomide drug when several thousand children in Europe were born with limb deformities. Both of these studies dealt with situations where at birth the mother is presented with a child who is severely handicapped.

The initial reaction is one of overwhelming shock for the parents. In the study by Hunt the babies were often kept away from the mother causing all kinds of stresses for the mother, the physicians not wanting to tell and not wanting the mother to see what was wrong with the child. In addition, the husband or relatives who were told were overwhelmed and tended to avoid and were afraid to come and see the mother. When the mother was told and needed all kinds of supports, she was often isolated or others were too shocked to help her. When the mother came home and had to look after her child, there was anxiety associated with the handling of the child. The mother was repelled by the scar and the strange appearance of the child and, probably what is most important, was totally preoccupied with what was wrong with the child -- the physical component of the child -- she was unable to realize all the other needs of a baby. Some parents were unable to care for the child. But over a period of time, a number of things occurred. There was during the first months a series of reactions very close to those of grief reactions after death. There had been at birth a set of expectations for their baby which the parents had built up over the years. After the birth, because of the severe handicap, they had to emancipate themselves from their original expectations and begin to develop and learn to live with a different set of expectations. During this period, crying, depression, withdrawal were the kinds of symptoms that were seen. These symptoms can move much more quickly when there is present a supporting, warm, loving person. But such people were often also affected by the handicapped child in a similar way and found it hard to help when they were most needed.

Fred Davis (1961) used another way of getting information about disability. What he did was to talk to young adults and young adolescents about their experiences of being a handicapped person. After all, they are the world's authorities. He found as a result of many interviews that during the initial establishment of an interpersonal relationship between people with and without a handicap three stages characteristically occur.

The first he called fictional acceptance, in which all the rituals were gone through of a kind of normal conversation. This, at least from the point of the handicapped person, permitted the situation to keep on going, rather than grinding to a halt. However, it was also very apparent in some cases, that the nonhandicapped person was so fixed on the handicap that they couldn't see beyond the handicap. He couldn't see that there was a person there, too. This causes dilemma for the handicapped person in every interpersonal relationship because, is he relating to someone who sees him as a person, or is he relating to someone who sees him as a handicap?

The second stage was "breaking through," a term which is almost self-evident. This is where the nonhandicapped person begins, for the first time, to see characteristics, attributes, and qualities other than the physical disability in his companion and he can begin to relate as one human being to another where he begins to see idiosyncratic qualities.

The third stage was one which not many people were able to achieve in their relation to a person who has a physical handicap. This is the ability to modify the normal human relationship in order to take into account what is the impairment that the person has.

Let me give you an illustration. The companion of the person in a wheelchair is walking and reaches some steps. The companion begins walking up the steps forgetting that the person in the wheelchair can't go up steps.

A number of sociometric studies have been done. The method consists of asking a number of people (generally within a group where they are likely to know each other, such as a classroom, a club, or a summer camp), who they play with most, who they like best, who they get along with best, or who they think gets along best with other people. One or several names may be asked for. The number of times a person is chosen by others is then counted for each member of the group. This gives a range of scores from the person who is most frequently chosen to somebody whom nobody chooses. This kind of study has been used in summer camps in which there have been children without handicaps. It's been used in classrooms in which there is only one handicapped child. In almost all of these studies, it was found that children with physical disabilities received a below expectancy number of choices suggesting that they tend to be more isolated socially.

Another form of study was done by Schere (1956) who studied twins, one of whom had cerebral palsy. She studied the family patterns and the way in which the child with cerebral palsy was treated differently from the twin. The child with CP was indulged more, was given less responsibility, was less involved in family decisions and given fewer opportunities for independence.

I would like to summarize, then, from these studies and others I haven't time to review, what are some of the consequences for the person who is handicapped, the person who is different and violates someone's expectations. They tend to be avoided by others, they tend to be left out; there is a tendency in our society to segregate them, either in schools, or in some cases by placing them in a residence or institution where they are segregated from their community and families. They're sheltered and they're not allowed something that I think is crucial in the socialization process--the privilege of making mistakes, or being responsible for making mistakes. Because of the preoccupation with the handicap, very little attention is given to develop the kinds of social skills which are esteemed and necessary in society, and which will enable the person to have some successes and to have some talents which can be appreciated by other people.

For example, a pediatrician who works with parents of handicapped children may say to them, "You're going to be concerned about the physical development of this child, but don't spend a lot of money on physical therapy. Physical therapy is a setting in which the child is alone with one adult, where the whole emphasis is what he can't do, and trying to get him to do something better which he never will do properly. It's a focus on his failure. Instead of doing that, why don't you spend the same money in teaching the child to swim, or to ride a horse, or some activity which will give him some esteem with his peers."

The evidence from several studies suggests that the anxiety aroused by the handicap may lead to withdrawal, and related to this, the avoidance of intimacy. Sometimes it results in teasing, bullying, and name calling.

Society appears to disapprove of any sexual experiences for the handicapped. Somehow, if you have a physical disability you are meant not to have any sexual feelings. This was brought out to me very vividly in a panel of young people who had cerebral palsy where a young woman told how as a teenager she was given physical therapy regularly and her physical therapist was a handsome young male. At the end of each session, she used to be totally exhausted from the sexual excitement she had experienced. And yet, it never occurred to the people who were providing the physical therapy and the medical staff that this could be a consequence of providing a handsome young male as a therapist. It certainly would have occurred if she had not had cerebral palsy.

Recently there was a very interesting film, but I don't know if it was shown in this country. It was shown in England. The film was of a young couple who wanted to get married, both of whom had cerebral palsy. There were scenes when they were in bed together, and the kind of reaction in the public press following the showing of this film was very startling and revealing in terms of the belief that sex is not for the handicapped.

We need to consider how we can widen the range of tolerance of people around their norms and expectations of others so that violations of expectations will occur less often, or when they do occur, they occur less violently. Secondly, we need to consider how we can reduce the harmful consequences of those who still violate the norms.

From the point of view of the people themselves who are physically handicapped, they are going to bear the brunt of this violation of expectations, and I think there are a number of things that can be done to help them.

First of all, there are two generalizations I would like to suggest come from the research findings. First, in any initial social relationships, the handicapped are going to have to overcome a barrier of the kind that I described, where the showing of a different appearance is going to lead to a variety of difficult responses. Unfortunately, the handicapped who need a greater level of social skills in order to cope with this very difficult initial barrier they have to overcome are also people who frequently, because of their socialization, tend to be less socially experienced and less socially competent. There are things that we can do at two levels.

There are a number of techniques which have been evolved by people who are physically handicapped for getting over the initial social barrier. One of the tragedies is that every physically handicapped person has to start as though no one else had ever gone through this experience. There is no cumulating of the strategies, devices and social inventions which handicapped people have painfully learned. I'd like to give you examples of such inventions.

The first comes from a valuable source of learning, and that is autobiographies of people who have been physically handicapped. We can all learn from these. This comes from a classic autobiography called The Little Locksmith by Hathaway (1943). This was written by a woman who was perfectly normal until she was a late teenager when she had an illness which led to a very severe humpback. She had been in the house during the period of the severe illness and the change in her appearance, and she was not going out.

> When I first began to walk out alone on the streets in our town, I found that wherever I had to pass three or four children together on the sidewalk, if I happened to be alone, they would shout at me. Sometimes they even ran after me, shouting, jeering. This was something I didn't know how to face, and it seemed I couldn't bear it. For a while these encounters on the street filled me with a cold dread of all unknown children. One day I suddenly realized that I had become so self-conscious and afraidof all strange children, that like animals, they knew I was afraid, so that even the mildest and most amiable of them were automatically prompted to derision by my own shrinking and dread. As soon as this dawned on me, I began to try and charm them, like a lion trainer. By main force, I began to lift the focus of my own intention and consequently theirs, too, off myself and place it gently, but firmly, on them instead. When they glanced up as I approached along the sidewalk, they found me

> looking with interest into their own faces, as if I had noticed something quite astonishing and amusing in them. This method worked on them, and it worked on me. For I discovered that it was ridiculously easy to bend their soft and pliable attention back upon themselves and then to make them unconsciously begin to feel a pleasant warmth being shared upon them, something even desirable and fascinating. At first, it was only my desperate effort of imagination that I managed to summon up this ray of love and deep interest and direct it upon my own enemies. But as soon as I saw that it worked, my technique improved, and the charm worked better all the time until suddenly it merged into naturalness and was no longer a charm but an expression of a real feeling. After that, there was no fear or distrust left in me, and no child shouted at me again, or if he did, I didn't know or hear it.

Here is another social invention of a handicapped person. There was a man who had a severe facial disfigurement who was a house painter. He used to make his initial business contacts by telephone, but then would have to meet the owner of the house or housewife on a face-to-face basis. At first when he reached the house he would knock at the door and wait for it to be opened. The householder would open the door, and the sight of the severe facial disfigurement would cause them to startle and show horror, and sometimes scream. This was, of course, a terrible beginning for a social relationship. The painter's invention was to knock at the door and then move back about ten yards. The person would then open the door, see this same facial disfigurement, but not so close, see it in context with the whole body. The painter would then move slowly forward, allowing the householder time to regain their composure. So that when the social relationships started, the terrible social dislocation that had previously occurred, did not now occur.

I think that most people with a physical disability develop these kinds of skills and one of the very important ways in which we can help young people who have common forms of disability is to provide opportunities for them to have discussions along these lines: How do you handle these kinds of issues and problems? If it is done from the point of view of helping other people, it can be a very productive and useful session.

Another thing we can do is to begin to pay much more attention to the question of how to develop the social competence and skills of children. It is very strange that our entire society's emphasis is towards developing intellectual and cognitive skills, and unfortunately, this is reflected in our educational system.

Persons who are not handicapped also have an impoverishment of experience from the barriers between those who are and not handicapped. Society has encouraged and perpetrated social barriers through segregation of very many kinds, and this starts very early in life.

Many school systems take it upon themselves to segregate children, and we are living in an educational tradition in which homogenization has been regarded as a major administrative virtue in classroom placement. It's common to have them the same age, in school with only the same sex, of only one skin color, not necessarily because of the school intent but because of general segregation of communities. We try within age groupings sometimes to get more homogenization of ability. If a child violates the expectations of administrative norms, they get moved into other classes and in some cases removed from school.

If these forms of segregation are going to persist, the schools have an enormous responsibility to begin to ask: What ways can we begin to develop for teaching children to begin to understand individual differences? How can this be done? It certainly is a formidable task.

We need various kinds of approaches and careful evaluation of results.

We need to understand that when we do meet somebody who is different from ourselves, that we are likely to have some of the reactions I have discussed. There has been a lot of talk about how we must change people's attitudes towards the handicapped. It's not so simple. I think there's a physiological and biological basis for some of the ways we react towards people who behave differently, who look differently from outselves. And I think as professionals, we can do something that is very important. We can recognize and be honest about this in ourselves. Once we understand and recognize our feelings, we can then take the responsibility of not allowing this reaction to in any way hurt the person who causes this reaction. By doing this, I think we will be able to move ahead at what is the most difficult stage which is initial meeting with the person who violates our expectations. I think there is some reason to believe that if you sustain the relationship with a person who violates your expectations you can, with time, overcome being bothered by what initially caused the violation. This belief is based on a consideration of: What are the cues that people use in the development of an interpersonal relationship?

The first cue we use in evaluating others in our initial meeting is what the person looks like; their physical appearance and build, how they dress, how they move, and things of this kind. These cues of appearance are initially important because they are all we have to go on.

The next stage is that of trying to find out quickly if there are any kinds of experiences which you have in common to provide openings for discussion. The way which is characteristically used to find this out is to ask role questions: What's your job? Are you married? Do you have kids? What are you fond of doing?

Having found through this role kind of questioning that there are common areas of experience, you can then begin to move on to the more lasting relationship in which one begins to find out something about the individual qualities, the idiosyncratic elements in an individual. And what is interesting is the many occasions I've got to know people well, become very fond of them, and someone will say, "How can you talk to her? She has a terrible voice." or "She looks terrible." And I realize this is no longer relevant to my conception of that person.

I have on a number of occasions talked with groups of children in school, and tried to begin to see ways in which we could get into this question of an understanding of individual differences. One of the ways in which I did it happened accidentally. I was doing a study using pictures. The headmaster of the school came to me and said, "The children are very happy to cooperate with you, but they'd like to know why you're doing the study."

I said, "Fair enough. I'd be very happy to meet the classes and talk with them."

I met with them and showed them the pictures again and told them the kind of results that were obtained and began raising questions about why is it that you liked this boy, and you don't like that one so much. There was a good deal of embarrassment and a lot of silence initially. The kind of response, for example, was a small boy saying, "I just don't feel comfortable with a person like that," or "I don't know what to do when I'm with a handicapped child." As we talked, it became clear that there was an intense interest in the issue.

I then asked the children how many of them would like to be smart. They all put their hands up. I asked how many would like to be slow and not very bright. No one put their hands up, and we explored that question. Why is it everybody wants to be bright? Can you be slow and still have characteristics that will make you an important person in our society? Are all people who are not clever, no good? (This is what Goffman talks about -- "stigma spread.")

I think that one of the reasons why teachers are thwarted is that their whole training is so directed toward the development of excellence that it becomes tempting to use the slow child as a scapegoat. And to maintain (and this is a terribly difficult thing) one's concern and respect for the overall qualities of a child in the face of a violation of either being slow mentally, looking different, or working differently is something which I think we all have to try and learn.

One of the things we also do is that we make the mistake of tending to shelter these children. This is a vicious cycle. I've seen it at the camp where I've worked where there were physically handicapped. The counselors feel sorry for the kids. They try and give them some of their affection and support, but they do this at the expense of the time they spend with the other children. This has a backlash on the other children--resentment. It occurs in the family of the handicapped child. You can't win by that route. How one handles the situation requires a good deal of wisdom and you need to share your views and experience during this conference.

How does one develop an approach toward children (it must be to adults, too) to try and see them as a fully functioning person with all their qualities and attributes, with all their strengths and weaknesses? Somehow, in every person you can see something in them which is something important, which is unique, which can be reinforced and encouraged. A tragedy, starting with the parents, is that as soon as the handicap becomes evident, that this is so much of a preoccupation of what's wrong. The parents can rarely do very much about what's wrong. But what they can do is try and find out what they can encourage, what they can build on, the assets of the child and work with those. Parents and teachers can show other children that this is a way in which to approach people.

A religious group, the Quakers, believe that there is that of God in every man, and if we seek far enough, we can find these qualities. I think that this is really the approach we need to use in working with children.

Characteristically, in an educational system, you either get a complete class of handicapped children, segregated, or you will get a single handicapped child in a class where none of the others are. Why should we have just those two? I would suggest that being a single representative of being different is very difficult. We need to give a lot of imagination and thought to what other kind of mixes which are most likely to help differences to be overcome. I remember hearing an experienced administrator at Yale University say that until they had one-third of the student body women, women were discriminated against as a minority. If you need a third in a university, what do you need in a class at school? What do you need when you break the children down into small groups?

Another question: Are there ways in which you can develop your programs in your classroom where you do not place the child with a handicap at a disadvantage because of his impairment? This is something we see very clearly at summer camps. The lowest common denominator of camp counselors is to supervise physical activities -- baseball, something of this kind. This is precisely the thing a child with a physical impairment is disadvantaged in doing. You are much better off in the school because many of the school activities do not promote and encourage physical qualities and characteristics. If you are in a school where some of the children are segregated, do they have to be segregated for all things? Can you find ways in which some of your classes, some of their classes come together for joint activities?

Adults often turn off children when they ask questions about handicaps because the adults feel uncomfortable and have not thought through the question and their answers. We have a lot of anxiety and fear. For example, if you know that the child is handicapped and may violate expectations, what do you say to the other children, if anything, before that child joins the class. I don't know the answer, but I certainly don't think that just ignoring it and saying nothing, is the answer. To what extent do you have an open discussion between the child who is handicapped and the other children about that child? Can it be done in such a way that it is constructive for the child and the others? How can the parents be helped to gain understanding so they can help their children and what role does the teacher have in this task.

These are some of the kinds of questions we have to begin thinking about.

QUESTION

I have a question in terms of handicapping conditions as they are presented to us as educators and to the world at large. (A) We have the physical disfigurement -- the crippling and the obvious and (B) we have the hidden handicap, which could be MR, BI, emotional disturbance. I don't see both things as being equal in the eyes of the general public. I also don't see, in terms of personal contact with the two groups, for many of the non-obviously physically handicapped children, the appearance factor upon first meeting them as being a detriment because the person meeting them doesn't know there is a handicap. They have normal expectations, and then the second step, from common experience, the disaster that ensues as being greater. I was wondering if any research has been made in this field to distinguish between the two groups and their relationship to society.

RICHARDSON

I think your question is a very important one. I've tended to focus on studies related to visible, physical handicaps where there is an immediate signal that something is different. The handicap may be hidden when you first meet. It is not a physical difference in appearance but, over a period of time, that person is going to violate your expectations, either by behaving in a peculiar manner or through not being able to maintain the normal pace, level and intellectual level of interaction which you have expected. This is a distinction which is important not only in terms of what we've talked about, but also very important with respect to parents. Because apart from clear, physical handicaps, most parents will not know at birth that the child is going to be different from other children. It's something that very slowly emerges. I think there are very important differences we have to be aware of.

Let me give you a personal experience. I was going over to do some shopping nearby. A boy signalled he wanted a ride. I stopped and picked him up. I suddenly caught myself being rather sharp with the boy. Suddenly I realized that this was a mentally retarded child, but not being sensitive quite fast enough, I had shown a certain degree of exasperation and sharpness because his responses hadn't been in the range I had expected. The visible disabilities may be the easiest, because they can't pass as normal -- they are clearly different. For a child who is mentally retarded, he can pass under certain conditions, and of course the temptation of parents and the child will be to restrict the kind of interpersonal relations and settings so that his deviance, his difference, his impairment does not become noticed. Epilepsy would be another hidden handicap. A child who is not having a seizure is the same as other children. However, the fact that he may have a seizure is something which is an overwhelming fear which is very serious for the child. There is also the kinds of conditions -- certain cardiac conditions -- where the child becomes socially crippled because his activities are so restricted. They don't do things other children do, with no apparent reason. What you brought up is a tremendously important area. It's one which requires just the same kind of sensitivities, and we have to be aware of the kind of cues we're receiving which are going to add up to a violation that causes these kinds of responses of ours. We've always got to be alert and aware that sometimes we behave in ways which, once we recognize why we did it, we are ashamed of ourselves. It's really this development of sensitivity and understanding that when someone is different from yourself you may have the kinds of reactions I have described.

One further point I'd like to make is the distinction between the congenital handicap and the acquired handicap. A person who acquires a handicap has had the experience during his or her socialization of not being handicapped. This asset of experience is lost by a person who has a congenital handicap and has always been treated as handicapped. While he or she may be more used to such treatment, they have less opportunities for developing social skills.

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TELEVISION AND ATTITUDES TOWARD THE HANDICAPPED

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As I was driving here from New York City, I had a very good idea of exactly what I wanted to say. Then I listened to the exchanges this afternoon; they made a deep impression and changed my mind substantially as to ways I might best serve you vis-a-vis your mission during the course of the next three days. So I will be talking informally, based on an outline developed during the course of the past hour, about the kinds of things a media psychologist might bring to bear on your deliberations.

Let me start with a fairly traditional concept from psychology's point of view, one that I think may be helpful on a variety of fronts. The title of the Institute here this weekend has to do with changing, altering, and influencing children's attitudes. I think it is perhaps useful to ask what we might mean by an "attitude." Traditionally, social psychology has provided us with this useful conceptualization: an attitude is a general orientation toward ourselves or other individuals or groups. Any attitude has three different components--components that might be coherent and work together, or components which might be pointed in very different directions within a single individual.

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The first component of an attitude (and they're not listed in any order of importance), is the cognitive component. We have beliefs about ourselves, we have beliefs about other individuals, we have beliefs about other groups. This component is largely informational and there is probably no question in a schoolroom setting that by having pupils and students read and by lecturing to them, you can influence their cognitions. You can influence their beliefs about the handicapped.

The second component of an attitude is the affective component - the emotions we experience. Dr. Richardson was talking about some of them. That is a very important component to think about in influencing handicapped and nonhandicapped children. As implied by Dr. Richardson, one of the things that happens very easily to people is that they have a set of beliefs that are oriented in one direction, but then, perhaps to their own surprise, they experience an emotional reaction in a different direction. Remember, in one of Dr. Richardson's examples, the individual who jumped back when he or she saw someone who had a disfigured face. I assume the beliefs of that person, his thoughts, were quite positive. He wanted to and believed he should deal with this person in an equal, positive manner. But then he had an emotional reaction, presumably based on early socialization experiences, maybe based on some sort of biologically wired-in aversion that was negative. What happened was that the handicapped individual had learned a way to bring these two into accord, by standing back ten paces so as to give strangers a chance to marshal their cognitive views and conquer their emotional reactions. Both cognitive and affective components are part of the total package of an attitude. We want to ask: How do they develop? How do you change them?

The third component of an attitude, according to the traditional view, is the behavioral one -- how, in fact, are we going to act. Our behavior may or may not be consistent with our beliefs, which may or may not be consistent with the emotional reactions we feel.

It's probably vital, too, to note that we have attitudes toward ourselves--and handicapped individuals have attitudes towards themselves--just as nonhandicapped people (adults, children, teachers) have attitudes towards the handicapped. If we're going to talk about very, very large units of social influence, such as media, we also have a very careful balance to strike because any given presentation may have one effect on the handicapped individual's view of himself and a different effect upon the nonhandicapped individual's view of the handicapped. In a classroom with both handicapped and nonhandicapped persons, the very same problem exists.

A gentleman at the dinner table discussed an example that occurred in his school, where one of the students is in a wheelchair. The tendency of the nonhandicapped children who surrounded this handicapped child was to give assistance to her whenever possible. Apparently, she could move her wheelchair three or four inches at a time by herself. She lacked the physical strength to move the chair more. In some sense the message you might want to deliver to nonhandicapped individuals, and in some circumstances the situation seems to want to scream for it, is instead of running away and standing far back, intervene in some way, and without offending the handicapped individual, give him a hand. That might be the desirable way to approach the attitudes of the nonhandicapped. But as the gentleman at my table was pointing out, the needs of the handicapped child in this situation were quite different. The necessary thing to do was to prevent anyone from helping that child, so that she would learn how to care for herself. Although it was quite a struggle at first, she learned a kind of self-sufficiency, and probably for the most part we would want to encourage that. I think that's something you might want to figure into all of your deliberations.

Now the question is, how are our attitudes--these three component systems--formed? And here I have a very simple suggestion. For the most part, attitudes are acquired through what developmental psychologists call observational learning; that is, the kind of learning where the behavior of one person is changed simply by observing the behavior of others. I believe most attitudes are formed in this way. We can form attitudes about ourselves by seeing the behavior of other persons who are similar to us, and part of the basis for a handicapped child's view of herself or himself is to look at other handicapped individuals. The way in which they act, the way in which they behave, the way in which they are received, play an important part in the handicapped child's view of himself or herself. At the same time, observational learning is extremely important for the nonhandicapped child. How does a child learn about other individuals who are in wheelchairs? How do individuals who are in some way disfigured, or do not have one or more limbs, learn from each other? The child learns probably most often from seeing individuals who are handicapped in various ways and forming an impression there, rather than by being given direct instruction. In a home where there are no handicapped individuals, a parent will almost never initiate to a 3 or 4 or 5 year old a discussion about handicaps. It may be provoked, if the parent isn't afraid, but only right after an encounter with a handicapped person. By and large, the principal form of learning is going to be simple observation. Through television, through film and other kinds of media and experiences, we and our children probably get the largest and earliest dose of observational learning that is pertinent to the handicapped.

Now let me suggest to you that if you are willing to accept the notion that children and adults learn attitudes, and that their attitudes can be changed by observational learning, then we should take a closer look at the process.

The process of observational learning can be thought of as involving three stages--stages that are important whether in focusing upon the individual who is a member of a particular group or an outsider learning about a particular group.

The first stage of observational learning is one of exposure. So if we are going to ask about how attitudes are formed through observational learning, the first question is, what is it that children are being exposed to? How much of the totality of the experiences of the handicapped are children seeing or hearing about? Is it a biased or slanted kind of exposure or is it an exposure which is representative of the ways in which handicapped people actually deal with the world?

The second step in observational learning is the question of acquisition. What do you learn as a result of the things you are exposed to? That involves a very important aspect of comprehension on the part of the observational learner, particularly if you're talking about young children. By young children I mean to include elementary age school youngsters and not just the kindergarten and prekindergarten child. We are learning increasingly that when you are simply exposed to some aspect of the behavior of others, if you are not very intellectually advanced and mature, you may well see something different than an adult does. And I think I heard remarks this afternoon about the differences between the perceptions of adults and children. We have to be very careful, particularly if we are in an instructional capacity. I am in an instructional capacity not only because I work with graduate students, but also because of some television work which I will describe. And most of you are in an instructional capacity. When we guide children to observe a particular aspect of the world, we must be concerned by not only what it is we are showing them, but also what <u>they</u> can learn from it. What is the ability of a child of a particular age to comprehend information that is being picked up in this way?

The final stage of observational learning is acceptance. You're exposed to a certain kind of information, you apply that kind of understanding and comprehension you're capable of, and something is probably implied by the conclusion that you reach from learning observationally. Do you accept that information as a guide for your own actions? In other words, do you change your attitudes in a particular situation as a result of observational learning experiences?

What I would like to do now is to talk to you about some of the things we think we have learned about how observational learning works, with a particular emphasis on how you can increase an individual's acceptance of what is implied by what they see. Let us suppose you are motivated to go back to your school districts, with the resources you have available, and do more to introduce information about handicapped children into the curricula you control. Now you have the question of how to do it. Ask yourself: "How do I maximize the impact of the information that I'm transmitting, and minimize the possibility that quite the opposite of my intentions occurs, that something backfires on me?" If providing more information about handicapped children would be providing more of the wrong information, then we would have an adverse rather than a desirable effect upon the nonhandicapped children to whom we are communicating. Here, we are interested in how to maximize the potency of the information we are delivering to children, handicapped or nonhandicapped. Let me suggest some principles, in the order of their importance as I view them.

If a child, or an adult, is exposed to an interaction involving handicapped people, such as encountering a handicapped person on the street, reading a bedtime story in which some form of handicap is alluded to, or seeing on television one or more handicapped individuals, the most important factor determining the impact of the exposure will be the consequences that accrue to the principal actors in the situation. Let's consider some fairly concrete examples.

Suppose that a child sees a handicapped person, perhaps on the street. Suppose further that a nonhandicapped peer initiates the conversation with the question: "Have you always been in a wheelchair?" As you know, such questions are very frequent among young children when they see someone in a wheelchair. Until we discourage them, they are interested, they're curious. It's not my experience that they automatically back off; rather, they automatically go forward. Automatically they want to know about differences between themselves and other people. Suppose I am child "A"--I'm the observer as one of my friends goes over and tries to initiate a conversation. A critical aspect of what I take away from that--what it does to my attitude--is what happens to my friend in that situation. On that basis, I develop expectancies. If my friend gets a negative reaction, then I will certainly learn to stay wide and clear of persons who suffer handicaps by virtue of the fact that I have learned vicariously that all that is going to happen if I approach a handicapped person is that they're going to get mad at me. Another point is relevant here, too. The handicapped person may be quite willing to interact with me, but I may have a parent who says, "No, no, don't." Such a parent is communicating, very early in life, that the best thing to do when you encounter a handicapped person is to try to get out of their way. And it seems to me that if the lesson is transmitted very early, then the child will learn to accept a negative attitude. As the child, what I've just seen tells me that I should indeed believe in the kind of separatism that was talked about today. The message: "Take care of handicapped people--preferably 300 miles down the road." Those kinds of attitudes can be built in early and there's probably no better way than by supplying consequences or innuendoes. On the other hand, if you imply that the consequences for interacting with handicapped persons will be positive, if children are rewarded by their parents, and encouraged by their teachers to make those kinds of contacts, you communicate umambiguously something that is positive. You also have acceptance, but in a quite different direction, and you actively cultivate the kinds of results that are desired. It is through consequences, then, that positive--and negative--attitudes toward the handicapped are communicated.

The next phenomenon that I want to mention is called multiple modeling. It's easy, when we contrive things in research settings, to learn about the impact of one person observing another through a single example. But that's not what happens in real life. In real life children are socialized by teachers, by parents, and by media; they are exposed to multiple examples of handicapped persons and reactions to them. The most critical thing, then, is to try and bring these multiple examples into accord in some way. What we have learned in extensive research about observational learning is this: If you see two opposite examples, they tend pretty much to cancel each other out, and you really produce almost no progress. On the other hand, if you can provide multiple examples that show a consistent pattern, then that is very convincing for the child. If there is one thing that is true of all small children, it is that they have a problem in learning how this complicated world works. They soon find out, though, that the least expensive and safest way to learn is simply by looking and listening. If we provide them consistent examples, that's very important. In terms of a practical educational application it would go something like this: Rather than a very, very protracted description of a single handicapped individual, rather than a very, very protracted singular example of any kind, provide multiple and diverse examples. They are much more potent. Only through multiple examples can you convey to nonhandicapped children the notion that handicapped children are only somewhat different from themselves. After all, among their so-called nonhandicapped peers there are many, many differences. It would be easier to convey acceptance of this fact by talking about individuals who are blind, by talking about individuals who are deaf, by talking about individuals who are in some other way physically disabled. The basic similarities between handicapped and nonhandicapped persons, the fundamental artificiality of the distinction between handicapped and nonhandicapped in the first place will become clearer than if you were to spend your 3 or 4 or 5 days talking about one example only. By using multiple examples, we learn a general idea, we learn a general concept. That's why multiple modeling, multiple examples, turns out to be very important.

It is the case, very much so, particularly if you're talking about a media message--normally a television program but also for other kinds of messages--that one of the great dangers that you can find is called negative modeling. I didn't take a very close look at the list of media offerings that was provided in our packets, but one of them--I don't remember the name, and I have no interest in lambasting a particular program or film--but one of them struck me as of sufficiently great concern not only to mention it to you, but to go into a bit of detail.

It is apparently a film or program in which what is being presented is a number of minutes of a supposedly handicapped child being tormented by nonhandicapped children. Although the little description doesn't say so, I presume that in the end everything turns out all right. In the end, the children who have been tormenting, who have been criticizing, who have been name-calling, in the end they "see the light" and behave in a more positive manner toward the handicapped child. If it doesn't have that, obviously it's a tragedy. But let's suppose the story does have a positive end. Here I think one of the lessons of observational learning theory is that more than simple exposure matters. Now I'm sure that those who produced this film were well intended, and what they wanted was to show is the evil of being nasty and mean and distant and cruel to handicapped kids. The film was designed for that purpose. But we have learned again and again that for young children that's not the result at all. To provide an example of a kind of behavior you don't want to encourage, so as to show that that behavior is bad behavior, may or may not work for adults, but almost never works for kids. They are more likely to learn, and when you're not around, to use the new insults, to use the new nasty names and take a disparaging view of handicapped persons. They are <u>not</u> likely to learn that final, perhaps over emotional, perhaps overly sophisticated, message at the end which takes up only about 5% of the total film anyhow.

Now suppose you encounter a situation, say in the classroom where you have, let me assume, predominantly nonhandicapped children, in which one of the nonhandicapped children in the room makes a slurring remark. What should you do, and what should you not do? Well, it's awfully tempting to jump on the offender. It's awfully tempting to repeat what the thoughtless nonhandicapped child said. It's awfully tempting to repeat it several times and each time you repeat it, to point out again and again what's wrong with it. Your intentions would obviously be good, but the effect would be to drive home exactly the message you want to drive away, to implant deeper and deeper words like "retard" and "dumbbell." By saying again, "It was not nice to use the word 'retard'," you're driving the term in, however unintentionally. Instead, you want to avoid repeating a negative example of behavior, and to immediately supply positive examples, e.g., "I really don't think you should have said that, Johnny. Actually, the fact is that someone who cannot hear, can do a lot of things as well as anybody else, and a couple of things better than most people can." If you are going to proceed to pick up the example, it should be the example that focuses on the positive side.

One final issue about these general principles. If developmental psychologists have asked any one question repeatedly over the course of the past 15 years, it is this: What about the relative impact of words and deeds, and what about practicing and preaching? An unsurprising answer has come back loud, "What matters is the practice; what matters is the actions the kids see." If children regularly hear niceties about how one should deal with the handicapped, or think about them, but actually see examples in the behavior of their parents, teachers, and people who appear in the media that are contradictory, they will learn, perfectly, the complex pattern we call hypocrisy. They will learn to imitate perfectly. They will imitate the niceties. They will say what the generation preceding them says: "Absolutely, we have a great responsibility for the handicapped," and they will also learn to imitate the behavior they have seen. And the behavior is: "Yup, let's do it--300 miles away." So it is absolutely necessary in behavior, in the examples set around children, that what you wish to cultivate is actually displayed. The teacher is most important here. If you are somewhat concerned that your emotions may show something you wish you didn't feel, be ready to control all aspects of your reaction so that there is no suggestion to the children that while you say one thing, you're in fact feeling something else.

Let me turn to my particular concern here this evening, and that's television. First of all, television in 1945 was literally an unknown medium. Reasonably, a number of adults and educators knew the word, but if you'd asked a 9 year old in 1945 what a television set was, he wouldn't have been able to tell you. Now today there is hardly any 9 year old child who can't tell you what a television set is, including children who seem to have intellectual disadvantages in many other areas. I suggest to you flatly television has become the greatest force of socialization in terms of social behavior in our society. Let me support that rash statement, and support it in several ways.

Back there in 1947 less than 1/2% of the American population had television sets. They were toys for the idle rich. I have some articles from the New York Times circa 1946 when investment counselors said, "Don't invest in television. It's a flash in the pan." Now, in fact, if you look at the rise of television in the U.S. it shoots up like one of the fastest curves you've ever seen; 99 1/2% of all Americans have working television sets today. More homes have TV sets than have indoor plumbing, than have telephones, than can provide even halfway adequate health care for themselves and their children. TV is literally everywhere. The average TV set was on 6 1/2 hours a day in 1974, and the typical American child now spends 50% more time watching TV than going to school. In fact, during the formative years, kids spend more time watching TV than in any other activity but sleep. By the time a child is 15, he or she will have spent the equivalent of 2 solid years, 24 hours a day, 7 days a week, no time off for meals, no time off for eating, no time off for a trip down the hall, just watching TV for two solid years. That's one of the reasons I feel strongly that it has become an extremely powerful force of socialization.

In the course of all that viewing, what TV does is to socialize and shape attitudes. I'm not talking about the news, which is one of the things on TV children tend not to watch. I'm talking about fictional, entertainment TV. Material that is presented in fictional form is usually known by children, except the very little ones, to present stories in which certain particulars are not true. So if you ask a 9 year old, "Is Perry Mason a real man, a real lawyer?", a 9 year old boy will say, "No. Of course not." But if you ask the 9 year old boy whether it is true that a lawyer can say something in a criminal case such as "You're badgering my witness," the child will say, "Of course." He may even say, "They wouldn't let them show it that way if it wasn't true." Although aspects of stories presented on TV entertainment are fiction, children read them as providing symbolic lessons as to how real life goes in the real world. And so do adults.

I was at a conference about 9 months ago in which a gentlemen who was not himself a lawyer reported the following story. A young lawyer was involved as an attorney in a criminal procedure in the state of New York. During the course of the trial, a witness who was appearing for his side was on the witness stand and the lawyer for the other side really started to ask some driving questions. The young attorney, who had passed the New York Bar, stood up and directed the remark to the bench, "I object. You're badgering my witness." The judge called him aside and said that there was no principle in the law in the State of New York that prevents the attorney from the other side pursuing a witness as hard as he can in search of the truth. "As a matter of fact," said the judge, "the only time that I've heard the expression used the way you use it is on Perry Mason."

Here we have a man who must know that Perry Mason is in some sense fictional, who has been admitted to the Bar of the State of New York, and yet even he couldn't discriminate between what he learned in law school and what he had watched on that television program. Fictional stories about fictional people do, remarkably potently, teach real people lessons about how to deal with the real world.

Let me describe to you some of those lessons. Unfortunately, I can find almost no research on representation of the handicapped on TV as those representations have influence on other handicapped and nonhandicapped youngsters. Research directly pertinent to handicapped children and the effects of TV is not available so far as I can tell. I think that may be just as well. In a sense, I want to emphasize to you a much larger principle that I think was implied by both speakers here this afternoon. The principle is this: Let us view handicapped youngsters as we view any other disadvantage or minority group, and let us make it as our responsibility to socially integrate them into the total society every bit as vigorously as we take upon ourselves that responsibility for any other disadvantaged or minority group. Many handicapped youngsters are thoroughly disadvantaged by virtue of the social reactions they get, quite apart from any disability that would be described as physically based. With that kind of view in mind, I would like to tell you a little bit about what has been learned about two other groups that are of considerable concern in society today. One of the groups is a minority, often has been victimized by prejudice in the past, and in the course of this is disadvantaged. The other group is not a minority, is a slight majority, but also is disadvantaged.

I am referring, of course, to blacks and women. I think what we have learned about the representation of blacks and women on TV is an object lesson of how it goes with the handicapped--and a lesson about what we need to do. But first, I would like to present you with yet another one of the theoretical ideas that I live with. It is related to the question of how TV positively or negatively works its effect in terms of attitudes towards disadvantaged and/or minority groups. A very thoughtful researcher (Cedric Clark) a black psychologist at Stanford University, came up with a conceptualization that is very useful. He said that there are two issues in terms of media presentations -- or life presentations -- regarding disadvantaged or minority groups. One is recognition; the other is respect. Both of them have enormous implications for the formation of attitudes. By recognition he means any attention at all accorded to the groups that is of interest. Are they recognized? If you look into the history of TV, one of the things you'll find is that during the course of the 1950's, blacks were simply not recognized on TV, although something roughly in the order of 13% of all Americans are black. If you looked at TV in the U.S. in 1954 you would see almost no black people. I talked to a West German psychologist, who is a friend of mine, in the late 1960's and he told me in complete sincerity that as an early viewer of American TV, circa 1953 when he was still in training, he had estimated the black population of the U.S. to be about 1% on the basis of the frequency in which he saw black people on American entertainment TV. The implication of the importance and significance of any particular group is conveyed in this same way.

The same is true for women. Women compromise slightly over half of the population of the US, and almost all of the countries of the world. Yet somewhere between 2/3rds and 3/4ths of all characters holding roles in entertainment TV are males. That holds for kids' shows; that holds for adult shows; that also holds for the commercials. There is a tendency for television to not recognize certain groups of people.

In terms of respect, we are talking about what kind of information is conveyed, what kinds of roles are accorded to the minority groups when they are respresented. And there we run into practices that are equally troublesome. Typically the reaction of writers, producers, and the media men, when they do show a member of a disadvantaged or minority group, is to say to themselves -- you can find it in their records -- the portrayal must be "realistic." If you look closely, by realistic they mean stereotyped. The people who think this way reckoned that Amos and Andy in 1956 was realistic. What they really meant was stereotyped. They reckoned that the poor, dear, sweet, cute little lady who screams at mice, and who isn't competent to walk through her house without tripping three times, is a "realistic" view of women. It's a stereotypic view. That's the way in which they would deal with minority, disadvantaged groups for the purpose of their entertainment, unless you do something about it.

It is true that Shirley has lined up half a dozen or so good pieces of TV entertainment that present handicapped people in a positive light. But those are weighed against hundreds of representations that she hasn't brought to you that show handicapped people in a negative light. For all the viewers put together, for every program that Shirley has brought here, ten times as many people watched David Janssen in the Fugitive suffer under the hand of the one-armed man who is literally the metaphor of evil; I am told that that last show, announced in advance, showed the defeat of this handicapped individual, and that more people saw that show than any one episode of a TV program ever. It's going to be very hard to have any positive examples to outweigh that.

That's what we see. That's the exposure part. The question is, does it matter? Does it influence acceptance? The evidence is overwhelmingly that it does. In terms of looking at sex-typing, for example, researchers have compared the degree to which a prejudicial or stereotyped view of the roles held by both male and female children differs as a function of the degree to which they are exposed to the stereotypic material that is common TV fare. The results are not only statistically significant, they are very large in magnitude and seem to spread throughout all aspects of the female child's view of herself. In terms of the impact on blacks, too, it has been demonstrated very clearly that the attitudes of white children become more negative as a result of being exposed to those TV programs in which blacks are portrayed in a negative light. One example of this effect will be helpful. There is a very competent psychologist at Harvard, Sheryl Graves, who is studying the effects of stereotypic programs on children of a variety of backgrounds. She used episodes of the cartoon The Harlem Globe Trotters, which superficially would seem to be a step in the right direction because they are an internationally famous black group. In fact, some episodes of the show seem to have the opposite effect. Graves talked about an episode in which these five adult men, who happen to be black, are lost in some small foreign country, and cannot among them devise a plan to get out of the situation. A small white boy, probably about six, then comes along and saves them. That perhaps is one of the relatively more striking examples. What Graves has found is that not only does this not have an influence on white observers in the direction of improving attitudes toward blacks, but this kind of subtly demeaning material affects the black kids who watch advisedly as they come to view themselves more negatively. Of course, for our purposes here this weekend, my analogy is fairly transparent. In much the same way, media cultivate negative attitudes in the handicapped person himself, as a result of stereotyped portrayals on TV. That's important.

Let me describe to you some of the things you can do about it. First of all, one of the things that seems to be a clear possibility, particularly if you accept the notion that examples speak louder than words (and if words can do anything for you it will be to amplify the good example), is to create a library of these kinds of immediate messages that do convey positive kinds of attitudes. There are a reasonable number of positive examples in the form of specials that come out on commercial entertainment TV. You can get them to put into a library. All you have to do is write to the TV information office whose New York director is Roy Danish. His job is to be the public relations man for commercial entertainment TV. He would be delighted, I'm sure, to work with you toward the purpose of getting the maximum kind of social utility out of these programs, and what I have in mind, obviously, is making them available for classroom use.

Don't start with a lecture, don't start with a book. Start with an emotionally provocative TV program. That affective component, that middle piece of the attitude, is the hardest thing of all to change. If you start with something that provokes a positive kind of emotional experience, you are about 90 miles ahead of where you would otherwise be.

That's one thing you can do.

Another thing you can do takes you into a different domain. You've got to lobby. If you look at TV in 1976 you're going to see less and less stereotyping of women, fewer stereotypes of blacks. The reason you will see fewer stereotypes is very clear. These two groups have become highly sophisticated in terms of their own interests and have learned very well how to stand up and lobby. It is not likely that disadvantaged children are going to be able to lobby for themselves, though. You're going to have to lobby for them.

There are other things you can do, but they become a bit more complicated in terms of cost. Here are some of the harder ones. There is a concept called the Fairness Doctrine that governs American TV. That's the doctrine that produces the line, "We welcome opposing views..." after a TV editorial Have you ever seen in a newspaper a line at the bottom of an editorial that they would be happy to publish opposing views? You never have. Sometimes they print letters to the editor, but newspapers have a political point of view and there is no restraint against their espousing that political point of view. Let me tell you why. If I have a particular set of political beliefs and none of the other newspapers or magazines around serve that view, I can start another newspaper. It is my constitutional right to start a newspaper because of freedom of the press. But if you or I are absolutely persuaded that none of the television channels in this area are doing anything but negative things for our kids and society there is not a thing we can do about it, because there are a limited number of television stations. The air waves are described by the Federal Communications Act of 1934 as a scarce and valuable public resource. That word public is important. They belong to you and me. And what the Federal government does is give a license that prohibits you and me from going into broadcasting. As a result of that, we have some rights regarding what the guys who do have the licenses--licenses that we gave to them--do. In the Fairness Doctrine, you have to represent opposing viewpoints legitimately on TV.

One of the outcomes of the Fairness Doctrine is that Broadcasters now transmit public service announcements--30 second spots that do not sell candy and cereal, toys, and so forth--but instead provide messages of social utility. Such messages can be made not only for the handicapped, but as general messages to nonhandicapped children. There are a couple of them already. The best chance to see one or two is to stay up watching TV until 4 in the morning, because most public service announcements are shown at 4 a.m. The reason is because there aren't too many of us watching TV at 4 in the morning, so the time is cheap. When the kids are watching TV at 9 in the morning, it's not easy to find one. It's not easy to find one at 7:30 p.m. either. That kind of travesty can be overcome by lobbying. I think it particularly important to get more such public service announcements. Why do I push them so hard? Because they can be seen by 60 million Americans. That's a good way to reach a lot of people with a message you wish to deliver. But I think I'd more than lobby for it, because the few I have seen are not delivering the right message, although I'm sure they are well intended. It hardly does the job to say, "Yes, we're going to have something about the retarded," "Yes, we're going to have something about the deaf." The specific action content is important. An example of negative modeling would be better placed at 4 a.m.

Finally, if you want to keep it more local, or more state, it seems to me you can develop and use mediated messages that you make locally. You can learn to use what is usually just languishing videotape equipment. If it is not in your school, it's very likely to be in your school system. You can tie up with a variety of facilities, including perhaps campuses of state university colleges. In making films, emphasize simple things--5 year olds don't care much about all the fancy stuff in TV programs. A nice, straight story with a little drama will do fine and, with a bit of practice, you can make it with relatively simple equipment. You can make these kinds of dramatic messages that communicate better than words and use them as part of the curriculum you have available.

I've wandered far and wide because I wanted to touch upon those things where I feel my particular expertise may be of some use to you. If I had something to close with, I suppose it would be this: The examples, the observational learning that we provide to children, and most certainly in terms of the mediated examples, the TV, the films they see, are unquestionably going to have an effect and shape attitudes toward the handicapped. They cannot be neutral. They inevitably teach. And the choice is really very simple: Are these media going to be used to assist the handicapped, or are they going to separate these children with handicaps even further? Which one of those is it going to be? It's probably up to all of us.

COMMENT

Shirley Cohen

We put the subject of television and attitudes toward the handicapped on the agenda because if you're going to try to change children's beliefs and expectations, you should know what there is that will help you and what you really have to work against. I'm slightly more optimistic than Dr. Liebert is because I've seen very recently--within the past two years--some real movement in this area. I think some groups have been lobbying effectively. In one issue of The Exceptional Parent magazine there is a series of letters to the producers of Sesame Street from parents essentially saying,"You're not representing handicapped children. You have a great opportunity, why don't you act?" There was a response from the producers of Sesame Street. ACT--Action for Children's Television--has begun to work on behalf of the handicapped. A year and a half ago ACT sponsored a national conference in Washington, D.C., in which there were four major areas of focus. One of those areas was the handicapped. They are now seeking funds to produce a resource book on television programming for the handicapped. All broadcast facilities have been informed by the Federal Communications Commission that they must include coverage of all elements of society, particularly minority groups. One communication specified that the handicapped are a minority group, and as such should have special programs designed for, about, and by them. I think that's one of the reasons you're going to start seeing much more programming about the handicapped.

I'd like to mention very briefly some of the programs about the handicapped that we think are good programs. Mister Rogers' Neighborhood has produced two series on the handicapped. One deals with an orthopedically handicapped child, Chrissie. There are five segments about her. The other series of five programs is about Tim Scanlon, a member of The National Theatre of the Deaf. At present, Family Communications, Inc., which is the producer of Mister Rogers' Neighborhood, is working on a series of packages specifically designed to improve the self-image of handicapped children.

Zoom, which is a program designed for children 7-11, produced several excellent guest segments about handicapped children. They've shown a segment on teenagers in camp for the deaf. They've had two segments about blind children, one on a child with a pacemaker, and most recently, one on a child with mental retardation.

Inside/Out is another program of National Instructional Television. They have one segment on a blind child, "Donna," which you will see tonight. They also have many other segments which present problems and situations in such a way as to increase acceptance of variations from the norm. The same thing holds true for Ripples, which is another NIT program. Tonight you will see "Everybody's Different" which focuses on an orthopedically impaired child, and is one program in this series. Ripples and Inside/Out are both shown during the day on public television. They are seen in many classrooms. Both Ripples and Inside/Out are available for purchase on film. You will also see examples of programs from commercial television, specifically from a program called Over 7, which has shown three segments on the handicapped.

We are beginning to move in this area of using television to foster positive attitudes toward the handicapped. You should know what's happening. We should put some of our energies into figuring out how we can use what is now available more effectively.

DEVELOPING RECEPTIVITY TOWARD LABELED CHILDREN

Ellen B. Barnes*

Good morning. We were joking last night about the topic of this conference, "Fostering Positive Attitutdes Toward the Handicapped," because we were feeling very negative as it was 10:30 p.m. and we were trying to find our way here in the fog, coming down twisting roads through a lot of towns that I never heard of before. We were also feeling very handicapped when the man who led us in the road here said, "You haven't driven in fog very much, have you?" We could have used some help in fostering positive attitudes ourselves.

I'd like to talk today about how we can help develop receptivity toward labeled children in ourselves and in others, especially teachers. One of the problems with most training programs is that they are very "in the head" and they teach teachers how to do tasks, but they really don't get at the person of the teacher, which is I think most important in what actually happens in the classroom. A principal was talking with us a few weeks ago and said that he felt like teachers could do anything they wanted to in his school, as long as it was something they were comfortable with, because he really believed that teachers wanted the best for kids. He said there were a lot of different ways

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for kids to learn to read, for instance, and what was really important was that what the teacher did fit the teacher's style and personality. We want to think in those terms. We want to look at the person of the teacher, and how the person of the teacher affects kids. We're talking about individual attitudes, where we are inside, and we're also talking about what happens in the school environment which supports teachers being as positive as they can be toward all children. My basic assumption is that people care and they want to care, and we need to figure out what kinds of things help them act out their caring behavior toward all children, whether they are labeled children or so-called typical children.

Behavior is a function of the person times the environment. This means that what a person does (his/her behavior) is a function of the personality/style of the individual interacting with the cues in a particular environment. I'm going to talk about the person part--the attitudes we bring to our interactions with labeled children--and Peter is going to talk about the environment part--what supports aid teachers in change. When we put those two together, hopefully, we would have schools that are receptive toward all children, handicapped as well as so-called typical children.

What We Mean by Handicapped: Typical Attitudes

The first place to start is what we mean by "handicapped." What handicapped means to each of us determines how we behave. Usually in schools, we think about a handicap as something that is contained within the child. We use the medical model; we say that a person is handicapped and it is something within her/him, irrespective of the environment in which he/she is reacting. I don't buy that at all. I feel that handicaps are situational. For instance, a person who is blind listening to a concert is not handicapped. That's one example. All of us were handicapped last night in the fog; we aren't this morning. So handicaps are situational.

Handicaps are also in the eye of the beholder. A good example here is the thousands of children and youth who are in classrooms for educably mentally retarded kids--EMR kids--but who are certainly not handicapped in their neighborhoods, on the streets, with their families. Schools handicap children. The way we look at kids makes them handicapped. So handicaps are in the eye of the beholder.

Handicaps are also interactional. One of my favorite psychology textbooks when I was in school was a textbook in abnormal psychology by Ullman and Krasner(1969). They talk about behavior that is labeled as deviant as situations in which someone does something that upsets somebody else in power. That's true in schools. The children who are disturbing are the children who get labeled. A lot of times we really need to look into the interactions between the labeler and the labeled, if we really want to talk about what handicapped means. A handicap is not something contained within the child, but it's something that's specifically involved in the setting the child is in, and the adult who is labeling that child. Handicaps are also interactional.

These attitudes about handicaps are reflected in the policies in schools and in school districts, and they are also reflected in how the teachers behave in their classrooms. Some teachers have total disinterest in handicapped children. They work in districts in which they've never seen a child who is labeled physically handicapped, who is labeled mentally retarded. They don't feel any concern about the issue because it is not real for them. Or they may work in a district in which children with those labels are all segregated in other schools where most teachers never have contact with them. In a lot of settings where we do have contact with handicapped children, we have other kinds of attitudes. I'd like to talk about some of them. Wolf Wolfensberger(1975) describes the varieties of typical attitudes toward retarded persons, attitudes which also exist toward people with other disabilities. He talks about five or six ways in which we see handicapped people, and they have a lot of implications for institutional attitudes as well as personal attitudes.

The first way we see handicapped people is as sick. We use the medical model. The person needs to be fixed. They are sick and they need to be healed. The implication for this model is that the problem is not interactional. So if a teacher has a child who is labeled in the classroom, he/she never considers what effect his/her own behavior has on the behavior of the child, what effect the structure of the classroom has on the behavior of that child. In the medical model the problem is the child: The child is seen as sick and needing to be fixed.

Another way of looking at handicapped people is as subhuman. We think of this viewpoint as a thing of the past. However, a couple of years ago Peter and I were working with some children who were excluded from school and we read one of the boy's records that said the youth was "dangerous when cornered." That's really looking at the child as an animal, as subhuman. All I could think of was the school as a zoo in that analogy. That statement was written by a school psychiatrist. The implication of seeing children in that way is that school becomes a caretaking job--that children need to be contained, children need to be controlled, but not taught. If you see children as less than human, then you don't feel an obligation to teach them; and if you just think about maintaining and containing them, then you don't try to figure out what can help them go further.

Another way of looking at handicapped children is as menaces to society; that idea developed out of the image in our history of people who were handicapped as destroying our genetic pool. One of the results of this perspective is what Rhodes(1965) calls the "threat-recoil cycle" that occurs in a lot of communities, where we're threatened by kids, we're afraid of what they are going to do, and so we react by becoming much more punitive, by controlling them. I think that happens a lot with older kids, with adolescents, junior high and high school youth; it especially happens with kids who might be labeled "behaviorally disordered," or whatever phrase you want to use for that. Many adults in school are scared of older acting-out kids. Adults feel they are out of control of the school situation, and their reaction is to come down really hard to control students' behavior. The kids are seen as menaces. One result is often the segregation of those kids from the larger community.

Another way of looking at handicapped people is as holy innocents--eternal children. I think this happens primarily with people who are labeled retarded, but also with other handicaps as well. An implication of the eternal child notion is that we overprotect, we don't see kids as growing, we don't allow them the "dignity of risk." I think that a lot of children labeled trainable mentally retarded, for instance (and a lot of other labels as well) are placed in settings which don't help to prepare them to function in the larger community. That's a real burden that schools and parents take on when they treat people with disabilities as perpetual children.

Another way of looking at handicapped persons is as objects of charity, objects of pity, and as burdens. Our whole society is filled with examples of looking at kids in that way. We patronize them; we make them dependent; we say they don't have rights, only priviledges; and we don't allow them to function in the community. A few weeks ago I was in a meeting between members of a local school board and some parents of handicapped children. The parents said that the hardest message for them was that their labeled kids were seen as burdens by the school district, and they should be glad that their kids got anything; what school personnel have communicated to them has been that children with special needs really didn't deserve the same kinds of experiences and services in school that so-called typical children have. I think that kind of attitude is really pervasive; people who have handicapped children and adults who are handicapped feel others see them as a burden, don't see them as equals, don't see them as having rights.

How Attitudes Are Acted Out In Schools

These attitudes are translated in schools in a lot of different ways. They are translated in the language that we use to talk about kids. I see school records all the time, and I am horrified by the way in which kids are described. We talk about somebody who is a CP, not a person who has cerebral palsy. We talk about mongoloids, not persons with Down's Syndrome. We say children are disturbed, not disturbing. One of the first things we should do is to look at the kind of language we use. The other day I saw a referral form that several school districts use . All teachers have to fill out this checklist to send a child to the school psychologist or guidance counselor. Every item on the referral form was a negative item. There was not one positive behavior listed on the form. So, a child is someone who "attracts attention," who "is careless," who "cheats," who "is disobedient," who "dreams," who "is easily distracted"--all of these things are negative things. No where is there a place for the child's strengths, a list of skills we can build on, what we do value about this child. I'm sure this is a very common circumstance across the country--the focus on negatives.

Another way these attitudes are translated in schools are in terms of the testing and labeling process that kids are forced to go through. This group of parents we met with raised a lot of questions about the psychological and psychiatric evaluation that their children are subjected to in schools. What they feel is that this is something that happens with their kids because their kids are labeled, and it doesn't happen with so-called normal kids. I'm sure most of you are aware of what's going on about cultural bias of tests. In California, psychologists can no longer use the Binet and the WISC to assign an I.Q. With minorities, tests have to be proven to be culture free in order to be used as a tool for the placement of kids in special classes. Tests also have to be given in the primary language of the child. Because we may not see handicapped children as having the same rights and needing the same kind of approaches that we would want for ourselves, we are willing to test and label them and segregate them in order for them to receive services.

The attitudes toward handicapped children are also reflected in what has traditionally been segregated programming of those children. This is changing, I hope. More conferences like this will probably help that change. Many kids need special services, but the way in which we give them those services has always been segregated, which I think is really for the benefit of the larger community and not for the benefit of the child. Segregated settings have helped teachers and principals who don't want to deal with kids. They have helped communities which are threatened by people who behave in strange ways or people who don't know how to find their way around town on a bus. So, attitudes toward people with disabilities are really reflected in segregated programming, and I'm hoping that will change as attitudes change.

The attitudes of inequality are also reflected in the fact that even though handicapped children have many rights in New York State in terms of schooling, those rights are not enforced in many communities. There are many children who are out of school, excluded, on homebound, or whatever. There are many children who are only in school part-time or if they are in school, they are in inappropriate school settings. While they have a right to schooling in appropriate school settings, those rights are not enforced.

What Are Receptive Attitudes?

I want to talk a minute about what I feel are receptive attitudes toward handicapped children. I'm thinking of handicapped in a very social-interactional way. We are talking about the child in a particular environment. The first part of a receptive attitude would be a zero-reject policy toward handicapped children in schools. A lot of people are using the phrase "zero-reject" now, and the basis for it is a belief that all children can be educated--all children, no matter how disabled the child is. The implication of that is we have to change our idea of what "education" is. Education isn't just teaching reading and writing. Education may be physical therapy, emotional therapy, vocational training. It just can't be the traditional skill focus that we've always talked about. Zero-reject also means that we have to think about education as teaching typical kids to care about other people, making the classroom experience a consciously affective one, not just a cognitive one.

Another part of receptive attitudes toward handicapped children is the whole principle of normalization, which is that every person should have available to them conditions that are available to typical people in society. If nonhandicapped children have recreation programs, handicapped children should have access to those same programs. If nonhandicapped children have gym, art, and music in school, handicapped children should have gym, art, and music in school. Everybody at the moment is concerned about all the budget cuts, and we've been involved with a number of parents who have been working in their school districts around budget cuts. One of the things parents have been saying is they don't want you to cut special education programs. Special education programs are usually seen as fringe programs. People put them in the same category, if not a lower one, as art and music, and a new athletic field. These parents are saying, "You can't do that. You have to see this as really basic to our kids. These are our children's lives. It's not fair to cut those programs before you cut programs for all kids across the board."

Another indication of receptive attitudes toward handicapped children is what I think as a humanistic approach to schools and to kids, and for me that means a belief in the unlimited growth of every individual. Once we decide what kids could be in a negative sense, once we establish limits to their development, then we can really stunt their growth by having low expectations. More people are probably aware now of the power of expectations as shown in studies like that by Rosenthal and Jacobson(1968). I think the whole message of these studies is that children become what we expect them to become. For me, to be receptive toward handicapped children means we have to see them as having unlimited potential.

Humanism means the valuing of differences as positives, not as negatives. Our country was supposedly built on the belief in pluralism; we wanted all people to contribute, we wanted to value the differences. Because schools perpetuate values of competition and conformity, then children who don't fit into the mould are "handicapped" by the schools. We need to turn that around and talk about valuing individuality, valuing differences. That means a conscious curriculum about how people are different and how every person and group contributes to our culture and to our classroom. It also means teacher need to individualize; if you really believe that people are different and everybody doesn't read at the third grade level in third grade, classrooms must be changed to fit that belief.

Another part of receptive attitudes toward handicapped children concerns issues of self-determination and options, children's rights and parents' rights in schools. I believe that parents and kids should have a say about what kinds of programs they want, and it's the responsibility of the schools to offer options within individual schools and within districts for parents and for children.

Receptive attitudes toward children with disabilities are demonstrated in the school's stance on integration, of the "least restrictive" setting. All children should have the option to be educated in an environment which is as normal as possible; that means in regular schools and in regular classes, if possible. New York State Regents' position paper in November 1973 supports this also. I'm hoping that that is the direction that the State Education Department is going to go in terms of its legislation and regulations.

I think another aspect of receptive attitudes toward handicapped children is the issue of rights, not privileges. We have to think that people with disabilities have the same rights as every citizen and these rights have to be enforced. In many states there are good laws on the books, but they are not enforced. We need to ensure the enforcement.

How Attitudes Change

To implement receptivity on all these issues in the classroom means several different things. It means that we have to start with ourselves as teachers, or you as teacher trainers start with the teachers you're working with, and we also have to think about the supportive environment in schools. Attitude change can be very difficult. Here are some of the reasons why.

- People are happy with the status quo. They really don't want to change.

- People have an invested interest in the way things are. We've had a lot of conversations lately with special teachers who say, "Why should I support integration? I'll be out of a job."

·People are afraid about change because they fear retribution in the sense that their jobs are at stake if they disagree with their employers.

·Some people are basically cynical and don't believe that things can change. I think a lot of adults in schools feel that way. They are struggling so hard on a day-to-day basis, they really don't feel optimistic about being different.

·Another reason why people don't risk change is because they feel bad about themselves. A lot of teachers have the same bad self-concept that a lot of labeled kids we're talking about have. They don't feel powerful. They don't feel like they can make a difference. They feel isolated in schools.

I'd like to talk about what kinds of things can be done with teachers to help them feel that they could effect a change in others and in their own attitudes toward handicapped children. The process by which this can happen can be varied, such as in the kind of workshop that is being held here or in on-going supervisory situations. A lot of attitude change can occur with teachers in a one-to-one relationship with someone who is listening to their frustrations. It helps them to talk about the kinds of concerns that they have. I think teachers can change with each other. There can be networks developed in schools and in districts in which teachers support each other, and give each other new ideas and talk about how to have schools become what they want. People can change by reading books and taking courses (although sometimes I wonder about the latter!). Administrators can make a conscious decision that teacher attitudes is something that they value and they are going to work on in terms of planning their school program.

Let's start with ourselves. I'm going to use the words you, us, me and our. There are five different ways in which we can talk about personal change with relation to handicapped kids. We can talk about feelings; we can talk about beliefs and values; we can talk about needing information; we can talk about gaining empathy; and we can talk about a certain political awareness about what schools and communities do to handicapped people.

Feelings. Most people feel uncomfortable initially with handicapped people. People are fearful, they are curious, they feel guilty, they feel afraid, they feel anxiety when confronted with someone who is obviously handicapped, they don't know what to do. An example of this is included in a newsletter called Wheels to Independence. It's a newsletter put out in the Albany area by and for the benefit of people who use wheelchairs, and other handicapped people. This is a personal statement from someone who is in a wheelchair. She says:

> My temper hit hot recently when after searching the entire San Francisco National Airport area for a toilet I could get my wheelchair into, the woman at Traveler's Aid replied to me, "Oh my, I never thought of a wheelchair having to go to the bathroom." I mumbled something to the fact that my wheelchair didn't have to, but I sure did. That woman never saw a person in a wheelchair as a living, breathing, functioning person.

We need to start thinking about what happens in us when we see a person who is handicapped. A few weeks ago, a woman named Sandra Diamond, a consulting psychologist, spoke at Syracuse University in a building much like this one in which there were no ramps, and she had to be carried up the stairs in her wheelchair to get into the building, and then down the stairs to get to the podium. She started off her talk by saying, "How do you feel inside about seeing my disabled body?" It really shook people. We usually don't think about or verbalize what happens inside us when we see people who are disabled. We are creating a program in which young children who have been labeled autistic are integrated into a setting with normal kids. We were talking yesterday about the kind of behavior these children had and what that did to us as adults. Kids who are unresponsive do things to us, kids who are aggressive, who are angry, do things to us inside; and we act on what they do to us, Although we may not be conscious of the reasons we are behaving the way we are. The first step in talking with teachers is to get at what's happening inside us-- what are our own feelings about handicaps?

There are a lot of value activities that you can do to get at these feelings. If you aren't aware of those things, the materials developed by Sid Simon and his colleagues (1972, 1974), they are really good things to try to help think about what's happening in us and where are we, in a very conscious was. For instance, what kind of child would you rather work with? A child who is emotionally disturbed, a child who is physically handicapped, or the child who is mentally retarded? And why? What pops into your head? What is it about that child that makes you feel comfortable, as opposed to another child that makes you feel uncomfortable? What do you do when you walk down the street and see a blind person walking toward you? Do you cross the street? Do you say, "May I help you?" Are you very uncomfortable, or comfortable? Do you talk loudly because you think the person can't hear? What happens inside you when you see people who are disabled? What kinds of children upset you, what kids make you comfortable.

We need to talk about our own history. In what situations have we felt handicapped? When have we felt labeled? Most people, I think, have gone through school experiences where at one time or another they felt different, isolated, labeled by other people. All of us have in us those experiences, which we retrieve and use to be emphatic with persons with disabilities. What about members of your own family? I know in the Special Education Department at Syracuse University when I talk to students in classes, a lot of them have had family experiences with people who are handicapped. It may mean their mother has been hospitalized in a psychiatric setting; it may mean they have a brother with Down's Syndrome; it may mean they have a cousin who has been institutionalized; it may mean they may have just heard rumors and stories about things in their past -- aunts, grandfathers or whatever.

Ask yourself and teachers to go back and retrieve your own experiences. Get in touch with your own concerns about handicapped people. Think about the immediate reactions you have about the children in your classrooms now, to your own children. What is it about those kids that upsets you, what is it about those kids that makes you comfortable? Think about the kids in your class you spend the most time with. Why is that? As somebody said to me a few weeks ago, "I like kids who are white, middle class, and who love to read." That's true of a lot of us. It's really important for teachers to start with their own feelings about handicapped people.

Beliefs and values. Another area of personal change is people's beliefs and values about handicapped people. What are your values, your stereotypes and your assumptions about handicapped people? In terms of moral values, do you have strong feelings about the segregation versus the integration issue? A lot of people do, parents as well as teachers, and we need to figure out where that stance came from. Do you think in terms of rights or in terms of privileges? Do you feel like kids deserve what they are getting or more, that they deserve services; or do you feel that they are getting these services only out of the grace of those of us who contribute to telethons or to The United Way. We need to think about our stereotypes about handicapped people. For example, how many of you think that handicapped children need structure? That's an example of an assumption that a lot of people in schools make about handicapped children which may be totally incorrect. We need to examine our beliefs and assumptions.

Do we really see kids as individuals, or, for example, do we say that all kids with Down's Syndrome are warm, friendly happy and will never be able to read? I think we need to start there. There's a man on our Advocacy Board at the Center on Human Policy who has cerebral palsy and he lived in Syracuse State School (now Development Center) for thirty years. When they tested him at the age of 35, the man tested with an I.Q. of 130. You think about what kinds of assumptions are made about people who are physically handicapped -- the assumption that this man is retarded because he has cerebral palsy, because he has difficulty moving, because he has difficulty expressing himself verbally. I think we need to become aware of where we are around those kinds of things.

Part of clarifying values is thinking with a futuristic view. What are our beliefs about society, about education, about schools? A friend of mine who has been teaching an extended campus course at Syracuse

University on mainstreaming started the course by saying to the teachers, "What would you like schools to be? What do you feel education is about?" And he said none of them could answer that question. They had never thought about that. They had only thought about a particular reading or math series, not what they wanted schools to be, not what kind of vision of society they had, not how they were working toward that in their own jobs. Charles Silberman in his book Crisis in the Classroom (1970) calls that the "mindlessness" of schools. We really need to start changing that.

Information. Another thing that people need is information -- basic information about handicaps, and about the special needs of children. I think it's important for teachers to have understanding about what kids are experiencing. If a child has cerebral palsy or spina bifida, the teacher needs to know what that child can do and what that child can't do. Sometimes it also helps to know the etiology of disabilities, but not always. We need to know what kids could be. There was a letter in Exceptional Parent magazine recently from a parent of a child with Down's Syndrome. She wrote that everybody was always saying what children with Down's Syndrome could not be, but she felt her child was an exception to these norms. Janet Bennett's child (1974) was another exception, and if there are one or two exceptions, there are a lot of exceptions. I think we have to look at the greatest things kids could be. So we need information about disabilities, specifically about the needs of kids in our classrooms. In my mainstreaming class last week, a teacher of profoundly deaf children presented a program about her kids. She has a special class in a regular school, and she has integrated her kids into a number of regular classes for part of the day. She gives out to teachers a sheet on problems that deaf children have in hearing classrooms, and suggestions for dealing with these problems. For instance, deaf children need to see your lips, and it helps if you talk more slowly, and use other ways (besides verbal) to get children's attention and communicate content. I think teachers need to know that kind of specific information about handicaps. We need to be able to help them very specifically understand the needs of kids in their classrooms, and what to do about those needs.

Empathy. Another means to personal change about handicaps is gaining empathy about what the child is experiencing. We've been hiring teachers for a program that we have. Our hiring committee is composed of parents of so-called autistic children and typical children, some teachers, and some people at the University. We talked about what kind of teacher we wanted and one of the things that we said was that there seemed to be some people who were really intuitive about kids. They seem to know what other people are experiencing. And there are other people who really approach children and adults in a very intellectual way. They read a lot, they try to understand what someone else is doing, but they don't always sense it. We said that we wanted both of those approaches. We wanted people who were intellectually curious, who would read, who would try to get information, who would talk to other people, who would go to visit other programs, but we also needed people who had an intuitive sense about what kids were experiencing, especially children who were having difficulty.

How do teachers gain empathy? One way they gain empathy is by simulating what it would feel like to be handicapped. I taught a course in Day Care For Children With Special Needs and we spent one session with the participants experiencing different kinds of handicaps. They tied their legs together and tried to play ball. What did it feel like to be restricted in the movement of your legs? They tied one arm behind their back and tried to function one-handed for two hours. They put ear plugs in their ears and tried to see what it would be like to be part of a discussion when you really couldn't hear what was going on. They put on big, heavy workmen's gloves and tried to do the block design test on the WISC (Weschler Intelligence Scale for Children), to understand the frustrations of a child who really does not have fine motor coordination who is asked to do typical school tasks. That's one way that teachers can gain empathy. They can try to have experiences in which they simulate what people with disabilities might be feeling.

We've also tried role playing, where one teacher would play the role of an autistic child, totally isolated, contained, unresponsive, unwilling to give any of himself/herself to the other person who plays the role of the teacher. The teacher tries everything he or she can think of to get the "child" to respond. It was a very powerful experience for me both when I played the child and when I played the teacher. First of all, it's really important to try to experience what a child feels like who wants to really protect himself/herself from other people. It's also tremendous to be able to get feedback as a teacher from someone with whom you are intervening and to know what's effective or what's not. For example, my style is usually verbal, and the person I role played with said to me, "There's no way that using words could have gotten me to respond. I would not respond to your words. I don't trust your words. I would respond to someone who really would be physical with me, who would hold me, help me to relax."

Another way to gain empathy is to read and talk with people who are handicapped themselves -- to try and understand what their experience has been, and to talk with their parents. For example, this is from an article (Bogdan and Taylor, 1975) that was written from tapes of a man who lived in a state school and he had been labeled "trainable mentally retarded." Now he's living in the community and holds a job. He's 28 years old.

> I remember elementary school; my mind used to drift a lot. When I was at school, concentrating was almost impossible. I was so much into my own thoughts-- my daydreams-- I wasn't really in class. I would think of the cowboy movies-- the rest of the kids would be in class and I would be in a battlefield someplace. The nuns would yell at me to snap out of it, but they were nice. That was my major problem all through school -- that I daydreamed. I think all people do that. It wasn't related to retardation. I think a lot of kids do that and it's diagnosed as retarded, but it has nothing to do with retardation at all. It really has to do with how people deal with the people around them and their situation. I don't think I was bored. I think all the kids were competing to be the honor students, but I was never interested in that. I was in my own world -- I was happy. I wouldn't recommend it to someone, but daydreaming can be a good thing. I kind of stood in the background -- I kind of knew I was different -- I knew that I had a problem, but when you're young you don't think of it as a problem. A lot of people are like I was. The problem is getting labeled as being something. After that, you're not really as a person. It's like a sty in your eye, it's noticeable. Like that teacher and the way she looked at me. In the fifth grade, my classmates thought I was different and my teacher knew I was different. One day she looked at me and she was on the phone to the office. Her conversation was like this: "When are you going to transfer him?" This was the phone in the classroom. I was there. She looked at me and knew I was knowledgeable about what she was saying. Her negative picture of me stood out like a sore thumb.

These are words from a person that has been labeled "trainable mentally retarded." He's obviously articulate, and he obviously has had experiences that we all share. _I_ daydreamed in school. _I_ felt different and I felt like what was happening in school to me wasn't reaching me. I think what is really important for us as adults is to not always be on the outside looking in, but to try to find out what kids are experiencing. One way of doing that is to talk with children and youth. The above statement developed from a situation in which a bunch of people sat down and talked about their own experiences and taped them. This man is able to communicate to others what happened to him.

Another way to learn is to talk with parents of children who have been labeled. We've been teaching some courses in mainstreaming at Syracuse Univeristy and through a special grant we've been giving tuition vouchers to parents of handicapped children to attend classes. It's really been fantastic for the teachers taking this course, because most teachers, I feel, tend to see parents as the "other side," the enemy. It's too bad. Most teachers are parents themselves, but that doesn't seem to help. A lot of teachers see parents as against what's going on in school, and they don't work in a cooperative way. It was a good experience in this class because I think the parents communicated to the teachers what it was like to live with children 24 hours of the day, and what the history of the child has been and what the emotional experience is like. I also feel that the parents gained a lot. One of the parents wrote on the feedback form that she had always seen teachers as the other side, the enemy. This parent said it made her feel better because she now believed that teachers cared about kids with special needs in general, and the teachers could really care about the child. I think that's a tremendous gain, and that it pays off to do a lot more talking with other people.

Another way to gain empathy is to think about children with whom you live or work who are different or who are labeled, and ask yourself, "In what way am I like that child?" Think about what things he/she does that you do. We need to see ourselves as more alike than different.

Another way to think about empathy is to think about situations in which you yourself have felt labeled, have felt different. You can make analogies to racial situations, to issues of sexism. There are many ways in which a lot of us have felt different, have felt labeled, and if we can get back in touch with those experiences, then I think we can be more effective with kids.

Political Awareness. The last issue in terms of personal change about responding to handicapped children is the issue of political awareness. Political is a hard word to use because many people have reactions to the word. What I mean by "political awareness" is an awareness of the system and the power of people to make decisions about other people's lives. To understand the system's impact is to understand how we create disabilities. We create disabilities by having architectural barriers. If there were no architectural barriers in the world, then a person in a wheelchair would have access to everything that we all have access to and he/she would not be disabled in a functional way. We create disabilities by the kind of norms that we have in our classroom. A teacher who is a friend of mine has an open classroom for socially emotionally disturbed children, and he said that a lot of the kids who came into the classroom had been labeled hyperactive and underachievers and had been behavior problems to other teachers. But in his classroom where exploration was encouraged and there were a lot of activity-based curriculum materials, a lot of things for kids to "mess about" with, the kids who had been "hyperactive" in other settings were his star pupils, and they helped the withdrawn kids fantastically because they really modeled curious, exploratory behavior. We have to think about what kind of norms we have in our classrooms and how those norms define deviance in the classroom.

In a larger sense, political awareness means we have to think about cultural issues like racism and sexism. A lot of people are watching the percentage of minority group children in special classes, and in special education in general. That percentage is very high. It's usually much higher than the actual percentage of minority kids in the school district. We really have to come to grips with that fact and what it means. We have to look at issues about exclusion. Those of us who are working in schools have to be aware of kids who are not being served, who are out of school, or who are being served in segregated programs. We have to look at issues of records. Now with the new Public Information law, parents really should be encouraged to see the kinds of records that are kept on their children. It's really scary to look at what kinds of thing are put in records on kids (and also in our own personal files probably). People in schools for many years have been saying things with impunity about children and parents and about their employees. In the past, there has been no accountability about what's written in files.

I think that if people now start looking at records, they need to look at what kinds of things are being said whether the material is descriptive or evaluative. We need to ask ourselves what kinds of things should be transmitted in records. Someone said to me, "Well, you think nothing should be written down." I don't think that nothing should be written down, but I think it's really important to look at what is written down. What would be helpful to other teachers who will have the child? I don't think what is helpful for teachers to know is that a child is labeled "educably mentally retarded." What is helpful is how this child learns best, e.g., this child's strength is auditory, not visual or, this child did real well in this particular reading series. Teachers need to know what kinds of things worked in the classroom with the child, and what didn't work. I spoke with a principal the other day because I got embroiled inadvertantly in a conflict between a parent and the school, and the parent had called the Board of Education about this principal. When I called the principal, I said, "You know, my interest is not in arbitrating who's right or who's wrong in this situation. I'm just interested in getting the child back in school. What would facilitate that?"

He said, "I looked at the child's records and I know this kid has always been a bad kid, and his mother has always been overemotional." His rationale was that he didn't have to solve this problem, because it was the kid's and mother's problem and had nothing to do with him. We really need to think about the power of records.

We also need to think about how schools fit into the larger society. How many of you have spent a day in the neighborhood where your kids live? How many of you have applied for food stamps? How many of you have spent a day in family court? We need to think in a broader way about schools. When we're involved with kids 7 hours a day, we're involved in a lot of their lives, and we have to know what else is going on with them. We need to expose teachers to much more of a community perspective about schools and about the lives of the children they'll be working with.

Positive attitudes toward handicapped children can be developed through sensitizing ourselves (teachers). We need to be aware of our own and the institution's attitudes and how those attitudes are translated into policies and programs. We need to know what keeps people from being unreceptive to labeled children and unreceptive to change. Change in attitudes can be helped by understanding our own feelings and stereotypes, clarifying our values, gaining information about disabilities, developing empathy with labeled people and creating in ourselves a political awareness.

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SUPPORTING TEACHERS FOR CHANGE

Peter Knoblock*

Complexities of Teacher Support

It must seem like a large paradox to you, as it does to me, that I'm going to be talking about teacher support at the same time BOCES districts, large school districts, and small districts are busily cutting away resource personnel due to the financial crunch. I've been trying to figure out why that's happening. I suppose there are lots of economic reasons, but I also think that one of the reasons for losing our support personnel is that we haven't known how to use them, and that we haven't really articulated and conceptualized and acted on lots of different designs that might be very helpful for utilizing support people in schools. It's not clear to many teachers why they need support. It's not clear to many supervisors and administrators how to do it. A lot of people might want to do it, a lot of people might want it. It's a complicated way to spend time, and I think if we could do a better job of figuring out how to support and why support, then perhaps we could get some of our money back and make a stronger case for not cutting back. It's one of the first things to do.

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I'd like to give you a little test. Do you have a piece of paper? On your paper, just jot down these kinds of categories real fast:

- Regular classroom
- Consultation
- Consultation and direct services
- Resource room
- Part-time special class
- Full-time special class
- Out of school

What I'm going to do now is just read off very quickly some sentence descriptions of different kinds of youngsters, and as fast as you can, just try to make some checkmarks where you think these individuals ought to be placed.

"Clifford, a nine year old, is very alert and imaginative. He's able to discuss a variety of topics intelligently, but he's unable to read." Where would you put Clifford?

"Herb has made a poor adjustment in his first grade class despite his capability for learning. He has difficulty in participating in group fuctions because he is so mischievous. He often fails to respond to discipline." Where does Herbie go?

"Charles is an eight year old who has not yet sat up, crawled, or walked. He is unable to communicate in any way. He has no bowel or bladder control and can't feed himself, and is very susceptible to upper respiratory infections." Where does Charles go?

"Jose seems unable to perform academic requirements for his fifth grade class, particularly in mathematics and language. He has a cheerful, compliant personality. He works best on a concrete level." Where does Jose go?

"Jessie, an eight year old, had difficulty keeping up with his class in all subjects. He's very large for his age, and being quite mature socially, he has a noticeable speech problem."

There are lots of others that I could read about. These items are taken from a scale called the Rucker-Gable Educational Programming Scale.[1] I'm most interested in using those sentences to point out once again how complex the task is of teachers and administrators and supervisors who have to respond to an incredible array of children's behavior and needs. Some teachers and regular classrooms might be faced with all of those youngsters. Many teachers in special education programs might be faced with a number of those dilemmas. The issue becomes one of determining ways to support the child in a responsive program and at the same time support the teachers and other adults who must make difficult decisions.

I'd like to make a case this morning for looking at the whole adult. That means administrators, supervisors, and teachers. There's a lot in literature now about looking at the whole child. I think we need to make a stronger case at looking at the whole adult. I'd like to give you some examples.

I think we have teachers, maybe some of us would fit into that category, who are functioning very well in school, and not functioning at all outside of school. We had a very good friend who was, by most people's standards, a superior teacher. Teaching young children was the one area in her life that she felt competent about, and she was good, and most people would agree on that. Last year she committed suicide because the other areas of her life were not satisfactory at all, but

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[1] Rucker-Gable Educational Programming Scale Manual. Rucker-Gable Associates, Rockridge, Box 201C, Storrs, CT 06268.

her life in school was. I know many teachers who are alcoholic and spend their time from 3 o'clock on drinking. None of that behavior is shown in school during the day, between 9 and 3. They are functioning as respectable, competent, professional people. Now, what happens to the rest of their lives and how long can they last? And who is responding to them?

We know lots of teachers who, starting at 3 o'clock, do pottery, write poetry and write short stories, go to physical fitness classes, weave, and do all kinds of incredibly creative things. Between 9 in the morning and 3 in the afternoon, they rely only on the Frostig as their major intervention. How do we account for all those things, and how do we respond to what people can do after 3 o'clock creatively, and how can they do those things in school creatively?

A while back, I tried to respond to a building principal and I took him to lunch. It turned out to be disastrous. This was an individual who really wanted some other human contact beside having to hassle kids in the halls about staying in their classrooms. We tried to develop a school lunch program for the principal and went out to a place and we had a couple of drinks, and we were sitting, and along came this person's supervisor. The supervisor was having lunch and having a few drinks, and that didn't seem like a bad thing either. Then we got into a heated discussion about some school issue, and then the supervisor turned to the principal and said, "Hey by the way, it's one thirty and why aren't you in school?" So, how do we put all that together?

When I started to get interested in more open education forms of responding to children in schools, I would go around to different places and talk about open education. And I thought it was a pretty useful thing to do now because at that time people were not talking about open education as much as they are now. And I stopped doing that with impunity, because what happened was that people approached me after some of my early talks and they said, "Look, I've been teaching for 20 years. Does that mean that I've been doing it wrong for 20 years?" Of course not. But that's one of the implications that we create as we talk about different ways and newer ways of doing things. So all of these are examples of the kinds of concerns that adults have in school, out of school, with themselves and with other people. They are all support issues. How can we respond to those? I think that one way we can think about responding to those, is by looking at the whole adult. It's not enough just to support teachers in school and to help them with their classroom activities and behaviors. Nor is it enough to support administrators for the results of the California Achievement Test in their schools. Everybody has complicated lives and I think we need to find ways to respond to those complicated lives, so that all of us can do better jobs with children.

What Teachers Are Looking For

The question is, then, what is it that teachers feel unsupported about? Along with some other people, I spent a semester in a middle school in an area near Syracuse, and they called us in because they wanted to talk about 25 emotionally disturbed children that they could identify in their school as needing help. We began as a group of teachers and administrators and before long it became apparent that they were not as concerned about the 25 emotionally disturbed children in their school as they were about the school climate that they were working in. They felt that that was part of the problem. And we asked them what some of their concerns were. You could write your own list. The library was being used as a dumping ground. Not enough time in the day for planning. The sixth grade teachers would like to have the old schedule back. Lack of communication. Never being able to find an administrator in the office. Infringement on planning time, especially when it's first period. Religious education. Students arrive 10 minutes late to and from school. The lights don't work. The intercom doesn't work. Students leaving the lunchroom early. Not enough materials to teach the classes. Little heat or none in rooms. Water fountain doesn't work. You can see that some of the issues are pretty existential, and a lot of the issues are not. But they are all issues that people want responding to, and we need to figure out ways to do that.

When we talk about special education teachers, I think we're talking about some special support needs, and again you have your own list, and I've got mine. I think some of these are fairly generic. We talk with special education teachers, and they tell us the following kinds of things:

They feel physically and psychologically separated from the rest of the school. They feel physically separated because many of our special education classrooms are designed so that they are separated. They are out of the way, and it still seems like a cliche to talk about rooms in basements, but that's where a lot of them are. We've gone around the country and looked at different programming. We looked at a program in Toronto in an elementary school and they had put their special class program -- they had a program for trainable youngsters -- placed right next to the teachers' room, so that teachers who were going into the teachers' room had to pass these rooms. They were sometimes tackled by children, bitten by children, and confronted by teachers.

They feel psychologically separated because they are operating alone, operating independently. In spite of all the idealogizing that goes on at our university, many of our graduating special educations students are choosing and seeking special class positions. When asked why they make this choice, a typical response is, "Well, if we have a special class, we have just 8 or 10 or 12 youngsters, and we can do anything we want in that special class." They see that as an advantage. Those of you who have been teaching special class programs may not see that kind of freedom as an advantage. I think lots of times it's freedom to fail. I think that when you operate independently, and on your own, you end up being on your own, and you can do anything you want, perhaps, but that doesn't seem to be enough of a gratification pattern for a lot of adults that we know about. Having spent 6 hours a day with a group of youngsters who are reluctant for relationships and who are reluctant to learn, is not enough for a lot of creative adults. They want to spend human contact time with other big people, not just with short people.

Special education people tell us that there is a lack of clarity about what's accepted and what's expected. The field of education is moving rapidly toward ways of developing competency based teacher education (CBTE). I don't really think that's the answer. I have a strong feeling that many accountability approaches are punitive in nature. In some way, if we stick to a very rigid competency based teacher based education model, we're really saying to teachers, you haven't been able to do it before, and we're going to force you to be more precise. We're going to check on you. But who's going to check on you? Who is competent to check on the teachers? We have that same problem at the University. We are saying to undergraduate students, and graduate students, we're going to move into a competency based teacher education program and we're going to teach you how to teach youngsters in classrooms. Now, a lot of this is coming from college professors, myself included, who may be very far removed from classroom practices. Maybe we were competent once, but I'm not so certain we're still competent to do that. So, who is going to check on the checkers? I envision some Machiavellian scheme where we will be watching each other to see who's skilled enough to teach the teachers, and I think that we need to develop other models that communicate to teachers and other adults that they are resources, that they have skills, that they have knowledge, that they have frames of reference, and that we can build on those.

The adult communication is something else that teachers tell us about all the time in schools. Many people see the adult communication patterns as extraordinarily destructive. We all have anecdotes. People have been telling me about the seating patterns in teachers' rooms. Do you know that some faculty rooms in schools have seating patterns? Did you know that when you walk into a teachers' room there are certain seats that certain people sit in all the time? God forbid if you happen to be a student teacher or a substitute teacher and walk into that school and don't know about the seating pattern, you might be in trouble. Well, I've known about the seating pattern for a long time, but I didn't know about the bathroom schedule. Do you know about the bathroom schedule in teachers' rooms? Some of you do? Apparently in some schools, at designated times, certain people are allowed to use the bathroom.

Another issue that our teachers tell us about, and they tell you about it too, is that it doesn't take very long when you work in special education for you to become as labeled as the children with whom you are working. So we've been hitting our prospective teacher over the head about becoming advocates of children. And a lot of people nod their heads and say yes, they want to be a child's advocate, and they want to do the right thing for the child. They go out and try to do that, only to find that it's a very complicated concept; that if you work in the building, as many people do, with 90 other teachers or 20 other teachers, and if you advocate for the child, you run the risk of alienating yourself from the other adults; that in some ways, you walk a line between getting enough of a response from the adults and enough of a response from the children so that your credibility is maintained; so that our saying to prospective teachers, "You advocate for the child," really means that that person is going to be taking a very large risk. You can become a child advocate, and also become an isolate in that school. This doesn't mean you shouldn't advocate for children, but I think you need to work out the consequences of what it means to align yourself on the side of the child.

Lots of teachers tell us that they need to be sanctioned as "okay" people, that the degree of alienation on the part of many teachers and administrators is large in school. I think we'd be foolish to deny the fact that as we stand in front of our classrooms, and we encourage our children to be happy and to learn and to be excited, a lot of us in schools are not happy and don't feel good, and are not excited. I would like to read you a letter from one of our friends, who is also a good teacher by most people's standards, and who has his down periods like most of us do, and when he's down, he's really down. Here is what he says:

> The week also included a sleepover with eight kids and a trip to a Barnes and Noble bookstore in New York City, where they let us spend the whole morning spreading out throughout the store. Both of the experiences were fine, and from my teacher point of view, rewarding. But the existential question, "Why school?" was more forceful this week than ever before. I find myself bored beyond my imagination with some of my teacher activities, and contributing significantly to the boredom of a number of my kiddies. Momentarily I focus almost exclusively on those negative experiences and lose the Gestalt of the environment. As with most of the situations we have shared in the past, I can't see it while I'm in it. And stepping away from it for myself is difficult at this time. The kids, anarchists at heart, who expect, who want, and even demand autocracy, can't understand my dilemma. In essence, their message is, "Go ahead and play your stupid adult role which you will eventually play anyway after you get tired of being rejected, and are seeking new ways to approach us. Of course we'll reject you; that's our role. Don't take it away from us."

But the message seems clear that a lot of folks are operating under a lot of pressure and a lot of concerns, and again we need to develop some ways of responding to those. I don't think it's really enough for us to think of creative ways to teach children. I think that if we're talking about developing receptivity toward youngsters with special needs, then we need ways to develop receptivity toward adults with special needs, and that applies to most of us.

Matching Styles of Support with Teacher Styles

Teachers don't seem to be convinced that the help is there in the schools. The reliance on the expert model I think is in danger. We filled schools with lots of experts and we brought people in, and I don't think that's been very satisfactory. The question is what is it that teachers are looking for as they move toward more open and creative ways to respond to children? I think what they're looking for are supervisor patterns that respond to in-classroom needs. Let me read to you what some teachers are saying about their supervisory patterns:

"Her way of working (this is the supervisor) is the best way I learn. She'll come in the room, look around and maybe discuss things with me for a few minutes. Then she'll sit down with some children, and she'll talk in a very loud voice, so I can hear without stopping what I'm doing. I literally learn how to talk and work with children in new ways from listening to her."

Now obviously, that's not some people's style. Some of us would feel very threatened if somebody came in our classroom and began doing that. This particular teacher felt that that particular way was helpful to her because she could use somebody else's behavior as a model. So the nonsense in our books on supervision about the best way to supervise and the worst way to supervise is simplistic at best. Again, we need to look at the learning styles of teachers and adults, just as we need to look at the learning styles of children.

Here's a kind of a contrast to what I just read:

"I'm not very good at extending on the spur of the moment, but the advisor is great on this, especially in nature and science. I would like him to come in every day and work with the kids. He'll go in and start fiddling around with something and have a group of kids interested, and I wouldn't know enough to start fiddling around with it in the first place. I feel that he can add something that I can't to my classroom."

Here's another person:

"I'll tell you where it goes awry. If an advisor wants you to do her thing, run your classroom her kind of way because she can't cope with your way, she can't get her head to where yours is at, then it's no good, because that's only one more hurdle, one more burden. We try to tune into kids, who they are, where they are, what they are, and you have to get the same kind of thing from supervisors. Otherwise, it's just another supervisor coming in and saying everything's fine, but why don't you try that other little game. These games and gimmicks --I don't believe any of that stuff plucked from thin air."

Well, obviously teachers all over the map have opinions about what they feel is helpful. Some people at the Educational Testing Service have done a kind of study of teacher perceptions of what constitutes support.[2] Supervisors are perceived lots of different ways. I'll just rattle some of these ways off because if you are in a supervisory function, I think it's important to realize you could do it lots of different ways.

One way you're seen is as a kind of administrative agent. You bring

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[2] Amarel, M., Bussis, A.M., and Chittenden, E.A. Teacher perspective on change to an open approach. Paper presented at annual meeting of the American educational Research Association, New Orleans, 1973.

in material; you make material; you order it. You're reimbursed for your expenses; you arrange time off; you act as a buffer with the school administration. On another level, you might be an extension of the teacher, a helping hand. You might work with that teacher in a parallel activity, as in one of the earlier examples I read. You can help work with children. You can provide additional experiences for children. You can help with the room arrangement. You can help with making materials.

Another kind of supervisor as teachers see them, might be a stage director, somebody who could come in and show how to work with children. Now, again, only some teachers can handle that, and others can't. You could show what to do, or what not to do. You could offer specific directions or criticism. You could show how to use material, how to set the room up. You could determine the teacher's need and point out the next steps. You could suggest specific helpful hints, such as record keeping, how to schedule a teacher's day. You could offer constructive criticism. On another level, you could become an emotional stabilizer -- a kind of stimulator, a kind of shoulder to lean on. You could give reinforcement and praise. You could boost morale. You could listen sympathetically and show the teacher that you care. You can inspire a sense of belonging in the school.

You can see we've already come a long way from ordering materials to helping the teacher get closer to his or her own feelings. You could function as a respecter of individuality. You can know where the teacher is; accept where the teacher is; value and respect that individual. You can become a modeling agent. You can provide alternatives. You can explain. You can lecture. You can offer theory. You can become a leader.

You can challenge the teacher. You could offer the teacher philosophical positions. The possibilities are enormous in terms of what your role might be as supervisor. Again, it depends on your own need, your own style, as well as the style of the teacher.

What Could Help Teachers

A friend of ours in his dissertation did a study on the kinds of factors that would help teachers move toward more open settings, how teachers could become more creative. His definition of open was not just the British primary school approach, but more creative ways the teacher could be receptive to new ideas and different kinds of youngsters. He found several things that facilitated teachers to move toward more openness. For one thing, support from other teachers was very important. I don't think it's really enough for us to talk about teachers getting help from supervisors and administrators and the hierarchy above them in school. When you talk to teachers about what they would really like, it is support from other teachers. Some wouldn't like support from other teachers, but many would.

Another factor they talked about that would be helpful was a need for time to plan with others. Planning time is something that more and more school administrators are looking at. They feel like it's crucial. Also, teachers keep talking about having more materials available.

There are a whole lot of characteristics of schools that cause problems for teachers, and cause problems for supervisors and administrators too. Let's just talk about teachers for a minute. For one thing, teachers are subordinates in schools. They don't participate in decision making. If we really want to create partnerships in learning, then we have to include teachers in those decision making processes.

Another characteristic had to do with the imposition of uniform values in schools. It's just recently that many schools are getting away from that--everybody having to use the same materials. In schools very often everybody blames everybody else and no one really feels psychological ownership for their schools. In many school systems parents drop their kids off, teachers can hardly wait to leave at the end of the day; children certainly don't want to be there; principals are harassed; so who does own the school? Who really does want the school? I think that's a serious issue right now, and some school systems are looking at that. New York City has obviously been looking at issues of community control, decentralization, teachers' unions, and children's rights. School strikes are incredibly monumental issues, and they are all revolving around who owns the schools. Who wants the schools?

If you took an issue as specific or as complex as mainstreaming or integration of children, the differences between us are enormous, and it seems to me that if we knew some ways to look at those differences, then perhaps the polemics and the kinds of conflict situations that are arising in schools might be looked at. What is the nature of the difference if you just took mainstreaming?

There are differences over facts. There are differences over goals. There are differences over values. We don't have time now to go into those, but perhaps in our small group discussions we could.

What could be some of the reasons for those differences? Some of the reasons are informational. We know different things about different kinds of hanicapped children. Some of it is perpetual. We can obviously look at the same child and see very different things. And some of it has to do with the different kinds of roles that people are playing. Teachers are looking at situations one way and administrators another way, and parents perhaps still a third way. We need to figure out how to at least share those perceptions. How can we make differences more usable. Differences exist, and I think we'd be foolish to ignore the fact that we are in conflict over issues like mainstreaming and open education and special classes. You name the issue and we seem to disagree on lots of those. How can we turn those differences into problem solving situations? We could try to welcome the existence of differences within organizations. It's not easy to do. We could listen with understanding, not evaluation. We could clarify the nature of the conflict. We could recognize and accept the feelings of those people involved because the feelings are there. If we knew who was right, we could probably just change it, but we don't know who's right. We could indicate who will make the decision. Lots of times it's unclear who finally makes the decision. Sometimes it's very clear, and that's a problem. We could suggest procedures and ground rules for resolving differences. We could create communication vehicles, and on and on.

My time is limited, but I did want to give you some feedback about how some children might see school. We've talked a lot about how adults see school, and the kinds of concern parents and teachers have. This was written by a 10 year old, if you can believe it, to a Board of Education somewhere in the United States.

> Dear Board Members:
>
> I am Susan. I go to Fox Meadow School, and I'm in the fourth grade. I hate school. Why? Because:
>
> 1. You have too much work.
> 2. You have homework and I don't believe in homework because you already got too much during school, and you're doing the same thing over again.
> 3. School is very boring.
> 4. You don't learn anything but be quiet, stay at your desk, don't talk, don't walk, and line up and mind.
> 5. You can't have anything to eat but in the lunch room.
> 6. At recess you got to play special games or sit on the curb.
> 7. The teacher embarrasses you.
> 8. The teacher tells you things that are funny, and then tells you not to laugh. Here is an example. "I'm going to hang you out the window."
> 9. The teacher bangs the stick on your desk.
> 10. The teacher is not always fair.
> 11. School lasts too long.
> 12. The teacher does not trust you.
> 13. Sometimes if you tell the truth, the teacher does not believe you.
> 14. Why do the principals have to spank?
> 15. Sometimes teacher doesn't explain the work, but she expects you to do it.
> 16. The teacher gets mad too easy.
> 17. Sometimes the teacher blames the wrong child.
> 18. The teacher does things she tells you not to do. Here is an example. Talk in the hallway.
> 19. The teacher has children telling on other children when she is out of the room.
> 20. "The only time my education was interrupted was when I was in school," said G.B. Shaw.
>
> Please do something to help.
>
> Signed,
> Susan
>
> P.S. 21. If you do something wrong, you get extra work.

Well, in a lot of ways, the kinds of concerns Susan is talking about are of concern to adults in school also. Again, I think it's possible to devise and develop support systems that would really respond to all the people in school. It's not enough to respond to children, it's not enough to respond to teachers. We need to respond to all of the participants in a school program. They have individual needs and concerns, but they also have needs as a group member in that school.

SOME CURRICULAR EXPERIENCES FOR CHILDREN

Elizabeth Pieper*

I'm really happy to be here. In the course of the years we've lived with Jeff, I've come more and more to grasp the idea that people really do not understand and accept people with blatant differences. Perhaps we don't even accept people with small differences. I know that some of the things the other speakers have said come home to me very much. When I first had Jeff, I think there was a literal exodus from the delivery room. An unbelievable change of attitude and atmosphere took place in that room. The same obstetrician who was great friends with me during my pregnancy, when my child was born "defective," literally hesitated to come inside the room for visits. He really withdrew from me. So I can relate to a lot of what the other speakers said. What has been proved in their research, I have found to be true over and over in our own lives. I've also noticed when my grandmother had a stroke, I was in no way prepared to deal with that kind of thing, and neither was anyone else in my family. Also, my brother a few years ago started to have an eye problem. He is not at all the kind of person who elicits pity. He's very much opposite than that. He did finally say that if he were to become blind, he no longer would want to live. He just didn't think he could cope with that. My

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immediate reaction at that point was that if this really happens, if he's going to lose his sight, I've got to literally grab him, bundle him up, take him to Washington, D.C., and introduce him to Mr. John Nagle, who is Chief of the Office for the Blind. This man is so competent! He gave me such confidence seeing him come right before the President's Committee on Employment for the Handicapped and testify and read his braille. This relates very much to the kinds of things we're talking about. We need positive exposures, not just exposures. To see someone like John Nagle, so competent, it's just a beautiful thing. From that time on you would have instilled in the back of your mind the idea that I would no longer be afraid to be blind. I would not want to be blind; I would never choose it, but I would not be afraid to go on living if it happened. John Nagle knew this, and one of the things he said to me is that it's very important when you're representing a class of people to do the best job possible. He had gone up there with his secretary the day before and found his way to that podium and practiced, so that he could show the best of himself and the best of his ability, when representing blind people.

> It is not the way we teach; it is what we teach; and even more it is what we do not teach. And what we teach and do not teach is not now superficially wrong in detail; it is wrong in essentials.

The above quotation is by Richard Acland, taken from Curriculum or Life, published in London by Gollancz, 1966. I believe that we're not teaching children the kinds of things we need to know to cope with life, to grow, and to be full individuals. By blinding ourselves to what disability is and is not, we deprive ourselves of the opportunity to grow and to cope with life when presented with a difficult situation.

What are we going to teach? We should teach:

A. that all people are more alike than different
B. that differences can irritate or enrich us--often both
C. that all people are valuable
D. that all people can learn and grow
E. that all people have basic rights--that the enforcement of these is a safeguard to all individuals (self-interest)
F. that people represent themselves best--that teaching about any "class" of people is necessarily deficient
G. that the "disease" we see in others is often the "dis-ease" we feel ourselves, that handicaps exist in society and that those deficiencies often "handicap" people more than their inherent conditions

I think we should teach values which support the right of people to be different, to grow, and to have a sense of community. We should be taught responsibility for mutual caring. I liked what one woman said the other night, "It is not necessary to love." If we see a child with flailing arms, spastiscity and so on, I don't think it's necessary to say we must love that child. I think it's important to have the self-knowledge to say, "I don't have any feeling of warmth for that kid." I don't know if we have to love that child, but behavior-wise, I think we can hold the line and say, "I won't allow that child to be teased, and I won't allow harm to come to that child, even if I don't feel warmth for him." Just because I don't love that child, doesn't mean that the child doesn't have a right to be here, or that we can't work things out together. Perhaps I could even grow to a different point in my own feelings toward the child. Behavior is different from feelings. We don't let people harm stray dogs or small children. It comes almost to that. Our behavior can be protective--not overprotective--even though affectively we may have mixed feelings toward him.

Differences can irritate or enrich us--often both. I think we don't say that enough. We don't admit that it is a problem to stumble over a wheelchair, or get hit in the shin with a crutch. In fact, differences do give us discomforture and problems at times. We should recognize it.

All people are valuable. All people can learn and grow. All people have basic rights. The enforcement of these rights is a safeguard to all individuals.

We want to teach about people, but if we're going to do it in a second-hand way, we have to be very careful about artificiality creeping in. I see the development of this kind of curriculum in two ways. I see it as a good thing, something of substance. I also see it as a change process, societal support system, to mainstreaming. It is a change agentry kind of thing, where we involve teachers and administrators in their own learning by having them teach children. I could make an analogy like this: I have an interest in pottery. I'm not going to go out and take a course in pottery to learn to pot. However, if someone told me I really ought to teach pottery to my kids, and gave me a good reason for doing this, I would learn the necessary skills so I could teach it to those children. I think that teachers will, under the right circumstances, learn what they have to know of substance and come to grips with their own feelings, in order to teach about disabilities and the people who have them.

How can we communicate these beliefs and values--by what methods, materials, activities, people? I could go through a hundred ideas. The ideas that you would pick and choose would relate to your own learning style and to what you're comfortable with in a classroom. They could fall in these general categories:

A. People with "handicaps" should represent themselves. They should be a primary resource. They can talk about their feelings, their disability, their special aids, their special needs, their self-perception, their perceptions of us and society, etc.

B. Experiences for Empathy--can be had through PEOPLE as in A., through books, through films, through role-playing games, through specially constructed activities, etc.

C. Substantive information--What causes specific disability? Instead of speculating on multiple causative factors, "How does it affect the person and why, physiologically?" No speculation. No stigmatization eugenically, etc. Get rid of that. OBJECTIVE DATA.

D. Opportunities to discuss our feelings concerning people with handicaps, to write about these, to role-play, and work them through, e.g.

E. Experiences which acquaint us with the "trappings" of disability--the equipment used by people with special sensory or mobility needs.

F. Experiences with "handicapped" children or adults, on a consistent basis.

G. Define the "defects" in society, the limitations within ourselves which make life more difficult, less fulfilling for others.

H. Discussion, research on human and civil rights--What are they? Why are they necessary for everyone?

I will try to be specific within the categories. There's an example down in Maryland, of a fellow singing folksongs. He plays the guitar, goes into a regular classroom, and tells them, "I want you to learn about blindness and blind people." And they say, "Play this; sing that." He doesn't play for them until he clears what he wants to communicate to them. I grant you, you can't call any disabled person you may happen upon on the street and have a successful experience for your class. But I think you can get in touch with groups of disabled people, and since part of their concern is to improve their image, to improve society's attitude, probably you'll find some resource person within that group who would be more than happy to come and relate in any number of ways. It may be they don't talk about disability at all. It may be that someone just comes and sings folk songs with your class, and in that way models a positive kind of interaction. It may be that someone would like to come and talk about civil rights and really come on strong and say, "We've had it. It's about time things were done differently." That's not an easy thing to do.

There are a lot of books which talk about people who have disabilities and special needs. We've talked a bit about autobiographies. A book of fiction which comes to mind is To Kill A Mockingbird. I had a feeling in my head when I first read it, that the real story in there was not the trial and the discrimination against Tom Robinson, the black person whose rights were so flagrantly violated. I honestly had a feeling that there was something else in that book. I went back and reread it. The second paragraph of that book starts off with Bo Radley, the man who lived next door, sequestered away, locked in by his parents. Why was he hidden away? What was so terrible? His parents were so ashamed of him that they literally locked him away. The neighborhood children were afraid of him. All these tales grew up about him, that he was a blood thirsty animal, for example. You see, in a very gross form, the fright we can feel about the unknown. This is an analysis of fiction that you could use in English classes, and social studies too. I have written a guide to analyzing the book which some of you in secondary school might want to look at.

For younger children, it could be Apartment Three. This is by Ezra Jack Keats. It tells about how kids hear music. When they first realize it's coming from a blind man's apartment, they're frightened. Then they get to know him, and see him as a valuable person who brightens up their day. This would be a resource. There are many books that could be used. I have a bibliography of children's books which might be used as a medium for empathy.

My daughter used Amahl and the Night Visitors. She'd go around and role-play Amahl and tie up her leg and limp and hop around. This kind of thing could be done in school too. The same thing with The Prince and the Pauper. If you listen to that on a record or read the book, you could work through something with your kids, especially in the aspect of charity versus rights. I think they tend to be the antithesis of each other. I think you could raise some of these questions with your children: Do handicapped children have a right to be in school? Are they at the mercy of someone's charity, as in The Prince and the Pauper? Do we do that today? You may think, well, I haven't seen any kid begging on the street today. You only have to think just that much, and you'll know you've seen them begging over telethons on TV, and begging all sorts of ways on the front of the Community Chest brochures, and so on. Kids today still do beg for what I believe should be theirs as a right. So this would be a discussion you could have with your children.

Substantive information on what causes specific disabilities should be in physiologic terms and be objective. How does it affect the person and why? I think one of the big things we should do as parents, educators, and people with disabilities--as a coalition of people who are really interested in this problem--is to ask, "Where does stigma come from? Is it an observational thing, or is it something we're taught in school? Is it bad examples in books? Where are all the places we get the concept of 'deviancy'?" And then we have to go back to those places, one by one, and see how we can undo it. Certainly, a review of the health curriculum which is taught in this State, and some of the books which are commonly used, should be part of that. It should be a real action oriented kind of thing.

Other substantive information should be provided. What is spina bifida? What is a stroke? What causes a stroke? Get those things out where people are dealing with them. In our discussion group today, that was one of the main things people kept coming back to. We are going to be frightened to have disabled kids in our classes if we don't know something about them, if we don't have some kind of technical information. We are frightened about what we don't know. Some real substantial information should go out to the kids. That should be part of their health, or science studies, or wherever you want to put it. It should be part of your curriculum, part of your program, part of your own learning.

There are experiences which can acquaint us with the trappings of disability. The Salvation Army is a great source for crutches. They'll probably give them to you free. In our nursery school, I do have a couple of crutches. Seeing well, normal, healthy kids hopping around on a crutch may strike terror into parents' hearts. I sometimes say, "Well, I know it's frightening to us, but they like to use them (crutches) to play doctor." I was speaking to a high school friend of mine and asked, "How do these kinds of things work with older children? What are some of the things we can do with high school age people? She said, "Right now we have a fellow who has broken his leg. He can never find his crutches. They're always gone. People enjoy using them. Somebody has always got them, and sometimes it's the teacher. Everybody likes to hop around on them and try them on and do their thing on them."

We've found that to be so through my daughter Julie. She takes her brother's crutches to school and has relay races going on. I have pictures of kids standing in line, waiting to hop on that crutch during recess. Yet, it is not allowed in the classroom.

This is another political thing we should get into. We should recognize it for what it is, or else we're going to go nowhere with this whole thing. In our area, we have a lot of conservatives. These people are very, very concerned with anything that can loosely fall under the heading of sensitivity training. They are politically active people. The teachers and administrators know this, and it's something they have to deal with. In no way will they let you go into those public classrooms with anything which they think could jeopardize their positions or bring these people politically down around their ears. I think that's something you might want to talk about. We have to deal with political realities.

You can bring in hearing aids. If someone's mechanically inclined, they might want to bring in a hearing aid and take it apart, and do other kinds of activities to show amplification of sound. It can be approached in a very academic or intellectual way. I doubt that you could get in trouble with that. I think it would still be of help because when you can familiarize people with the crutches, the braces, and so on, I think you have lessened the anxiety the next time students see persons with these kinds of things.

And then we have experiences with "handicapped" children and adults on a consistent basis for purposes of living. Perhaps I said this in the first point. Get people who just love to play the guitar or sing with children, or teach some craft as a minicourse or serve as an advisor to your group, not modeling their disability, but rather modeling their ability. Do a lot of reaching out, back-and-forth kinds of things. A pen pal kind of thing, for example, where your class writes to kids in a segregated setting as part of their English experience. Get some kind of reciprocal thing going, even it it's only through letters. If it's person-to-person, it's so much better. You make arrangements for some of your kids to use something that a voluntary agency has, and then in turn you invite the children from that agency to something in your school. Build up the exposure, and program it to be pleasant, positive exposure and interaction.

For definition of "defects" in our society, we can use architectural barriers as an example. We have steps where we could have a ramp. We have created a "handicap" for a person or a group. It isn't necessarily inherent in the person.

I think that discussion on human and civil rights is a really important kind of political or support system that we should build in and around mainstreaming. Our civil rights curriculum should apply to all children. All children should have a better awareness of what their rights are; what due process means, and what it doesn't mean; what it can do, what its limitations are. Sometimes, unfortunately, you can get into a heavy thing there because I believe schools are one of the social institutions which thwart human rights in some cases.

Materials have to be developed and they take a lot of time to talk about. But for simulating deaf or hard of hearing, you can try thinks like giving a spelling test while mouthing the words. The kids scream, "I can't hear you." You can very easily, with a simple tactic like that, point out to them what it's like for people who can't hear. Give them a problem. Ask them what if they had a deaf child there. How can a deaf child "hear" or interpret what is going on? Get them to problem solve. I think the closer you stick to problem solving and substantives, the better off you'll be. It might not be as exciting, but that's a good, safe place to begin. Then move out into something more innovative, if you can.

I would love to see a lot of sensitivity kinds of things, but I'm not sure we can start out that way. It depends on what rapport the teacher has, what she's comfortable with, how the administrator feels, how much support and back-up he gives the teacher, and what the political elements in the community are. In general, the closer you can stick to some other kind of curriculum, the safer you are.

You can just do an action film without the sound. Have various people report what happened and prepare stories on their conceptions of what happened to get at the importance of visual information, and its limitations. This will aid in identification with deaf persons.

In relation to people who are blind you could start with braille as a code. You could take it from there with the history of braille and the autobiography of Louis Braille. You could have someone bring in a braille typewriter and braille some famous quotes. Then give the kids the code and have them figure the quote out. Again, it's a kind of problem solving thing. It's kind of a fun thing. And it's something you won't get in trouble with.

I think you can have minicourses about deafness and work it in with theatre. A beautiful book to read would be the biography of Bernard Bragg, one of the leading deaf actors of the National Theatre of the Deaf, titled Signs of Silence by Helen Towers (Dodd Mead & Co., 1972). Work through different body movements with the children--things that you'd be doing with them anyway. I liked very much what Dr. Liebert said last night about multiple modeling. I think the more places you can zap this in, and the more things you can be aware of which are related, the better chance you have of really changing attitudes. Just running through a unit on deaf people, for example, won't do as much good as if you're really tuned in on how body movement relates to people who are deaf.

You should use materials which emphasize dignity, ability, and rights, and not stereotypes such as medical entities, objects of pity/charity, or super-achievers "despite" a handicap. You should use materials representing everyday people.

I want to show you "The Able Disabled" Kit. It seeks to present the idea that people are more than a disability. "The Able Disabled" Instructional Materials Kit is a nonprofit proto-type of materials designed to be used in the regular classroom with typical children in teaching about disabled people. The Kit includes an introduction, a bibliography, nine pages of pictures depicting paralyzed people--women, and children--in normal, every-day life activities, e.g., driving a car with hand controls, camping and dressing a baby, teaching school, boarding a school bus, working in an "integrated" classroom, etc. There are also three cartoons. The basic concept and instructional ideas for this affective curriculum are to be found in The Instructor Magazine, August/September 1974, and The Exceptional Parent, July/August 1974.

The materials in the Kit may be used in the following ways:

--affective curriculum within ordinary classrooms with typical children

--to enhance self-esteem and feelings of confidence in disabled youngsters by showing "success models"

--for displays in libraries, shopping centers, etc., featured by public schools and/or voluntary agencies

--to illustrate lectures to service clubs, church groups, PTA meetings, hospital personnel, school boards, etc.

I tried in this Kit to achieve a balance between humor and need, between militancy and substance, between men and women, between roles we don't think of disabled people as having and ones we do. Some of the pictures in the Kit were reprinted from a magazine called Accent on Living. It is by and for disabled people. It has a wealth of substance and humor. If you're really serious about getting into this, I would say that's one magazine to which you should subscribe.

This is the caption from one of the pictures in the Kit: "With the aid of automatic lifts and ramps, children in wheelchairs can attend public schools with other children in their geographic areas." I think this shows it can be done. It provides a model. Even if it can't be done in certain schools because of the expense, at least they have seen that it can be done. Start people thinking in that direction.

This is the caption from another picture: "John Latcham, **recently** disabled in an accident, demonstrates the use of hand controls in operating motor vehicles." This is the kind of substantive information thing that we were talking about before--what aids and appliances are available to handicapped people. There are even people who are paralyzed who do not know they could drive a car.

This is a picture I love--"Marjorie Gordon enjoys camping with her family. Like many women in wheelchairs, she is able to care for her young children competently." That is a role we don't see disabled people in--having children and caring competently for them. I know two couples who are in wheelchairs, and both have their own natural born children, and both take care of them. I don't know how they do it. It astounds me because I can hardly take care of my own kids. I've learned a lot. It makes me feel better too.

The next picture has this caption:

> Successful business and family man, Raymond Cheever, editor of Accent on Living Magazine, is also the founder of Accent on Information, a computerized information system capable of retrieving useful data for disabled people throughout the world. His work reflects his philosophy that all too often, a problem is only the absence of the right information.

I think that's something we're talking about when we're talking about mainstreaming. I think we're talking about the absence of the right tools. That's why we're having such a problem with it. One of the reasons we're here is to find out what kind of skills, tools, and supports we need to support that kind of thing.

I want to close with this little poem written by a 13 year old girl. I think we can look to literature, to things written by parents, people who are disabled themselves, or their siblings, to stimulate empathy.

The poem is called, "Before the Hole Goes Through."

I saw a little boy,
My brother, whom I love and accept for what he is,
Showing some young children he knew
A beautiful weeping willow tree,

One of the wonders and beauties of Nature.
Walking behind him they were pointing and laughing,
whispering, and nodding
While my brother walking, staggering but happy, had
no knowledge
And was unaware they were making fun of him.
He didn't look back.
The children kept laughing and giggling, but he didn't see.
They wouldn't have cared if he did.
He probably wouldn't have caught on.

People think that if some people are different in any way,
They are like machines, and have no feelings--
They need no love, and no friendship or understanding.
But they need it, even more than we
Because they are constantly being rejected, left out
and put down.
And although it may not show in the beginning,
It is wearing a hole through their hearts.
And we must help them
Before the hole goes all the way through.

A CURRICULUM FOR FOSTERING POSITIVE ATTITUDES TOWARD THE HANDICAPPED

Shirley Cohen*

Mrs. Pieper presented you with a multitude of ideas for curriculum experiences. What I'm going to do is tell you about my thinking in trying to develop a set of curriculum materials for fostering positive attitudes toward the handicapped. I'm telling you this not because I'm trying to sell the product we're working on, but because I think that for the next few years many of you will be developing your own materials. You will have to. And I think these are the kinds of things you might want to think about.

We started out with the assumption that fostering positive attitudes toward the handicapped is an inherent part of the school's responsibility. Education means helping children learn about the world in which they live, and more and more, the world of young children includes the disabled. We have not only to help them clarify their world, but also help them deal with their world. This is essentially what we set out to do in this curriculum.

Now, we asked, "Who could we do this with? What age group is this appropriate for?" We really came to the conclusion, to paraphrase Jerome

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Bruner, that you can teach about the disabled at any age, if you do it in an appropriate way. The emphasis is on the way you do it. There are ways appropriate for preschoolers, as well as ways for elementary, junior high, and high school students.

Then we asked, "How do you do this? Do you do this formally? Do you introduce a unit of study that takes place in one grade? Do you do it informally and incidentally as questions arise, as children see handicapped children, as they meet them in the community?" We really came to the conclusion that you do it both ways; that there is a place and a time to do a formal unit or part of a unit on the handicapped, and that certainly you have to also do it as the need arises, particularly as contact between handicapped and nonhandicapped children increases.

Then we asked, "How are we going to do it?" We know that attitudes have cognitive components. We know they have affective components. What are we going to deal with? We decided to take very much the school stance here. Schools deal mainly with cognitive components, and we are going to do this, but we're going to do this knowing that what we're really after is both. Affective and cognitive components are closely intertwined and very often there is a cognitive base to some of the negative affect that we see.

I'm going to give you some examples in terms of the kind of cognitive base we think you can provide. My daughter was playing in the snow one day and was obviously having a very good time. A man passed by and turned to her and me and made some sounds. We were both at first frightened. It took me a couple of seconds to realize that this was a deaf man who was trying to communicate his recognition of the joy that my daughter was having, and his appreciation of it. Of course my daughter didn't recognize this. To her he was some strange, frightening person. How much different she would look at him now, less than a year later, because I have been working on a unit on the hearing impaired and my daughter now knows how deaf people may sound when they try to talk.

We had several other assumptions. We assumed that it would be very useful to present representations of the handicapped. Since direct contact with the handicapped may be limited, we decided to use as much representation as possible--photographs, picture books, videotapes, films. Then we had to deal with the question that was raised yesterday in relation to the films. Do you start with representations of the severely disabled, or do you start with what some people here felt were not really not the disabled, or were only the pleasant disabled. We came to the conclusion that while there are occasions when children come face to face with the severely disabled, and you can't run away from it, if you're going to do something in a planned way where you have a choice, you start with the disabled who are very much like most children except for one disability. In this way, you maximize similarity between the perceiver and the perceived. You focus on similarities, and gradually increase the multiplicity of differences to which you expose children.

Then we concluded that one thing that really has to be done is to find out about what the children that you are going to work with know about the handicapped. What are their perceptions? What is the data base that they start with? One of the things I did was ask a teacher to have his pupils write something about a handicapped person they know, or have seen. It is very interesting that in this class of about 29 fourth graders, there wasn't one child who didn't know something about a handicapped person, and there wasn't a single one who didn't remember about it. One typical example is from a fourth grade boy: "I went to the park and I saw a boy shaking and falling down and talking like a baby. His mother was trying to hold him up. He couldn't control himself. His mother tried to help him." This boy didn't know this child had cerebral palsy. He didn't know the words. Nobody had taught him formally. But he had seen it; he had observed it; and he was very observant.

Similarly I asked my daughter when she was seven to draw me a picture of handicapped children. Some of the things that came out were very interesting. You can find out in this way what you have to work with. Of course, seven year olds have limitations in terms of what they can produce. When you work with older children it's not quite as bad. But visual impairment was shown by very thick glasses. Orthopedic impairment was represented by big feet which were turned in. Children are aware of these things, even though they don't always know the names for them.

Then we asked ourselves what our objectives really were. There have been many disparaging comments about competency based teacher education, but I want to say that sometimes it's very useful to think in terms of the kinds of objectives used there, that is, cognitive objectives, affective-behavioral characteristics, and performance objectives. The cognitive objectives we decided upon are the kinds of things that we can help children learn that will later affect their behavior, things like: Children will be able to explain the concepts of deafness, blindness, hearing impairment and orthopedic impairment at a level appropriate with their own developmental levels. Children will be able to describe the effects of various types of handicaps upon everyday living activities and experiences. Children will be able to identify broadly the causative factors in impairments, while rejecting the superstitions surrounding certain impairments. Superstition is particularly important to deal with, first on a cognitive basis, although that's never enough. One of the common superstitions was voiced by my daughter when she first came into contact with a severely, multiply handicapped child. She said, "I really didn't want to get too close to her because I was afraid of catching handicap germs." The fear of catching handicap germs is in adults as well as children.

Then we turned to performance objectives and behavioral-attitudinal characteristics. One of the things we said we wanted to do is to help children overcome or get beyond that initial repulsion which is sometimes experienced in relation to the handicapped. We wanted to help children stop making statements which mock or derogate handicapped children. We felt that our unit would be effective if it led children to aid their handicapped peers in activities where the handicapped child really needed aid. We wanted these experiences to lead nonhandicapped children to select their handicapped classmates as often as other children in work and play activities in which the child's impairment does not specifically limit him. We also said that if this unit is successful children are going to express recognition of the strengths of handicapped children, as well as their disabilities. They are going to be willing to ask for help from handicapped children in the ways that handicapped children are competent. They are going to interact with their handicapped classmates not only in formal school activities, but also in yard activities and in after-school activities, as much as with their nonhandicapped peers, again, where the disability doesn't interfere. These were the objectives we were after.

Then we asked, "Where is this going to happen? What form is it going to take?" We decided that there could be components of it in social studies. This is a natural place for it. There could also be components of it in science. There can be components of it in health education. For example, visual and hearing impairments can be introduced in the study of sensory mechanisms. Orthopedic and motor handicaps can be dealt with as part of the study of the body and how it operates, particularly the muscular system. Some forms of mental retardation and neurological impairment can be dealt with as part of the study of the brain and neurological system. Of course this is more appropriate in the upper grades. We decided that disabilities could be used in illuminating ways as illustrations in the standard curriculum, as well as in separate units. The major concept in social studies, for example, is how man adapts to his environment. Showing how handicapped individuals adapt to their environment is a very creative and illuminating way of illustrating this process.

We asked ourselves, "How are we going to organize this thing?" We concluded that there was no need for a formal program before age five and one-half. The reason for this is that attitudes toward the handicapped don't really seem to crystalize until about that age. If you go into preschool classes of three and four year olds, most often there are no problems in relation to handicapped children, as far as the other children are concerned. In some cases, the children don't perceive the differences yet. I was recently in a developmental center, what used to be called a state institution for the mentally retarded, that has an integrated preschool program. In the three year old group there was almost no difference between the severely retarded children--children who were hydrocephalic, anencephalic, or had Down's Syndrome--and the other children. The nonretarded children didn't seem to make any distinction between themselves and the severely retarded children other than that they occasionally helped them. I was extremely struck by this. Then I saw other situations in four year old groups where the differences were perceived, obviously perceived, and yet still there was not this kind of withdrawal reaction, this discomfort reaction, this rejection. Unfortunately, I have to say that in five year old groups I already saw this. So we felt that this would be a good place to start, and we are working on a curriculum for kindergarten and first grade. This curriculum has two parts. We decided to do one part that is really focused on acceptance of differences. We just use disabilities as illustrations of differences along a continuum. We start with differences that are not considered outside the normal range, and we just extend that. There are lots of curricula that start with acceptance of differences. Most of them wind up with racial differences, or national differences. Why can't we wind up, in this case, with disability differences, but just as an extension along a continuum, not something distinct. Then we asked ourselves about classes that already have handicapped children in them. Can such a curriculum be used in those classes? Is the disabled child going to feel singled out? Is he going to feel hurt by this? We came to the conclusion that you can use this curriculum whether there are handicapped children in the class or not, but if there are handicapped children in the class, you have to make sure that you don't single out only the illustrations of their handicap, and you have to be sensitive to how these children can or cannot be included in this study. Some children love to be the star. We videotaped a hearing impaired boy and he was very disappointed when he found out that he was not the star of the videotape, but that he had to share the glory with two other children. You should have seen him explain the project to his nonhearing-impaired classmates. He took off his hearing aids. He explained how they work. He really loved this role. There are other children who don't love this role and don't want to be singled out. This is something you have to find out through observations and sometimes through direct talk with the child.

But this is not enough. There is another piece of this work that has to be done. The second part of the curriculum we're trying to develop now is really how to answer the direct questions, the anxieties, the problem situations, that are going to arise in kindergarten and first grades which are mainstreaming. You have handicapped kids in Head Start right now and there are problems arising. Teachers don't know how to answer children's questions and they don't know how to deal with their anxieties, and they don't know how to deal with some of the problem situations. These are some of the kinds of things we're trying to figure out answers to.

Then we turned to somewhat older children. We decided that something quite different could be done with elementary aged school children. They could be given more information. They could deal with it more on an intellectual level. We could do a lot of other kinds of things. We decided to take a few areas--and see what we can do. We started what we call the "Child-To-Child Series," which has three parts--hearing impairment, mentally retardation, and cerebral palsy. We decided that what we could do was to develop a set of materials around which the teacher could organize the discussions, the interviews with resource people, the role-playing, the exchanges between handicapped and nonhandicapped children. Each set of materials consists of a videotape, picture book, and discussion photographs, with guidelines and suggestions for activities.

I'm going to show you a transparency now on the kindergarten and first grade curriculum.

Transparency #1

Acceptance of Differences: Handicaps

A Curriculum Unit for Kindergarten and Grade I

	Themes	Illustrations
I	People are different People are the same	Visual impairment
II	People learn in different ways	Visual impairment
III	Even though we are different we like each other	Hearing impairment
IV	People who are different can teach us	Hearing impairment
V	How a person looks is only important when you first meet someone	Orthopedic impairment
VI	Some people learn more slowly than others	Mental retardation

As I listened to Dr. Richardson yesterday the parallel between what he was saying and the themes of our curriculum were quite striking, particularly theme #5--how a person looks is only important when you first meet him.

The format for the kindergarten-first grade curriculum is discussion, followed by game-like activities. These activities are supported and supplemented by picture books, as well as by the use of the discussion photographs which we developed. We felt that this curriculum might span four or five weeks. We thought it would take about twenty or so minutes a lesson, but there would be other times during the day when the teacher might repeat some of the games or read supplementary books to the children. Each lesson starts with a discussion of a theme related to differences, starting within the range of variation that's not labeled handicapped and moving to that which is. Let me give you an illustration of this.

The first theme: "People are different and people are the same," starts out with the teacher and one of the children in the class comparing each other. Mary and I are different in some ways, and we are the same in other ways. Can you tell us how we are different and how we are the same? There are prompts or cues for the children if they don't come up with things such as age, size, hair color, etc. Then it goes on to how they are the same. Then we repeat this process with two children. There's a focus in this particular unit, because the illustration we want to use is visual impairment, on ways of taking in information. The teacher ends the discussion with a concluding statement to the effect that there are many things about us that are the same; there are many things about us that are different; but there are more things about us that are the same. Then she goes into a picture book about the five senses.

The illustration of differences comes next. Some children are different in that they can't see with their eyes. If the children use the term blind, the teacher repeats it and explains it; if not, she introduces the term to them. She asks, "Do you know someone who can't see with his eyes?" We try to make a personal contact. If a child says yes, we ask him to tell us about that person.

The question is raised as to how blind children find out about things. The teacher elicits information about hearing, feeling, etc. She gives cues when necessary. Then come the games. The games in this unit are the feeling game, the hearing game, the smelling game, the tasting game. Anybody who has taught kindergarten and nursery school knows these games and teaches them all the time, but we never make the connection between learning through these senses and how blind people learn.

There are so many things you can do to help young children learn about visual impairment that we had to stretch this unit into several lessons. You can even get the children to think up games which teach about how the blind function. While I was working on this unit my daughter horned in on this because I do a lot of work at home. She asked me what I was doing? When I said that I was thinking up some ideas for children to learn about blind children, she said, "I'll think up some ideas for you." Here is an idea that she wrote down. (She's seven.)

> "Get different kinds of sound toys. Blindfold the child. Let them do one sound toy, and then let them guess what it is. When they guess the sound toy, give the next child another sound toy."

I said that this one was fine but that I had to think some up for older children. This is one which she thought up for older children. She said, "Why don't you have the children, when they make stuffed animals, keep their eyes closed so they'll have to learn how to sew by feeling, instead of by seeing." Even children as young as this can not only be receivers of our ideas but can create their own ideas, and in creating, learn much more.

Let me just show you the outline of the elementary school curriculum before we show you some of the pictures and a videotape from it.

Transparency #2

CHILD-TO-CHILD

A Curriculum about the Handicapped

Part I	Can You Hear Me? (The hearing impaired child)
Part II	Amy Can Learn (The mentally retarded child)
Part III	I Knew I Could Do It (Child with cerebral palsy)
Contents:	videotapes, discussion photographs, picture books, teacher's guide

I'll show you some of the discussion photographs from the hearing impaired unit and give you some of the suggestions provided for using them. This is a photograph of a child in a school for the deaf. The hearing aid on his chest and in his ear is quite prominent. A teacher could say, "This little boy is Michael and he's six years old. What can you tell me about Michael from this picture?" If the children don't respond the teacher provides prompts, such as, "What are those wires? Where do they come from? What is that thing on his shirt that has the wires that go into his ears?" Essentially what the teacher elicits from this is that this little boy is wearing two hearing aids; that his hearing aids have two parts, one that goes into the ear, and another that is attached to the front of his shirt. This is a kind of hearing aid that most children have not seen. They've seen the over-the-ear hearing aids, if anything. We have some photographs of over-the-ear hearing aids, but these kinds of aids you can usually borrow from someone because there are a lot of hearing impaired people around. Depending on the age and level of sophistication of the class, you can go into greater depth in terms of what a hearing aid does, on the different kinds of hearing aids and how they work.

This picture is of a class of children who don't hear well. Essentially, the message you're trying to get out here is that while these children don't hear well, they're playing with toys in a way that's pretty similar to what you would see in any normal kindergarten class. Children get that impression from this photograph.

This is a photograph related to lip reading or speech reading. The little girl at the right is deaf, and she's looking up at the face of the little girl on the left, trying to figure out what she's saying. We have a whole section on lip reading, using such activities as having the adult mouth something with very low sound; turning a record down low so that it's hard for children to hear either the music or the voice on it; doing the same with the television. There are all kinds of things you can do in relation to children who can't hear well and their use of additional cues to figure out what people are saying.

This photograph is about signing. This is related to the concept that we have in the unit on different ways people communicate to each other. Signing is one of the ways people communicate to each other.

We'll be field testing these materials during the coming year to see how children react to them, how teachers react to them, and how well they achieve their objectives.

IDEAS FROM REACTION SESSIONS ON CURRICULUM EXPERIENCES

Structure and Content

1. Study of the handicapped should be included in all subject areas, either as a separate unit or interspersed into other units.

2. The concept of individual differences, not just handicaps, needs to be dealt with.

3. Deal with covert disabilities, e.g., epilepsy.

4. Feelings need to be dealt with.

5. Real life experiences should be used as much as possible, e.g., bringing handicapped resource people into the classroom.

6. Experiences to foster positive attitudes should take place over a long period of time. They should not be a one-shot effort.

7. Use fiction about the handicapped to get children involved.

8. A cognitive approach can be used, particularly with older children, and can be supplemented by such activities as role playing.

9. A focus on the handicapped should be integrated into the regular career education curriculum.

10. History can include the study of what has happened to people who are different from, for example, the point of view of civil rights.

11. There can be a curriculum strand on attitudes and values.

12. Social studies can include not only people of different lands but differences between people within our own communities.

13. Science can include information about dysfunctions of the body.

Process

1. Teacher awareness of the handicapped must be increased, and there must be (re-) orientation programs for all school personnel on acceptance of the handicapped.

2. Children's questions about handicaps should be encouraged.

3. A re-examination should be made of the existing curriculum and materials to either eliminate or deal with that which reflects and creates stigma.

4. At the high school level an elective course can be added on the handicapped. It might include field work with handicapped people or tutoring of handicapped peers.

5. The handicapped must be shown as often as possible doing "normal" things.

6. Committees for the handicapped should be expanded to include school board members, and these committees should expand their function to include evaluation of curriculum.

THE HANDICAPPED IN CHILDREN'S LITERATURE

Barbara H. Baskin*

I've been particularly interested in using children's literature as an adjunct to special education for a number of reasons. I've found in the course of teaching introductory classes in special education to teachers without background in the field that I had to include sensitivity instruction to the cognitive information. One of the techniques which I used in addition to simulation games, was assigning literature containing disabled characters to students in the class. I began to assign ~~to~~ them on this basis--let's take a look at what an artist creates in terms of reflecting contemporary culture. In fiction, the artist can construct everything that goes into a book. And that person is going to be able to reflect, if the artist is able, a very succinct, powerful picture of what society's perceptions of the disabled are. Students reported that they found this to be highly productive.

When I began research for my book, I wasn't surprised at what I found when I began to look into children's fiction. You might be startled, or perhaps not, to know that I had first thought of having a rather small project, and as I began to read further , I reached the point

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where I had located over 300 titles in children's fiction containing characters who are disabled in major, and in some cases rather minor roles. Roughly, 2/3 or 3/4 of these were quite bad! However, when I looked at bibliographies in chidren's fiction, if the theme says there is a blind child in it, it's listed. That is, whether the content and concepts in that book were positive and constructive about handicaps or not, they were nonetheless listed, providing little qualitative guidance for the reader. Very frequently the assumption is made that because the author has actually written about a blind child clearly the motives must have been constructive, and so the reviews of those books often tend to be bland and uncritical. This means that book selection in this field is unusually arduous. We're going to take a look at some of these books.

Before we do that, I want to talk briefly about disability in conjunction with storytelling and literature, and comment that it is not used to the extent it could be in schools. I think that this change agent is the least expensive in relation to use and potency in terms of a resource already in the school.

Some of you may know the name Eric Hoffer, a longshoreman-philosopher, who was blind as a child but recovered his sight. His theory is that civilization was started by the disabled. He hypothesizes that most of the people who were able bodied were out shooting tigers, lions, or whatever. But the people who had problems in terms of mobility were at home sitting in the cave, inventing stories and passing on the culture.[3] So he posits a very constructive role at the outset of the disabled in terms of an important contribution to the culture, specifically in terms of storytelling.

We know that literature hands down values. We know that it provides interpretation for mysteries. It also teaches in the form of allegories. It is a very strong acculturation agent. It informs in an extremely enjoyable context. It provides role models for identification and behavior. In fact, another philosopher you will recognize--Rollo May-- said in talking about his undergraduate education, "I learned more about the behavior of people from my literature courses than I did from all of the psychology courses that I took." There's a message in his observation which is useful preparatory to mainstreaming disabled children in schools. I want to read to you a discription that a college student wrote concerning disabled children coming into a class:

> Often the normal child doesn't know how to respond to a handicapped person. He finds his palsy or retarded condition frightening, or possibly funny. The laughter is not untinged with guilt, even though comedians have endorsed one's rights to laugh at the handicapped by their obvious socially acceptable mimicry. The parent's or teacher's response to the crippled child is often the admonition to the intact child to be cognizant of how lucky he or she is to have the use of limbs and faculties--not a stance likely to advance human contact or increase understanding. The "normal" child is not sure of what appropriate behavior should be. The child frequently has no model to follow. Should one open doors for a child with crutches? Would that be helpful or interfering? Should one offer to help guide a blind child to a destination? Would that interfere with a child's desire for independence? Should one attempt to communicate with a profoundly deaf child when the expectation is that they will not be able to understand each other? The child is often unsure of the disabled child's response and his nonafflicted peers' responses. If the barriers are broken, will the isolation be contagious? The child may feel guilty for not helping or for not knowing how to help when assistance is clearly needed. The child may decide that the best gambit is avoidance.

I thought that expressed the problem of assessing initial rapprochement strategy extremely well.

In addition to other staff unprepared for mainstreaming, the librarian must be included. If she or he went to a standard reference guide for librarians, like Huck and Young's Children's Literature in the Elementary School(1961), under the category called "Learning to live with physical handicaps," one of the first items the librarian would see would be the topic freckles. If the librarian looked at Arbuthnot (1964), the problem of disability is not even mentioned, so there would be no help there. As a matter of fact, Madeleine Cohen Oakley, who wrote an article called "Juvenile Fiction About the Orthopedically Handicapped" (Nov. 1973), went to the New York Public Library in 1970, and under "Handicapped Children, fiction," there were three items. This is the New York Public Library mind you. That gives you an idea of the tremendous need for reading guidance in this area and the unfortunate lack of attention that has been paid to it.

I think that maybe this might be a good time to ask some people to volunteer to read some samples of segments of stories. Granted, these are taken out of context, but I will try and show how they fit in. The first is from a book titled Follow My Leader by Garfield (1957).

> "Hold still, Jimmy." She put a pair of glasses on him, hooking the metal loops behind his ears.
> "What's that for?" Jimmy asked.
> "Just a pair of glasses," his mother said quietly.
> "Glasses for me?"
> "Your eyes are not quite healed, Jimmy," Aunt Martha explained. "They don't need to be bandaged, but these glasses will help keep out the dust."

> "I bet they're dark glasses! I bet you want to hide my eyes. You mean they're ugly!" The ice-cream cone fell unnoticed to the floor. "Here, take 'em, I don't want 'em!" He snatched off the glasses. "I don't need 'em! How can I go anywhere, ever? How can I do anything but just sit?"
>
> His mother came over and put her arms around him. "We don't know, Jimmy. This is not going to be easy for any of us."
>
> She sank into a chair with her arms still around him, drawing him into her lap as if he were five instead of eleven. And as if he were five, Jimmy dropped his head upon her shoulder and cried.

This is just after his operation. You get a number of images in this case of infantilization of this child at this particular moment. The next excerpt is from Don't Take Teddy by Friis-Baastad(1967).

> The conductor was a real friend. "One and a half. Right." That was that, and he went on to the next person.
>
> No surprise because a half-fare passenger paid for a great big boy. No glaring as if Teddy were the man in the moon or an orangutan. Not even an understanding smile and a "Say, would you like to play with the ticket?" so that people would turn to look at the sweet child while I would reach for the ticket because Teddy can't grasp it. Oh! I knew it all so well.
>
> "Oh, it's just the oldest Grabseth boy. He's..." She shook her head and made a figure of eight with her hand.
>
> With that, people started to mumble and mutter all over the bus. They turned around, peered over their shoulders, or just glared without pity.
>
> The fat woman looked really offended. "Well, really! Why don't people like that wear a band on their arm or something, so we can see..."
>
> She should have worn an armband herself, that hag.
>
> First she stared at Teddy, then at the woman beside him. "Isn't anyone looking after him?"
>
> "No--I don't know." Oh, yes, she did, she knew, that old woman. The feathers in her hat waved as she stole a glance up at me. She moved to the edge of the seat, so that no one would think she had anything to do with Teddy.
>
> "I'm looking after him," I had to say.
>
> Then they all had something new to glare at. Me.

> It's just a matter of bracing yourself, looking at a fixed spot ahead of you, and digging your teeth into your tongue hard. If it lasts a while, you start feeling cold all over and your eyes start watering, and you have to bend down and pretend to search your pockets for a ticket or something.
>
> We go through this all the time, but we never get used to it. We make believe we don't care. We pretend to each other too.
>
> Teddy's the only one who really doesn't care.

I don't know whether you picked up that analogy of "they ought to wear armbands so we know who they are." I'm going to pick up that theme again later on. Let's have one more. Child of the Arctic by Woods (1962).

> He could understand the parents' bitter disappointment, and recognize the burden of caring for such a child in this Arctic world, a child who could neither state his needs nor understand the directions given him by others. How could this strange child be taught the simplest things about caring for himself? How could he be made to realize that when he had gone onto the ice floe he had endangered not only his own life, but the lives of those who had searched for him in the vast Arctic sea? How could such a child be taught the value of property unless he were physically restrained or punished?
>
> But such measures were not the Eskimo way.
>
> The boy has suddenly become wild. Neighbors have always said he was crazy, and now even the father must believe it. Everyone knows that the boy will never do his share of the work, and at least one other worker must be wasted in guarding him...They think him crazy, and only the boy himself can make them believe he is not. He did not make them see this when he was supposed to be a harmless half-wit. Will he do it now, watched and feared and forbidden to touch any tool? I do not think so. And in the meantime the other boy, Tooruk, who has already been too much cut off from the life of the village by his companionship with his brother, is tied to him hand and foot and kept from man's work almost as much as Kumalik.
>
> And Kumalik. As she applied the seal oil to his hair, there was sadness in her eyes. Was it possible that a fine looking boy like Kumalik was crazy? Everyone said so; perhaps it had been true some time back, but she knew in her heart that it was not true now. As she finished her task, she gently patted her silent son's shoulder. His

> dark eyes turned to hers, and she knew that back in that silence there was full awareness.

This particular book is talking about an Eskimo twin who is deaf(!) and the problem of group survival when the boy inadvertently endangers the group.

The people who volunteered to read, read stories that did not contain overt violence. One of the things that I have been extremely concerned about in terms of the material we are offering children, is the tremendous amount of violence toward the disabled in these stories. When I talk about violence, it's both verbal and physical violence, and indeed, most of the handicapped children in the stories have some sort of confrontation with other children in the school yard, and in some cases--and I'm sorry to tell you this--most of the encounters describing teachers vis-a-vis these kids are rather dismal, to say the least. In a book, for example, like The Boy Who Could Make Himself Disappear by Platt (1968)--a book that I highly recommend--however, the teacher plays a role which exacerbates the child's problem, and acts to move the child to a situation where he decides that life will be tolerable if he's "emotionally disturbed."

One of the things I'm concerned with is how solid these violence-related-to-disability ideas are in our culture. What forces keep them that way? Can literature have a shaping effect to correct , or overturn them? If we go back to some of the earliest forms of literature that we have, namely myths, we are surprised to discover that on a cross-cultural basis, the incidence of blindness, for example, is probably the most frequently discussed disability in mythology and, it is almost inevitably the consequence of a very, very serious transgression on the part of the victim. Probably the classic case is of Oedipus, who incidentally was lame, who slept with his mother, which is the worst crime you can think of in terms of cultural taboo. He was punished in the "worst" possible way, namely blindness. Included is another common stereotype, the seer, Tiresias, is also blind, and has the ability to foretell the future. So you have in classic literature, in mythology, the personification of certain social constructs which reflect attitudes toward the disabled. Another example comes from Shakespeare. In King Richard III, you recall the bracketing of the king's crippled condition and his evil behavior.

Essentially, these mythological descriptions of disabilities are negative. In some cultures, however, positive aspects are evident. This is also true for biblical references where punishment is translated into a disability. In some cases when a corrective is made by the individual, that punishment is "taken away." For example, the Bible recounts a story of an old man who doubted that he would become a father and his speech was removed as a punishment.

In addition to some of the biblical, mythological, and cultural classics, we have been conditioned in other ways to think about disability in essentially a negative context. Moreover, custom and tradition, bolstered by separation, esclusion, and xenophobia have hardened our attitudes toward people who are different. We also have some common linguistic expressions in our culture that reinforce these negative attitudes: blind as a bat; deaf as a post, etc. You'll find those kinds of expressions repeated and repeated in children's literature. Further, there are a number of psychological theories that I found very frequently reflected in fiction for young people. For example, the idea that extremes of ability, low and high, are to be feared. Walter Barbe talks about the belief that intellectual precocity is somewhat, somehow not quite healthy and that it is almost a hazard to good social adjustment, and should be slowed down rather than facilitated. I've spoken extensively about programs for gifted children, and in most cases, I consider the response of the school to their particular needs as inadequate, and in some cases, hostile. The idea that gifted children are eccentric, queer, or emotionally unstable has been expressed frequently in children's fiction.

Overcompensation is a widely held belief about the disabled. Another is the concept of spread. This was defined beautifully by Beatrice Wright (1960). She stipulated that when people made evaluations of the total person, they were often affected by a single characteristic. She further stated that physique has unusual potency in this regard, partly because it is so intimately connected with the very identity of the person. This also is reflected in the idea that the exterior reflects the interior. I gave the classic example of Richard III to illustrate that. Compensation is frequently indemnity for the disability. We also see this in some children's literature.

I want to mention other media as they reinforce disability--what I call the Dick Tracy tradition--in children's comics. Don't you remember there never was an evil-doer who was handsome? They always had cosmetic defects. In films like Dr. Strangelove and Dr. No you have a strange, compensatory characterization where you have high ability accompanied by emotional instability. On TV you get the "supercripple"--Ironside is an example--or the blind investigator who can see things that other people couldn't. This kind of exoticism and exaggeration of the characteristics of the disabled individual made the character so extreme that the viewer doesn't have to think of them in a personal way. Therefore the viewer does not have to cope with it. We see similar examples in children's fiction. These fictional characters are so fantastic, so wonderful, or contrarily so abysmally bad that they are out of touch with what we know as real. They never come close enough so that the reader has to come to terms with them, and this is one of my basic objections about some of the books that we've taken a look at.

Let's take a look at the positive side. We know that when non-disabled kids are exposed or work with disabled kids they, by and large, are able to change their perceptions in terms of a reality base of what disabled kids can and cannot do. Some of the work that Barbara Bateman (1962) did with blind children talks to this issue. In addition, there is a natural wellspring of interest about handicaps that surfaces about the 3rd, 4th, or 5th grade. Librarians often report a tremendous rush at this time on books on Helen Keller, for example.

We also have books available that provide excellent models. I want to talk specifically about criteria that I'm going to use in judging children's books. You may want to disagree with me because I have some biases about this topic.

One of the first questions I ask is: Is this good literature? The best kind of an impact can be obtained if the story is written well. Good writing is a prime criterion. On that basis, we shall have to exclude many of the books we have displayed here.

Another important component is the idea of a sense of truth. Some writers approach their task not with the idea of telling a good story with a character who happens to have a disability, but they approach their objective with a sense of mission or outrage. I suggest that this distorts their writing, and that unless the writer deals honestly with problems and issues, a sense of artificiality or distanciation is created in the character. If children learn to mistrust the literary message, and many of the messages are disharmonious with what children know or believe, they begin to either doubt the story or their own perceptions. Thus, accuracy is a very important factor in this area. The characters have to have some congruence with reality, and that's true even in sport stories and in science fiction.

When I examined books, I asked myself some of the following questions: Is the nomenclature accurate? If the author is purposely vague, does this detract from the description and development of the character? Is the description of the handicapping condition consistent with medical, psychological, or educational practice? Are the accoutrements or paraphernalia associated with the disability correctly described and utilized?

In one story, Mister O'Brien (1972), the main character is a boy who wears an orthopedic shoe. A page and a half is devoted to describing the boy's shoe. However, the picture on the cover conceals this problem and in a sense undercuts the central focus of the book.

Another important criterion is the reader's level of involvement with the characters. In the story, David in Silence (1966), for example, the reader gets very involved. It really counts what happens to David, who is a deaf child.

Other questions I ask are: Are the social, psychological and emotional ramifications of exceptionality developed in a credible manner? Are the genesis, current conditions, and prognoses harmonious with reasonable expectation? Is the resolution of the story dependent on improbable events or illogical behavior on the part of the characters? One of the things that I was quite concerned about in looking at resolutions of problems was the idea of a miracle cure. I indicate at this point that I do have a bias in this area. I think it is totally wrong to present a religious connotation in relation to obtaining or curing the disability. For example, one of the classics that you all know about is Johnny Tremain (1943). Johnny works as a silversmith. Forbes reminds the read that it is against the law to work on Sunday, which is the Lord's day. He is fatigued and has an accident but the inference is that this occurs because he is being punished for violating the Sabbath. In another story, by Steintorf (1965), a Mexican boy is delayed from attending a shrine to pray for his blind mother by individuals who need his help. He returns home to discover that a traveling American eye surgeon bought a cactus from his mother selling by the wayside and invited her to have a free operation! The obvious moral to this incredible story is that she has been cured because the son has been a Good Samaritan. I think these stories say, in a sense, that if you aren't "cured" it reflects a lack of religious conviction or perhaps there is a religious reason for the reader's problem. This is an unnecessary burden for the reader. For example, in a number of stories the mother dies delivering the disabled child. Not only do we have disability, but we have the idea that somehow there is a connection of guilt between the child's disability and the mother's death. I've talked about this to some people who comment, "Well, it's sort of subtle. Do you think kids will really get that?" But, in terms of what we talked about last night, when an event happens again and again in stories, I think just on the basis of accretion the reader forms some kind of association pairing guilt or punishment and disability.

Let me give you an example of what I think is one of the worst books imaginable. Perhaps it is in your library. It's called A Single Light, written by Maia Wojciechowska (1968) who has gotten an award for some of the other books that she has written. I want to describe the story in some detail so that you will have an idea of the literary examples of disability available to children. This story also is an extreme example of a common finding in the field, namely, the presence of one disabled character almost always assures the inclusion of at least another. A mother dies in childbirth delivering a deaf and mute girl who remains nameless. They were going to name the child Maria but the villagers felt that it would be an offense to call so disabled a child Maria. The father, blaming the child, totally rejects her and sends her to live with an uncle who is an amputee. She works for him and for others in the community. She is alone and unloved. When a sickly child she is caring for dies, the general rejection turns to loathing. She has sanctuary in the church which she cleans for her board and room. When she finds an acient statue of the Christ child, she views it as the baby who dies, and rehides it. A gifted anthropologist convinces the villagers that they can make a lot of money from tourists by displaying the statue. The girl secretly retrieves the statue and hides. A mob forms and two innocent men are killed.

One is a crippled man who has been stoned to death. At the climax, the anthropologist says, "What we need to do is to take her to the United States where she can start her life over again." The churchman says no. She will redeem us. Needless to say, nobody thinks to consult the girl.

What is a sixth grade child to make of this? Look at all the images that were shown and the implications. This story is emotionally exhausting, stereotyped, and nonconstructive. The images, repeated one after the other, are devasting and ultimately undercut any feelings of compassion or empathy we may have for the nameless girl. Two other books one could take off the shelf are Burnish Me Bright (1970) and its sequel Far in the Day (1972) by Julia Cunningham. The hero of both, a mute boy, survives attempted burning by a crowd and assassination by the villian--two grotesque examples of violence toward an exceptional child.

To return to criteria, another thing that I think makes for a good book is where the reader learns something either on an affective or cognitive level. Another criterion is whether the reader is able to learn something about himself or herself as members of the human race and their consequent relatedness with handicapped persons. One of the things that I consider in a book that I recommend is that the stereotyping be at a minimum. Total absence of this would greatly reduce the number of books available. Another criterion is the avoidance of sermonizing. In many cases, these books have a message and my feeling is it should be subtle. When the author projects a hard sell, in this case, I think the disabled child or adult is disserved because the writer makes an object of them.

Let me suggest some really excellent books. Hang Tough, Paul Mather (1973) is a book about a boy with leukemia and was written by a man who is a professor of English at Williams College and who is also a sport's expert. It is handled in the most constructive, positive way. If any of you work with children who have a serious illness, you might want to think about using Slote's book. I would not suggest giving this book to a child without taking into account the child's psychological problems and after reading the book yourself. It is powerfully written.

Another story that I would recommend is called The Hayburners (1974). It's a story about a retarded adult who comes from an institution to work on a cattle farm for the summer. A hayburner is a nag, not a winner. The title is used in this sense in terms of people's perception about this character, but the man is presented with all his limitations as well as his considerable assets, in a very credible, positive way. Like a Swift story, there is a literal story as well as a symbolic morality story.

Another fairly recent book is Ben and Annie (1974). The story goes like this: Annie, 13, is a child with a muscular ailment who is confined in her wheelchair and who becomes friends with a boy named Ben who is 11. Ben takes her to the store. They eat and chat together. It's a very pleasant, low-key, constructive relationship, and Annie has never been as happy. Ben is getting a lot of pleasure because he sees that Annie is doing things for the first time and he feels very involved and feels a commitment to her. It's an open, beautiful relationship. Ben also involves his other buddies in excursions with Annie and they decide to take her to a park. You see, Annie has never been on a swing.

The boys set up the swing in a special way to accomodate her wheelchair, lock it in, and let her swing. This is the first time she's ever had that kind of physical experience before and she loves it. Inspired by her obvious enjoyment, they devise games in which her chair is pushed down a hill. She squeals and yells, excited by the companionship and sensory experience. Suddenly, a man comes by and grabs Ben, yelling at the other kids, "Why are you torturing this girl?" The story comes to this screeching halt. This man goes to Ben's home and to Annie's home and tells both sets of parents what happened. The parents accept the stranger's statement at face value and forbid the disconsolate children to see each other, and the story abruptly ends. It's a very, very powerful story and a good book for a values clarification discussion because it deals not only with the surface story of a character with a serious illness, but also with multiple issues which disability affects--parent-child relationships, interpersonal involvement, misperception of idealism, and love and other equally potent aspects of life.

Another story which contains multiple messages to young readers is From Anna (1972) concerning a young myopic girl in Germany in the 1930's whose vision problem is undiagnosed. An analogy is made here of the need for freedom to speak and to read: When these conditions are absent, all are handicapped. Other books which intertwine themes of disability and minority groups are Sugar Bee (1972), The Cay (1969), and The Jazz Man (1966). The dramatic metaphor inherent in blackness and blindness is most commonly exploited, as in the first two stories; the latter two can be read on a literal as well as a metaphorical level.

I found that, by and large, there were four major approaches in writing about the disabled. The first is what I call the maudlin, sentimental, saccharine approach, characterized by Wheels for Ginny's Chariot (1966). The authors, who are special education teachers, describe a segregated school where almost every type of disability is sustained by the pupils. It is not surprising to note that, despite limited space on the book jacket, both authors reveal that their own children are healthy and beautiful, thus by implication, not to be confused with the characters in the story. This feeling of distanciation permeates the book.

Another category includes stories where the exceptional person is used as a device and, as a consequence, is depersonalized. Third division includes fiction where the exceptional person is used as a symbol. The fourth one is an approach that I prefer--realism. In Dead End Bluff (1966), a blind boy faces problems that teenagers face whether they are disabled or not--earning money, gaining indepencence, having friends, risking things, and so forth. He is on the swimming team and is afraid to swim in competition for fear of hitting his head on a float. It's a real fear for him which he struggles to overcome. This is a book that I want to recommend because I think young readers can relate to it. It has something to do with them and their struggles. Deenie (1973) is another about a believable child.

The stories represent an underused resource. The financial cost of expanding the library collection is relatively low. Historically we know that books have high potency for attitude changes. Schools need to explore this resource as part of the mainstreaming effort.

How can schools use books about the disabled effectively? For the younger children, there are story telling hours. Disabled children, as all children, need to see models in their books. Some kindergartners in a school for the seriously physically disabled noticed a distinguished looking character in Moon Man (1967) who was sitting in a wheelchair and interrupted the storytelling with questions about this minor character, whom incidentally this librarian had never noticed. Evidently this was both obvious and important to the youngsters.

Book selection must be carefully made so stories will provide opportunities to perceive the disabled and their families in constructive contexts. The Summer of the Swans(1970) is a beautiful story, beautifully told, about an older girl and the love she has for her retarded, younger brother. He's troublesome at times. He gets in her way, but her love for him is overwhelming and involved and the reader is inexorably concerned with the characters.

In addition to storytelling, I think teachers ought to take advantage of values clarification discussions using these books. I think these ought to be tied in with the curriculum and elaborated upon. Very often, simple displays of books of this kind are useful. If selected, they ought to be based on the positive attitudes that the books convey. In many cases, teachers can develop reading guides for children.

Information which is straightforward and accurate and is presented well can have an impact on attitudes. The teacher can recommend books to children such as Howie Helps Himself(1974), which, although containing minor defects, pictures the feelings and school life of a disabled child extraordinarily effectively. Like Howie, About Handicaps(1974) is a didactic book in a fictioned format. This book is designed to be read by both child and adult readers and should be available in every school and public library.

To conclude, I suggest an article to you by Prudence Sutherland, "On the Need of the Severely Handicapped to Feel that They Are Human" (1968). This college student forcefully describes what literature meant to her as a person with serious impairments in mobility and how fiction shaped her attitudes about herself and about her world.

In summary, I believe fiction is an under-utilized tool in attitude formation and change in relation to the handicapped. It has merit for both disabled and nondisabled readers for discovering insights and information about people who cope with problems. It is practical because of relatively low cost. However, selection and recommendation of these stories must be made, not on the basis of blurb or heresay, but only after careful, critical review.

QUESTION

With the exception of About Handicaps, I don't see any books that would be appropriate for preschool or primary children. Do you have any recommendations?

BASKIN

One book on display is titled Leo the Late Bloomer(1973). It's a great book to use with young children. It's a picture book about a wonderful little tiger who has a lot of difficulty doing things: he can't write his name; he can't chew his food; he can't play well; but he eventually accomplishes these tasks. There's a message on a very simple level about different rates of growth.

Another one that I would suggest is Don't Feel Sorry for Paul(1974). It's somewhat long for the age group that it's designed for. Nevertheless, I think it could be used selectively. It's done in a style that is honest, direct, with the kids doing things that other kids can relate to. By and large, most of the books that I've discovered for my book on this topic start about third grade. I'm sorry but there aren't that many books for very young children.

QUESTION

Are all the books except the last one fiction?

BASKIN

The books I've discussed or displayed include fiction, pseudofiction, which is another category, and fictionalized stories. I deliberately did not include autobiography and biography. Sometimes people have changed their autobiography for psychological reasons, and biographies tend to be very laudatory. One of the things I did want to say is that in many cases I think we use these biographies improperly. We hold up a Helen Keller type who is a one in ten million kind of person. We say: this is our model. Why can't you be like her? What kind of further handicap are we superimposing upon the reader by holding up a "superstar" like Helen Keller as an example of an achiever. Readers should know about this remarkable woman but we also need more modest models. What I want to see in fiction are kid models and appropriate models of adults making it, but not necessarily people who are at a celestial level. I think we have a tendency to overuse models of the disabled and make that aspiration-reality gap unduly large for young disabled readers to overcome.

My message is to look very carefully at the books on the library shelf and, although I'm not in favor of censorship, to select or recommend positive qualities they have, and to use them constructively.

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SUMMARY OF REPORTS FROM THE AREA PLANNING GROUPS

1. Increase contact between handicapped and nonhandicapped children, e.g., re-arrange schedules to have them arrive and depart from school at the same time; include them in regular courses whenever feasible.

2. Develop and operate workshops for parents of children in regular classes.

3. Organize conferences with media presentations and literature displays.

4. Invite guest speakers who are handicapped or who are parents of handicapped children.

5. Provide in-service courses for teachers, principals, and guidance counselors.

6. Increase the contact, dialogue, and ties between regular and special class teachers.

7. Develop committees in each local district which will work on developing positive attitudes on the part of school administrators.

8. Set up volunteer programs at junior and senior high school levels where pupils work with the handicapped under an advisor.

9. Operate workshops for regular class personnel, using role playing, discussion of feelings, and methods to implement behavioral changes in the classroom.

10. Each Parents Association should have a special education subcommittee.

11. Special education teachers should work on ways to promote more positive attitudes on the part of the school staff.

12. Implement a pilot project in one or two schools where the social studies and health education curricula are enriched by inclusion of content on the handicapped.

13. Integrate handicapped children in all school-related recreation programs.

14. Conduct visitations between teachers with regular classes and those with special classes.

SYNTHESIS

Shirley Cohen

I want to make a prediction. Mandated mainstreaming, which some of the participants at this conference support and most of you are concerned about, will be a gigantic fiasco in many places unless we begin to work to change feelings and individual behavior toward the handicapped. When Mr. Wallach talked about mandating, he was talking about mandated preparation of the mainstream, not mandating integration prior to preparation. I wish this conference could have taken place four or five years ago. Unfortunately, at present some of us are so caught up with the threat of mandating mainstreaming that we haven't the tolerance to think about questions relating to how people feel and how these feelings will affect their behavior.

A few of the participants at this conference didn't see the need for doing something about attitudes in their local schools. Everything is fine there. There are no problems about attitudes. Such places may exist. Unfortunately, more often what is the case is that we close our eyes to the feelings and actions of children and adults, both the handicapped and the nonhandicapped, as long as they don't disrupt our school routines and procedures. Perhaps we needed to illustrate more clearly the hurtful behavior which is still exhibited by adults and children toward the disabled every day.

Those of you who did recognize the problem and who were able to deal with the task, came up with some ideas that can get you off to a good start. We hope you will go back and try to put some of your ideas into action.

Lilyan Ruderman*

There may have been an unmet need on the part of the participants to deal with their own feelings before taking a task orientation. If conferences such as this are going to be used as a means of stimulating the fostering of positive attitudes, perhaps they should include more initial activities planned around the expression of affective needs. Before we can deal with the task of how to change the attitudes of others, we may need to get in better touch with our own attitudes.

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APPENDIX

EVALUATION

Participants were asked to complete evaluation forms at the end of the Special Study Institute and again one month later. The summarized data is presented below.

Evaluation I* (At conclusion of the Institute)

Please check the terms which best describe this Institute:

26 interesting
2 unfruitful
3 dull
21 productive
16 well done
2 poorly organized

As a result of this Institute:

	Yes	No	?
1. I am more knowledgeable in regard to existing attitudes toward the handicapped.	24	5	2
2. I better understand the school's responsibility for fostering positive attitudes toward the handicapped.	21	5	5
3. My understanding of the processes involved in behavioral change toward the handicapped has grown.	24	5	1
4. I am more knowledgeable about programs and materials appropriate for fostering positive attitudes toward the handicapped.	25	5	1
5. I plan to be more active in developing a program to foster positive attitudes toward the handicapped.	27	-	3

This Institute was:

15 a very valuable experience
9 valuable
7 of some value
2 not valuable

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*Based on responses from 33 participants.

Evaluation II* (One month later)

	Yes	No	Maybe
1. If another conference on this topic is held next year, would you like to be invited?	39	-	5
2. Have you utilized any of the information obtained at the conference in your work?	41	2	1
3. Has the Institute influenced your behavior in relation to fostering positive attitudes toward the handicapped in any way?	26	12	1
4. Do you have any plans for implementation in the future re fostering positive attitudes toward the handicapped, as a result of this Institute?	35	5	1

5. At this time, what is your feeling about this conference?

16 very valuable

20 valuable

8 of some value

- not valuable

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*Based on responses from 48 participants.

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II. Children's Literature

This list represents only a few samples of children's literature which can be used to foster positive attitudes toward the handicapped. More extensive bibliographies are currently being developed by several organizations and individuals.

Key

Pre-school - Pre-kindergarten
Kindergarten

Primary - Grades one - three

Middle Grades - Grades four - six

Doorly, R.K. Our Jimmy. Westwood, Mass.: Service Associates, 1967.

A picture book designed to help young children accept a retarded sibling. (Pre-school - Primary)

Fassler, J. Howie helps himself. Chicago: Albert Whitman & Co., 1975.

A picture book about a physically handicapped boy who, like all children, is very proud when he learns to help himself. (Pre-school - Primary)

Fassler, J. One little girl. New York: Behavioral Publications, 1969.

a picture book about a mildly retarded child of six or seven. Develops the idea that even slow children can do some things very well. Appropriate for storytelling. (Pre-school - Primary)

Gardner, R.A. The child's book about brain injury. New York : New York Association for Brain Injured Children, 1966.

Through simple language and illustrations, provides information about problems of a brain-injured child and the help available to him. (Middle Grades)

Heide, F.P. Sound of sunshine, sound of rain. New York: Parents Magazine Press, 1970.

A poetic picture book told through the thoughts and feelings of a lonely, blind boy. (Middle Grades)

Keats, E.J. Apt. 3. New York: Macmillan, 1971.

Beautifully illustrated book about two young inner-city boys getting to know a blind man through music and emotions. (Primary)

Kraus, R. *Leo the late bloomer*. New York: Young Reader's Press, 1971.

A picture book about a tiger named Leo who did everything wrong until he bloomed. (Pre-school)

Lasker, J. *He's my brother*. Chicago: Albert Whitman & Co., 1974.

An attractive picture book about a young learning disabled child and his problems with friends and school. (Pre-school - Primary)

Levine, E.D. *Lisa and her soundless world*. New York: Behavioral Publications, 1974.

Detailed story about a little girl who is born deaf, Provides a great deal of information about the problems and education of the deaf child. (Primary)

Little, J. *Mine for keeps*. New York: Little, Brown, 1962.

A realistic detailed story with informative illustrations about a cerebral palsied girl and her return home after a long stay in a residential school. (Middle Grades)

Mulock, D.M. *The little lame prince*. New York: Grosset and Dunlap, 1965.

A moving and realistic tale about a lame prince who finally comes to accept his handicap and becomes an independent person, well-loved by all his people. (Middle Grades)

Southall, I. *Let the balloon go*. New York: St. Martin's Press, 1968.

A well-written, imaginiative account of a boy with mild cerebral palsy and some of the personality problems and frustrations involved in growing up with a handicap. (Middle Grades)

Stein, S.B. *About handicaps: An open family book for parents and children together*. New York: Walker Publishing, 1974.

Vivid photographs and text deal with children's fears and fantasies about physically handicapped people. Accompanying text for adult provides specific details to help support and explain reality to the child. (Pre-school - Primary)

A SELECTED BIBLIOGRAPHY OF MULTIMEDIA MATERIALS

I. 16 mm Films

BLINDED CHILDREN IN SIGHTED PHYSICAL EDUCATION CLASSES
b&w - 20 min.
Focuses on attitudes of blind children and their acceptance by sighted children in the regular physical education program of elementary and junior high school.
Northern Illinois University, Audio Visual Center, DeKalb, IL 60115
Cost - Consult Distributor

CARE OF THE YOUNG RETARDED CHILD
color - 20 min.
Compares normal and retarded children at various chronological and developmental levels (3 months - 5 years). Suggests attitudes and approaches for working with retarded children.
International Film Bureau, 332 S. Michigan Avenue, Chicago, IL 60604
Cost - Consult Distributor

CHILD IS A CHILD, A
color - 7 min.
Shows young, handicapped children as part of a group -- emphasizing how they are like other children even though they may be blind or mentally retarded.
Aims Intructional Media Services, Inc., P.O.Box 1010, Hollywood, CA 90028
Rental $15.00 - Purchase $115.00

EVERYBODY'S DIFFERENT (RIPPLES)
color - 15 min.
Although every person in the world is different from every other person, all share common needs. Persons with handicaps must work harder than others to accomplish similar tasks.
National Instructional Television Center, Box A, Bloomington, IN 47401

FROM HERE TO THERE
b&w - 25 min. - 1966
Factual introduction to the problems of the blind for their sighted schoolmates and for the general public. Demonstrates the development of skills in orientation and mobility of blind children beginning with entrance to school and continuing through high school.
Visual Instruction Bureau, Division of Extension, The University of Texas, Austin, TX 78712
Rental - $8.00

I'M REALLY TRYING
color
A segment of the Marcus Welby,M.D. TV show. About a learning disabled boy whose father thought his mother was spoiling him and all he needed was a good "Military School."
CANHC Film Director, P.O. Box 4088, Los Angeles, CA 90051
Rental - $7.50

IT FEELS LIKE YOU'RE LEFT OUT OF THE WORLD
b&w - 28 min.
Parents and children express the frsutration, loneliness, feelings of rejection and worthlessness of the child who is different because he has learning problems.
McGraw-Hill Films, 1221 Avenue of the Americas, New York, NY 10020
Rental $15.00 - Purchase $195.00

JULIA
color - 10 min.
Provides realistic stimulus material for discussing what the teacher should do with a hearing impaired child in her class. Open-ended conclusion. Study guide available.
Holt, Rinehart & Winston, Inc., 383 Madison Avenue, New York, NY 10017
Purchase $140.00

KEEP ON WALKING
color - 8 min.
Eleven year old boy with double arm prosthesis -- explains it to a class and shows what he can do -- attitude of parents and brothers.
National Foundation, March of Dimes, Box 2000, White Plains, NY 10602
Rental Free - Purchase $18.00

LITTLE BIGOTS
color - 11 min.
An imaginative representation of rejection for various kinds of differences, performed by a dance company in a surrealistic manner. Content appropriate for elementary age children but format appropriate for junior high school.
Aims Instructional Media Services, Inc., P.O. Box 1010, Hollywood, CA 90028
Rental 3 Days $20.00 - Purchase $155.00

MADISON SCHOOL PLAN
color - 18 min.
Maximum integration of exceptional children into the classroom.
Aims Instructional Media Services, Inc., P.O.Box 1010, Hollywood, CA 90028
Rental 1 - 3 Days $25.00 - Purchase $230.00

MEET LISA

color - 5 min.

With line drawings and narration; describes a young, brain-injured child's feelings and frustrations. Question guide to stimulate thought and discussions provided.

Aims Instructional Media Services, Inc., P.O.Box 1010, Hollywood, CA 90028
Preview Free - Purchase $85.00

MIMI

b&w - 12 min.

The viewer is drawn into a closer identification with Mimi. He begins to see the world as it is perceived through the eyes of a young, handicapped woman. Touches on: stereotypes, pity, architectural and psychological barriers.

Billy Budd Films, Inc., 235 East 57 Street, New York, NY 10022
Rental $15.00 - Purchase $125.00

MY BROTHER'S KEEPER

color - 15 min.

How a community comes to know and live with its retarded citizens.

NBC Educational Enterprises Inc., 30 Rockefeller Plaza, New York, NY 10020
Rental - $10.00 - Purchase - $180.00

OUT OF LEFT FIELD

color - 7 min. - 1973

Panel explores the question of inetgrating blind youths into sighted physical activities and recreation groups. Depicts blind youngsters engaged in recreational activities with their sighted peers.

American Foundation for the Blind, Inc., 15 West 16 Street, New York, NY 10011
Rental $6.00 per screening - Purchase $25.00

PARTNERS IN LEARNING

color - 45 min.

Demonstrates numerous means by which average classroom teachers are meeting the needs of pupils with learning disabilities in a large suburban school district.

Bradley Wright Films, 3035 Benvenue Avenue, Berkeley, CA 94605
Cost - Consult Distributor

PAY ATTENTION: PROBLEMS OF HARD OF HEARING CHILDREN

b&w - 31 min.

Ways of working with hard of hearing children in regular classrooms. Methods of early diagnosis of hearing difficulties.

New York University Film Library, 26 Washington Place, New York, NY 10003
Rental $11.00

SCHOOL DAY, A

b&w - 24 min.
A 9 year old blind girl participates in class with sighted peers.
New York University Film Library, 26 Washington Place, New York, NY 10003
Rental $13.00 - Purchase $165.00

SOME OF OUR SCHOOLMATES ARE BLIND

color - 20 min. - 1960
The education of blind children in a successfully entegrated public elementary school in Temple City, California. Depicts children's helpful and accepting attitudes toward blind peers.
American Foundation for the Blind, Inc., 15 West 16 Street, New York, NY 10011
Rental $4.50 - Purchase $105.00

THAT'S ME

color - 30 min.
Shows a program for multi-age groupings of a variety of handicapped children. Emphasis on the similarities between this individualized program and good early childhood program.
United Cerebral Palsy Associations, Inc., 66 East 34 Street, New York, NY 10016
Rental Free

THEY CALL ME NAMES

color - 20 min. - 1972
Illustrates negative aspects of labeling through interviews with children and parents of children who have been labeled retarded. Film infers that Special Education class placement creates a self-fulfilling prophecy of failure through degraded self-image.
BFA Educational Media, 2211 Michigan Avenue, Santa Monica, CA 90404
Cost - Consult Distributor

THROUGH DIFFERENT EYES

color - 15 min. - 1970
The public school program illustrated in this film shows how TMR's can be absorbed into the local community educational system.
Peach Enterprises, 4649 Gerald, Warren, MI 48092
Cost - Consult Distributor

WE CAN GROW

color - 13 min.
Blind, deaf and physically handicapped children portrayed naturally in their school setting. Develops the idea that in spite of their handicaps, these children are very much like their normal peers. (For children and adults)
Rental $8.50 through:
Syracuse Films, 1455 East Colvin Street, Syracuse, NY 13210
Purchase $190.00 through:
ACI Films, Inc., 35 West 45 Street, New York, NY 10036

WHAT COLOR IS THE WIND
color - 27 min.
A father discusses his feelings about one of his twin sons who is blind. Children in a regular nursery school are introduced and accept the child's blindness.
Allan Grant Productions, P.O. Box 49244, Los Angeles, CA 90049
Rental $35.00 one day - Purchase $375.00

WHAT DO YOU DO WHEN YOU SEE A BLIND PERSON?
color - 13½ min.
Misconceptions people have about the blind. Demonstrates the right and wrong way of dealing with blind adults in various situations.
American Foundation for the Blind, Inc., 15 West 16 Street, New York, NY 10011
Rental $12.00 per screening - Purchase $90.00

II. Filmstrips and Audiotapes

SYSTEMS O.N.E. (Orientation to Normal Environment)
Project Director: Grant B. Bitter
(9 filmstrips and 9 tape cassettes, 1 introductory booklet) $52.95
A complete orientation to the integration of hearing impaired children into regular, upper elementary classes. Covers peer and family orientation, classroom management, speech, language and reading. For pre-service and in-service training and parents.
Educational Media Center, 207 Milton Bennion Hall, University of Utah, Salt Lake City, UT 84112

WALK IN ANOTHER PAIR OF SHOES, A 1972
B. Chesler
(18½ min. - color - 35mm filmstrip or 35mm slide with synchronized cassette tape) $6.90 or $21.00
Describes how it feels to be a child with learning disabilities. For children, teachers or non-professionals.
LANHC Film Distribution, P.O. Box 4088, Los Angeles, CA 90051

WHO AM I? 1975
Project Director: Mimi Gordon
(filmstrip and sound tape - audible and inaudible beeps, guide book) free loan
Identifies the handicapped as a positive individual. Emphasizes commonalities.
SEIMC, New York City Board of Education, 400 First Avenue, New York, NY 10010
Media Productions.

III. Videocassettes

DONNA (LEARNING TO BE YOURSELF)
color - 15 min.
Helps children understand how persons come to accept the things that make them different from others, and how the process of becoming a person is in many ways the same for everyone. (Donna is Blind)
Agency for Instructional Television, Box A, Bloomington, IN 47401
Purchase $125.00 (Also on Film $150.00)

LEXINGTON (MASSACHUSETTS) TEACHER TRAINING PROJECT: INTEGRATION OF CHILDREN WITH SPECIAL NEEDS IN A REGULAR CLASSROOM 1974
Program Director: Constance C. Murray
Series of ten 20 to 30 minute programs. Showing a variety of teaching techniques used in dealing with disabilities, from mild perceptual problems to severe mental retardation.
Agency for Instructional Television, Box A, Bloomington, IN 47401
Purchase $200.00 per program

IV. Videotapes

KINDERGARTEN
b&w - 20 min. - ½ inch EIAJ
Teachers, principal and child's mother discuss the successful integration of a little girl with Down's Syndrome in an open classroom setting.
Film and Videotape Library, National Institute on Mental Retardation,
Kinsmen NIMR Building, York University Campus, 4700 Keele Street, Downsview,
Ontario, Canada M3J 1P3
Rental - In Canada only $5.00 - Purchase $25.00

V. Slides

CHILDREN LEARN TOGETHER: THE INTEGRATION OF HANDICAPPED CHILDREN INTO SCHOOLS 1974
Ellen Barnes
(132 slides, resources list and script) $30.00
Presents arguments for mainstreaming on all levels. Demonstrates necessary preparation, supports and services to teacher if integration is to succeed.
Human Policy Press, P.O. Box 127 - University Station, Syracuse, NY 13210

VI. Audiotapes

MAINSTREAMING: UPSET IN POLYMER 1973
Project Director: Samuel L. Guskin
(4 audiotape cassettes, 30 minutes each, 5 player's booklets, 1 observer's booklet, 1 instructor's booklet) $32.00

A set of guides for small-group discussion and role-playing to conceptualize the problems associated with mainstreaming mildly handicapped children into regular classrooms.

Center for Innovation in Teaching the Handicapped, School of Education, Indiana University, 2805 East Tenth Street, Bloomington, IN 47401.

VII. Records

GETTING THROUGH: A GUIDE TO BETTER UNDERSTANDING OF THE HARD OF HEARING 1971
Aram Glorig
(One record, guide and answer sheet for "An Unfair Hearing Test") $1.00

Demonstrates what the world sounds like to hearing impaired individuals, and the problems they encounter in attempting to follow and understand everyday conversation.

Zenith Radio Corporation, 6501 West Grand Avenue, Chicago, IL 60635