

### Abstract

The paper discusses the psychology of the handicapping condition. Disability is classified into two categories: that of the person whose handicap is displayed publicly, the visibly handicapped; and of the secret or invisibly handicapped. The psychological task of the visibly handicapped is to manage a blemish that is visible; the problem of the invisibly handicapped is to learn to conceal or disclose discreditable information. Interactions between handicapped and non-handicapped are discussed. A three-stage developmental model of these interactions is presented.

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## The Social Psychology of "Mainstreaming" The Handicapped

### Introduction

This paper will focus on the psychological and sociological implication of "mainstreaming," the national policy, now a law (PL 94-142), which dictates the integration of disabled students in schools, and related laws designed to help handicapped adults blend into the mainstream of society. The paper will explain the phenomena of mixed contacts — that is, contacts between the disabled and the non-disabled. The concern is with how each group copes with the other in situations where they are in one another's immediate physical presence. Under the auspices of a grant the author received from the Bureau of Educationally Handicapped entitled, "The Psychological and Sociological Implications of 'Mainstreaming,'" forty-five hours of video-taped group discussion were generated between handicapped and non-handicapped adults. After reviewing the tapes and the literature, interviewing handicapped persons and making observations of mixed encounters, it is possible to present an explanation of the psychological nature of the handicapping condition.

It is, therefore, the purpose of this paper to explore the nature of disability with reference to the social and psychological world in which the handicapped live. Disability is not only a characteristic of the individual, but also a socially derived label which is attached to the disabled person by the predominantly non-handicapped world. The label puts the handicapped person into a certain psychological and social "career." A person who may be labelled as mentally retarded in one social system will not be classified in this manner in another. It is known, for example, that children from lower socio-economic status families are labelled as mentally retarded at a significantly later age than the children from higher socio-economic status families, indicating that the lower socio-economic child is "normal" due to his social status, not because of his individual identity.<sup>1</sup> Behavior which is judged as perfectly normal within the family may be shown to be perceived as deviant at school. If a handicapped person changed his social or psychological state, he may then go from being considered retarded at school to being called "not much different from the rest" at home or in the neighborhood. When labelled retarded at school the handicapped person is disabled; however, with the same mental condition prevailing, the handicapped child remains handicapped, but does not become disabled.

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This investigation will look into the nature of handicaps, not as one given set of behavioral patterns which exists for a particular handicapping condition, but as a series of social and psychological worlds in which a particular handicapped person lives. The most pertinent point the paper makes is the discovery that the *kind* of handicap with which the handicapped person must live does not so much determine his psychology, as does the *frequency and intensity* of the handicapped roles which he assumes. An effort is made not to divorce the handicapped person from the daily psycho-socio lifespace in which he lives.

The routines of social intercourse are established in settings that allow us to interact with others without special attention or thought. For example, "greetings" are fairly common and the interactions which result from their occurrence are routine and require little thought. Typically, we do not know what comprises these routines, unless we are made aware of them when someone we encounter is different than we expected. Sometimes we can meet a stranger in a greeting encounter and are given information which contradicts our original impression. When these uncommon attributes are seen as negative, it can be said that the person has a disability. Does the person who possesses these negative attributes know that his difference is indeed evident to the person he is greeting or does he presume that it is not evident? This is an important distinction, because the psychology of the invisible disability will be quite different from the psychology of the visible one. When the disability is public, the problem for the handicapped person will be how to manage negative information in social situations. The second possibility, wherein the disability is private, poses another kind of psychological problem: how to either reveal or conceal the negative information. The concern, therefore, is to tell or not to tell, to acknowledge or not to discuss, and in each case, to whom, how, when and where.

Rather than use the traditional educational classifications for disability, such as mentally retarded, emotionally disturbed, learning disabled, physically handicapped, etc., disability can be classified in relation to psychology in two ways: in terms of the person whose handicap is displayed publicly, the visibly handicapped; and in terms of the person whose handicap is not immediately visible, the invisibly handicapped.

Using these classifications, it is possible to re-examine the definition of the handicapped. The handicapped person varies from a normally functioning person; this is a variation upon which society ordinarily places a negative value. This negative value can be imposed on the handicapped person by society or by the handicapped person himself. In the first case, we are dealing with a social psychological problem; it is a social phenomenon because "significant other" society is needed to define the handicapping condition. When the negative value is imposed by the person himself, we are also involved with a social phenomenon, because his views of himself are formed by comparing himself to other people. Thus, it is important to distinguish between a handicapped person and a handicapping condition. This condition is social psychological in nature, and it is the condition that causes the handicapped person to live by a certain set of standards, beliefs and aspirations. In this sense, when the psychology of a particular handicapped person is examined, the notion that similar handicaps have given psychological characteristics must be abandoned.

It is important to understand the psychological forces for a particular person whose unique personality is influenced by the significant others in his life. If these individual differences are understood, then the reason why some handicapped people make a tolerable adjustment and others do not becomes understandable.

In order to understand the problem of social psychological adjustment for the handicapped, it is useful to keep in mind that negative values given to particular handicaps are not universal, but are

dependent on social mythology, historical circumstances and medical practice. For example, Hanks et al., examined the role of the handicapped in different cultures and ascertained several different ways in which various societies view the handicapped.<sup>2</sup> In India, a handicapped person is considered to be the inheritor of Dharma, his past life. His handicap is thought to be the result of his previous life's failings, of his former unbecoming conduct; and thus beggars in India, (nearly all of whom are physically deformed), are not helped by their fellow countrymen, but are left to live their beggarly existence. Other cultures, such as that of Greenland Eskimo, see handicapping conditions in terms of their economic liabilities. There is a story about an Eskimo man and his wife who engaged in a domestic battle. The husband was disabled as a result of this struggle. When he committed suicide by throwing himself into the waves, it was acceptable, because this act freed his wife to take a new husband and thus secured her future well-being, i.e., financial security. Here the handicapping condition is neutral, but its economic implications, paramount.

In the United States, there is a sense of tolerance and limited participation granted to the handicapped. The handicapped person is expected to contribute what he can and, in return, he will be taken care of by society. He is given only limited options, however, to participate in social events.

In addition, it is important to understand the fascination and abhorrence all societies have felt toward the disabled. The work of Bettelheim is impressive in this regard.<sup>3</sup> Bettelheim examines how young people encounter, in fairy tales, such important handicapped figures as Captain Hook, Long John Silver, Pinocchio and Rumpelstiltskin. The fascination with so-called freaks has been written about by Fiedler.<sup>4</sup> In his study of Western literature and culture, Fiedler notes that each historical period has its own archetypal freak that reveals the collective unconscious of the masses in that culture. If I interpret Fiedler correctly, one fact that seems to still control our present-day American unconscious interactions with the handicapped is the duality of the moral role such persons have been attributed since pre-biblical times. The handicapped person has served both as an example of the inescapable nature of his past sins and as demonstrable proof of the possibility of his salvation through suffering. The moral role disability has played is related to the human fear that a handicap could be the result of pure chance and unchangeable. It is important to understand unconscious drives in man to explain his simultaneous attraction and repulsion to the handicapped.

The changing personality characteristics attributed to the emotionally disturbed between the 16th and 17th centuries in Western Europe are examined by Faucault.<sup>5</sup> His thesis is that with the disappearance of leprosy in Europe, the emotionally disturbed assumed, and continue to bear, many of the psychological characteristics of the leper.

The following is a presentation of the literature from contemporary American sources that recorded our early, and pervasively negative, attitudes toward the handicapped.

### *Psychology Common to the Handicapping Condition*

Evidently, very early in life a child knows that handicaps have a negative value. Kagen, has reported that eight-month-old children will show anxiety when presented with a picture of a distorted face, and no anxiety at a picture of a normal-looking face.<sup>6</sup> Kagen shows that a four-month-old child smiled less often when shown a three-dimensional figure of a distorted face than when shown a figure of a normal face.<sup>7</sup> Another study by Richardson et al., presented six pictures (five of disabled people and one obese person) to several different audiences who were asked to rank order them for social desirability.<sup>8</sup> The rank order for children and adults was the same. It is apparent that, without any formal teaching experience, children learn very quickly that a handicapping condition has negative connotations. The authors conclude by saying that "although no expedient training was

known to have been given to these children, there is considerable evidence in our culture of a deprecatory evaluation of people with handicaps."<sup>9</sup>

Feelings of grief, depression and guilt were found in nearly all North American families with handicapped children.<sup>10</sup> Normally, a great deal of time and effort is spent by the handicapped child's parents to seek a cure or some amelioration of the handicap. A study of twins, one of whom had cerebral palsy, suggests that handicapped children are usually treated as if they were sick.<sup>11</sup> Such a child is given less responsibility, fewer limits are placed on his behavior — with increased tolerance for misbehaving, often at the expense of family harmony — and his personal whims are indulged. Many families with handicapped children seem unable to interact with families made up solely of normal children and seek support from other families who also have handicapped children.

Thus, the types of social contacts made by a handicapped child are different from those made by a normal child — predictably so. In the review of the literature by Goslin, he showed that boys who are isolated from their peers, the "loners," are the ones most likely to become friends with a handicapped child.<sup>12</sup> In a study of 5-12 year olds, it was found that children express more attitudes of rejection toward the handicapped child than they do toward the non-handicapped one.<sup>13</sup> Many more studies point this out. In sum, the literature suggests that the non-handicapped child who feels isolated, has less social experience, and is less knowledgeable about the values of his peers, is the one likely to initiate encounters with the handicapped child.

Handicapped children are more often emotionally disturbed than non-handicapped children. To use G.H. Mead's term, the handicapped child's "looking glass self" will be stained with negative visions and the resulting negative self-evaluation is nearly inevitable. Kurt Lewin found that "minority groups tend to accept the implicit judgment of those who have status even where the judgment is directed against themselves."<sup>14</sup> This negative appraisal is based on very practical reasoning. Often the handicapped person is unable to attain simple, universally accepted goals. For instance, the deaf person does not feel inferior because he cannot understand fine music, but rather because he cannot carry out the task of everyday communication. And the blind develop a poor self-concept, not because they are unable to appreciate fine paintings, but because they have such great trouble in carrying out the simple task, hardly conscious to normal people, of moving from one place to another. Similar to non-handicapped people who experience repeated frustration, the handicapped person responds by internalizing these failures. Often a major problem for the disabled person is that in order to reach a goal — a goal often held rudimentary for normal people — he must expose his private life and accept from his helpers the lower status, dependence, sympathy, pity and curiosity which acceptance of help confers. This dependence on others is largely responsible for the fact that a negative appraisal of a particular handicap often becomes the negative appraisal of a total personality. To understand the psychological world of the handicapped, we must know about more than the particular handicap from which the person is suffering, and more about the total social and psychological world which influences the handicapped person.

In the placement of a handicapped child or adult into the mainstream of school or society, it must be understood that the response to the handicapped person will be negative. This negative appraisal will be internalized by the handicapped person unless both he and the non-handicapped persons are prepared for, and continue to receive support from, the mixed encounter.

### *The Psychology of the Visibly Handicapped*

The essential psychological problem of the visibly handicapped person is centered around the fact that the handicap is exposed, public. Because others feel free to offer him assistance, or to strike up conversations with him out of curiosity or a sense of uneasiness, the visibly handicapped person

feels his privacy to be in jeopardy.<sup>15</sup> It is evident that in his encounters the visibly handicapped person must react to the perceptions others have of him. Learning to be accepted is therefore a matter of learning how to deal with a blemish visible to the public at all times and in all face-to-face encounters. The visibly handicapped person cannot trust his own perception of how the non-handicapped receive him. Because he is always expecting the negative, while at the same time in great need of acceptance, he can rarely trust a positive response, and yet never really gives up hoping for this acceptance. Given this conflict, the visibly handicapped person can have great trouble actually knowing what others think of him, no matter what they may say. As a result, he often feels that he is performing, and has to be self-conscious and deliberate in his interactions to a degree others do not.

Not only do his tensions cause him confusion, so does the information he receives from others. Often his minor accomplishments are assessed as remarkable capacities given the circumstances of his disability, even when he is capable of a great deal more. Such is the case of the mildly lame boy I saw in Peru who was applauded when he walked, but who I later saw playing basketball. For a minor accomplishment he received a big reward. At the same time, the visibly handicapped's minor failings are often excused because of his handicap, even though these may not be the result of the handicap. An English professor I know told me she would never reprimand a student with deformed hands for writing a sloppy paper even though she knew he was capable of fine penmanship. In this case, the student's minor failing would go unpunished, unfairly.

Another kind of confusion takes place in the conversations the visibly handicapped person engages in with others. The video tapes revealed that these interactions tend to miscue the visibly handicapped person and to prevent pure interaction, interaction free of the influence of the handicap. Those who interacted with the visibly handicapped, either over-emphasized the handicap, making it the focal point of conversation, or under-emphasized it by artificially avoiding it, steering clear of everyday expressions such as saying to a person in a wheelchair, "Let's run over to the cafeteria." The taped conversations also revealed a quality of artificial humor alternating with awkward solemnity — a confusing excess of emotional responses — making it difficult for the visibly handicapped person to get his bearings in relation to others.

Because the visibly handicapped person feels exposed in a mixed encounter, he must learn to live with the intrusions of the non-handicapped person. Thus, when he is mainstreamed, support services should be provided in the form of group counselling. Here the visibly handicapped person can learn from other visibly handicapped persons how to manage the mixed encounter. An analogy can be made with the alcoholic who meets in Alcoholics Anonymous with other alcoholics to discuss the effects of the process of living with a disability. By meeting with his own kind he develops a support system that makes it possible for him to live in a world of mixed encounters.

### *The Psychology of the Invisibly Handicapped*

The essential psychological task facing the invisibly handicapped is to learn how to conceal or disclose discreditable information about themselves to others. In this respect, the invisibly handicapped person will find himself in one of two social-psychological situations. One is a dangerous situation, where people of his kind are forbidden to be and where exposure means expulsion. This is how ex-mental patients feel when they are working in private business. The second social-psychological situation is non-threatening; in this case an invisibly handicapped person is known to have a handicap and would not be expelled if his handicap were revealed. This is usually the case of the ex-drug or alcohol abuser who is working in a mental health facility. Because the invisibly handicapped person is constantly surveying the psychological ambience to ascertain which of these two situations he may be in, he lives in a state of constant anxiety.

A strategy often used by the invisibly handicapped person is to handle the risk of disclosure by dividing the world into a large group to whom he tells nothing, and a small group to whom he tells all and upon whose help he relies. He will then learn to use the small group of confidants to such a degree that this small group will provide for the invisibly handicapped person a protective circle which fields his social scene.

Since the psychological life of the invisibly handicapped person is in constant danger of exposure, he is likely to exhibit a great deal of anxiety. He will feel some alienation from the non-handicapped group who do not know of his disability and will suffer feelings of disloyalty and self-contempt when he cannot react or respond to offensive remarks made by members of the non-handicapped group against people of his kind. He will have to be alive to aspects of social situations which others in the non-handicapped group treat as everyday common occurrences. What are routine actions requiring little thought for the non-handicapped will cause problems of information management for the invisibly handicapped person. The person with the secret handicap will become an active scanner of social situations and therefore be alienated from the simpler world where non-handicapped people dwell with ease.

Control of the discrediting information has an effect on the ability to maintain relationships. At some point, relationships become more intimate and then the invisibly handicapped person is faced with the dilemma: should he not tell and feel guilty about concealment or should he disclose the fact of his handicap and risk not being accepted?

Another problem for the invisibly handicapped person is that when he leaves the handicapped group and moves into the non-handicapped world, he is liable to hear what others really think about persons of his kind. He lives in constant fear of wondering how much others know about his disability and is afraid that he is always on the verge of being discovered. He is constantly anticipating the time when he will be revealed, or when he will have to reveal himself. It is this problem that causes each invisibly handicapped group to have its own particular tales of embarrassing exposure. Such is the case with the epileptic, whose handicap is invisible until a convulsion in public forces him to live through the revealing situation which he has always feared. Even being with one's own group is not necessarily peaceful, because a person who wishes to conceal his disability will notice disability-concealing and -revealing mannerisms in others. He wants others of his kind to remain unrevealed because, if they reveal themselves, it would raise the possibility of his own exposure.

A group support system should be developed for the invisibly handicapped when they are expected to live in the non-handicapped world. Through modeling of the invisibly handicapped who have learned to handle the process of disclosure and concealment, through activities designed to simulate mixed encounters, and through sharing stories and problems with others of his own kind, the invisibly handicapped person can become more comfortable about living in the non-handicapped world.

### *Mixed Encounters*

It can be said that in all mixed interactions (interactions between handicapped and non-handicapped persons), there is a sense of ambiguity. This can be illustrated in a mixed encounter with the physically handicapped. Here the normal person may feel pity, fear, repugnance and avoidance, yet the broader social situation demands being pleasant, warm and interested. Another sense of ambiguity in mixed encounters is expressed by the non-handicapped person who cannot deal with what he feels to be a contradiction of attributes. This is illustrated by the situation when a non-handicapped person says, "How strange it is that such a pretty girl like you should be in a

wheelchair." Thirdly, and perhaps most importantly for the non-handicapped person, it is difficult to know when or how to include the handicapped in normal social events. This poses a problem for both groups; not only does the non-handicapped person find it difficult to include the handicapped, but the handicapped person finds it difficult to accept invitations because he must always consider: do they really want me or are they just being polite?

Although there is much ambiguity in mixed encounters, this develops in a three-stage sequence. First is the stage of non-recognition. Here both parties ignore the handicap and proceed as if it were not present. This is fundamental in brief surface interactions; however, it lacks in the capacity to develop closer relationships. Second, after a certain amount of interaction based on this kind of fictional acceptance, the relationship meets its first test of intimacy. This is often the result of a social blunder made by the non-handicapped person. For example, the ambulatory person proposes to the wheelchair victim a walk downstairs for a cup of coffee. The social blunder, often followed by laughter on both sides, is enough to ease the tension of the superficial relationship. Once the tension subsides, the mixed encounter is ready to move into its third phase. Here the problem is how to maintain the relationship in spite of the handicapping condition. That is, how do the handicapped and the non-handicapped in a mixed encounter deal with such problems as going out for ice cream when the handicapped person is a diabetic?

At first, the handicapped person makes these kinds of problems seem trivial, often through humor. But eventually he will have to deal with the real problems if the relationship is going to develop closeness. This second stage is a learning phase in which both sides find a way to deal with the real world limitations of the handicapped and the psychological problems caused by the strain of social interactions due to the handicap. As the two sides smooth out these rough spots, the final stage is reached where the handicapped person relinquishes some of his psychological defenses surrounding the disability and the non-handicapped person gives up some of his normality and temporarily joins the world of the handicapped, with its limitations. This third phase can be seen most clearly in a case where one spouse is handicapped and the other is not. Here the non-handicapped person assumes the problems of the handicapped companion, so much so that he fields the interactions with the uninitiated. The non-handicapped companion accepts some of the responsibility for easing the social problems which are a direct result of the disabling condition. It is no coincidence that many fairy tales which treat a handicapped person also include a non-handicapped companion in the role of buffer and as leader of the handicapped one. The goodwill attributed to the companion of the handicapped is the basis for much of the aura of nobility and self-sacrifice extended to those who choose to work with the handicapped.

Mainstreaming means, by definition, a forced mixed encounter. Both the handicapped and non-handicapped persons have to be prepared for this situation by spending some time in the presence of each other in a group counseling situation. Each side should be encouraged to express their fears about the mixed encounter. At first this can be accomplished indirectly through examining the literature (Sancho Panza in *Don Quixote*), which interprets mixed encounters. Then, when both groups are more compatible, they can learn to deal directly with each other, first over general problems, and then over specific situations.

#### *The Role of the Non-handicapped in Mixed Encounters*

Next, this paper will examine a special example of mixed encounters: how the behavior of non-handicapped persons is modified in the presence of a handicapped person. Since there is a widely held view that one should be kind to people of less fortunate circumstances, it follows that the non-handicapped person will distort information in the direction of what he thinks the handicapped person would like to hear.<sup>16</sup> This suggests that the handicapped person does not receive accurate or

spontaneous feedback from others, who feel they must be especially careful and considerate of him. In the absence of accurate feedback it is difficult for the handicapped person to learn the proper behavior required in social interactions and, therefore, it will be more difficult for him to develop social skills, or for him to know how others really think of him. This problem is exacerbated by the fact that the handicapped person comes to the situation with an existing deficiency.

In experimental situations, non-handicapped people terminated interactions with a handicapped person sooner than they did their interactions with a non-handicapped person. The non-handicapped people also expressed opinions that were less representative of their actual beliefs when dealing with the handicapped than with the non-handicapped.<sup>17</sup> "One can postulate that the non-handicapped person will be formal, more anxious, inhibited and over-controlled in his behavior with a handicapped person."<sup>18</sup>

The non-handicapped person must consider the difficulties of entering into a relationship with a handicapped person. Goffman found that "in general the tendency for a stigma to spread from the stigmatised individual to his closest connections provides reasons why such relations tend either to be avoided or to be terminated where existing."<sup>19</sup> The non-handicapped person feels that initiating a social relationship with a handicapped person involves a higher degree of social commitment and that it is a relationship from which it would be more difficult to disengage. When a non-handicapped person expects the handicapped person to be dependent on him, it will become a factor in his initiating contacts with the handicapped. People who enjoy the dependency of others will find relationships with the handicapped more attractive. This is a selective factor, so that the handicapped will not form relationships with all kinds of people, but will tend to have relationships with non-handicapped people who do not object to the dependency.

As handicapped people are mainstreamed, the non-handicapped must receive some support. For example, it is usually assumed that non-handicapped young children accept the handicapped children without the fear and negative reactions that many non-handicapped adults have. However, this is rarely the case. Young children can learn to understand and feel more comfortable with handicapped children by being led to express their negativity, and then being led into mixed encounters where the non-handicapped child receives the support of the satisfaction of helping. This satisfaction can become a powerful force for integration and a teacher can learn to place non-handicapped children into mixed encounters which, instead of being patronizing, can be rewarding to the non-handicapped children.

### *Conclusion*

The accepted notion that there is no psychology common to non-handicapped and handicapped people needs to be re-evaluated. Rather than exclude the handicapped from the non-handicapped's daily psychological problems, it is seen that handicapped and non-handicapped both belong to the same psychological continuum. The difference is one of degree, not of quality. For example, at the appropriate time the teacher of the mainstream classroom can point this out by exploiting an event such as a non-handicapped child copying the paper of a classmate. Here a learning situation for one non-handicapped person can be expanded to become a learning situation for all the non-handicapped children by illustrating that a handicapped person often must feel the same way after the disclosure of a phenomenon which he considers to be shameful, such as an epileptic seizure. The handicapped person plays the role of the abused person more often than the non-disabled, but not differently than the non-disabled, when he is faced with the circumstance of having to, or wanting to, conceal or reveal shameful information about himself.

Even for the most fortunate of non-handicapped people there are still many things in their private lives that they want to conceal. There are social situations where, for every bit of information that they would like to conceal, this information would pose a serious threat of anxiety. The management of social situations in which persons want to conceal certain information and reveal other information is common to social beings, both handicapped and non-handicapped. The same motives are involved whether there is a major difference from the ordinary, as is true in the case of a handicapped person, or a minor difference, as in the case of a non-handicapped person. Although non-handicapped and handicapped are in different places on the continuum they both have the same psychological makeup. We all have shameful differences we try to conceal. Myerson has pointed out that when confederates are asked to play the role of the physically disabled they take on the psychology of the handicapped also.<sup>20</sup> Evidently, it is our capacity to be able to play both roles that is common to our human heritage and illustrates that this psychology of difference is more a matter of degree than of quality.

There are many common problems faced by handicapped and non-handicapped people in mixed encounters. Each group may feel that it is not accepted by the other group, each group may withdraw from the other as a result of its own anxieties in the presence of the other, each may feel that its own actions are closely scrutinized by the other group. And, each group will probably stay with its own kind rather than face the tension of co-mingling.

By emphasizing the similar psychological problems of the normal, non-handicapped people and the handicapped, it is seen that the two groups are really the same phenomenon in different guises, mirror images of each other; if one feels tension in a situation, so does the other.

By discussing the common psychologies of the two groups we can bring disability out of its customary position of an involvement with specific ways of helping the handicapped, to a more central position in psychology, as a concern that can contribute to the solution of some basic psychological problems. For example, in clinical psychology and in counseling, it is widely assumed that living under conditions of frustration, conflict, insecurity, and dependence has great significance for personality development. But the fact that many disabled people live under these very circumstances is largely ignored. This is unfortunate, because handicapped people present a great many possibilities for a better understanding of all people living under these conditions.

There are great advantages in mainstreaming for both groups. By understanding the process of concealment and disclosure of the invisibly handicapped, the non-handicapped person can begin to deal with those aspects of his personality he finds shameful. And, by understanding the psychology of the visibly handicapped person who has to learn to live with an exposed condition which is evaluated negatively by society, the non-handicapped person can learn to understand how to deal with problems that are common to many of us. Since all of us at times live with frustration, anxiety, and insecurity, mainstreaming can help us all to learn and understand from the handicapped how to live with these common emotional problems.

#### Notes†

†Editor's Note: Although accepted for publication in 1981, "The Year of the Handicapped," we could not get it to press in time. However, we hope that the dialogue that year inspired will continue, and not become just another token gesture to social issues.

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