

INTERPERSONAL RELATIONS OF THE VISUALLY HANDICAPPED
IN A
RESIDENCE FOR THE BLIND

By

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A Thesis

Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements
for the Degree
Master of Arts

McMaster University

(May) 1968

MASTER OF ARTS (1968)
(Sociology)

McMASTER UNIVERSITY
Hamilton, Ontario.

TITLE: Interpersonal Relations of the Visually Handicapped in a
Residence for the Blind

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NUMBER OF PAGES: ix, 160

SCOPE AND CONTENTS:

This thesis embodies the results of an investigation of a residence exclusively devoted to those who are blind.

Working within the theoretical perspective of symbolic interactionism, the primary focus of this study was to discover whether a relationship existed between the pattern of group organization within the residence and the perception of the attitudes of the sighted towards the blind. Underlying its approach was the assumption that how the residents perceived the attitudes of the sighted was related to how they evaluated themselves. A second focus of this study was to determine the basis and extent of group formation within the residence.

ACKNOWLEDGMENTS

The author expresses his thanks to Mr. Charles Stortroen for his ready assistance and perceptive criticisms, not only of the interview schedule, but also of the work as a whole.

Special thanks are due to Mr. Frank Nichols, who was spontaneous and opportune in his offer of help, a gesture which was the more impressive in that it was not a response to a request, but prompted purely by kindly interest. At all times, his observations were astute, constructive, and encouraging.

To Dr. Frank Henry, I owe my greatest debt. A severe critic, he muted his criticisms with admirable tact and politeness. Patient and encouraging when I faltered, he was generous with constructive ideas, and gently disciplined my impulses toward the sweeping statement. I am grateful to him for making me work harder and to better effect.

Whatever the merits of this work must be credited to these three teachers; its faults are solely the author's responsibility.

Lastly, without the willing cooperation of Mr. W.J. Lawson, the Field Secretary, his staff, and the residents of the Edgewood Residence for the Blind, it would not have been possible to undertake this study. So many have helped, that to mention names would be invidious. To all of them, I express my sincere thanks.

TABLE OF CONTENTS

Chapter	Page
I. BACKGROUND TO THE STUDY	1
II. THE SAMPLE, THEIR SELF-EVALUATIONS, AND THEIR PERCEPTIONS OF THE ATTITUDES OF THE SIGHTED	36
III. ATTITUDES TO BLINDNESS	66
IV. GROUP AFFILIATIONS	
Sociometric Analysis of Preferred Chatting Companions	92
Sociometric Analysis of Roommate Choices	103
Sociometric Analysis of Committee Membership Choices	112
Sociometric Analysis of General Spokesman Choices	123
V. SUMMARY AND CONCLUSIONS	137
SELECTED BIBLIOGRAPHY	145
APPENDIX A. THE INTERVIEW SCHEDULE	154
APPENDIX B. COMPUTATION OF PROBABILITY OF CHOOSING AT LEAST ONE NEAREST-NEIGHBOUR	155
APPENDIX C. THE SETTING	157

LIST OF TABLES

Table	Page
1. Age of Respondents	37
2. Age at which Blindness Occurred	38
3. Marital Status of Respondents	38
4. Academic Education of Respondents	40
5. Church Attendance of Respondents	40
6. Mean Self-Evaluation Ratings of Respondents	46
7. Classification of Residents by Self-Evaluation and Degree of Vision	47
8. Percentage of each Sex who see the Public as Rejecting	61
9. Percentage of each Vision-group who see the Public as Rejecting	62
10. Classification of Residents by Sex, Degree of Sight, and their Perception of the Public's Attitude	62
11. Percentage of each Self-Evaluation group who Perceive the Attitudes of the Public as Negative	65
12. Percentage of Respondents who see the Residence as Bringing them Closer to, or Separating them from the wider Society .	70
13. Percentage of each Vision-group who see the Residence as Bringing them Closer to, or Separating them from the wider Society	71
14. Percentage of each Self-Evaluation group who see the Resi- dence as Bringing them Closer to, or Separating them from the wider Society	72
15. Attitudes to Marriage among the Blind	80
16. Classification of Residents by Degree of Vision and by their Attitude to Marriage among the Blind	81

Table	Page
17. Classification of Residents by Self-Evaluation and by their Attitude to Marriage among the Blind	82
18. Percentage of each Vision-group viewing Blindness as the Worst Disability	83
19. Percentage of each Self-Evaluation group viewing Blindness as the Worst Disability	85
20. Expected and Observed Choices for Chatting Companions by Self-Evaluation	94
21. Preferred Interaction by Self-Evaluation	94
22. Expected and Observed Choices for Chatting Companions by Degree of Sight	95
23. Preferred Interaction by Sex and Degree of Sight	97
24. Preferred Interaction within each Sex-group on the First Floor	99
25. Expected and Observed Nearest-Neighbour Choices	100
26. Preferred Interaction within each Sex-group on the Second Floor	102
27. Expected and Observed Nearest-Neighbour Choices	102
28. Expected and Observed Roommate Choices	103
29. Preferred Interaction by Self-Evaluation	105
30. Expected and Observed Roommate Choices by Degree of Sight	107
31. Preferred Interaction by Sex and Degree of Sight	108
32. Preferred Interaction within each Sex-group on the First Floor	108
33. Expected and Observed Nearest-Neighbour Choices	110
34. Preferred Interaction within each Sex-group on the Second Floor	110
35. Expected and Observed Nearest-Neighbour Choices	112
36. Reasons for the Selection of Committee Members	113
37. Expected and Observed Choices for Committee Members by Self-Evaluation	115

Table	Page
38. Preferred Interaction by Self-Evaluation	116
39. Expected and Observed Choices for Committee Members by Degree of Sight	118
40. Preferred Interaction by Sex and Degree of Sight	118
41. Preferred Interaction within each Sex-group on the First Floor	119
42. Expected and Observed Nearest-Neighbour Choices	121
43. Preferred Interaction within each Sex-group on the Second Floor	121
44. Expected and Observed Nearest-Neighbour Choices	123
45. Expected and Observed Choices for a General Spokesman by Self-Evaluation	125
46. Preferred Interaction by Self-Evaluation	126
47. Reasons for the Selection of a General Spokesman	127
48. Expected and Observed Choices for a General Spokesman by Degree of Sight	129
49. Preferred Interaction by Sex and Degree of Sight	129
50. Preferred Interaction within each Sex-group on the First Floor	130
51. Expected and Observed Nearest-Neighbour Choices	132
52. Preferred Interaction within each Sex-group on the Second Floor	132
53. Expected and Observed Nearest-Neighbour Choices	134
54. Most Highly Chosen persons on Sociometric Criteria	135

LIST OF FIGURES

Figure	Page
1. Estimated (by Ss) per cent of the time. Mean Self-Evaluation Profile of Sample	43
2. Estimated (by Ss) per cent of the time. Mean Self-Evaluation Profiles of Residents, by Degree of Vision	43
3. Estimated (by Ss) per cent of the time. Mean Self-Evaluation Profiles of Males, by Degree of Vision	45
4. Estimated (by Ss) per cent of the time. Mean Self-Evaluation Profiles of Females, by Degree of Vision	45
5. Estimated (by Ss) per cent of the time. Mean Positive Self-Evaluation Profiles, by Degree of Vision	48
6. Estimated (by Ss) per cent of the time. Mean Negative Self-Evaluation Profiles, by Degree of Vision	48
7. Chatting Choices by Self-Evaluation	93
8. Chatting Choices by Degree of Vision	96
9. Chatting Choices on the First Floor	98
10. Chatting Choices on the Second Floor	101
11. Roommate Choices and Self-Evaluation	104
12. Roommate Choices by Degree of Vision	106
13. Roommate Choices on the First Floor	109
14. Roommate Choices on the Second Floor	111
15. Committee Membership Choices by Self-Evaluation	114
16. Committee Membership Choices by Degree of Vision	117
17. Committee Membership Choices on the First Floor	120
18. Committee Membership Choices on the Second Floor	122

Figure	Page
19. Leadership Choices by Self-Evaluation	124
20. General Spokesman Choices by Degree of Vision	128
21. Choices for a General Spokesman on the First Floor	131
22. Choices for a General Spokesman on the Second Floor	133

CHAPTER I

BACKGROUND TO THE STUDY

During the last few decades, blindness has become of increasing concern to both lay and medical groups. That severely impaired vision is a misfortune is generally admitted; only in a few scattered instances have any advantages been claimed for it. While still lagging behind expectations, there has been a gradual increase in the scale of community activity over the past few years. In part, this heightened concern over the problems relating to blindness is connected with the increase in life expectancy, which has accounted for a sharp rise in the number of elderly persons in the population. It is now widely known that a great deal of blindness is due to degenerative disease in an aging and longer living population. Equally alarming is the revelation by a recent survey that over one third of blindness in Canada is due to prenatal causes.¹ This finding emphasizes the importance of discovering adequate means for the prevention of congenital blindness.

Another major reason for concern is that the blind tend to be socially isolated. This social isolation appears to derive from two sources: firstly, from the restriction on the ability to get about; and secondly, from the rejecting attitudes of the public. As has been pointed

¹Alexander E. MacDonald, "Causes of Blindness in Canada," Canadian Medical Association Journal, 92:264-79, 1965.

out, the restriction on moving around implies a twofold handicap in that it imposes a limitation on the mobility of the blind individual, as well as making him dependent upon the assistance of others.² In turn, the latter exercises an important influence on the formation of his attitudes and on his ability to cope with different social relationships. Limitation in physical mobility, dependence on others, and rejection by the sighted public, result in the blind showing the social correlates of minority group status.

In describing the underprivileged social position of the disabled, Barker underlines the existing limitations in employment opportunities and in social and recreational activities:

In these respects, the physically disabled is in a position not unlike that of the Negro, the Jew, and other underprivileged racial and religious minorities; he is a member of an underprivileged minority.³

He argues that the reason for the limitation upon the freedom of the physically handicapped person is partly due to formal and informal social ostracism on the part of the dominant majority. One example of this is the official policy of many employers that require all employees to be physically fit, irrespective of whether or not a particular job can be performed by a physically disabled person. Another example is the social distance that non-disabled individuals maintain with respect to those who are disabled. In Barker's view, this is social ostracism of the sort

²Berthold Lowenfeld, "Psychological Aspects of Blindness," Outlook for the Blind, 41:31-36, 1947.

³Roger G. Barker, "Social Psychology of Physical Disability," Journal of Social Issues, 4:28-38, 1948.

experienced by religious and underprivileged minorities.

This view of the blind as a minority group is reinforced by their segregation from the wider community, owing to the increasing number of residences and other patterned relationships and activities which are devoted to the exclusive use of the blind. A continuation of this process will serve, among other things, to ossify and accentuate the distinctions between the blind and the sighted, and to establish the former more securely as a minority group. To the extent that this takes place, the increased solidarity and common understandings of the blind may be expressed in the form of concerted political activity, which could have an important impact upon society.

In great measure, therefore, the problems facing those who are blind can be traced to the socially and culturally defined reactions to blindness. As one writer puts it, society establishes both the means of placing individuals in various categories and defining those personal attributes that are felt to be ordinary and natural for each member of these categories.⁴ But the category and personal character that we assume an individual is characterized by (his virtual social identity) need not coincide with what he actually possesses, and what he can be shown to possess (his actual social identity). This seems to be particularly true of blindness, which can be viewed, from this perspective, as a special discrepancy between an individual's virtual and social identity. The following quotations illustrate this fact:

⁴Erving Goffman, Stigma (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963), p.2.

All too frequently, the great tragedy of a blind person's life is not primarily his blindness, but the reactions of the family and social group toward him as a non-typical member.⁵

The blind are the victims of the ignorance of the public concerning their real condition.⁶

....the disability and incapacitation so commonly found among the blind have their origin, not in their physical condition, but in the impact of the individual upon society and its attitudes.⁷

The central feature of the blind individual's situation is, thus, one of a lack of acceptance. Society does not accord him the respect and regard which his social identity would otherwise invite, and which has led him to anticipate receiving. In addition, he himself perceives that one of his personal attributes, blindness, is the basis for this lack of acceptance. It is manifest, therefore, that, apart from the fact of his blindness, his perception of the attitudes of the sighted toward the blind will have an important bearing on how he evaluates himself as a person, how he feels about being blind, and how he relates himself to his fellow blind. A relevant question that this raises is to what extent does the blind person affiliate himself with his fellow blind? Is there any relationship between his self-evaluation and his group affiliations? Are his group affiliations with those of a similar degree of blindness, or not?

⁵ Kathryn E. Maxfield, "The Pre-School Blind Child." In Paul A. Zahl, ed., Blindness (Princeton, New Jersey: Princeton University Press, 1950), p.82.

⁶ Pierre Villey, The World of the Blind, translated by Alys Hallard (New York: The Macmillan Co., 1930), p.9.

⁷ Thomas D. Cutsforth, "Personality and Social Adjustment among the Blind." In Paul A. Zahl, ed., Blindness, p.175.

Given questions like these, and confining our attention to a residential community, entry into which was determined solely by the criteria of blindness and the absence of infirmity, an attempt was made to collect data on the self-evaluations of the residents, their perceptions of the attitudes of the sighted toward the blind, and their preferred interaction patterns within the community. This study is, therefore, an attempt to examine and account for the relationship, one to another, of these factors.

DATA COLLECTION:

Our study group consisted of forty-three occupants of the Edgewood Residence for the Blind, in Hamilton, and the research was conducted during the summer of 1967.

Information was obtained by means of an interview schedule and a sociometric test administered to the residents. In addition, both the schedule and the test were supplemented by participant observation of the community.

The Interview Schedule

While seeking to ensure that comparable data would be received from each respondent, we also required an interviewing procedure which would allow for a free response on their part. By using a semi-structured interview, respondents could talk freely within certain limits, and unexpected but relevant material was elicited. At the same time, this procedure ensured a systematic coverage in each area of enquiry.

The interview was made up of a series of questions grouped into five broad areas. A copy of the interview schedule is given in the Appendix. The questions were asked in uniform order using a standard wording. When the situation permitted, probing by means of encouragement or neutral questions to the respondent was taken advantage of. In addition, digressions by the respondents were permitted insofar as they were informative. It was originally intended to record all interviews by tape-recorder, but a certain degree of resistance on the part of several residents necessitated a compromise if the interviews were to be secured. The result was that a large number of interviews had to be taken down by hand.

Participant Observation

Every opportunity to observe the general patterns of life, attitudes, and personality of each resident was made use of. While the range of such opportunities proved to be limited, entering into conversation with them was one tangible way of acquiring insights into the dynamics of the life of the community, and one that was the least objected to by the residents. As it turned out, such conversations produced more spontaneous, frank, and intimate opinions on the part of the residents than the interview schedule itself did.

Sociometry

In dealing with the affective relations within a group, the technique of study which has probably gained more currency than any other is known as sociometry. It can be described as the study of a group in terms of interpersonal attractions and repulsions. The method of measuring such interpersonal relationships has, customarily, been to ask

each member of the group being studied a question which permits the expression of a preference for particular companions in some type of activity. Analysis of the answers to such questions can reveal a picture of the group's internal structure, its cliques, and loyalties.

The pattern of sociometric choices provides us with a means of representing an important part of the individual's social environment as it is perceived by the subject. In addition, they provide an externalized view of the same events through the responses of the other members of the group. Thus, they have a great advantage in that they enable the individual and his social environment to be studied simultaneously.⁸

It has been argued, however, that sociometry:

"....does not record actual association; it does not describe actions; it does not actually provide a picture of the existing group relations and group tensions in a concrete situation."⁹

In other words, it records only what people say or write, and thus has the virtues and limitations of any such subjective data.

A detailed discussion of the sociometric test used in this study is presented in Chapter IV.

⁸For a fuller discussion of this technique, see Gardner Lindzey, ed., A Handbook of Social Psychology (Reading, Massachusetts, U.S.A.: Addison Wesley Publishing Co., Inc., 1954), 1, 405-48.

⁹Edward A. Shils, "The Study of the Primary Group." In Daniel Lerner and Harold Lasswell, eds., The Policy Sciences (Stanford:Stanford University Press, 1951), pp.46-49.

A Note on Blindness

The ability to see at 200 feet what ought to be seen at 200 feet is described as perfect vision. It can also be written as 200/200 vision.

In this study, the Canadian definition of blindness will be followed, where a person is legally blind if he sees at 20 feet what ought to be seen at 200 feet; in other words, when he possesses 20/200 vision.

Between the legal definition of blindness (20/200 vision) and total blindness, there is a range of varying degrees of blindness. The following classification may serve to make this point clear.

Amount of Vision

Behavioural Implications

Up to but not including:

2/200 vision	Total blindness, or ability to perceive light only. Inability to perceive the motion of the hand at a distance of 3 feet or less.
5/200 vision	Ability to perceive motion and form. Inability to count the fingers at a distance of 3 feet.
10/200 vision	Possession of "travelling sight". Ability to count the fingers at a distance of 3 feet. Inability to read large letters such as newspaper headlines.
20/200 vision	Ability to read large headlines.
20/200 vision or more	Vision is insufficient for ordinary affairs. Ability to read 14-point type, but not 10-point type.

"Guiding vision" is the term used to describe that amount of vision, just less than 10/200, which enables a person to move about unaided.

In determining the amount of sight possessed by any of the residents, reliance was placed on the advice and guidance of the Field

Secretary of the Canadian National Institute for the Blind , in Hamilton. This resulted in the 43 residents being sorted into two groups: 27 having guiding vision, and 16 being totally blind.

ANALYSIS:

1. The primary focus of this investigation is to discover whether a relationship exists between the way the residents perceive the attitudes of the sighted towards the blind and the pattern of group organization within the Residence.

Underlying our approach is the assumption that how the residents perceive the attitudes of the sighted is related to how they view themselves.

It is also assumed that their self-evaluations are related to their group affiliations within the Residence.

More specifically, it is hypothesized:

- i. that the perception of the sighted as rejecting in its attitudes is directly related to a negative self-evaluation;
- ii. that the perception of the sighted as accepting is directly related to a positive self-evaluation;
- iii. that a negative self-evaluation is directly related to:
 - (a) a negative attitude to blindness, and
 - (b) a low level of preferred interaction with the blind within the Residence;
- iv. that a positive self-evaluation is directly related to:
 - (a) a positive attitude to blindness, and

- (b) a high level of preferred interaction with the blind within the Residence.

Five characteristics were selected for comparison with all other data--self-evaluation, degree of blindness, attitude to blindness, perception of the attitudes of the sighted toward the blind, and preferred patterns of interaction within the Residence.

2. A related and equally important aim of this study was to determine the basis and extent of group formation within the Residence. There were three questions which were of concern to us here:

- (a) Was there any relationship between an individual's self-evaluation and the extent of his/her preferred interaction patterns?
- (b) Did any relationship exist between degree of blindness and the extent of preferred interaction within the Residence?
- (c) Was there any relationship between spatial factors and the number of in-group choices on any sociometric criterion?

In order to find answers to the above questions, a sociometric test was constructed and administered to the residents. Four criterion questions were asked relating to:

- (a) persons preferred as chatting companions,
- (b) persons preferred as companions with whom to share an apartment,
- (c) persons preferred to form a committee to make a formal protest,
- (d) the person preferred as the general spokesman for all the residents.

For each sociometric question, respondents were asked to indicate

three choices, initially. When this was done, they were further asked to indicate how many other choices they were able to make.

If fewer than three choices were given, no attempt was made to secure additional selections. This was to avoid weakening the validity of the responses. It may be added that no attempt was made to secure negative patterns, for fear of compromising the success of the study.

SYMBOLIC INTERACTIONISM:

A framework for understanding blindness, both on the level of society and on the level of the individual, is available through the broad perspective of the theory of symbolic interactionism, whose primary line of development extends from William James, through Charles H. Cooley, George Herbert Mead, and onwards.

This theory places emphasis on "attitude" and "meaning", and its chief aim has been to describe and interpret the manner in which the "self" or personality arises and functions in social interaction. It assumes that human behaviour is to be understood as a process in which a person interprets the gestures or remarks of another, and then shapes and controls his conduct on the basis of the meaning yielded by the interpretation.

William James

For James, a person appears in thought in two ways: "...partly known and partly knower, partly object and partly subject....For shortness, we may call one the ME and the other, the I....I shall, therefore, treat successively of (A) the self as known, or the ME, the 'empirical ego' as it is sometimes called; and of (B) the self as knower, or the I,

the 'pure ego' of certain authors."¹⁰

In its broadest sense, the empirical self, or ME, is everything that a man can call his. Its components are classed in descending order of their implications for self-esteem, as "spiritual Self", "material and social Self", and "bodily Self".

The spiritual self refers to the collection of one's states of consciousness and one's psychic faculties. These are what we most truly seem to be. The social self is the recognition one receives from others, and there are as many different social selves as there are groups whose opinions one values. The bodily self includes the body, first of all, and then successive circles of things associated with it, for example, clothes, family, home, and possessions.¹¹

Charles H. Cooley

For Cooley, "Self and society are twin-born....and the notion of a separate and independent ego is an illusion."¹² Between social pressures and personal behaviour, there is a reciprocal relationship, each modifying the other.

Like James' "social Self", Cooley's "looking-glass self" emphasizes that the social self arises reflectively in terms of the reaction to the opinions of others on the self. "A self-idea of this

¹⁰William James, Psychology (Cleveland: World Publishing Company, 1948), p.176.

¹¹Ibid., p.187.

¹²Charles H. Cooley, Social Organization: A Study of the Larger Mind (New York: Scribner's, 1911), p.5.

sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his judgment of that appearance; and some sort of self-feeling, such as pride or mortification."¹³

The ideals that make up this reflexive self have their source in primary groups like the family, the play group of children, a group of elders; for it is in such groups that the individual, striving for self-expression, receives his earliest and most important experiences of social unity. Moreover, these ideals constitute the unity and structure of the social mind. Put differently, this unity is Social Organization.

George Herbert Mead

The basic premises of James and Cooley are, thus, that an inseparable connection exists between the individual and society, and that one's social self arises, reflectively, in terms of the reaction to the opinion of others on the self. Following on this, and strongly influenced by functional and behaviouristic tendencies in psychology, Mead has presented a naturalistic description and analysis of the processes involved in the rise of the self. For Mead, a self is possible only to a creature that can be an object to itself, a characteristic possible only in society and by means of language.¹⁴

~~In the process~~

In the process of building the self, there are, according to

¹³ Ibid., p.152.

¹⁴ G.H.Mead, Mind, Self, and Society, ed. by Charles W. Morris (Chicago: The University of Chicago Press, 1934), pp.135-40.

Mead, two stages:¹⁵

i. In the first stage, the self "...is constituted simply by an organization of the particular attitudes of other individuals toward himself and toward one another, in the specific social acts in which he participates with them."

ii. In the second stage, the self "...is constituted not only by an organization of these particular individual attitudes, but also by an organization of the socialized attitudes of the generalized other or the social group as a whole to which he belongs."

The self reaches full development only by organizing individual attitudes and generalizing them, becoming an individual reflection of the general systematic social pattern of group behaviour in which all others are involved. However, the self does not consist of a bare organization of social attitudes. It consists of an "I", which is the response of the organism to the attitudes of others, and of a "ME", which is the organized set of others which one himself assumes.

On a general level, therefore, the work of James, Cooley, and Mead suggest that an individual's appraisal of himself is, to an important extent, derived from reflected appraisals--his interpretations of the reactions of others toward him. This can be put differently by saying that an individual's self-concept is shaped through interaction with others.

D. Snygg and A.W. Combs

Snygg and Combs are major representatives of an important and

¹⁵Ibid., p.158.

productive school of thought called the "phenomenologists", for whom the "self-concept" is a key term. For them, the essential meaning of all behaviour is to preserve and enhance what they call the phenomenal self. This phenomenal self is the individual's only frame of reference, his only reality. It consists of: "...all those parts of the phenomenal field which the individual experiences as parts or characteristics of himself."¹⁶ The self-concept is a subdivision of the phenomenal self, and it "...includes those parts of the phenomenal field which the individual has differentiated as definite and fairly stable characteristics of himself."¹⁷

For Snygg and Combs, the phenomenal field is the actor's personal frame of reference, within which behaviour is assumed to occur at any given moment. In effect, the cause of behaviour is the phenomenal field. It follows that prediction of behaviour is possible if a description of the phenomenal field is given; and, similarly, an inference of the phenomenal field can be made, given a knowledge of behaviour.

These theoretical perspectives have influenced, directly or indirectly, a great deal of the empirical work done in recent times. However, at least one perspicacious critic has noted that the situation of current theory and research is not altogether satisfactory. Wylie subjected the research literature on the "self-concept" to a very critical review, and concluded that, while there were

¹⁶ D. Snygg and A.W. Combs, Individual Behaviour (New York: Harper, 1949), p.58.

¹⁷ Ibid., p.112.

enough positive trends to be tantalizing, there was also a good deal of ambiguity in the results obtained, much apparent contradiction among the findings of various studies, and a tendency for different methods to produce different results. The total accumulation of substantive findings, she found, was disappointing, especially in proportion to the enormous amount of effort which had been expended.¹⁸

She concluded that constructs concerning the self had been stretched to cover so many inferred cognitive and motivational processes that their utility for analytic and predictive purposes had been greatly diminished.¹⁹

One solution was to abandon these constructs and hypotheses as scientifically sterile. Another was to try to improve them, by paying attention to the more concrete inferred variables. This was worth doing, since characteristics like self-actualization, self-differentiation, and self-consistency, had not led to enlightening research; while self-acceptance or self-esteem, especially when referring to specified attributes, had yielded more manageable and fruitful research procedures. Finally, Wylie suggested that behaviour could, perhaps, be predicted more efficiently by objective measures than by indices of the phenomenal self.²⁰ It is empirical improvements in predictive power which should be the measure of the value of any suggestion about broadening self-concept theory.²¹

¹⁸ Ruth C. Wylie, The Self Concept, (Lincoln, Nebr.: University of Nebraska Press, 1961), p.317.

¹⁹ Ibid., p.318.

²⁰ Ibid., p.319.

²¹ Ibid., p.321.

Self-Evaluation²²

If we follow Mead's line of thought, and accept that the meaning of the word "self" is its reference to those situations where the agent and the object of the act are one and the same, it follows that any such act is a self-relevant act, "regardless of how trivial or global, how central or peripheral the act and its outcomes may be."²³ Self-evaluation, then, simply means that what is evaluated is a part or product of the being that does the evaluating. Moreover, if man is a goal-attaining animal, then human conduct is a complex of means-ends relationships, and what we value about ourselves is primarily our abilities.

This approach to the subject of self-evaluation is consistent with that of James, who wrote: "So our feeling of ourselves in this world depends entirely on what we back ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities; it is a fraction of which our pretensions are the denominator and the numerator our success: thus,

$$\text{Self-esteem} = \frac{\text{Success}}{\text{Pretensions}}."$$
²⁴

It is also consistent with Cooley's statement that each of us is "....a contending bit of psychical force", born with the need to assert ourselves and with an "....instinctive self-feeling....

²² For a more extensive treatment (to which our discussion is greatly indebted), see James C. Diggory, Self-Evaluation (New York: John Wiley and Sons, Inc), pp.68-114.

²³ Ibid., p.417.

²⁴ James, op. cit., pp.185-187.

associated chiefly with ideas of the exercise of power, of being a cause, ideas that emphasize the antithesis between the mind and the rest of the world."²⁵

Lastly, it is consistent with Mead's view that, while the very idea and feeling of self is a product of social interaction, self-evaluation depends on our abilities and capacities as these are realized in the performance of definite functions. "If one does have a genuine superiority, it is a superiority which rests on the performance of definite functions....We have to distinguish ourselves from other people, and this is accomplished by doing something which other people cannot do, or cannot do as well."²⁶

Since the concept of self-evaluation was central to our research design and data analysis, it was imperative to operationalize its meaning and arrive at a measure of self-evaluation which would meet the needs of this study. This was achieved by using Cutick's Self-Evaluation Questionnaire as modified by S.Farnham-Diggory for oral administration to hospitalized psychotic patients.²⁷ A copy of this Questionnaire can be seen on page four of the interview schedule in the Appendix. Slight alterations were made in the wording of the questions to maintain the flow of conversation, and their number was reduced from

²⁵ Charles H. Cooley, Human Nature and the Social Order, rev. ed., (New York: Scribner's, 1922), p.177.

²⁶ Mead, op. cit., p.208.

²⁷ R.A.Cutick, Self-Evaluation of Capacities as a Function of Self-Esteem and the Characteristics of a Model (Unpublished Ph.D. Dissertation, University of Pennsylvania, Philadelphia, 1962). See also, Diggory, op. cit., the Appendix.

eight to seven. If, as sometimes happened, a respondent did not understand what was meant by "per cent of the time", we resolved the difficulty by saying: "Just give me a number between 0 and 100 which shows how you feel about your ability. For example, 0 would mean 'never', and 100 would mean 'all the time'. You can choose any number you like between 0 and 100, so long as it is closest to how you feel about yourself."

REVIEW OF RELATED STUDIES:

Despite the existence of a vast and heterogeneous literature specifically dealing with the subject of blindness, almost nothing in the way of systematic and empirical investigation has been done on the social correlates of blindness. As one perceptive writer puts it, "much of the literature on the blind may be said to be repetitious and, in many cases, is of a more emotional than factual character."²⁸

The paucity of serious and available writing on the subject makes the task of this reviewer very difficult. However, in order to give coherence to our discussion, the literature relevant to our study is reviewed below under specific headings, as indicated.

Attitudes of the Sighted toward Blindness

The expectations that the sighted have toward the blind all seem to be organized around the fact of blindness. In most situations, being a member in the blind sub-group will tend to override most other status considerations; the fact that a person is a pianist or middle-class will

²⁸ See the preface by Helga Lende, ed., Books About the Blind (New York: American Foundation for the Blind, 1953).

not protect him from being treated as blind first and any of these things second. Thus, the attitudes of the sighted comprise a significant segment of the blind person's environment.

There is almost unanimous agreement by writers on blindness that blind persons are the objects of devaluating stereotypes held by the sighted. Typically, they are seen as helpless and dependent, and they are often placed in underprivileged social situations.²⁹ Indeed, it has been asserted that much individual maladjustment among blind persons is owing to the devaluating societal stereotypes held by the sighted.³⁰

It has also been pointed out in very vivid terms that the blind are thought to be clumsy and incompetent, are treated with widespread pity and condescension, and are discriminated against in a variety of ways.³¹ Undoubtedly, there is considerable evidence to support these statements, but they seem more intuitive, selective, and impressionistic, than the results of objective, scientific enquiries. Others have argued that, since no-one has kept a systematic record of the variety and frequency of the attitudes encountered by a blind person over a period of time, it would be

²⁹ See, for example, H. Chevigny and Sydell Braverman, The Adjustment of the Blind (New Haven: Yale University Press, 1950); Thomas D. Cutsforth, The Blind in School and Society (New York: American Foundation for the Blind, 1951); Attitudes toward Blindness (New York: American Foundation for the Blind, 1951).

³⁰ Cutsforth, op. cit.; Chevigny, op. cit.

³¹ Juliet Bindt, A Handbook for the Blind (New York: The Macmillan Co., 1952); H. Chevigny, My Eyes Have a cold Nose (New Haven: Yale University Press, 1946).

hazardous to rely on the reports of blind persons themselves or of those who identify with them. Moreover, those who are emotionally involved in the problems of blindness cannot be expected to recall or perceive things in an unbiased way.³² At least one well-known rehabilitation psychologist working in the field of blindness has written that, when sighted people are asked to react to blindness, they usually express sympathy, pity, discomfort, and fear.³³ They believe that blind people function in a passive-dependent manner, unable to feed or clothe themselves, unable to be breadwinners or homemakers, unable to think, feel, or be creative. They show amazement at the blind person who can function independently of others, and refer to him as "exceptional".

In an important study of parental attitudes, Sommers found that the majority of the mothers she studied had experienced acute frustrations or deep feelings of conflict because they had given birth to a blind child. These frustrations seemed to be a natural consequence of a sense of deep disappointment on the part of the mothers. The feelings of conflict derived from the contradiction between their maternal devotion and an irrepressible sense of repulsion caused by the blindness.³⁴

Another interesting finding in this work is that the attitudes

³²R.G.Barker et al., Adjustment to Physical Handicap and Illness (New York: Social Science Research Council Bulletin No. 55, revised, 1953), p.276.

³³Saul Freedman, "Reactions to Blindness", New Outlook for the Blind, Dec. 1965.

³⁴Vita Stein Sommers, The Influence of Parental Attitudes and Social Environment on the Personality Development of the Adolescent Blind (New York: American Foundation for the Blind, 1944), p.102.

of the mothers to their children fell into five fairly distinct categories.³⁵ A few of them did show a genuine acceptance of the child and his blindness. The attitude of another small group was one of denial, in word or deed, that either parent or child had, in any way, been affected by the blindness. Overprotectiveness and an excess of pity were the characteristics of a third group of parents. A fourth group, the majority, were overwhelmed with a sense of guilt over their hostility to the child, but compensated for this disguised rejection by an attitude of overprotectiveness. The last group of parents were undisguisedly hostile to, and neglectful of, their children. This group found an outlet for their intense feelings of guilt, and rationalized their hostile impulses, by blaming other persons or unfavourable circumstances for their difficulties and problems.

Studying the significance of blindness in the context of four other disabilities, Gowman found that slightly more than four-fifths of one hundred and four high school students rated blindness as the most difficult injury to face.³⁶ Loss of a leg was ranked second; deafness, third; loss of an arm, fourth; and severe burns of the face, fifth. In his analysis, Gowman suggested that both blindness and deafness placed the individual in a position of dependence on others, and the character of these injuries was, therefore, essentially debilitating. On the other hand, loss of an arm or leg, or facial burns were assumed to leave the individual retention of his independence, and the character of these injuries was, therefore, essentially, mutilating. On the basis

³⁵ Ibid., p.103.

³⁶ Alan Gowman, The War Blind in American Social Structure (New York: American Foundation for the Blind, 1957), pp.67-69.

of his empirical findings, he concluded that there is a pronounced tendency for all persons in all situations to fear the debilitating injuries more than the mutilating ones, blindness being seen as the most debilitating of all.

In another study, attitudes towards blind students were investigated by means of a questionnaire distributed to forty-three instructors.³⁷ Of those who replied, none said that he was conscious of a feeling of resentment at having a blind student in class, or felt annoyance at being asked to make arrangements for taking examinations. With the exception of seven instructors, they rated the academic work of their blind students as being of average or superior standard.

The majority of instructors indicated the following attitudes towards the blind students:

- (i) They required the same quality of work from the blind as from the sighted students.
- (ii) They were seldom or never conscious of their blind students.
- (iii) They had no hesitation in calling on their blind students.
- (iv) They were not annoyed at being asked to make arrangements for note taking.

Koehler's findings would seem to be consistent with those qualities for which many universities are justifiably proud--patience, tolerance, understanding, and equality of treatment. For that very reason, they would seem to be the exception to the general rule, where attitudes to the blind are concerned.

By means of a questionnaire distributed to one hundred and

³⁷Marie E. Koehler, The Personal Problems of the Blind Student in a University (Unpublished M.A. thesis, University of Minnesota, 1933).

thirty sighted graduate students, male and female, Rusalem investigated attitudes towards the blind.³⁸ On the basis of his evidence, he concluded that there seemed to be definite patterns of characteristics which most persons perceive as the hallmarks of blindness. For the individuals in his sample, there was substantial agreement on three primary clusters of characteristics as descriptive of blindness. These were:

- (i) Physical....."carry canes", "use guide dogs", "wear dark glasses",
"lack facial expression".
- (ii) Sociological... "attend separate schools", "rarely work in industry",
"economically dependent".
- (iii) Psychological.. "have very sensitive sense of touch", "have keen
hearing", "have better than average memory".

Rusalem points out that the cues selected by his sample reflect the objective limitations imposed by blindness. The features to which responses were made were the distinguishing and real evidences of blindness. He also points out that the three clusters of characteristics follow very closely the traditional stereotypes of blindness.

In an earlier study, a more negative picture of the blind was found by Schaefer, who studied the evaluations of superintendents of schools for the blind with reference to the traits of the blind.³⁹ She found that dependence, reticence, and cheerfulness, were considered to be the chief characteristics of blind persons.

³⁸ Herbert Rusalem, "The Environmental Supports of Public Attitudes Toward the Blind", Outlook for the Blind, 44:277-88, 1950.

³⁹ F.M. Schaefer, The Social Traits of the Blind (Unpublished M.A. thesis, Loyola University, Chicago, 1934.)

On the other hand, in a study of vocational interests, Strong found that only sixteen per cent of his sample indicated dislike for blind people, while twenty-five per cent reported liking them. Indifference was expressed by the remaining fifty-nine per cent.⁴⁰

In a comparison of attitudes toward blindness and toward other physical handicaps, Whiteman and Lukoff performed three experiments on separate samples of social work students.⁴¹ In each experiment, two comparable questionnaire forms, each differing in the object to be assessed, were randomized among the students. Reactions to "blindness" were compared with reactions to "blind people" and to "physical handicap"; and reactions to "blind people" were compared with reactions to "physically handicapped people". They found that blindness was seen as more uniquely destructive than other physical handicaps, even though the traits of the blind and of the physically handicapped were evaluated in a similar way.

Although the above studies show variation in their findings, one from the other, some do provide evidence for the widespread belief that sighted people evaluate blindness in a negative way. However, with one or two exceptions, they cannot be described as satisfactory studies of the way different groups in the population feel about blindness. For one thing, by the current standards of social science, their underlying methodological approaches seem very vulnerable to criticism. For

⁴⁰ E. K. Strong, Vocational Interests of Men and Women (Stanford: Stanford University Press, 1943).

⁴¹ Martin Whiteman and Irving Lukoff, "Attitudes toward Blindness and other Physical Handicaps," Journal of Social Psychology, 66:135-45, 1965.

another, they have been concerned mainly with the extent to which certain opinions and beliefs about the blind--the stereotyped characteristics--prevail in various samples of sighted persons. It might have been worthwhile, instead, to consider the extent to which various feelings and beliefs about the blind constitute a unitary attitude. Some writers, for example, have stressed the need to measure individual differences toward blindness, by means of a unitary scale specially constructed to measure attitudes-toward-blindness.⁴² Others have suggested that a focus on the prevalence of discrete opinions or on the measurement of a unitary attitudinal measure may overlook the problem of how attitudinal components are related to one another, and how these relationships vary or remain constant in different populations.⁴³

Attitudes of the Blind toward Blindness

While the literature on the attitudes of the sighted toward the blind is not very extensive, that on the attitudes of the blind toward blindness is even less so.

Voorhees⁴⁴ distributed seven hundred and fifty questionnaires to totally blind persons, of all ages between sixteen and sixty, living

⁴²E.L. Cowen, R.P. Underberg, and R.T. Verrillo, "The Development and Testing of the Attitude to Blindness Scale," Journal of Social Psychology, 48:297-304, 1958.

⁴³M. Whiteman and I.L. Lukoff, "A Factorial Study of Sighted People's Attitude toward Blindness," Journal of Social Psychology, 64:339-53, 1964.

⁴⁴Arthur I. Voorhees, "Attitudes of the Blind toward Blindness" (Proceedings of the Twenty-third Convention of the American Association of Workers for the Blind, New York, 1949), pp.65-7.

in different parts of the United States. In his analysis of the replies sent in by three hundred and forty persons, he found that only twenty three per cent preferred the company of blind rather than sighted persons. Those in the professions, as well as the youngest and oldest groups of women, expressed even less of a preference (eight, twelve, and sixteen per cent, respectively). On the other hand, as many as eighty seven per cent believed that there were worse disabilities than blindness, and only thirty eight per cent believed that many sighted people do avoid them. On the subject of marriage between blind persons, the replies were evenly divided.

While his study represents a commendable attempt to secure empirical data, the responses which Voorhees received cannot be considered as conclusive, or as representative of the reactions of all totally blind individuals in the United States.

Steinzor studied the attitudes toward blindness using two groups of visually handicapped boys and girls, one in an elementary school and the other in a junior high school, in New York city.⁴⁵ In the elementary school, the age range of the five boys and three girls interviewed was seven to eleven years. In the junior high school, the age range of the three boys and three girls was twelve to fourteen years .

For the visually handicapped children in the elementary school, being blind had the connotation of a very negative stereotype. As one boy put it, "They think that they wanna call me blind, but I am not blind: I can't see." On the other hand, those from the junior high

⁴⁵ Luciana Visentini Steinzor, "Visually Handicapped Children: their Attitude toward Blindness," New Outlook for the Blind, 60:307-11, Dec., 1966

school showed a recognition and awareness of their handicap, and were able to identify with people rather than with one section of humanity, blind people. There was, however, the feeling that encounters with sighted people were made worse by attitudes of superiority on the part of the sighted. Unlike the wishes of the younger age group, which were for the immediate gratification of their wants, the main wish of the older age group was for the sense of sight.

In her study of parental attitudes, Sommers also found that approximately sixteen per cent of her sample were most aware of their handicap in a situation where people referred to it, or felt sorry on account of it, or tried to help too much.⁴⁶ Fifteen per cent were most aware of it at sports and games requiring sight, while about twelve per cent referred to situations like going to, or eating at, strange places. Only ten per cent mentioned situations like crossing streets, travelling, or window shopping.

The situations referred to above suggest that the deprivations of blindness are perceived primarily in terms of their physical-social meanings, with the second aspect receiving more emphasis. The blind adolescents expressed more concern at the stereotyped reaction of the sighted than at the physical limitations imposed by blindness.

One interesting fact which emerged from this study was that attending a residential school for the blind seemed to be positively correlated with feelings of estrangement and a sense of not being understood or appreciated.

⁴⁶Sommers, op. cit., p.32.

Sommers suggested that this was owing to the interruption of intimate family contacts for an unduly long period.⁴⁷

As can be expected, there is variation in the valence of the attitudes expressed by the blind toward other blind individuals. Very generally, a positive attitude seemed to be directed more towards another blind person successful in some field, than towards a "failure;" or towards the blind as a group. It would seem that a positive attitude towards other blind persons is a function of identification with them, and that the latter is related to the degree of vision remaining. This might explain the widely held belief that those who have guiding vision are less likely to consider themselves as blind, than those who are totally blind. In addition, a negative attitude to blindness seems to be associated with a sensitivity to the physical and social restrictions imposed by blindness.

Acceptance of Self and Acceptance of Others

There are many theorists in psychology who believe that the level of an individual's self-regard bears a positive correlation with the level of regard that he shows for others. This idea is usually expressed in the form of a relationship between "self-acceptance" and "acceptance for others". These two variables have been operationalized in a variety of ways in studies concerned with showing the degree of association between them.

Using scales to measure self-acceptance and acceptance of others, Berger tested the relationship between these variables in seven groups

⁴⁷Ibid., p.25.

of persons: 183 day-session college students; 33 evening-session college students; 33 prisoners; 38 stutterers; 18 adults in a class at a Y.M.C.A.; 7 speech problem cases in a rehabilitation programme; and 3 counselees.⁴⁸

He concluded that evidence for a positive correlation between acceptance of self and acceptance of others was definitely supported and strengthened by the results of his study.

In a study of 10 counselling cases, Scheerer found that there was a definite and substantial correlation between attitudes of acceptance of and respect for self and attitudes of acceptance and respect for others.⁴⁹

Fey prepared scales to measure expressed attitudes of self-acceptance, of acceptance of others, and of estimated acceptance by others.⁵⁰ These scales were then administered to 58 third year medical students. A sociometric device was used to provide the dimension of actual acceptance of others. On the basis of his results, Fey concluded that individuals with high self-acceptance scores also tend to accept others, to feel accepted by others, but to be neither more nor less accepted by others than those with low self-acceptance scores.

⁴⁸Emanuel M. Berger, "The Relation between expressed Acceptance of Self and expressed Acceptance of Others," Journal of Abnormal and Social Psychology, 47:778-82, 1952.

⁴⁹Elizabeth T. Scheerer, "An Analysis of the Relationship between Acceptance and Respect for Self and Acceptance and Respect for Others in Ten Counselling Cases," Journal of Consulting Psychology, 13:169-75, 1949.

⁵⁰William F. Fey, "Acceptance by Others and its Relation to Acceptance of Self and Others: A Revaluation," Journal of Abnormal and Social Psychology, 50:274-76, 1955.

Individuals with high acceptance-of-others scores also tend to feel accepted by others, and tend to be accepted by them.

Omwake found a similar relationship between acceptance of self and acceptance of others on three personality inventories.⁵¹ She concluded that there was a marked relationship between the way an individual sees himself and the way he sees others: those who accept themselves also tend to accept others, and to perceive others as accepting them. Those who reject themselves hold a correspondingly low opinion of others, and perceive others as self-rejecting.

Sheerer, Berger, Fey, and Omwake, have all predicted on theoretical grounds that acceptance of self should lead to acceptance of others. Within their respective inventories, their predictions have received confirmation, Acceptance of Self scores being found to correlate positively with Acceptance of Others scores. From these four studies, the following two propositions have been extracted as being of relevance to our study:

- (i) There is a positive relationship between self-acceptance and felt acceptance by others.⁵²
- (ii) There is a positive relationship between self-acceptance and acceptance of others.⁵³

Other studies have produced results which tend to support the second proposition. For example, Crandall and Bellings found

⁵¹ Katherine T. Omwake, "The Relation between Acceptance of Self and Acceptance of Others Shown on Three Personality Inventories," Journal of Consulting Psychology, 18:443-46, 1954.

⁵² Fey, op. cit.

⁵³ Sheerer, Berger; Fey; Omwake; op. cit.

significant correlations between the favourability of their subjects' self-ratings and the favourability of their ratings of a "novel" person who was briefly observed. They used rating scales, which were based on one hundred adjectives.⁵⁴

In another investigation, Sarnoff found that, among Jewish college males, those with high anti-Semitism scores tended to have more negative and fewer positive attitudes towards self and parents, than did those with low anti-Semitism scores.⁵⁵

The last of such studies to be mentioned is by Wylie, who found significant correlations between self-ratings and mean ratings attributed to others on five evaluative trait scales.⁵⁶

It may be stated with some degree of confidence that the evidence, as a whole, supports the hypothesized association between an individual's self-acceptance (or high self regard) and his acceptance of others (or high regard for others). Drawing on this evidence, we shall attempt to test the hypothesis that a positive self-evaluation is directly related to a high level of preferred interaction with other blind persons in our sample within the Residence.

Our attention will now be directed to a brief review of three

⁵⁴V.J.Crandall and Ursula Bellings, "Some Relationships of Interpersonal and Intrapersonal Conceptualizations to Personal-Social Adjustment," Journal of Personality, 23:224-32, 1954.

⁵⁵I.Sarnoff, "Identification with the Aggressor: Some Personality Correlates of anti-Semitism among Jews," Journal of Personality, 20:199-218, 1951.

⁵⁶Ruth C. Wylie, "Some Relationships between Defensiveness and Self-Concept Discrepancies," Journal of Personality, 25:600-16, 1957.

studies which bear indirectly on our research task. Each of them examines the relationship between self-conception and physical disability, and their findings all indicate that an integral relationship exists between these two variables.

In a study of one hundred hospitalized service amputees and plastic surgery cases, White, Wright, and Dembo, found that the following self-feelings were associated with disability:

- (i) fear that it is not "me as a person, but my injury" that is of primary importance to the other;
- (ii) fear that the injury devalues oneself as a person;
- (iii) guilt associated with the feeling that one is a burden;
- (iv) conflict between the desire for dependence and independence;
- (v) feelings of self-pity.⁵⁷

Shelsky explored the differential effect of dissimilar disabilities upon an individual's self-perception, and concluded:⁵⁸

- (i) that an overt or visible injury does not necessarily have more of an effect upon self-concept than an injury or illness which is not visible;
- (ii) that amputees can more readily evaluate their abilities and disabilities than those who are tuberculous;
- (iii) that a physical loss seems to be incorporated into the self-

⁵⁷R.K.White, B.A.Wright, and T.Dembo, "Studies in Adjustment to Visible Injuries: Evaluation of Curiosity by the Injured," Journal of Abnormal and Social Psychology, 43:13-28, 1948.

⁵⁸Irving Shelsky, "The Effect of Disability on Self-Concept," (Unpublished Ph.D. Dissertation, Columbia University, 1957).

concept more adequately, and with less damage, than an all-pervasive illness such as tuberculosis.

In a study of one hundred orthopedically disabled patients, fifteen years of age and older, Litman investigated the relationship between a person's self-conception and his response to a programme of physical rehabilitation. He concluded:⁵⁹

- (i) that response to rehabilitation, as determined by a combined physician and therapist evaluation was associated with self-conception;
- (ii) that, although it was related to the patient's response in a significant way, rehabilitation potential was not related to self-conception;
- (iii) that progress in treatment, as estimated by the attending physician, was associated with self-conception;
- (iv) that, although self-conception and acceptance of disability are directly associated, patients whose self-conceptions are poor may or may not accept their condition.

As we have seen, Shelsky has suggested that a physical loss seems to be incorporated into the self-concept more adequately, and with less damage, than an all-pervasive illness such as tuberculosis. It is questionable, however, if this wholly applies to blindness, which is a physical loss of undoubted magnitude and undeniably traumatic consequences, in many cases. Likewise, Litman's fourth

⁵⁹Theodor J. Litman, "Self-Conception and Physical Rehabilitation." In Human Behavior and Social Processes, ed., A.M. Rose (Boston: Houghton, Mifflin Company, 1962), pp.550-74.

finding above, that orthopedic patients with poor self-conceptions may or may not accept their condition, would seem to apply more to others suffering from a similarly limited loss, than to those who have suffered a loss as severe as that of sight. If, as we believe, to accept one's disability is to accept one's self despite a disability, then it seems that this is a consequence of the individual's evaluation of his capacities to attain certain ends given certain means. Accordingly, it is suggested here that those blind residents whose self-evaluation is negative will also tend to have negative attitudes towards blindness.

In this chapter, the discussion has centred around the general aims of the study, the sample and methodology employed, and a brief review of the literature related to the subject of our investigation. In the following chapter, we shall provide a more detailed description of the sample, and an attempt will be made to analyze and relate their self-evaluations to their perceptions of the attitudes of the sighted.

CHAPTER II

THE SAMPLE, THEIR SELF-EVALUATIONS, AND THEIR PERCEPTIONS OF THE ATTITUDES OF THE SIGHTED

The purpose of the present chapter is a three-fold one: to provide a brief description of what our respondents were like; to present an analysis of their self-evaluations; and to relate the latter to the way they perceive the attitudes of the sighted towards the blind. The basic question that this chapter seeks to answer is: do those who perceive the sighted as rejecting (accepting) in their attitudes also those who evaluate themselves negatively (positively) ?

The Sample

The sample consisted of 43 blind individuals who lived at the Edgewood Residence for the Blind in Hamilton, during the summer of 1967. Of the 45 blind persons who lived at this Residence, one refused to cooperate, and another was unable to communicate, owing to a recent stroke. The resulting study group consisted of 16 males and 27 females. When they were classified according to their degree of vision, the study group fell into two broad categories: 16 persons, males and females, who were totally blind, and 27 who had guiding vision.

The median age of our respondents was 77 years. As can be seen from Table 1, 84 per cent of the sample were over, while only 16 per cent were below, 60. In addition, although both males and females had similar age ranges, the median age for males was 74 years, while the median age for females was 79.

TABLE 1
AGE OF RESPONDENTS

Age	Percentage of Cases		
	Males (n=16)	Females (n=27)	Total (n=43)
30 to 39	12	0	5
40 " 49	13	7	9
50 " 59	0	4	2
60 " 69	6	4	5
70 " 79	44	37	40
80 " 89	25	44	37
90 " 100	0	4	2
Total	100	100	100
Median age	74	79	77

For all but one resident, blindness was an acquired loss. As revealed by the data in Table 2, the median age at which blindness occurred for all residents was 55 years; for males, it was 60 years, but for females, 49. In addition, 79 per cent of all residents became blind after 69 years of age; for males and females, the percentages were 69 and 85, respectively.

An inspection of Table 3 reveals that the majority of respondents had been married before they became occupants of the Residence. Those who were widowed constituted the largest group, with the unmarried being second, the percentages being 58 and 30, respectively. If the percentages relating to the Separated, the Widowed, and the Divorced, are combined, it is found that, for both males and females, the percentages

TABLE 2
AGE AT WHICH BLINDNESS OCCURRED

Age		Percentage of Cases		
		Males (n=16)	Females (n=27)	Total (n=43)
under	10	19	15	16
10	to 19	0	4	3
20	" 29	6	7	7
30	" 39	0	7	5
40	" 49	6	19	14
50	" 59	19	14	9
60	" 69	25	11	16
70	" 79	25	22	23
80	" 89	0	11	7
Total		100	100	100
Median age		60	49	55

TABLE 3
MARITAL STATUS OF RESPONDENTS

Marital Status	Percentage of Cases		
	Males (n=16)	Females (n=27)	Total (n=43)
Single	26	33	30
Married	6	0	5
Separated	6	4	2
Widowed	50	63	58
Divorced	12	0	5
Total	100	100	100

are roughly equal, being 68 and 67, respectively.

If it is true that the degree of involvement in meaningful relationships with other persons is greater, on the average, for the married than for the single, separated, widowed, or divorced, then, according to our figures, the strength of the relational system is relatively low for the great majority (95 per cent) of the respondents. In addition, a pertinent point to remember is that living in the Residence implies, at the very minimum, a spatial separation from close friends or relatives, and represents, to some extent, an aggravation of the problem of loneliness.

Academic education was classified according to both amount and type. Two frequent and interrelated reasons offered by respondents for discontinuing formal education were:

- (i) Economic pressure for early self-support or for contributing to the family income.
- (ii) The existence of greater occupational opportunities without formal education during their youth than today.

As will be observed from Table 4, the majority of respondents (91 per cent) had, at least, some grade school education, while only one had some college education. Of those who had completed grade school only, there were three times as many females as males, the percentages being 22 and 6, respectively. Only 9 per cent of the respondents had a non-academic education, primarily of a vocational nature.

Data on the birthplace of the respondents revealed that 60 per cent were born in Canada, 32 per cent in the United Kingdom, and 7 per

cent in Europe.

TABLE 4
ACADEMIC EDUCATION OF RESPONDENTS

Education	Percentage of Cases		
	Males (n=16)	Females (n=27)	Total (n=43)
Academic:			
Some grade school only	81	67	72
Finished grade school only	6	22	16
Some college	0	4	3
Non-academic:	13	7	9
Total	100	100	100

TABLE 5
CHURCH ATTENDANCE OF RESPONDENTS

Church Attendance	Percentage of Cases		
	Males (n=16)	Females (n=27)	Total (n=43)
Every week	62	85	77
1 to 3 times a month	19	11	14
Seldom	0	0	0
Never	19	4	9
Total	100	100	100

The predominant religious affiliation in our study group was Protestant: 77 per cent were Protestant, 14 per cent Catholic, and 9 per cent had no religion.

In Table 5, data is presented on the frequency with which respondents attended church. It will be observed that the great majority (91 per cent) attend church at least once per month. Those who did not express any belief in religion constitute the 9 per cent of the sample who never attend church. It is interesting to note that the large majority of both males and females go to church at least once a month, the percentages being 81 and 96, respectively. In part, this involvement with religion may be due to their search for a transcendent explanation of their situation, and, in part, to their need for social contacts which would mitigate the loneliness and boredom of their lives.

Self-Evaluations of the Residents

The data on which our analysis is based were derived from answers to the interview schedule, including the self-evaluation questionnaire. On the basis of the responses to this questionnaire, a self-evaluation score was computed for each respondent by totalling the percentages given in answer to the questions. The scores on the self-evaluation scale ranged from 35 to 640; the arithmetic mean score was 413. From the individual totals, a distribution of scores was constructed, and those who scored beneath the mean of this distribution were considered to have a negative self-evaluation. Those whose scores were equal to, or greater than, the mean were rated as having a positive self-evaluation.

By sorting the sample into various sub-groups and computing the

mean rating on each item within the different sub-groups, it was possible to construct a series of profiles showing the mean self-evaluation for each sub-group.

An examination of the mean self-evaluation profile in Figure 1 suggests that belief in their dependability is the major characteristic of the sample, while the capacity to influence groups has the lowest mean rating.

In Figure 2, the residents are sorted according to their degree of vision. As before, belief in their dependability is the major characteristic, and the ability to influence groups is given the lowest mean rating. The general shape of the two profiles is fairly similar, and sharp differences emerge only with respect to the ability to influence groups or to exercise sound judgment. In this respect, the totally blind have a lower average rating. It may be that the totally blind live more restricted lives within the Residence, meeting fewer people from the outside, and finding themselves in fewer situations requiring the making of sound decisions, than do those who have guiding vision. This seems a plausible explanation in view of the known restrictions that blindness imposes upon an individual's physical mobility. It is also consistent with our personal observations of life within the Residence.¹

¹ Similarities have also been found in the general shape of the mean self-evaluation profiles of normal male college students and hospitalized psychotic males; but the latter had a lower mean rating on all items, especially with respect to the ability to influence groups, to impress others, or to achieve goals. This similarity is interesting, since the sample of college students had an advantage over the psychotic males with respect to both intelligence and mental health. The situation of our totally blind subjects and these psychotic males is similar in that neither group is seen as "normal", nor has much interaction with "normals". See Diggory, op. cit., p.374.

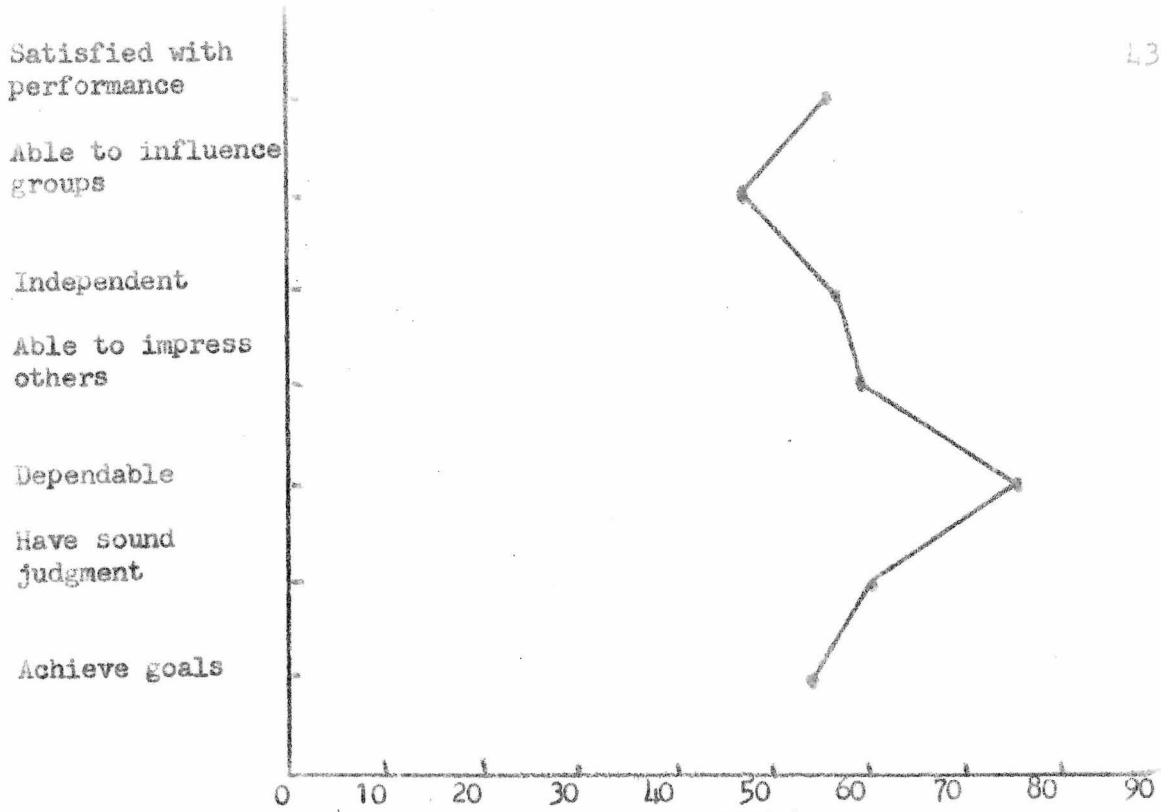


FIGURE 1
Estimated (by Ss) per cent of the time. Mean self-evaluation profile of sample (n=43)

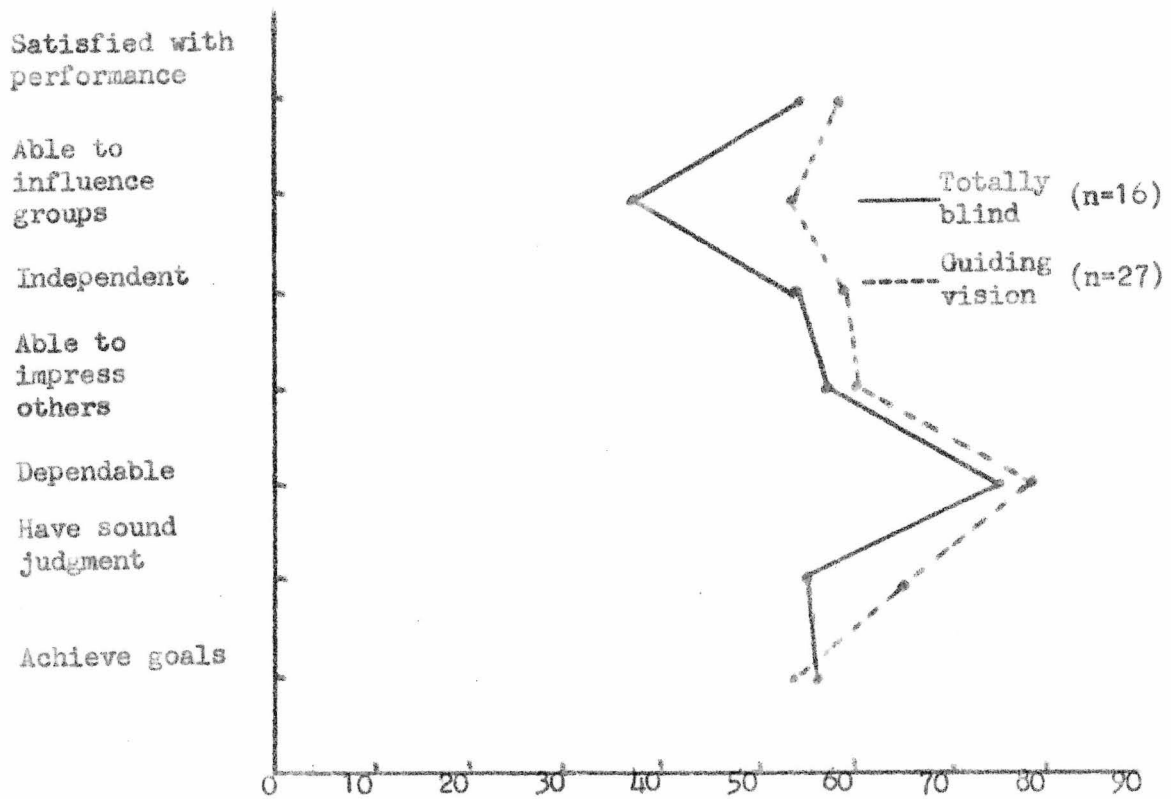


FIGURE 2
Estimated (by Ss) per cent of the time. Mean self-evaluation profiles of residents, by degree of vision

Figure 3 is a representation of the mean self-evaluation profiles of the male residents separated according to degree of vision. Compared with those with guiding vision, totally blind males were more likely to rate themselves lower on almost every item. This is particularly noticeable with respect to their perceptions of their ability to influence groups, to be independent, or to have sound judgment. It can be argued that, to be totally blind as well as male, in this Residence, is to find oneself thrust into the feminine role, the role of passivity; for, being severely limited in physical mobility, one's goals are no longer those of providing for oneself or for a family or, in other ways, asserting one's male dominance. Rather, one's primary interests become those of coping with a highly restricted environment, where the opportunities for self-realization are minimal, and where the waking hours are regulated by the sound of the dining room bell. It becomes understandable why this enforced inactivity and domesticity generates, among totally blind males, a relatively stronger sense of being dependent on others.

On the other hand, those with guiding vision have a certain degree of visual contact with their environment, which makes for an increase in physical mobility. In turn, this seems to accentuate the difference in the number of roles available for them to play, with the consequent larger differences in mean ratings on all items.

Figure 4 is a representation of the mean self-evaluation profiles of the female residents separated according to degree of vision. It will be noticed that the general shape of the two profiles is similar, and the most noticeable difference between them is with respect to the ability to

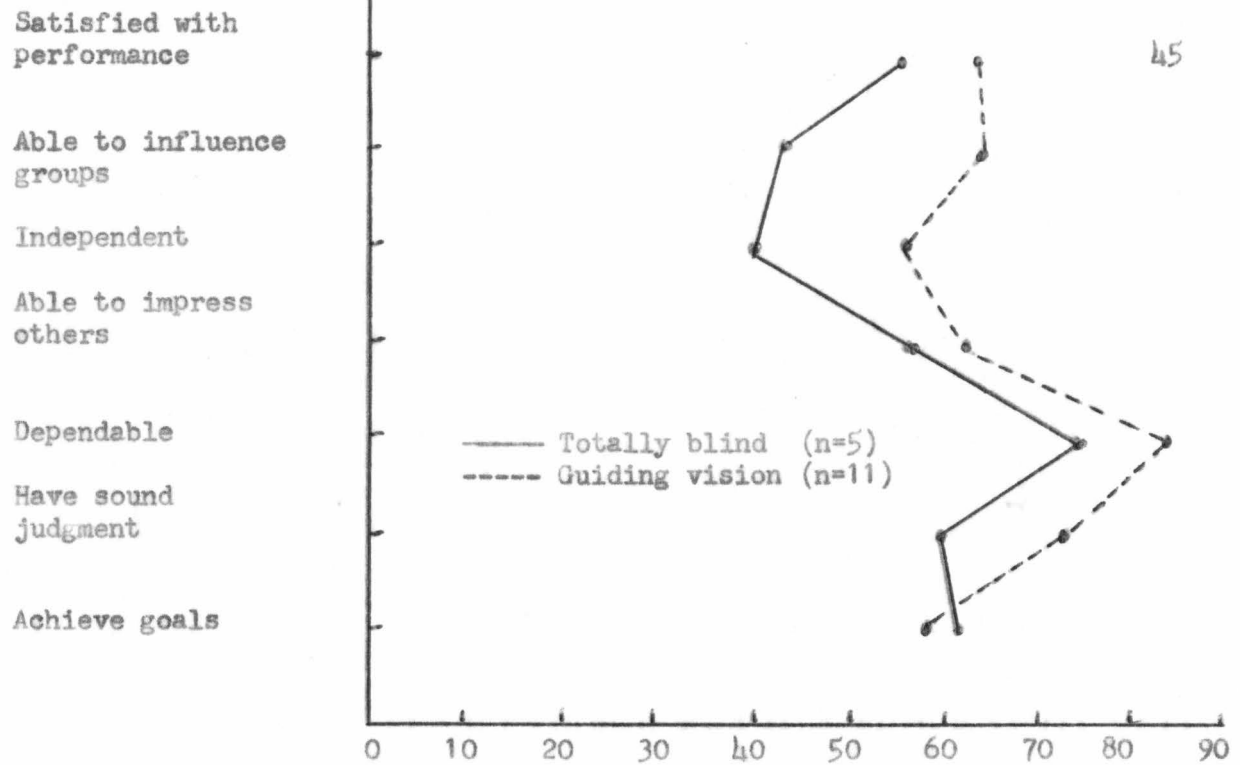


FIGURE 3
 Estimated (by Ss) per cent of the time. Mean self-evaluation profiles of males, by degree of vision

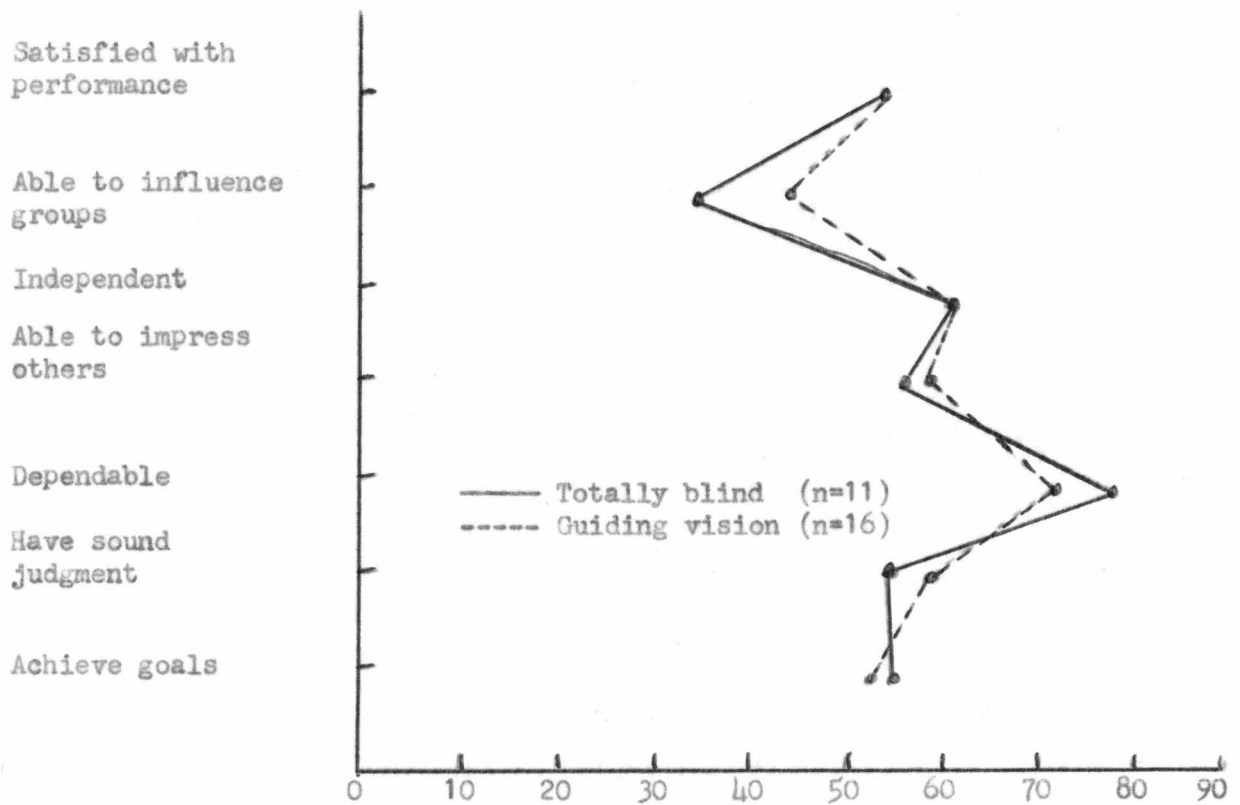


FIGURE 4
 Estimated (by Ss) per cent of the time. Mean self-evaluation profiles of females, by degree of vision

influence groups.

Table 6 presents data which suggest that the impact of blindness on the perceptions of their abilities varies, not only according to the degree of vision, but also according to the sex, of the resident.

TABLE 6
MEAN SELF-EVALUATION RATINGS OF RESIDENTS

Question:	MALES			FEMALES		
	Guiding vision % (a)	Totally blind % (b)	Difference % (a)-(b)	Guiding vision % (a)	Totally blind % (b)	Difference % (a)-(b)
1	63	54	9	54	54	0
2	65	43	22	44	34	10
3	55	40	15	61	61	0
4	62	57	5	59	57	2
5	84	75	9	74	77	-3
6	73	59	14	59	54	5
7	59	61	-2	51	54	-3
Number of Cases	(11)	(5)		(16)	(11)	

If a comparison is made of the figures in the difference columns for both sexes, it will be seen that, with an increase in vision, the increase in mean ratings on the first six items is much higher for males than for females. It should also be noted that the overall mean self-evaluation of those with guiding vision is higher for males than for females. These differences are consistent with what would be expected in a society where differences exist in the rights, responsibilities, and roles, of the sexes. In a male dominated society, it is typical to

view man as the active agent, the maker of decisions, the achiever of goals; while woman is seen as the embodiment of passivity.

If an inspection is made of Table 7, it will be seen that, among those with guiding vision, 56 per cent evaluate themselves positively; the corresponding figure for the totally blind is slightly lower, 50 per cent.

TABLE 7
CLASSIFICATION OF RESIDENTS BY SELF-EVALUATION
AND DEGREE OF VISION

Self-Evaluation:	Degree of Vision	
	Guiding Vision %	Totally Blind %
Positive	56	50
Negative	44	50
Total	100	100
Number of Cases	27	16

When the sample was sorted into positive and negative self-evaluation categories, very interesting results were obtained. Figure 5 presents the profiles of the positive self-evaluators separated according to the degree of vision. It will be noticed that both the general shape and level of these profiles are very similar. In particular, the mean ratings on ability to handle things on one's own, to achieve important goals, and to influence groups, are strikingly high, for both the totally blind and those with guiding vision.

On the other hand, as could be expected, the general level of the profiles for the negative self-evaluators is much lower than for

Satisfied with performance

Able to influence groups

Independent

Able to impress others

Dependable

Have sound judgment

Achieve goals

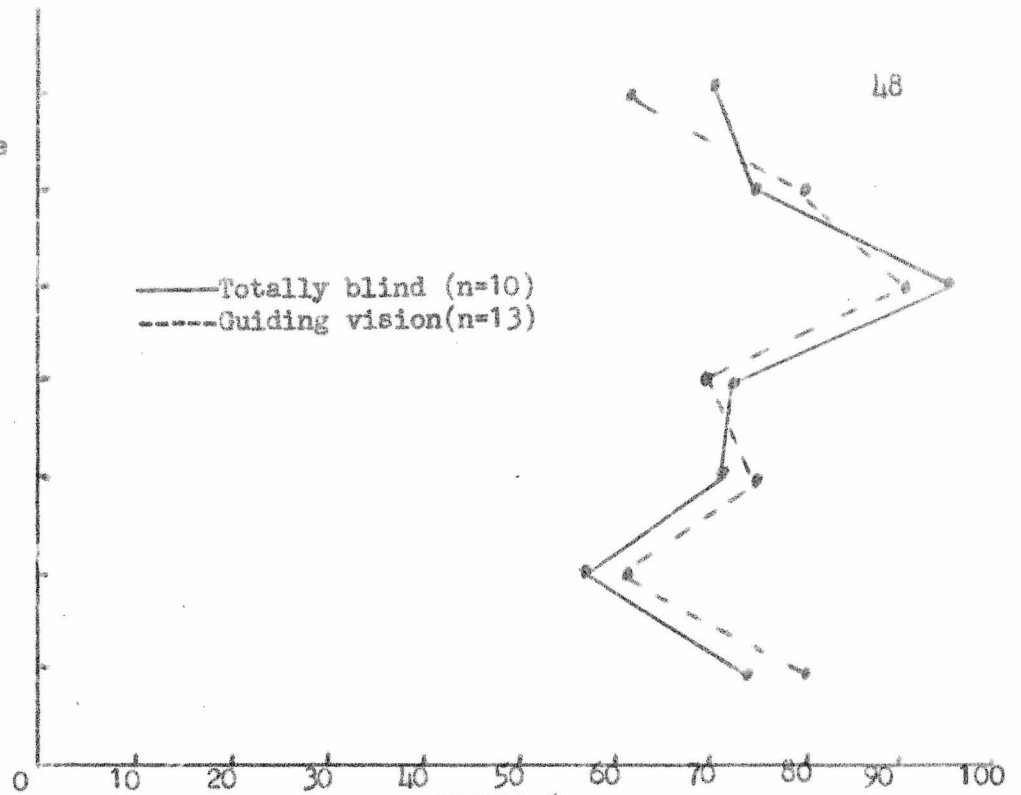


FIGURE 5
Estimated (by Ss) per cent of the time. Mean positive self-evaluation profiles, by degree of vision

Satisfied with performance

Able to influence groups

Independent

Able to impress others

Dependable

Have sound judgment

Achieve goals

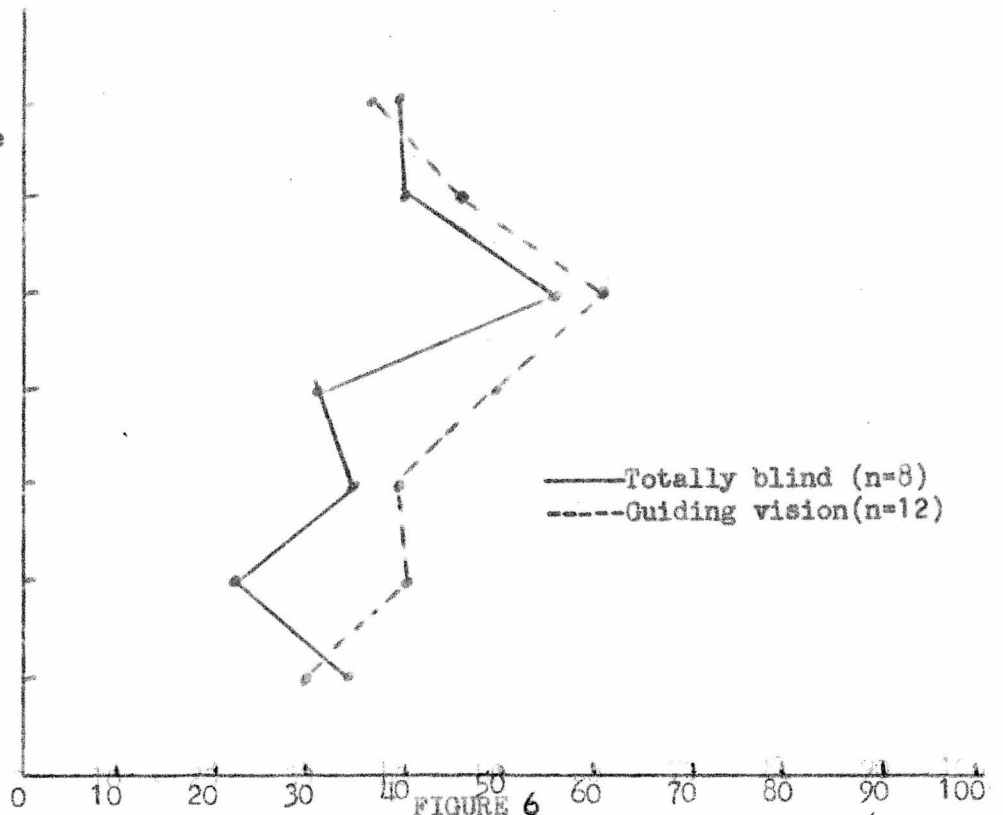


FIGURE 6
Estimated (by Ss) per cent of the time. Mean negative self-evaluation profiles, by degree of vision

the positive self-evaluators. In addition, while the general shape of the profiles is similar for the totally blind and those with guiding vision, the general level of the profile for the latter is higher than for the former. The data suggest that those residents who are totally blind as well as negative self-evaluators rate themselves very low on ability to impress others or to achieve the goals which are important to them.

In Table 6, it was seen that the overall mean self-evaluation of those with guiding vision was higher for males than for females, and, in Table 7, that those with guiding vision were slightly more likely to evaluate themselves positively. We shall now consider the extent to which perceiving the attitudes of the sighted as negative (or positive) may be related to these three variables, self-evaluation, sex, or degree of vision.

Perceptions of the Attitudes of the Sighted towards the Blind

To understand the social behaviour of the residents, it is necessary to understand them in the context of the world in which they live. That world has two major and simultaneous aspects: their relationship to themselves, and their relationships to those with whom they come into contact. In this section, the discussion will centre around their perceptions of the attitudes of the sighted towards the blind. A subsequent chapter will explore the extent of their relationships with their fellow residents.

For each resident, there is an individualized conception of what the attitudes of the sighted are like. In part, this is owing to the

crucial role that one's self-evaluation plays in one's relationships with others. All forms of behaviour towards others are impelled by motives which seek the attainment of specific purposes, ends, or goals. The individual also becomes aware that other persons are reacting to him, and therefore, directly or indirectly, affecting the attainment of his particular ends. In this situation, the individual has to take himself into account, has to define himself, has to evaluate his capacities for achieving his goals. In any social relationship, therefore, one's self-evaluation is an important and inevitable factor.

There is also another reason why each resident would tend to have a different image of what the attitudes of the sighted are like. This is simply because the attitudes of others are often difficult to assess, owing to the lack of clarity or consistency in either the verbal or behavioural cues reflecting the attitudes. Where this obtains, the objective meaning of the other person's attitude cannot be crystallized, and a purely subjective interpretation of the other person's conduct emerges. This subjective interpretation is inevitably based on one's interests and expectations, which derive, in turn, from what one conceives oneself to be like. This is especially relevant to those who are without sight, for visible cues reflecting the attitudes of others are now excluded from consideration. Their conception of the attitudes of the sighted towards them, therefore, will always be the result of a process of interpretation, in which their expectations will tend to play an important part. These expectations are shaped, not only by their past experiences, but also by their self-evaluations.

However, although no two of the residents may have exactly the

same conception of the sighted world, there would be many common characteristics in their perceptions of the attitudes of the sighted. This is because, as blind persons, they will have had certain common experiences in the past, and will be facing certain common problems in the present, as they continue to live on the periphery of the sighted world.

For our respondents, the world of the sighted is a composite of four groups of people, each of which is seen as having different attitudes towards them and a differential impact upon their lives. To all intents and purposes, these four groups of people imply different criteria for the regulation of their social relationships with the blind, and different types of experiences for the blind persons involved.

The first group of sighted people consists of those persons, friends and relatives, who are related to the resident through the social structure. They constitute the strongest link with the world outside the Residence; for, in great measure, they are entrusted with the most intimate thoughts, problems, and anxieties, of the residents. They are seen as compassionate and kind, tolerant and understanding, loyal and forgiving. Within this web of relationships, the blind resident can regain a measure of lost prestige, can relive the experiences of his pre-blind identity, and can cease to be aware of his differentness from others. For a brief period, he can perform roles which are evaluated, not by considerations of their functional importance to wider social ends, but by mainly affective criteria. He is treated, not as a blind person, but as a person who is blind. For the above reasons, contacts

with friends or relatives, either in the form of visits to the Residence or extended stays at their homes, are valued highly. They also provide an escape from the deadening monotony of life in the Residence where, as we have indicated elsewhere, the waking hours are regulated by the sound of the dining room bell. In retrospect, therefore, respondents tended to magnify the virtues of this group of sighted people, and to minimize their faults.

The second group of sighted people with whom the residents come into contact are those who work in establishments which cater either to the needs of the blind direct, or which actively champion their cause. They constitute the human core of the highly organized support which exists for the blind. This group of sighted people provide the blind with a charter, which defines, not only the acceptable modes of reacting to the sighted, but also appropriate attitudes towards other blind individuals, towards himself, and towards blindness, in general. They are viewed by the residents as dedicated and unremittingly kind, but in an official and impersonal sort of way. Their attitudes are interpreted by the residents, not as acknowledging their separate identities, but rather as treating them like a collectivity--the blind. In a sense, their relationship to the residents is in the nature of a contract. By accepting the rewards implicit in this contractual relationship, the residents are exposed to the threat of viewing themselves as others view them--as being blind, a word which has ugly connotations for them. To the extent that they accept with gratitude, they become the "adjusted" blind, an in-group whose existence clearly depends on internalizing the definitions of others. It should be noted

that the relationship of the residents to this group of sighted people has the character of a sale: the individual's life-situation is enlarged in exchange for his conformity. The very real benefits that derive from this exchange serve as the basis for the favourable attitudes that the residents show towards this group.

A third group of sighted people with whom the residents interact are the non-professional sympathisers, "church people". The major concern of this group is to keep the residents on the path of virtue, and to encourage them to bear the cross of blindness with fortitude. The importance that the residents attach to religion can be inferred from the fact that approximately ninety-one per cent of them attend church at least three times a month. For them, religion is a most important means of adjusting to the frustrations attendant on the physical and social losses involved in blindness. A blind person who has a negative attitude to blindness and regards it as an indescribable catastrophe is likely to feel that all effort is useless, that nothing is worthwhile, that life is without meaning. To some extent, religious consolation anticipates and arrests such deviant tendencies. The blind individual can verbally purge himself of his frustrations knowing that, up to a point, his fellow church members will provide a measure of social tolerance. Gradually and gently, he will be encouraged to face up to his disability, and to assume his normal responsibilities. Thus, as well as reducing or eliminating any tendencies on the part of a blind resident to deviant behaviour, religion exercises a therapeutic effect on their lives: it assists in their social rehabilitation. It also does this in another way for, by attending church, our respondents can find relief from the oppressive and

stultifying routine which characterizes their life in the Residence. They can also avoid, if only temporarily, the presence of those residents whose multiple problems tend to generate a mood of despondency in others. It is understandable, then, that the residents tend to perceive the "church people" as kind, and, on the whole, welcome their presence.

Unintentionally, however, some of these visitors often create problems for the residents by being inclined to consider their blindness as somehow related to moral turpitude. Often preoccupied with sin and evil, some of these visitors come dangerously close to disrupting a long and arduous process of psychological rehabilitation, when they attempt to instill a sense of guilt, fear, and shame, in the residents. In some cases, this could even result in a trauma for the blind. One poignant example of this thoughtless attitude was related to the writer by a female resident. At a certain religious meeting, the preacher became agitated and waxed prophetic. The content of his sermon was a denunciation of sin in its many forms. His audience consisted mainly of senior citizens, many of whom were also blind, and he urged them to repent in order to avert the fires of Hell; for it was obvious that they had transgressed--an insinuation that their blindness was the consequent punishment for a moral relapse. The constant repetition of these threats and admonitions resulted in one elderly gentleman becoming so terrified that he wept profusely for half an hour. It is doubtful if fear and guilt are the most adequate bases for the social rehabilitation of the blind.

The fourth group of sighted people with whom the residents interact is referred to as the "public". They are the representatives

of the wider society, on whose margins the blind live. Because the attitudes of the public towards the blind are complex, ranging from stereotyped ideas and beliefs to emotional attitudes, our respondents tended to perceive them in different ways. Some deprecated the helping attitudes of the public; some, the attitudes of pity; some, the stereotypes and discrimination of the blind. Whatever their differences, however, the majority of our respondents, approximately seventy per cent of the sample, perceived the attitudes of the public as being essentially negative, and based on a complete lack of information as to the true nature of blindness.

The following quotations are illustrative of their comments:

Half of them don't believe that we have brains or thoughts or anything. They don't want to see you when you're blind, don't even want to know you.

They're too sympathetic. They think it's wonderful when the blind can even sing. They think blind people are just useless because of blindness, that they're a bunch of neer-do-wells. Some even try to take advantage of blind sellers.

They think we're a bunch of charitable people who are receiving charity. I've had experiences of it, and I'm insulted by it. A furrier I knew for years didn't do some repairs on a coat of mine. When I went to see why he hadn't done it, he said, "But you haven't the money Mrs.--; you live at that institution (the Residence)." I said, "That hasn't anything to do with it. I pay a lot of money for my board and lodging." He thought I was living here free. He was really rude. I said I wouldn't have anything to do with him anymore. I told him if he felt I was so poor he shouldn't charge me anything.

People think if you're blind, you're a different creature, altogether. When there are sight-seeing groups who tour this building, they behave as if you're queer and different people. Sighted people think we're freaks, that we're not human. A lot of people really do think that way. They think you're a different person because you're blind, but that isn't true. I've found so many visitors to this place talk down to you as if you're not normal.

Some think we're a nuisance. Some are very nice and sympathetic. Some are just ignorant, and think we're dependent all the time.

They believe all blind people are alike. It makes me feel small the way some people treat me. They believe you can't do the smallest thing for yourself. And they're so clumsy when they try to help, like pushing you along instead of letting you take their arm.

Some people feel sorry for you. Others don't pay no attention; they're just not interested. Many think you're just putting on an act to gain sympathy.

They think we're unable to do any thing, especially when they see a blind person fumbling around. They feel sad for us, so they think we're also feeling sorry for ourselves.

The public just don't give a damn! They know the blind want looking after and things like that, but do they come here and see them? No-o-o!

These remarks are of much interest for, to the extent that they correctly evaluate the attitudes of the public, they indicate that the latter have certain well-patterned ideas about the blind, that they are conceived of as a homogeneous group with certain common characteristics, which derive from what is considered the worst imaginable disability. In effect, it is the stereotype of the blind which serves as the basis for the attitudes of the public.² A major theme in this stereotype of the blind is that of the blind beggar. The blind are seen as people who live in an eternity of darkness, have very quaint mannerisms, and relieve their indigency by soliciting alms from the sighted majority. In this stereotype, the blind beggar is usually male, wears dark glasses, and shambles along with the aid of a cane. He carries a tin cup pinned to a shabby coat, and either sings or plays an instrument in return for a pittance. Associated with this image are ideas and

² See Joseph S. Himes, Jr., "Some Concepts of Blindness in American culture," Social Casework, 31:410-16, 1950.

beliefs which influence, in important ways, the nature of the response that the public makes to blind persons. Thus, as the quotations indicate, a blind person is assumed to be incapable of doing anything at all. This places the sighted in a position of dominance in all social situations, and tends to relegate the blind to an inferior social status. As a consequence, the blind do not exist as competitors of the sighted in the outside world, and they are treated as children or social inferiors, more with indulgence than with respect, more with reserve than with friendship. Another belief that emerges from the quotations is that intelligence and understanding are a function of visual perception. Therefore, a person without sight must necessarily be limited in intelligence and understanding. This partly explains the zeal of many sighted people to be overprotective in their relations with those who are blind. In reality, the efficiency of one's sense of sight is, in no way, a determinant of one's level of intelligence.³ What is important is to receive the appropriate sensory (not necessarily visual) stimulation so that the thinking, conceptualizing process can take place.

A third belief contained in the quotations is that the blind are in a continued state of despondency, and are unable to be happy because they are blind. This appears to be based on an exaggeration of the importance of vision in particular, and an individual's sensory equipment in general, for the attainment of happiness. The image of

³ For a discussion of this, see Martin Whiteman, "A Psychological Appraisal of Blindness." In Social Casework and Blindness, ed. Samuel Finestone (New York: American Foundation for the Blind, 1960), pp.47-48.

the blind as revealed by these quotations is a very distorted one, which is not only incorrect, but also does not allow for individual differences either in the degree of remaining vision or in physical or mental capabilities. As the analysis of the data on self-evaluation indicated, there is considerable variation in the perceptions that our respondents have of their abilities to attain certain ends. Moreover, it is wrongly assumed that there is a direct relationship between blindness and the stereotyped characteristics, that given the former, the latter must follow.

More importantly, these quotations are of great interest, for they suggest that relations between the residents and the public are filled with uncertainty, frustration, and anxiety, owing to the absence of clearly defined norms which could regulate the process of interaction. On the one hand, they are told to see themselves as members of society, which means that they are "normal" human beings. On the other hand, they are told that the permanence, the high visibility, and the highly obtrusive nature of blindness, make them different, and that it would be foolish to deny this difference. In effect, they are asked to replace their self-definitions with the stereotyped picture that the public holds of them, and to accept gracefully the consequent devaluations in social status. In either case, the acceptance or rejection of the societal definitions places the blind in a situation of conflict; for, in the former case, they will have defined themselves by devaluating criteria not of their own choosing; in the latter case, the width of the gap between their self-definitions and the definitions of others will heighten their feelings of marginality, and make them hypersensitive to the

reactions of the sighted.

Undoubtedly, there is an element of realism in the recognition by the public of the limitations imposed by blindness; for it does restrict the mobility of an individual considerably. By decreasing an individual's control over his immediate and extended environment, it also generates a wide range of insecurities, not only physical, but also social and psychological. Separated from large segments of his environment, the blind individual's range of experiences is greatly narrowed, and this often becomes a major source of frustration. Despite this, however, the attitudes of the public are, to a great extent, the product of the values of a highly competitive and achievement-oriented society, where success is attributed to "good" personal qualities and capacities, such as competence, courage, enterprise or, in religious terms, God's grace.⁴ Since the blind do not show visible signs of material success, which is taken as proof that they do not possess the afore-mentioned qualities, they tend to be relegated to a marginal place in the social structure. Thus, the blind, deprived of an occupational role, in premature retirement with an abundance of unwelcome leisure, and living in a greatly restricted social life-space, tend to be treated more as societal wards than as members of society with full and equal rights.

To some extent, also, the attitudes of the public may be a function of the unique organizational support which exists for the blind, a support which may be a reflection of the widespread perception of blindness as singularly disabling. This highly organized support is reflected in the

⁴See Karen Horney, "Culture and Neurosis," American Sociological Review, 1:221-35, 1936.

legislation for special assistance to the needy blind, income tax exemptions, special arrangements for vending stands, sheltered workshops, schools and residences for the blind, and other patterned activities devoted to the exclusive use of the blind. Paradoxically, to achieve a measure of equality with the sighted, the blind must make a case for positive discrimination.

For our respondents, then, the public constitutes a very large segment of the sighted world, whose modal attitudes are essentially negative in nature, and range from veiled indifference to overt rejection. It is also a segment of society with which our respondents appear to have little sustained interaction. This suggests, in turn, that their perceptions of the attitudes of the public may, at some point, contain an element of overemphasis and distortion which is congruent with their emotions and wants. As Bruner has suggested, perceiving begins in an organism oriented to certain features in the environment by a mental set.⁵ He assumes that "...we are always to some extent prepared for seeing, hearing, smelling, tasting some particular class of things."⁶ For our respondents, then, what takes place when they interact with the sighted arouses momentary sets which influence, in a selective way, their perceptions of the attitudes of the sighted, and which help to regulate the subsequent course of the interaction process. What the residents select out to recognize and attend to is also a function of enduring

⁵ J.S. Bruner, "Personality Dynamics and the Process of Perceiving." In R.P. Blake and G.V. Ramsey, eds., Perception--An Approach to Personality (New York: Ronald Press, 1951), pp. 121-47.

⁶ Ibid., p. 124.

sets, which derive from their personality or deep-rooted interests. Similarly, a blind person's emotions and wants may act so as to select certain aspects of the interpersonal situation, and to interpret these in a manner which is far from correct.⁷ In effect, our respondents may themselves be perceiving the public in a perspective as stereotyped as that which the latter uses to evaluate them.

Perception of the Public's Attitudes
Analyzed by Sex and Degree of Vision

In the preceding pages, separate discussions have centred around how the residents evaluate themselves and how they interpret the attitudes of the public. In the following analysis, an attempt will be made to explore the relationship between these two variables.

Of all respondents, 70 per cent perceived the attitudes of the public as being essentially negative. As Table 8 shows, a majority of both sexes also do so, there being slightly more females and males who were rated as seeing the public as rejecting in its attitudes.

TABLE 8
PERCENTAGE OF EACH SEX WHO
SEE THE PUBLIC
AS REJECTING

	MALE	FEMALE
Percentage who See the Public as Rejecting	63	74
Number of Cases	(16)	(27)

⁷See A. Pepitone, "Motivational Effects in Social Perception," Human Relations, 3:57-76, 1950.

When the respondents were sorted according to their degree of vision, it was found that almost equal percentages in each vision-group perceived the public as rejecting in its attitudes: 70 per cent of those with guiding vision, and 69 per cent of those who were completely blind.

TABLE 9
PERCENTAGE OF EACH VISION-GROUP
WHO SEE THE PUBLIC
AS REJECTING

	GUIDING VISION	TOTALLY BLIND
Percentage who See the Public as Rejecting	70	69
Number of Cases	(27)	(16)

We have already seen that those with guiding vision and those totally blind tend to evaluate themselves differently, depending on whether they are male or female. Will similar differences emerge with respect to their perceptions of the public's attitudes?

TABLE 10
CLASSIFICATION OF RESIDENTS BY SEX, DEGREE OF SIGHT,
AND THEIR PERCEPTIONS OF
THE PUBLIC'S ATTITUDE

Perception of the Public's Attitude:	MALES		FEMALES	
	GV %	TB %	GV %	TB %
Positive	27	60	31	18
Negative	73	40	69	82
Total	$\overline{100}$	$\overline{100}$	$\overline{100}$	$\overline{100}$
Number of Cases	(11)	(5)	(16)	(11)

GV--Guiding vision

TB--Totally blind

Among males and females, the percentages of those with guiding vision who perceived the public's attitude as positive were roughly the same. Of those males who saw the public as accepting, there was a smaller percentage with guiding vision than with total blindness. Of females, there was a slightly larger percentage with guiding vision than with total blindness.

Males with guiding sight have a greater contact with their environment and, therefore, tend to be more active, participating in the values of the dominant culture more as non-injured individuals than as persons who are blind.⁸ As an earlier analysis indicated, they tend to evaluate themselves positively. As such, it is more likely that they, and not the totally blind, will find themselves in constant opposition to the socially devaluating definitions of blindness. This might explain why those males who saw the public as rejecting came predominantly from among those with guiding vision, although our evidence is, of course, very meagre since our numbers are so small.

With regard to females, however, the findings indicate that a majority of both those who had guiding vision and those who were totally blind perceived the public as rejecting in their attitudes. It must be remembered that the socially prescribed position of women is wife, or mother, with the emphasis on domesticity. For our respondents, the

⁸See, for example, Florentine Hackbusch, "Psychological Study of Partially Seeing and Children with other Visual Problems," The Sight Saving Review, 20:157-62, 1950; Robert Silver, "Using Residual Vision," New Outlook for the Blind, 59:93-97, March, 1965; Marjorie A. C. Young, The Partially Seeing: Psychological Effects of (New York: National Society for Prevention of Blindness, 1953); and Alfred A. Zimmerman, "An Appraisal of Partial Vision: Its Dual Nature and Problems," New Outlook for the Blind, 59:153-8, May, 1965.

possibility of playing either role is severely limited, because their blindness not only restricts the number of males willing or suitable to be marital partners, but also serves as the reason for society's tacit disapproval of such relationships. Even to function effectively, in an unmarried state in the wider society, would require adequate financial resources, which the majority of our female respondents do not possess. As one resident put it, "If you haven't a husband, you haven't got a home." Indirectly, therefore, it would seem that the attitudes of the wider society, as reflected in its attitudes to the role of women in general and to their marital alliances in particular, are seen as negative by our blind female respondents.

Self-Evaluation and Perception of the Attitudes of the Public

The following discussion will explore the relationship between the self-evaluations of the residents and their perceptions of the attitudes of the public. If it is true, as the literature on self-concept indicates, that those who are self-accepting tend to see others as also accepting of themselves, then it is reasonable to assume that a larger proportion of the negative self-evaluators, rather than of the positive self-evaluators, would see the attitudes of the public as being essentially negative. Conversely, those who evaluate themselves positively should perceive these attitudes as being positive. These are the basic questions that this section seeks to answer.

The residents were first sorted according to the nature of their perceptions of the public's attitudes, and then according to their self-evaluations.

TABLE 11
 PERCENTAGE OF EACH SELF-EVALUATION GROUP WHO
 PERCEIVE THE ATTITUDES OF THE PUBLIC
 AS NEGATIVE

Positive self-evaluators (n=20)	83%
Negative self-evaluators (n=23)	55%

According to the data presented in Table 11, a positive self-evaluator was more likely than a negative self-evaluator to view the attitude of the public as negative. Our hypothesis of a direct relationship between these two variables is, therefore, refuted by the data.

From the foregoing evidence and the discussion relevant to it, it is perhaps reasonable to conclude that the opportunities for sustained interaction with the sighted is a determinant of how the residents perceive the attitudes of the latter. The greater the amount of interaction, the greater the possibility that the attitudes of the public will be seen as negative. Those with guiding vision probably forge for themselves roles that are more congruent with their self-evaluations than with the societal definitions of blindness. In so doing, they expose themselves to the full impact of the differing expectations and interpretations regarding the sphere of activities considered appropriate for those who are blind. Inevitably, the conflict which is latent in any sustained interaction with the sighted makes them hypersensitive to the reactions of the latter.

CHAPTER III

ATTITUDES TO BLINDNESS

In the previous chapter, it was stated that, to understand the social behaviour of a blind person, it is important to know how he interprets the attitudes of the sighted. As was suggested, the nature of the perception that a resident had of the attitudes of the public was shaped by the amount of contact he had with the public. Like any other human being, his social experiences will largely shape his personality and social behaviour. His attitudes to his blindness are, then, a function of situational factors, also. More precisely, his attitudes to his blindness are shaped by the interaction of two major factors: his past social experiences as a blind person, and his present situation as perceived or defined by him.

To the extent that blindness imposes definite limits on certain activities and social relationships, it will generate a sense of frustration or deprivation. In such a situation, the blind person's frustration will be reflected, not only in the extent of his social relationships, but also in his attitudes to his blindness. This chapter is, therefore, an attempt to explore the relationship of an individual's self-evaluation and his attitudes to his blindness. Underlying our approach is the assumption that a resident who evaluates himself negatively will also tend to have negative attitudes to his blindness. Conversely, a resident who evaluates himself positively will tend to show a positive attitude towards his blindness. Attitude to blindness

will be defined in terms of the meaning that the disability has for the resident. By combining the response categories to the various questions used, it was possible to rate the answers of each respondent as indicating either a positive or negative attitude.

Typically, the people who lived in the Residence had not had a positive desire to live there. The majority became residents owing to circumstances over which they had little or no control. These circumstances, directly associated with their blindness, reflected their increasing difficulty in functioning as independent members in a sighted world. Either they had no-one to look after them, or their presence constituted a problem to their relatives. In either case, they were reluctant to disrupt the established patterns of their life in exchange for membership in a heterogeneous community of individuals whose only common bond was that they were legally classified as blind. For those who had relatives, the problems of blindness were compounded by the problems of advancing age. In the home of an adult son or daughter, or other relative, an aging and blind person is likely to be regarded as a source of problems. For example, city apartments and modern houses tend to reflect the expectation that the only occupants would be a parental couple and their children, so that actual overcrowding would result, in many cases, if the household were increased by the addition of another adult. Another factor which complicates such arrangements is the widespread mobility which tends to separate parents from their adult sons and daughters in styles of life, beliefs, values, and types of friends. Thus, apart from the possibility of friction between the generations and the misunderstandings inherent in the interpersonal

relationships between the blind and the sighted, the residents faced the reality that society had not yet provided adequate recreational or living facilities for the aging blind. Indeed, it has not even provided a meaningful role, for either the aged or the blind, which could imbue the individual with a sense of function and value. In its essence, blindness, or old age, remains an unwelcome transition from the position of an economically or socially active person to the position of an economically and socially non-active person. In addition, this transition to a social role involving major changes in a person's position and status in society is, in no way, prescribed by any societal norms. This partly explains the equivocal attitudes to blindness or old age so widespread in society. Partly also, it explains the need for, and importance of, residences devoted exclusively to the blind. Entry into the Residence, then, constitutes a public admission that one is blind, and that one is different from the rest of society in some way.

From the point of view of physical features, the Residence is a layout of rooms thoughtfully designed and comfortably furnished to meet the needs of its non-infirm blind occupants. In addition, for women, there are facilities for laundering their clothes and dressing their hair, a television room and a common sitting room. For men, there is a combined television and sitting room. Apart from its physical features, however, the Residence also constitutes a distinct social experience for its occupants. For some individuals, it means an insulation from the strain and conflict which result from the definitions and expectations that society holds of the blind and blindness. For others, especially those who tenaciously orient themselves to the norms and values of the

sighted world, it is a form of self-imposed isolation which involves, not only a redefinition of their relationship to the sighted world, but also a radical re-evaluation of their capacities as individuals. For both types of individuals, the Residence generates a stronger sense of being blind. It does this in three major ways.

In the first place, after the ritual of official investigation of the applicant, the social and physical facts pertaining to each are recorded, catalogued, and filed. They are, now, available for official scrutiny whenever desired. The applicant for admission is now given the seal of approval which completes the transition to full-fledged membership in the blind community. The resident's past and present are no longer private only to himself. The copyright has been signed over to an official and impersonal organization, which has now structured his life in terms of categories which seem to deny the totality of his being. Like the sighted, the organization perceives him as blind first, and a person second.

In the second place, the Residence provides the example of other blind persons cheerfully coping with their personal problems, and displaying an enviable independence of spirit and mastery of their environment. For those whose loss of vision is recent or is steadily deteriorating, such an experience can erode their belief in the stereotyped image of the blind, and can increase their morale considerably, especially when they observe the equanimity and competence of some who are totally blind. Shame and guilt at being blind can be replaced by a new self-acceptance as persons who are blind, a subtle but important distinction.

Lastly, living in as heterogeneous a community as in this Residence makes for contacts with many whose attitudes to blindness are negative. Constant exposure to a continuous stream of complaints or self-pity can jar one's self-confidence, estrange one from the blind as a group, and invite a correspondingly negative attitude towards blindness.

In each of the above cases, the resident becomes acutely aware of himself and of his involvement with a community of blind persons.

In Table 12, data is presented relating to the views of the residents on whether they thought the Residence brought them closer to the wider society, or whether it kept them apart.

TABLE 12
PERCENTAGE OF RESPONDENTS WHO SEE THE RESIDENCE
AS BRINGING THEM CLOSER TO, OR SEPARATING THEM
FROM, THE WIDER SOCIETY(n=43)

"Brings one closer to the wider society"	56
"Keeps one apart from the wider society"	44
Total	<u>100</u>

It will be observed that a majority of respondents showed a favourable attitude to this aspect of the Residence; only 44 per cent expressed a negative attitude. These figures do not tell us, however, who the respondents were, whether they had guiding sight or were totally blind. The same data is presented in Table 13, but with the respondents sorted according to their degree of vision.

According to Table 13, those with guiding vision were twice as likely to have a negative attitude towards the Residence as those who were totally blind. Of the former, 55 per cent viewed the Residence as

keeping them apart from the wider society, compared with only 25 per cent of the totally blind.

TABLE 13
PERCENTAGE OF EACH VISION-GROUP WHO SEE THE RESIDENCE
AS BRINGING THEM CLOSER TO OR SEPARATING THEM
FROM THE WIDER SOCIETY

	GV %	TB %
"Brings one closer to the wider society"	45	75
"Keeps one apart from the wider society"	55	25
Total	100	100
Number of cases	(27)	(16)

These figures are consistent with the attitudes expressed by the residents in informal conversation. Those with guiding vision were more likely to find life in the Residence irksome, and to aspire to a greater participation in the sighted world. Their attitudes were clearly dictated by their differential advantage over the totally blind, both with respect to degree of sight and physical mobility. Indeed, they often pointed out that the word "blind" was not quite appropriate to people with their degree of vision, since it suggested a more or less total absence of sight.

To determine the relationship between self-evaluation and attitude to blindness, Table 14 was prepared. An examination of this table reveals that 27 per cent more of those who evaluated themselves positively had a negative attitude to this aspect of the Residence, compared with those who evaluated themselves negatively, the percentages

being 57 and 30, respectively.

TABLE 14
 PERCENTAGE OF EACH SELF-EVALUATION GROUP WHO SEE THE RESIDENCE
 AS BRINGING THEM CLOSER TO OR SEPARATING THEM
 FROM THE WIDER SOCIETY

	SELF-EVALUATION	
	Positive %	Negative %
"Brings one closer to the wider society"	43	70
"Keeps one apart from the wider society"	57	30
Total	100	100
Number of cases	(23)	(20)

The foregoing data provides no evidence to support our argument that self-evaluation is directly related to attitudes towards this aspect of life in the Residence.

Judging from their remarks, the attitudes of the residents seemed distinguishable according to whether they viewed the Residence as insulating them from the frustrations involved in trying to cope with a hostile environment, or as imposing unnecessary restrictions on their interpersonal relationships with the sighted. The former tended to see the Residence in a more favourable light than the latter. Since a slightly greater percentage of those with guiding vision and of the positive self-evaluators showed a negative attitude to the Residence, it is plausible to argue that they were indirectly expressing their attitude to living among blind persons. Their comments tended to support this argument. They often mentioned that they did not meet other people

unless they had visitors or went outside the Residence, that they found the continuous airing of personal problems by some residents very depressing, and that the Residence was more like an institution and less like a home. On the other hand, those who expressed a favourable attitude to the Residence were more likely to mention the absence of relatives on the outside who could care for them, or their wish to avoid the embarrassment of being dependent on others.

The following quotations are typical of their replies:

They should make it better for people. It's very dull here. For my part, I'm out so much, people say, "What's the use of calling to see you, you're never there."

It separates you from the wider society very much. They're a little community on their own, registered as blind. But they're really total strangers to one another.

You don't meet people outside, unless they come to see you. But it's better than living with my family.

I think living here keeps you apart from the outside world. When you form a group which are all pretty much the same, you don't depend on the outside as much. You do things for yourselves.

It isn't a very good thing for the blind to mix only with the blind. They should have the opportunity to meet other types of people. In here, it is only visitors or organizations that we come in contact with as a rule.

I don't really know. Not too many people come here.

You're never alone here. You can come and go as you like here. People here are kept clean and looked after. You don't have to depend on relatives.

It doesn't make any difference to me. I like it wherever I am. I don't believe in living with my relatives. It's convenient for me here.

I can't get out by myself: that's what bothers me. It's a terrible thing to lose one's sight completely.

Living here gives you a bit more contact with the outside world. Why? Because people visit this Residence. At my age, I'd have few visitors in my own apartment outside.

The Residence gives you a sense of security. The conditions here are satisfactory. But blindness means that many can't get around too far. And this leads to isolation. There are many here too resigned to their life.

When our respondents were asked how they felt about receiving help from the public, the majority, 77 per cent, replied in affirmative terms. In other words, those who were rated as having a positive attitude to receiving help were more than three times as large as those who expressed negative attitudes.

A majority of those with guiding vision as well as those with total blindness had positive attitudes, the percentages being 74 and 82, respectively. The data provided no evidence that a direct relationship existed between a respondent's degree of vision and his attitude to receiving help from the public.

Similarly, when the sample was sorted according to how they evaluated themselves, no direct relationship was found between self-evaluation and attitudes to receiving help from the public. A majority of both the positive and negative self-evaluators expressed a positive attitude to receiving help, the percentages being 78 and 75, respectively.

To illustrate how they felt about receiving help, the following views were culled from the replies given:

I don't ask for help, but I don't mind receiving it.

Let me give the help, not others. That's why I didn't want to come to live here.

I'd be willing to accept help if I needed it. But some people try to help you even when you're helping yourself.

When people try to help, it means they're trying to be kind.

I don't resent it, but I don't want to feel that I can't do anything. I don't know what it would be like if I were totally blind.

I'm a very self-reliant person: I wouldn't be willing to accept help unless it was necessary.

I'm always grateful for any help that is offered to me.

I would accept help if it were good help, I mean if I really needed it.

I wouldn't mind accepting the right kind of help. But I don't want sympathy from people. What I want is understanding.

I would be willing to accept help, only if I couldn't help myself. Blind people should be allowed to do things for themselves.

The empirical findings reported so far do seem to be consistent with what is already known of the desire of the majority of the residents to be as independent of others as possible. From their general comments, it appears that they make a distinction between the good intentions of the public and the implications of indiscriminately accepting their help. On the one hand, they are grateful for any help which they genuinely need, and appreciate the kind motives of the public in offering it. On the other hand, they resent the stereotyped image of the blind that motivates many offers of help, and the implications of dependency involved in indiscriminately accepting all offers of help. Since different blind persons will have different conceptions of what kind of help is indispensable to them in certain situations, it would seem that the cue for the public to offer help is either a verbal request from the blind, or a situation where continued movement by the blind would result either in social embarrassment or in physical danger. What the residents particularly object to in

the helping relationship is the denial to them of any opportunity to master their environment, as well as the implicit refusal of many sighted people to recognize that they can even walk in a straight line. This can take place in two ways: first, a blind person can be offered help to do the most elementary things within his range of competence. This type of help is especially objectionable, owing to its implications of dependence and social inferiority. Secondly, even where help is genuinely welcome, as in crossing a street, the blind person is seldom allowed to cross with dignity. More often, he is pulled like a dog on a leash, or pushed, like a stubborn mule. In such a situation, the help becomes a relationship between the competence of a sighted person and the presumed incompetence of the blind, that is, a relationship between a superior and an inferior. While the general idea of help is welcome to our respondents, it is particular cases of it that engender conflict for them. To be effective, help must be given on their own terms.

In the preceding pages, the discussion has centred around the attitudes of the residents to the Residence and to receiving help from the public. What is common to these two attitudes is an implicit reference to social situations where the resident exposes himself, or publicly accepts an identity, as a blind person. A similar reference exists with respect to the use of the white cane, the symbol of blindness. To use the white cane is to define oneself publicly as a blind person and, therefore, to expose oneself to a wide range of societally devaluating attitudes. It is relevant, then, to determine what the attitudes of the residents are to the use of the white cane.

All but one of our respondents expressed approval of its use.

The one dissentient had guiding vision and was a positive self-evaluator. Their views can best be illustrated by a few quotations from their replies:

I use it at night or in strange places. But in the city, I don't, for I know where I am going.

It's a great help in many ways. But it does make you conspicuous.

Every blind person ought to use the cane. It's a great help. It's like a very good friend.

It's sheer pride not to use it.

The cane gives other people a chance to know that you are blind and to give you a break. But don't get dependent on it, don't let it replace the use of the human arm.

It's a great help. One shouldn't take the privileges of the blind if you're ashamed to carry the cane.

You can always find your way with the cane. Otherwise, you'd walk up to a wall or something, and smash your face.

From the empirical evidence presented so far, it will be seen that a consensus of favourable opinion exists with respect to living in the Residence, accepting help from the public, and using the white cane. These three patterns of behaviour are all associated with, and symbolize, blindness, in some way. For example, living in a residence which is for the exclusive use of the blind is a way of relating oneself both to the blind and to the sighted as two contrasting groups. In considering this factor, we assumed that how a resident felt about the Residence would be a reflection of how he felt about his involvement with a community of blind persons. Similarly, it was assumed that help was, in essence, a social relationship whose meaning would vary according to an individual's attitude to blindness. In accepting help from the public, a blind person makes a formal acknowledgment of dependence upon the sighted in

particular situations. In a similar way, by using the white cane, one accepts and defines oneself, publicly, as different from the sighted. On the basis of these assumptions, it would seem that our respondents, as a whole, do not object to defining themselves socially as blind. However, this does not mean that they are not critical of stereotyped evaluations of their personal capabilities or traits made on the basis of their visual disability, evidence for which is contained in our discussion of their perceptions of the attitudes of the public. In view of the favourable attitudes which they have expressed so far, is it legitimate to assume that they also have positive attitudes to their blindness? This is the central question for which an answer will now be sought.

To focus the discussion more sharply on their attitudes to blindness, we shall attempt to analyze their responses to the idea of marriage between the blind, and what they consider to be the worst disability for a person to have. The fundamental assumption made is that a negative attitude to blindness will be reflected in a negative attitude to the idea of marriage between the blind and, also, in the citing of blindness as the worst disability. Conversely, it is assumed that a positive attitude to blindness will be reflected in a positive attitude to the idea of marriage between the blind and, also, in the absence of any reference to blindness as the worst disability.

The following are some of their views on whether the blind should marry the blind:

They'd have to be exceptional, otherwise they'd face too many problems, especially money. And their children might suffer later on.

I disagree with the idea, especially if they are totally blind.

How can they have a successful marriage? And what about their children? Too many children become blind as a result of such marriages.

It shouldn't be allowed if the couple are totally blind. Perhaps, if one had a little sight. But it shouldn't be allowed if the children are going to be blind.

I would agree if they had a strong mind to get married and all that. But it's all wrong, if it's to get married for marriage sake. The children can suffer, especially if the cause of their blindness is hereditary.

I strongly disagree! Both would be helpless. Even those with partial sight lose their vision gradually.

It wouldn't work out. Their pension wouldn't be big enough to support them. They might start out as being happy; but, then, one would gradually see the other as they are.

I strongly disagree! The Government shouldn't allow it. Only if they were partially sighted. Hereditary factors are usually involved. The children could turn out to be idiots.

Why would they want to do that! They can't see each other, anyway. How would they know what the other looks like?

Blind people are more tidy and understanding. Therefore, blind people, from this point of view, are more suitable as partners. But, generally, it would be difficult.

It depends on the circumstances. There are so many causes of blindness. I was totally blind when I married a blind man. We were responsible for our own home. We even gave my mother a home when she needed it.

Why shouldn't blind people marry if they want to? The big problem they'd face is lack of money, that's all.

One striking fact which emerges from the above quotations is the extent to which disapproval is expressed of the idea of blind persons marrying one another. While the expressed attitudes of the residents may reflect a realistic appreciation of the difficulties involved in such a marriage, their personal remarks were often couched in language whose nature was such as to suggest that they were very conscious of the

negative aspects of blindness. As can be seen above, one of the reasons adduced by the residents stressed the inability of a totally blind person, not only to support another financially, but also, where offspring were involved, to provide the unremitting care and attention that infants and growing children need. There were a few residents who regarded the idea of marriage between two blind individuals with great distaste, arguing that it was the children who suffered most. They implicitly assumed that most forms of blindness were hereditary. There were others who stipulated the presence of a partner who was not totally blind. They argued that sight was important to avert the many dangers involved in the performance of the most elementary household chores, like cooking, for example. This was especially true, they pointed out, since household facilities had not been designed with the blind in mind.

The extent to which negative attitudes were predominant can be seen from the figures in Table 15, where our respondents were sorted according to the valence of their attitudes to marriage between the blind.

TABLE 15
ATTITUDES TO MARRIAGE AMONG THE BLIND (n=43)

Attitude to Marriage:	Percentage of Sample
Positive	19
Negative	81
Total	100

An examination of the above table indicates that those who expressed negative attitudes were more than four times as numerous as

those who expressed positive attitudes. In addition, of those who expressed negative attitudes, it was found that there were approximately equal percentages of males and females, the figures being 81 and 86, respectively.

We shall now enquire whether the degree of sight possessed by a resident shows any relationship to his attitudes. In Table 16, the residents are classified both according to their degree of vision and the valence of their attitudes.

TABLE 16
CLASSIFICATION OF RESIDENTS BY DEGREE OF VISION
AND BY THEIR ATTITUDE TO MARRIAGE
AMONG THE BLIND

Attitude to marriage among the blind:	GUIDING VISION %	TOTALLY BLIND %
Positive	18	2
Negative	82	98
Total	100	100
Number of cases	(27)	(16)

It is interesting that the totally blind were almost unanimous in their disapproval: only one was rated as having a positive attitude.

Degree of vision was not directly related to attitude to marriage among the blind: of those rated as having positive attitudes, there were only 16 per cent more with guiding vision than with total blindness.

So far, the preceding discussion has shown that neither sex nor degree of vision shows a direct relation to the attitudes expressed by

the residents. The focus of the analysis will now be to ascertain whether self-evaluation is significantly associated with the attitudes expressed by the residents. This, it will be recalled, is the central question which this chapter seeks to answer. The empirical findings in Table 17 show the relationship between these two variables.

TABLE 17
CLASSIFICATION OF RESIDENTS BY SELF-EVALUATION
AND BY THEIR ATTITUDE TO MARRIAGE
AMONG THE BLIND

Attitude to marriage among the blind:	SELF-EVALUATION	
	POSITIVE	NEGATIVE
	Percentage of Cases	Percentage of Cases
Positive	14	15
Negative	86	85
Total	100	100
Number of cases	(23)	(20)

An inspection of the above table reveals a similarity between those who evaluated themselves positively and those who evaluated themselves negatively: about 85 per cent of each category were rated as having a negative attitude to marriage among the blind.

The evidence presented in Table 17 does not support our assumption that a significant relationship exists between self-evaluation and attitude to blindness, as measured by attitude to the idea of marriage among the blind. Both those who evaluated themselves positively and those who evaluated themselves negatively were equally likely to express negative attitudes, and, at least, five times as likely to

express negative as positive attitudes.

To continue the discussion, an analysis will now be made of their responses to the question of what they consider the worst disability that an individual can have.

For the majority of our respondents (65 per cent), blindness is seen as the worst disability. Of the 16 males in the sample, 81 per cent mentioned blindness as the worst disability, compared with 55 per cent of the 27 females. Since blindness interferes with the successful performance of the masculine role, it is understandable that a large percentage of males view it negatively. These figures, then, may be a reflection of the domesticity and passivity which characterize the life of most males within the Residence, and which is a direct consequence of their blindness.

In order to estimate to what extent a differential response was made by those of different degrees of sight, the following table was prepared.

TABLE 18
PERCENTAGE OF EACH VISION-GROUP VIEWING BLINDNESS
AS THE WORST DISABILITY

The Worst Disability:	GUIDING VISION	TOTALLY BLIND
	Percentage of Cases	Percentage of Cases
Blindness	74	50
Other	26	50
Total	100	100
Number of cases	(27)	(16)

An inspection of Table 13 indicates that the totally blind were equally divided in their views of what constituted the worst disability: 50 per cent mentioned other disabilities as being worse than blindness. Deafness, for instance, was often mentioned as being a terrible affliction. Since the totally blind were compelled to face the reality of their complete loss of sight, they had learned to make greater use of their remaining senses in orienting themselves to, and mastering their environment. Auditory perception acquired a new importance, for a meaningful relationship to people and other living things was now possible mainly through the sense of hearing. To lose this last meaningful contact with the world was, therefore, a major disaster for many.

The majority of those with guiding vision were spontaneous in mentioning blindness as the worst disability that could befall an individual. Only 26 per cent mentioned other disabilities. For those with guiding vision, the possibility of losing their remaining sight was a fear that increased with their years. They had learned to orient themselves to their environment by means of their remaining vision, and were often careful to point out that they were not as disabled as those who were totally blind. Being more active than the latter, those with guiding vision tended to have a greater interaction with the sighted world and, therefore, a greater exposure to its prejudices and discriminations. For both both of the above reasons, blindness was viewed as especially incapacitating: in the case of those with guiding vision, because its partial loss had enhanced its value; in the case of the totally blind, because it generated a sense of continuing frustration.

We now come to the key question of whether a significant relationship exists between the mention of blindness as the worst disability and a resident's self-evaluation. Underlying our approach is the assumption that those who evaluate themselves negatively would tend to name blindness as the worst disability. The empirical findings are presented in Table 19.

TABLE 19
PERCENTAGE OF EACH SELF-EVALUATION GROUP
VIEWING BLINDNESS AS THE
WORST DISABILITY

	SELF-EVALUATION	
	POSITIVE	NEGATIVE
The Worst Disability:	Percentage of Cases	Percentage of Cases
Blindness	60	70
Other	40	30
Total	100	100
Number of cases	(23)	(20)

Our hypothesis receives little confirmation from the above data: only 10 per cent more of the negative self-evaluators, compared with the positive self-evaluators, perceived blindness as the worst disability.

The following quotations poignantly illustrate how a representative number of respondents felt about being blind:

I think blindness is a terrible thing. I feel so badly about it that I feel I just can't be as I should be--I mean, to be happy. I feel very badly about others who lose their sight. It's difficult to put into words what being blind has done to my life. It bothers me an awful lot not being able to do the things I would like to, not being able to go for walks. I'm not as happy as I ought to be.

Blindness means that I have to live in here, that I can't go where I please, that I'm cut off from all that I used to do.

I just dread the day when I go totally blind. To see them fumbling with their food! I miss all the things I used to do. Time drags, sitting alone in one's room doing nothing, just listening to the radio. You can't go anywhere: you just got to have help to get around.

It would be terrible to be totally blind! I thank God for the little vision that I have. I would be completely lost without it.

When you lose your sight, you lose touch with all the outside world. It's just like the end of life--everything seems to drop apart. Maybe it's wrong, but I have no ambition to go on living at all--absolutely none. You can't do anything, you can't go no place. I can't work to make a living, and got to put up with what there is. You don't get enough money to rent an apartment so that you can look after your own needs and your own meals, and to be in anyways independent. It must be even worse for those who are totally blind.

It means that people are always treating me like a baby, trying to help me--and I don't like it!

It practically ruined my life. How can a blind man support his family? Now, I'm cooped up here all day, from morning to night, waiting for visitors.

Being blind has changed my life completely. I can't understand why it has to happen to some people and not to others. You live in a completely different world. Depending on others, that's something I just can't stand!

It's a heavy burden to bear, a very heavy burden. But you got to face up to it. I can't do anything about it. I just have to live with it. Suppose I was paralysed?

It has taken away very much from my life. But I'm glad that I can still enjoy a few things. I can still hear. There are some who can't even see or hear.

I think of those who are worse off than me, and I thank God for it. You got to have faith.

To some extent, the pattern of life in the Residence provides the basis for negative attitudes to blindness. The fact that informal conversations with our respondents contained many unsolicited references

to idleness, loneliness, feelings of worthlessness, feelings of rejection, fear of total blindness--this was an indication that living conditions, as favourable as they are in the Residence, were no guarantee of a positive attitude to blindness. Indeed, these references implied the absence of meaningful social activities, and could be interpreted as symptoms of a disrupted sense of identity. Since an individual's worth is generally measured by his social usefulness, blindness is regarded as a state of uselessness and worthlessness. This is especially true and frustrating for blind males, whose masculine self-image depends on maintaining vigour, activity, and independence. For men, earning a living is an essential condition for a favourable self-image. It is the basis by reference to which they are differentiated and evaluated, by their friends, relatives, or even themselves. A man's occupation is crucial to his image of himself. Thus, the absence of congenial or profitable work tends to undermine the personal identity of the male residents. This problem is understandably worse if they are totally blind. Similarly, the socially prescribed position is that of wife, or mother, for adult females. Each of these roles involves subordination to, or dependence upon, a male, and ascendancy in the domestic sphere. In reality, blindness effectively removes the possibility of playing either of these roles. If congenial neighbours are also few, then the life of a female resident can be a virtual hell. As one put it: "It's sickening here at times. All this moaning by the others. I keep to myself quite a lot, because I don't like trivial gossip. It's better that way."

In the foregoing pages, we have explored the attitudes of the

residents to blindness through:

- (a) certain patterns associated with blindness, like receiving help from the public, living in a residence devoted to the exclusive use of the blind, and using the white cane;
- (b) what they thought of marriage among those who were blind; and
- (c) what they considered the worst disability for a person to have.

In exploring these attitudes, the hypothesis was proposed that there was a direct relationship between self-evaluation and attitude to blindness: that a negative self-evaluation would be associated with a negative attitude to blindness, and, conversely, that a positive self-evaluation, with a positive attitude to blindness.

Our empirical findings did not support this hypothesis. Compared with the positive self-evaluators, there were 28 per cent fewer of the negative self-evaluators who saw the public's attitude as rejecting; 27 per cent fewer who viewed the Residence as keeping them apart from the wider society; 3 per cent more who had a negative attitude to receiving help from the public; and 1 per cent more who favoured the use of the white cane.

With regard to marriage among the blind, it was found that a large majority of our respondents did not approve of it. This was particularly true for those who were completely blind, 98 per cent of whom were rated as having negative attitudes. Self-evaluation was not found to be related to attitudes expressed on this item, almost equal proportions of positive and negative self-evaluators having negative attitudes.

Lastly, blindness was rated as the worst disability by the

majority of respondents. Negative attitudes were shown by 24 per cent more of those with guiding vision compared with the totally blind, and by 10 per cent more of those with a negative, rather than positive, self-evaluation.

CHAPTER IV
GROUP AFFILIATIONS

The explanation of social groupings and their behaviour as groups is usually seen as the fundamental problem of sociology. From the extended interaction of individuals, there evolves a group structure, which differentiates its members, not only according to which sub-groups they belong to, but also to which social positions they occupy in the group as a whole, and in any of the sub-groups to which they may belong. Thus, the resultant group structure tends to define the relative status of each member in the group hierarchy. Once evolved, the group serves the individual by providing him with training, with support, and with the opportunity for intimate relations. It also generates differentiated in-group and out-group attitudes among its members.

While the above remarks may be regarded as truisms, it is of interest to chart the pattern of relationships that exist within the Residence, and to discover the bases for the formation of any in-groups or out-groups. Accordingly, this chapter is an attempt to determine the bases and extent of group formation within the Residence.

There are three questions which will concern us here:

- (i) Does any relationship exist between an individual's self-evaluation and the extent of his/her preferred interaction patterns?
- (ii) Is there any relationship between the degree of blindness and the extent of preferred interaction within the Residence?
- (iii) Is there any relationship between spatial factors and the number of

in-group choices on any of the four sociometric criteria to be discussed?

MATERIALS AND PROCEDURE

The Sociometric Schedule:

A Moreno technique, the sociometric test was administered to the residents. Careful attention was paid to the basic forms of social intercourse within the Residence, and four criterion questions were asked, relating to:

- (a) persons preferred as chatting companions,
- (b) persons preferred to share an apartment with,
- (c) persons preferred to form a committee to make a formal protest to the administration, and
- (d) persons preferred as the general spokesman for all the residents.

On each sociometric question, respondents were asked to indicate, initially, three choices. After this was done, they were then asked to state how many other choices they could make. If fewer than three choices were given, no attempt was made to secure additional selections. This was to avoid weakening the validity of the responses.

It must be recognized, of course, that the results obtained and analyzed below are merely verbal statements voluntarily contributed by the individuals interviewed. In these circumstances, it is possible that information would be withheld on illicit friendships, love affairs, and other attachments either embarrassing to the respondents or disapproved of by the administration or the community. Again, no attempt was made to secure negative patterns, for fear of compromising the success of the whole study. I believe that the results secured may be said to represent a fairly reliable account of the preferences of the blind occupants of

this Residence in the summer of 1967.

ANALYSIS OF THE DATA

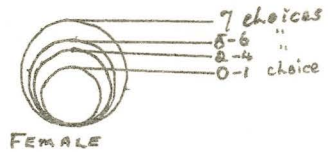
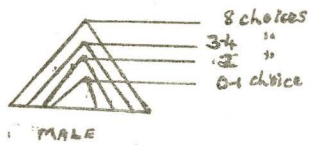
Sociometric Analysis of Preferred Chatting Companions:

As can be observed from an inspection of Figure 7, the residents form into two large groupings based on sex. Within each sex-group, the amount of interaction appears to be moderate, and, between the two groups, there is only a limited number of relationships.

In the case of males, the majority of choices is directed to No. 41, a negative self-evaluator. With regard to females, the majority of choices were received by No. 19, a positive self-evaluator. The third most popular person is No. 14, female and a positive self-evaluator. The fourth most popular person is No. 16, female and a negative self-evaluator. With respect to the last mentioned three ladies, it will be noted that two evaluate themselves positively, Nos. 14 and 19.

There are no apparent in-groups formed on the basis of self-evaluation, and there is a fair amount of interaction between the two groups of self-evaluators.

In order to determine the extent to which self-evaluation might have served as the basis for the formation of in-groups, the observed frequencies of chatting choices within and between groups were compared with the frequencies which might be expected to result from a purely random selection. The assumption here is that, if there were no cleavages, the total number of chatting relationships would be divided between the two groups of self-evaluators in proportion to the number of individuals in each. The empirical findings are presented in Table 20.



RED — NEGATIVE SELF-EVALUATOR
 WHITE — POSITIVE SELF-EVALUATOR
 ———> FIRST CHOICE
 - - - -> SECOND OR THIRD CHOICE

FIGURE 7
 CHATTING CHOICES BY SELF-EVALUATION

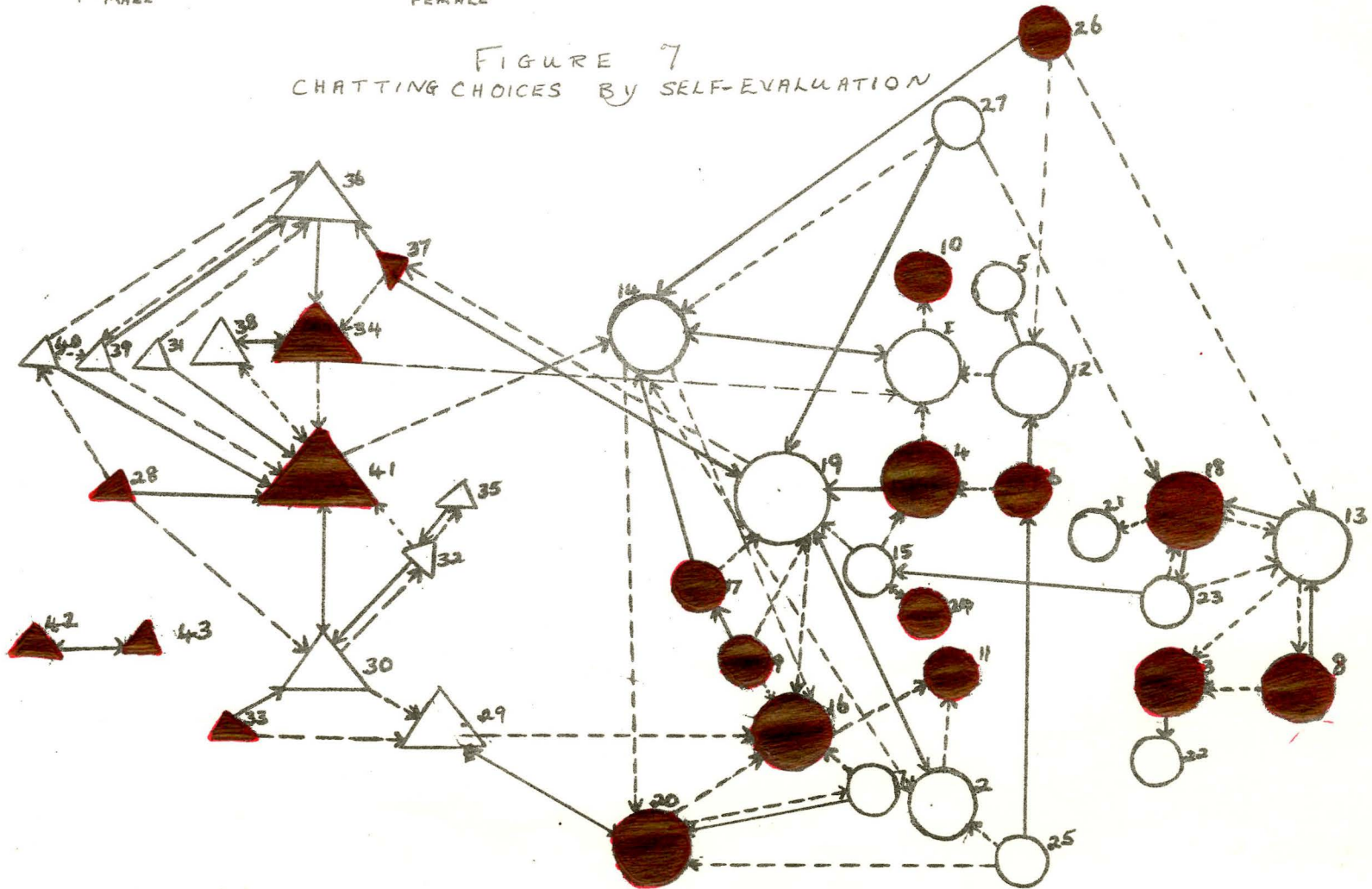


TABLE 20
 EXPECTED AND OBSERVED CHOICES FOR CHATTING COMPANIONS
 BY SELF-EVALUATION

Direction of Choice			Expected Choices	Observed Choices
\bar{S}	to	\bar{S}	15	10
\bar{S}	"	S	23	28
S	"	\bar{S}	20	25
S	"	S	31	26

\bar{S} --Negative self-evaluator S--Positive self-evaluator

An inspection of the above table provides no evidence of in-group formation on the basis of self-evaluation: for both groups, the number of observed choices was smaller than what was theoretically expected. The data suggests a fair amount of interaction between the two groups of self-evaluators.

Is there any difference in the amount of preferred interaction shown by these two groups of self-evaluators? To answer this question, an index of interaction was computed for each group, as shown in Table 21.

TABLE 21
 PREFERRED INTERACTION BY SELF-EVALUATION

	SELF-EVALUATION	
	Positive (n=23)	Negative (n=20)
Number of Choices Made	51	38
Total Possible Choices (3n)	69	60
Index of Preferred Interaction	74	63

An examination of Table 21 indicates that the level of preferred interaction was high for both groups, and slightly higher for the positive than for the negative self-evaluators.

To determine the extent to which the degree of blindness was related to the choices made on this criterion, the residents were sorted according to their degree of vision, and their selections were then computed. The results are presented in Figure 8.

An inspection of this figure does not suggest the existence of any in-groups structured on the basis of degree of vision. There appears, also, to be a fair amount of interaction between the two vision-groups.

To assess the extent to which the degree of vision served as the basis for the formation of in-groups, the observed frequencies for chatting, within and between the two vision-groups, were compared with the frequencies that might be expected to result from a purely random selection. Our findings are presented in Table 22.

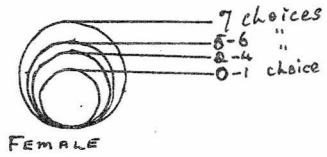
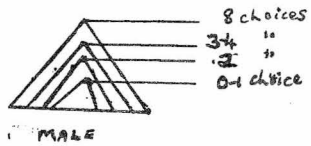
TABLE 22
EXPECTED AND OBSERVED CHOICES FOR CHATTING COMPANIONS
BY DEGREE OF SIGHT

Direction of Choice			Expected Choices	Observed Choices
TB	to	TB	12	12
TB	"	GV	20	20
GV	"	GV	35	35
GV	"	TB	22	22

TB--Totally Blind

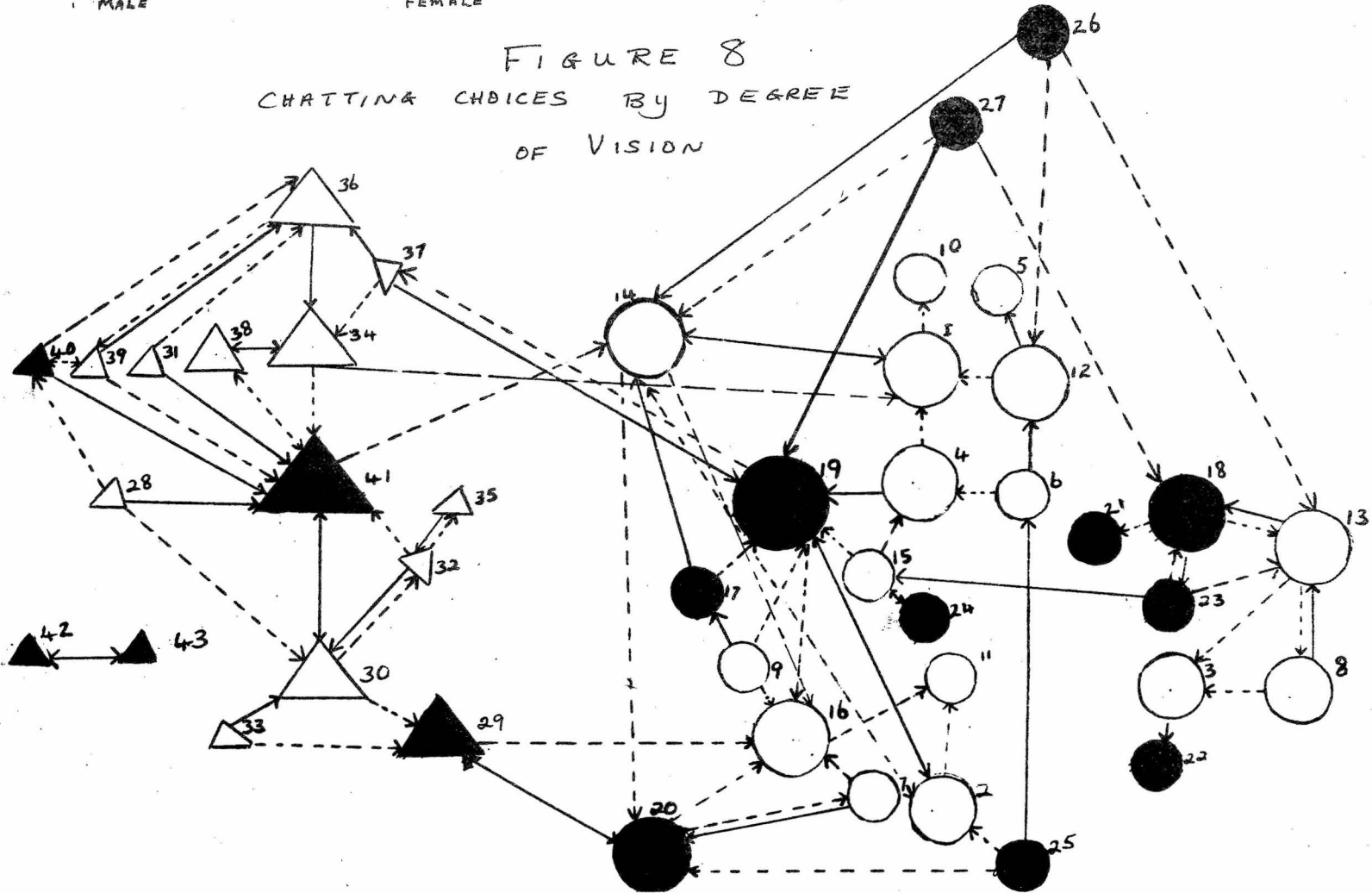
GV--Guiding Vision

From an examination of Table 22, it will be observed that there



BLACK — TOTALLY BLIND
 WHITE — GUIDING VISION
 ———> FIRST CHOICE
 - - - -> SECOND OR THIRD CHOICE

FIGURE 8
 CHATTING CHOICES BY DEGREE
 OF VISION



is no in-group tendency present: the pattern of observed choices is identical with what was theoretically expected.

What are the relative amounts of interaction shown by the two vision-groups? To answer this question, an index of interaction was computed for each. This was done by dividing the number of observed choices for each group by the total number of possible choices ($3n$) for each group, and multiplying the quotient by 100. The analysis was further extended by subdividing each group according to sex. The data is presented in Table 23.

TABLE 23
PREFERRED INTERACTION BY SEX AND DEGREE OF SIGHT

	Indices of Preferred Interaction	
	Totally Blind	Guiding Vision
Male	70	65
Female	60	79
Male and Female	67	70

Table 23 indicates that the levels of interaction are almost equal and fairly high for the two vision-groups as a whole. The same holds true when each sex-group is sorted according to degree of sight.

Figure 9 is a representation of the chatting selections on the first floor of the Residence. As can be seen, the sexes occupy different wings of the building. The diagram suggests the absence of a high level of interaction within either sex-group on this floor. It also reveals the absence of any inter-sex choices. Given the fact of sexual

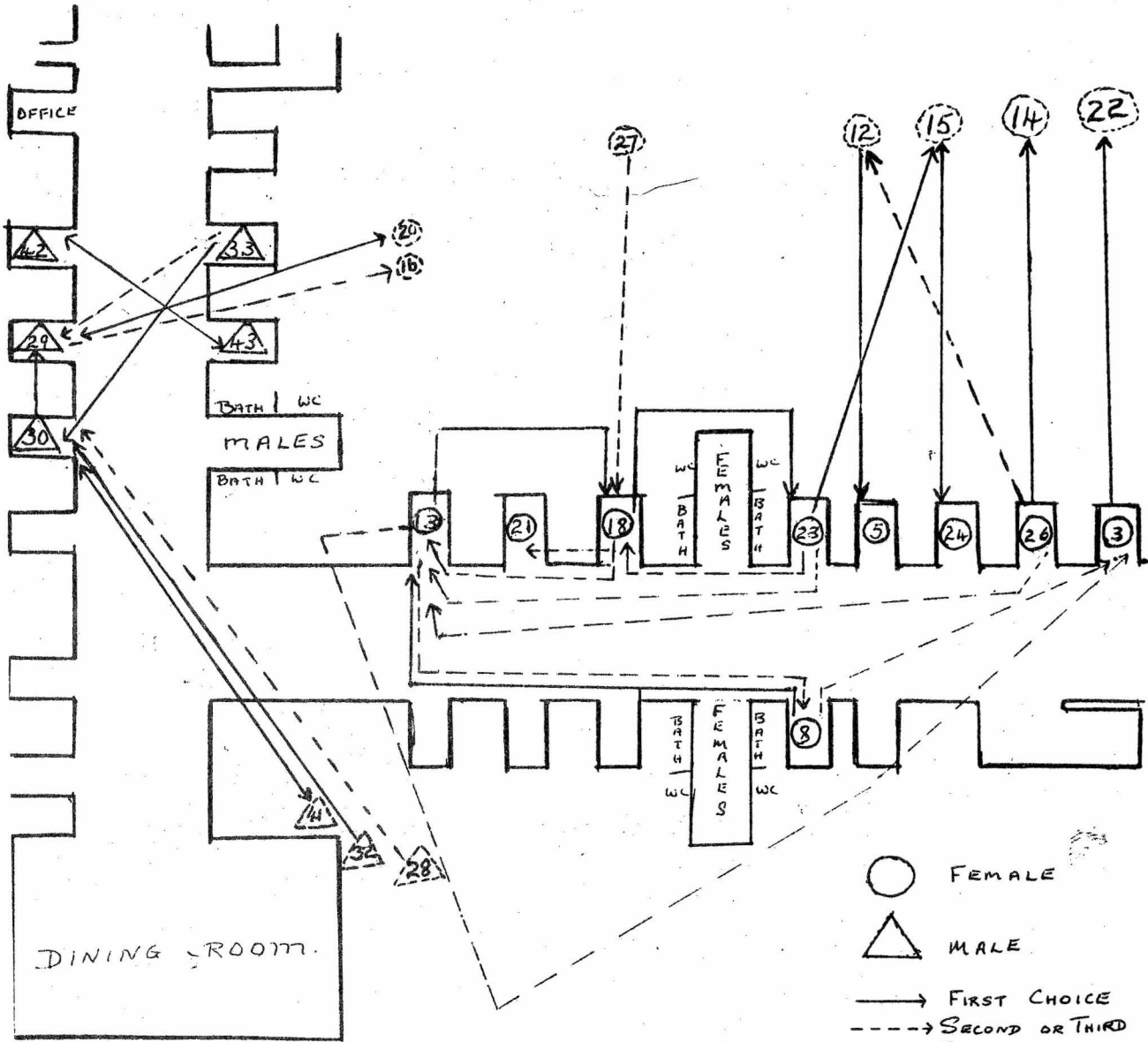


FIGURE 9
CHATTING CHOICES ON
THE FIRST FLOOR

- FEMALE
- △ MALE
- FIRST CHOICE
- - - → SECOND OR THIRD CHOICE
- OR △ SECOND FLOOR RESIDENT

segregation, what are the relative amounts of preferred interaction on the criterion of chatting companions for each sex-group? An index of interaction was computed by dividing the number of choices made within each sex-group by the total number of possible choices ($3n$), and then multiplying the quotient by 100. The results are given in Table 24.

TABLE 24
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE FIRST FLOOR

	Males ($n=5$)	Females ($n=9$)
Number of Choices Within Each Sex-Group	5	11
Total Possible Choices ($3n$)	15	27
Index of Preferred Interaction	33	41

The indices in the above table show that the level of interaction is slightly higher for females than males.

Are spatial factors on the first floor related to the selections made on this criterion? To answer this question, it was assumed that each resident had three nearest neighbours; so that, for each sex-group, it was possible to calculate the probability of selecting at least one "nearest neighbour." For our purposes, the term "three nearest neighbours" refers to the two neighbours whose rooms are adjacent to an individual's room, plus the neighbour directly opposite. Where determining the third nearest neighbour involved choosing one of two neighbours diagonally opposite an individual (each of whom had an equal probability of being chosen), the choice was made by tossing a coin. In

all other cases, the three nearest-neighbours chosen were those whose rooms were nearest, in terms of physical distance. For males and females, the probabilities of choosing at least one nearest-neighbour were .52 and .32, respectively (see Appendix B for our method of arriving at these probabilities). By expressing the observed number of nearest-neighbour choices as a percentage of the total number of choices made within the particular sex-group, it was possible to compare this percentage with what was theoretically expected. In this way, we arrived at a measure which related physical proximity to the number of selections made. Table 25 presents the findings with respect to the interaction patterns on the first floor of the Residence.

TABLE 25
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	80
Females	32	36

The data in the above table suggests a greater tendency for spatial factors to be related to the number of selections made by males, as compared with females.

Figure 10 is a representation of the chatting choices on the second floor of the Residence. As before, the sexes are segregated. The diagram suggests a greater amount of interaction within, than between, the two groups: of the 61 selections made, only two were between the sexes.

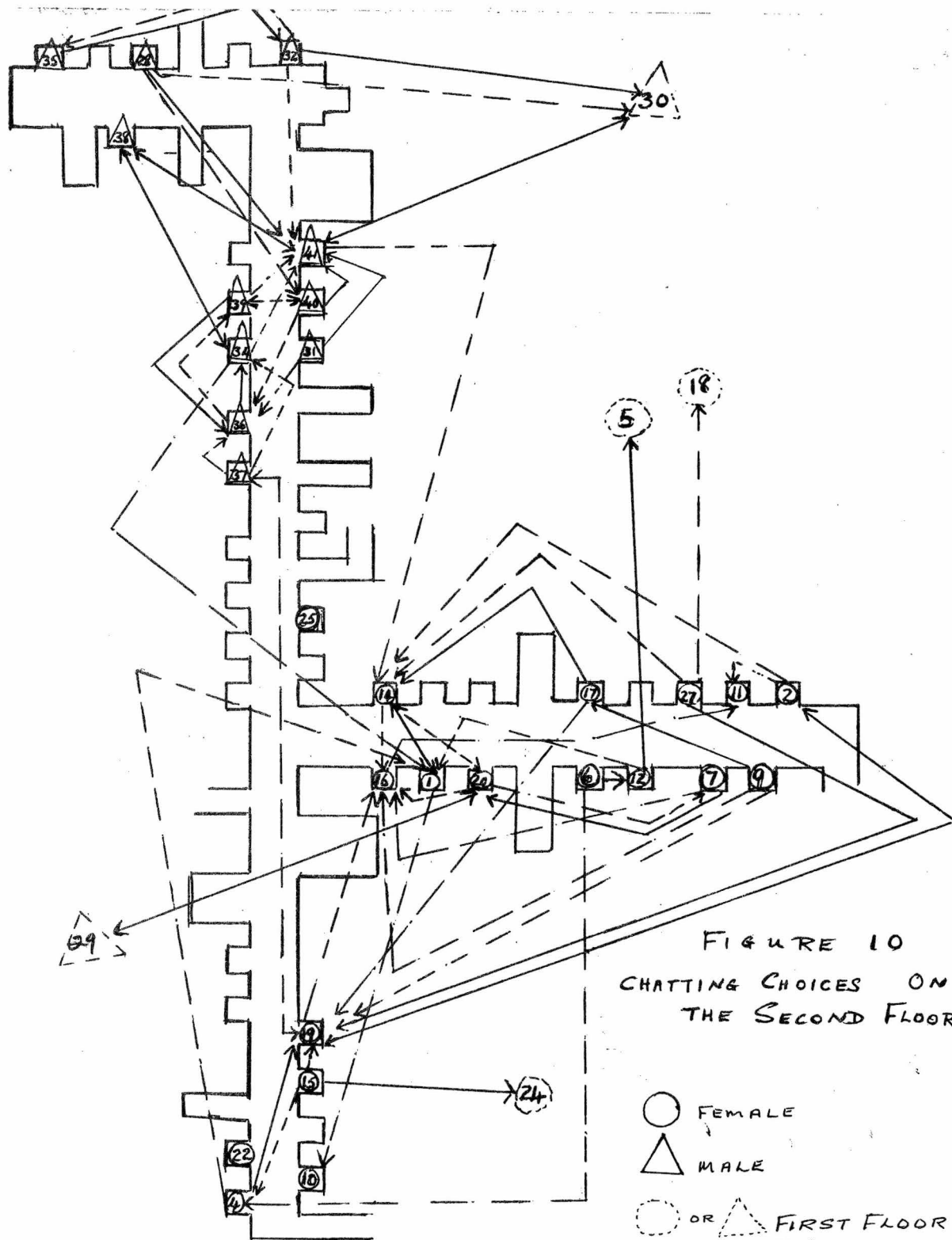


FIGURE 10
 CHATTING CHOICES ON
 THE SECOND FLOOR

- FEMALE
- △ MALE
- or △ FIRST FLOOR RESIDENT
- FIRST CHOICE
- - - SECOND OR THIRD CHOICE

The relative amounts of interaction within each sex-group can be seen from the following table.

TABLE 26
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE SECOND FLOOR

	Males (n=11)	Females (n=18)
Index of Preferred Interaction	67	56

The above table shows a slightly higher level of in-group interaction for males than for females, and a higher level of interaction on the second floor as a whole, compared with the first floor.

A comparison of the indices for both floors suggests that, while the sex of a resident seems related to the choices made, it does not bear any direct relation to the amount of preferred interaction within either sex-group.

Is there any relationship between spatial factors and the number of selections made on the second floor? The answer to this question is given in the following table.

TABLE 27
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	45
Females	32	23

Table 27 shows that, for both sexes, the percentage of observed nearest-neighbour choices was less than what was theoretically expected. This indicates that spatial factors were not related to the selections made on the second floor.

Sociometric Analysis of
Roommate Choices:

Figure 11 is a representation of the data relating to persons preferred as roommates. It reveals that the pattern of grouping is very different from that based on chatting choices, there being apparently much less interaction within each sex-group and none between them. There is a large number of isolates on this criterion, 8 persons who neither make nor receive any choices. Of these isolates, 6 are female and 2, male. It is interesting that 4 of the isolates are negative self-evaluators.

In both sex-groups, there are no apparent in-groups based on self-evaluation; a fair amount of interaction is indicated for both groups of self-evaluators. This point receives support from the data in Table 28.

TABLE 28
EXPECTED AND OBSERVED ROOMMATE CHOICES

Direction of Choice			Expected Choices	Observed Choices
\bar{S}	to	\bar{S}	8	5
\bar{S}	"	S	14	17
S	"	\bar{S}	11	14
S	"	S	20	17

\bar{S} --Negative self-evaluator

S --Positive self-evaluator

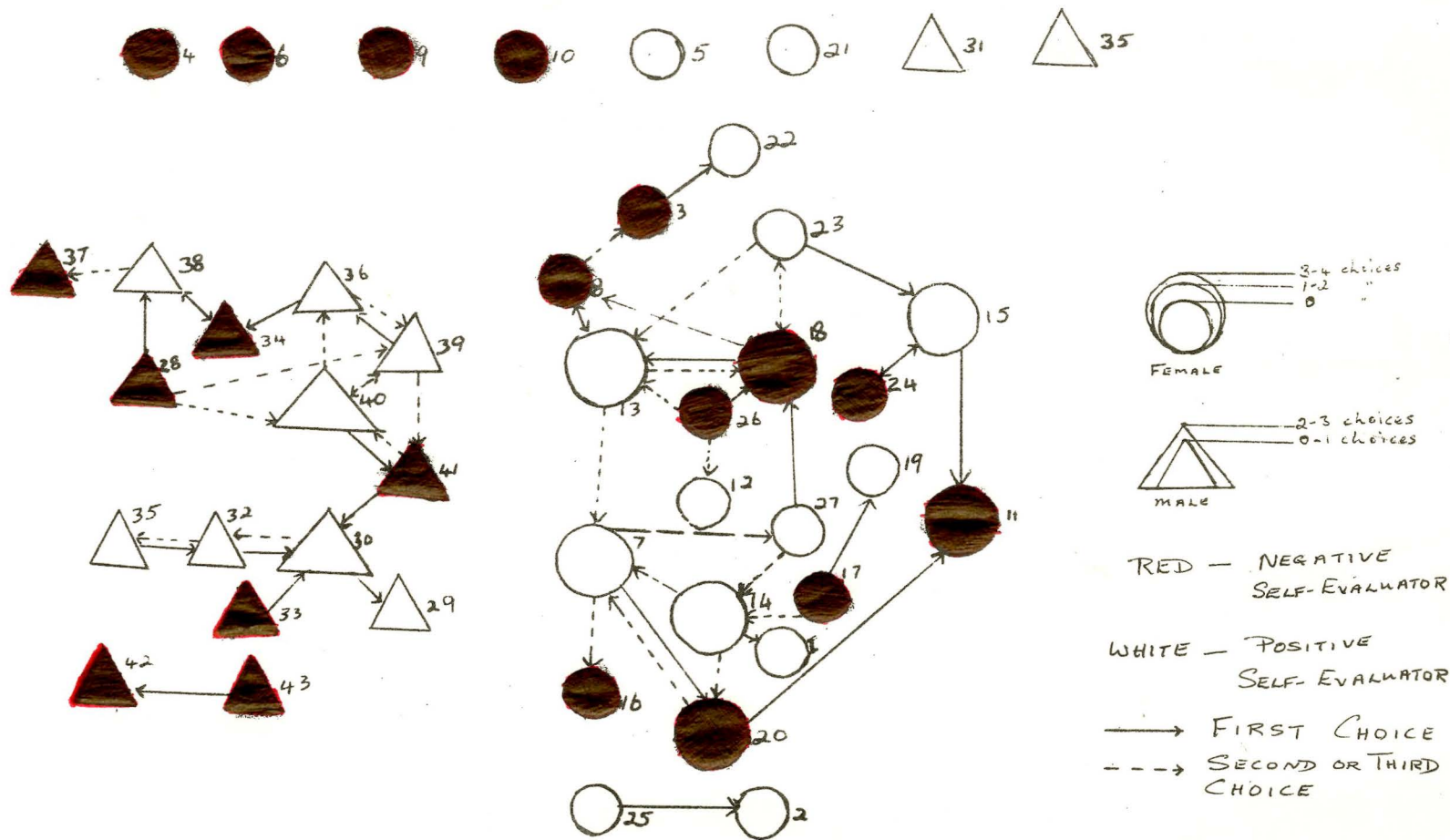


FIGURE II
 ROOMMATE CHOICES AND
 SELF-EVALUATION

Table 28 shows no evidence of in-groups formed on the basis of self-evaluation: for both groups of self-evaluators, the observed choices are very slightly fewer than the expected choices. It also suggests a slight tendency for each group to choose the other.

To assess the level of preferred interaction for both groups of self-evaluators, their indices of preferred interaction were computed and compared. The results are given in Table 29.

TABLE 29
PREFERRED INTERACTION BY SELF-EVALUATION

	SELF-EVALUATION	
	Positive (n=23)	Negative (n=20)
Index of Preferred Interaction	45	37

The above data indicates that, while the amount of interaction was not very high for either group, the positive self-evaluators show a slightly higher level of interaction than the negative self-evaluators.

Is the degree of sight which a resident possesses related to his individual preferences on the criterion of roommate companions? Figure 12 presents the roommate choices sorted according to the degree of sight.

There are no apparent in-groups structured on the basis of degree of vision, nor does there seem to be any great difference in the amount of interaction shown by either the totally blind or those with guiding sight.

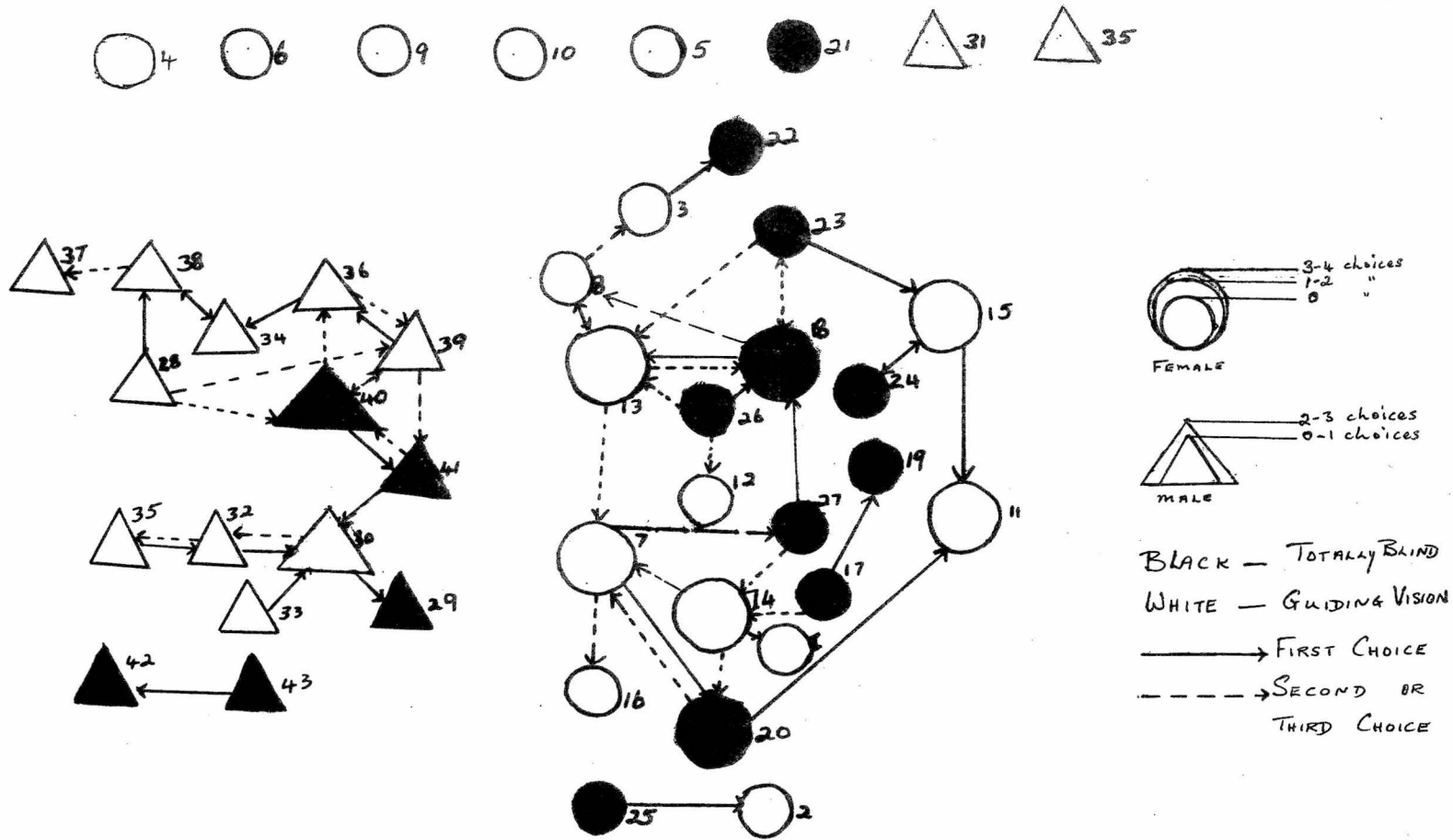


FIGURE 12
ROOMMATE CHOICES BY DEGREE
OF VISION

To obtain a more precise idea of the extent to which degree of sight might have served as the basis for the formation of in-groups, the observed frequencies of roommate choices were compared with the frequencies which might be expected to result from a purely random selection. The findings are presented in Table 30.

TABLE 30
EXPECTED AND OBSERVED ROOMMATE CHOICES
BY DEGREE OF SIGHT

Direction of Choice			Expected Choices	Observed Choices
TB	to	TB	7	8
TB	"	GV	15	14
GV	"	GV	20	21
GV	"	TB	11	10

TB --Totally Blind GV --Guiding Vision

The above table provides little evidence that degree of sight serves as a basis for the formation of in-groups: for both groups, the observed in-group choices are very slightly larger than the expected choices.

What are the relative amounts of interaction shown by the two vision-groups? The indices of interaction presented in Table 31 provide the answer. An overall comparison of the two vision-groups indicates that those with guiding vision had a slightly lower level of interaction than the totally blind. Males with guiding vision show a slightly higher level of interaction than the rest, while females with guiding vision show the lowest.

TABLE 31
PREFERRED INTERACTION BY SEX AND DEGREE OF SIGHT

	Indices of Preferred Interaction	
	Totally Blind	Guiding Vision
Males	40	52
Females	48	26
Males and Females	46	38

To evaluate the role of spatial factors in the making of roommate choices, Figure 13 was prepared, showing the roommate preferences on the first floor. The diagram does not indicate a high level of interaction within either sex-group. To obtain a more precise idea of the amount of interaction within each sex-group, the data in Figure 13 was expressed in a quantitative form.

TABLE 32
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE FIRST FLOOR

	Males (n=5)	Females (n=9)
Index of Preferred Interaction	20	41

The data in the above table shows that the amount of in-group interaction recorded for females was roughly twice that for males. It also supports our earlier observation that the level of interaction within either sex-group was not high.

Are spatial factors on the first floor related to the selections made on the criterion of roommate companions? Table 33 presents the

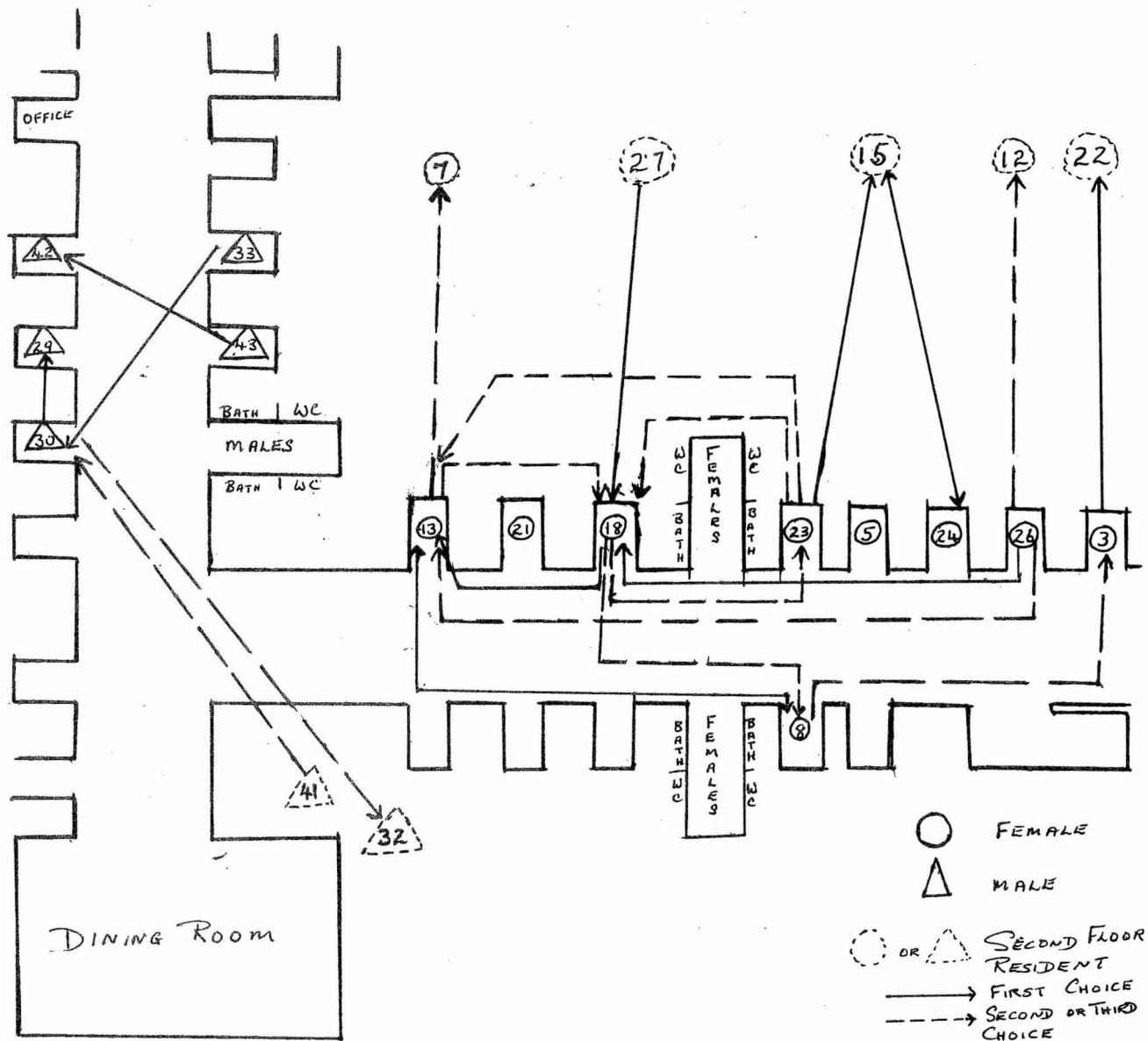


FIGURE 13
ROOMMATE CHOICES ON THE FIRST FLOOR

data relevant to this question.

TABLE 33
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	67
Females	32	36

The findings indicate a slightly greater tendency for spatial factors to be related to the number of selections made by males, as compared with females.

Figure 14 represents the pattern of selections on the second floor. The diagram does not indicate a high level of interaction within either sex-group. It does seem, however, that there is a higher frequency of interaction for males rather than for females.

To have a more precise idea of the amount of in-group interaction for each sex, indices of interaction were computed and compared. The results are given in Table 34.

TABLE 34
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE SECOND FLOOR

	Males (n=11)	Females (n=18)
Index of Preferred Interaction	58	22

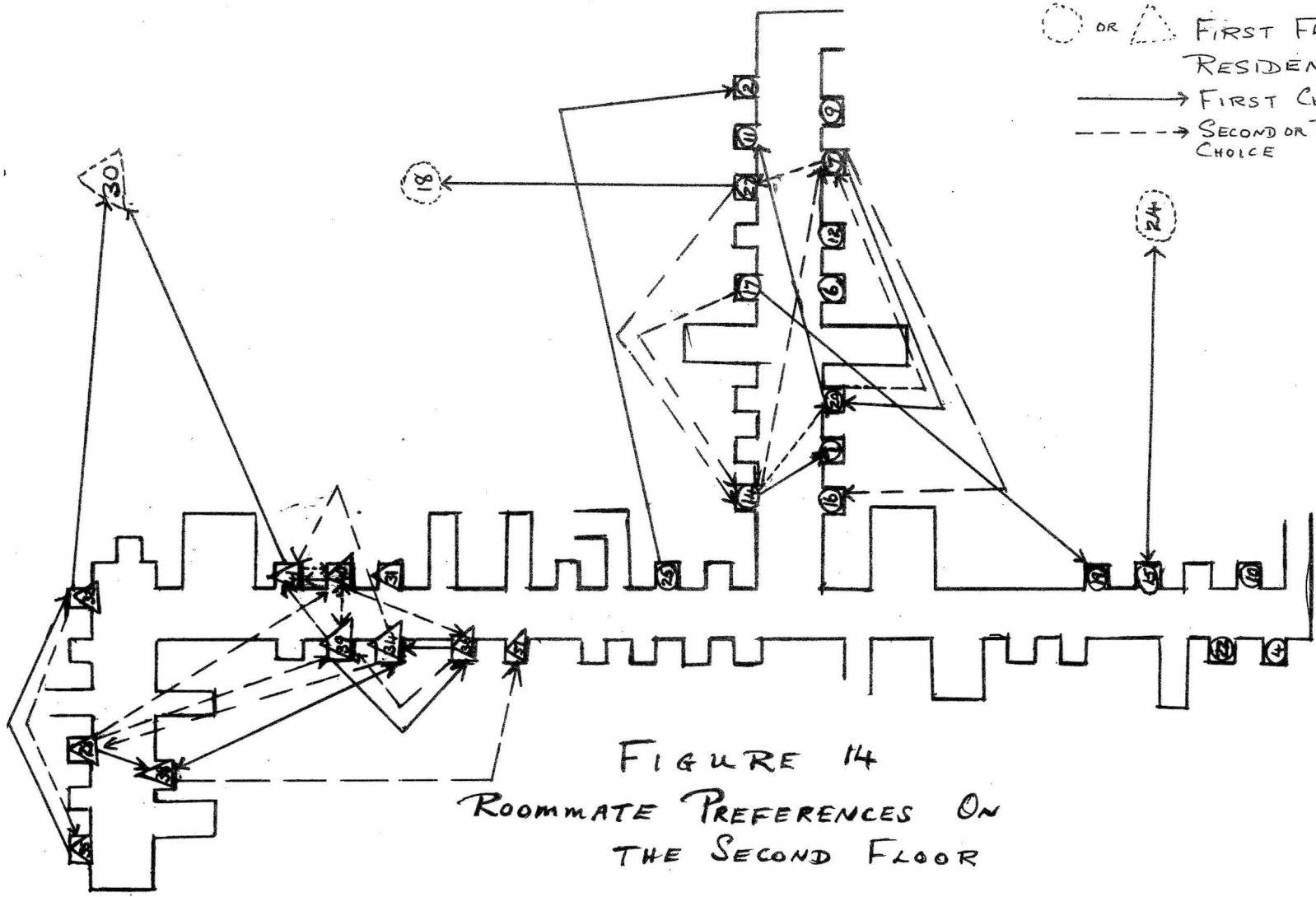
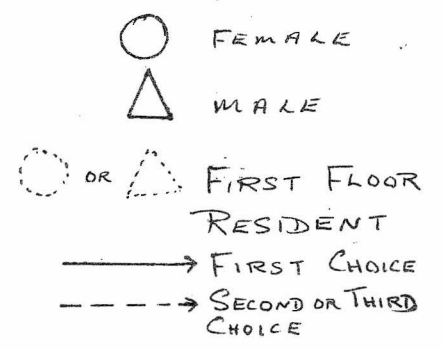


FIGURE 14
 ROOMMATE PREFERENCES ON
 THE SECOND FLOOR

Table 34 reveals that the amount of in-group interaction for males was more than twice that for females.

A comparison of the indices for both floors indicates that, while the sex of a resident seems related to the choices made, it does not bear any direct relation to the amount of preferred interaction within either sex-group.

Is there any relationship between spatial factors and the number of selections made on the second floor? The data in Table 35 suggests the answer to this question.

TABLE 35
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	47
Females	32	25

For both sexes, the percentage of observed nearest-neighbour choices is less than what was expected: spatial factors do not seem related to the number of selections made.

Sociometric Analysis of Committee Membership Choices:

The two sociometric criteria discussed so far, chatting and roommate choices, were intended to indicate the clique structure of the residents, and to determine the clique leaders. The evidence reveals that while there are certain individuals who can be said to have a high

sociometric status, judging from the number of choices directed to them, clique formation itself was minimal. In addition, the two sociometric criteria have not indicated who the leaders of the Residence are.

In an attempt to discover these leaders, an imaginary situation was described to the residents, where increasingly bad food necessitated the formation of a committee of three residents to grapple with the situation. The sociometric data relating to this criterion can be seen in Figure 15.

An analysis of the data in Figure 15 reveals the existence of five leaders in the Residence. Number 19 is the top leader with 15 selections, 10 of which were first choices. Number 41 is the male leader with 8 selections, 3 of which were first choices

The other three leaders, Nos. 9, 1, and 14, received 6, 4, and 4, selections, respectively.

In an attempt to understand more clearly the reasons for the selection of these individuals, respondents were asked to state their reasons for their different choices. Table 36 represents a breakdown of the answers given:

TABLE 36
REASONS FOR THE SELECTION OF COMMITTEE MEMBERS

Reasons for Choice	Frequency of Mention
"Level-headed"	2
"Would have good ideas"	2
"Would get things done"	2
"Able to think for themselves"	3
"Sensible"	5
"I like them"	5
"Know how to speak up"	10

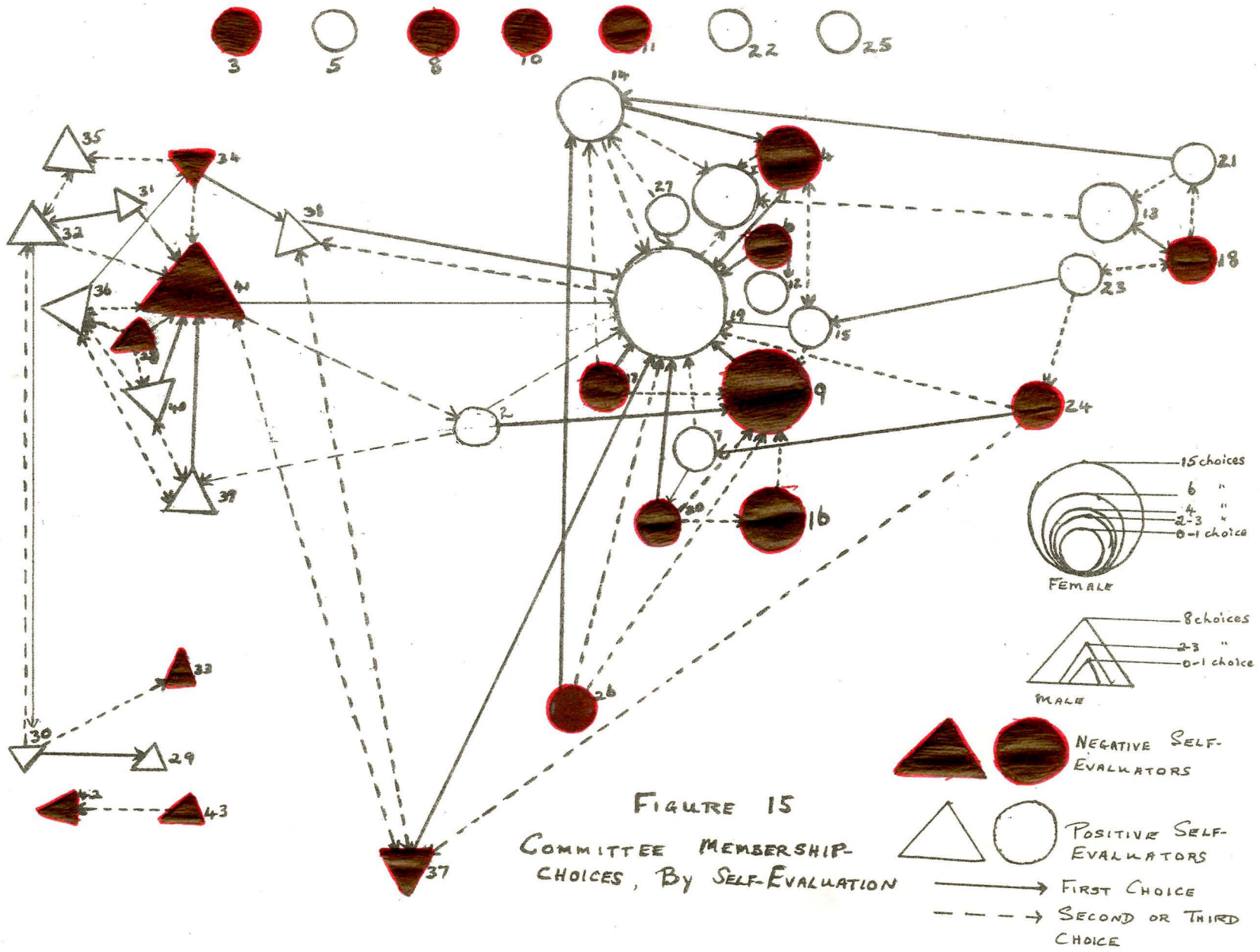


FIGURE 15
 COMMITTEE MEMBERSHIP-
 CHOICES, By SELF-EVALUATION

From the reasons given by those who replied, it appears that the majority of residents selected their leaders mainly for their presumed personal qualities. The ability to be outspoken is valued highly, and being a sensible, as well as congenial, person are important qualities.

It should be noted that, on this criterion, there are 7 isolates, who neither make nor receive any choices. They are all female, and 4 of them are negative self-evaluators. Of the 5 leaders of the Residence, only 2, Nos. 41 and 9, are negative self-evaluators.

To evaluate the extent to which the two groups of self-evaluators form in-groups, the expected and observed frequencies of committee membership choices were computed and compared. The results are given in Table 37

TABLE 37
EXPECTED AND OBSERVED CHOICES FOR COMMITTEE MEMBERS
BY SELF-EVALUATION

Direction of Choice		Expected Choices	Observed Choices
\bar{S}	to \bar{S}	12	11
\bar{S}	" S	22	23
S	" \bar{S}	15	16
S	" S	27	26

\bar{S} --Negative self-evaluator S --Positive self-evaluator

For both groups of self-evaluators, the in-group choices are very slightly fewer than would be expected, if a process of chance selection operated.

Is there any relationship between a resident's self-evaluation and the amount of interaction shown on this criterion? The relevant

findings are contained in Table 38.

TABLE 38
PREFERRED INTERACTION BY SELF-EVALUATION

	SELF-EVALUATION	
	Positive (n=23)	Negative (n=20)
Index of Preferred Interaction	61	57

The above table indicates a slightly higher level of interaction for the positive, than for the negative, self-evaluators.

Is the degree of sight which a resident possesses related to his stated preferences on the criterion of committee membership? The answer is contained in Figure 16.

An examination of this figure reveals that, of the 7 isolates, 2 are totally blind. A striking fact is that the most highly chosen person in both sex-groups is totally blind. The other three leaders, Nos. 1, 14, and 9, all have guiding sight. There appears to be a fair amount of interaction within, as well as between, the two vision-groups. The data gives no evidence of the formation of in-groups on the basis of degree of sight.

To assess the extent to which degree of vision might have served as the basis for the formation of in-groups, the observed frequencies of choices for committee members were compared with the frequencies which might be expected to result from a purely random selection. The findings are presented in Table 39.

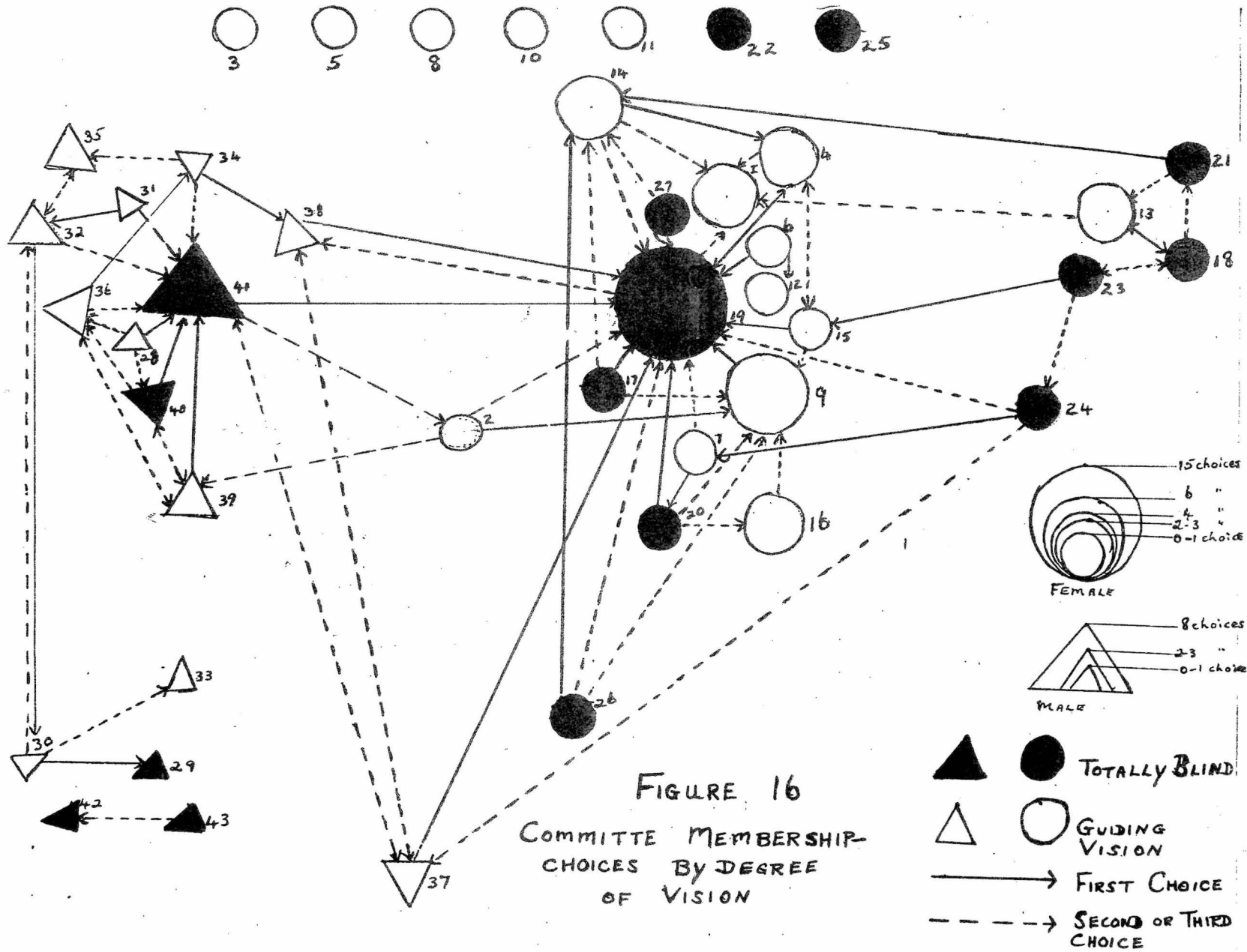


FIGURE 16
 COMMITTEE MEMBERSHIP-
 CHOICES BY DEGREE
 OF VISION

TABLE 39
 EXPECTED AND OBSERVED CHOICES FOR COMMITTEE MEMBERS
 BY DEGREE OF SIGHT

Direction of Choice			Expected Choices	Observed Choices
TB	to	TB	13	12
TB	"	GV	17	18
GV	"	GV	26	25
GV	"	TB	20	21

TB --Totally Blind GV --Guiding Vision

There is no evidence in the above table that degree of vision serves as a basis for the development of in-groups. For both groups, the in-group choices are very slightly fewer than would be expected, if a process of chance selection operated.

To assess more precisely the relative amounts of interaction shown by the totally blind and those with guiding vision, a comparison was made of the indices of interaction for these two groups. The findings are presented in Table 40.

TABLE 40
 PREFERRED INTERACTION BY SEX AND DEGREE OF SIGHT

	Indices of Preferred Interaction	
	Totally Blind	Guiding Vision
Males	47	76
Females	70	44
Males and Females	63	57

Comparing the two vision-groups as a whole, it is found that the

totally blind show a slightly greater amount of interaction than those with guiding vision. Table 40 also indicates that slightly lower and higher levels of interaction are recorded for those with guiding vision, females and males, respectively.

Figure 17 is a representation of the selections made by the residents on the first floor of the Residence. It reveals that an almost equal number of choices was made of residents on the second floor as were made of those on the first floor, and only two individuals, Nos. 13 and 18, received as many as two choices. The diagram shows that there are no inter-sex choices.

To determine the amount of in-group interaction shown by the two sex-groups, the data in Figure 17 was expressed in the form of the following table.

TABLE 41
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE FIRST FLOOR

	Males (n=5)	Females (n=9)
Index of Preferred Interaction	20	26

Table 41 reveals that females showed a slightly larger amount of in-group interaction than males, and that the levels for both sexes were not high.

Are spatial factors on this floor related to the selections made on the criterion of committee membership? The answer to this question is contained in Table 42.

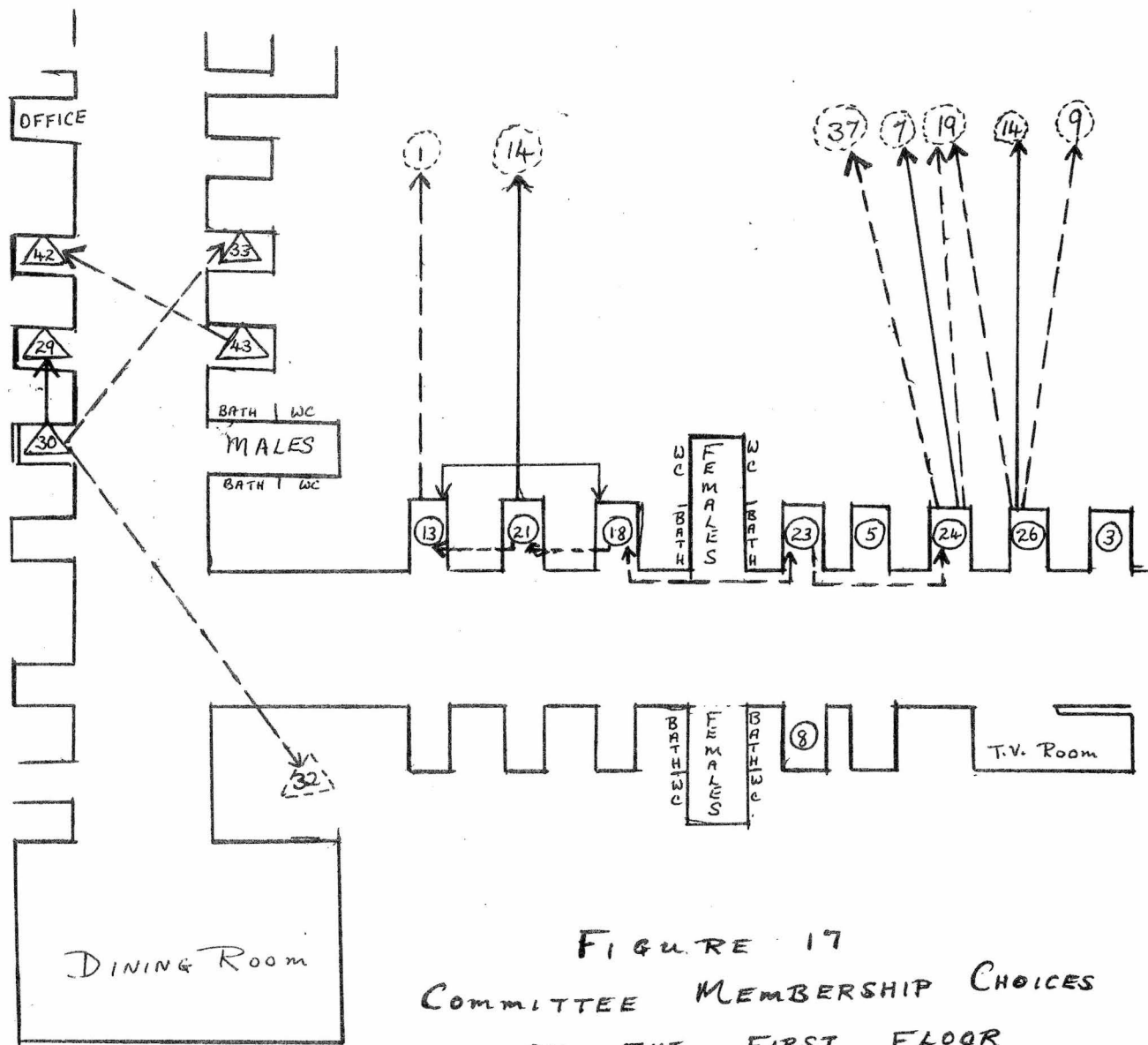


FIGURE 17
 COMMITTEE MEMBERSHIP CHOICES
 ON THE FIRST FLOOR

- FEMALE
- △ MALE
- OR △ SECOND FLOOR RESIDENT
- FIRST CHOICE
- - - SECOND OR THIRD CHOICE

TABLE 42
 EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	67
Females	32	86

The evidence suggests a relationship between spatial factors and the number of selections made, and a greater tendency for this to occur in the case of females, rather than males.

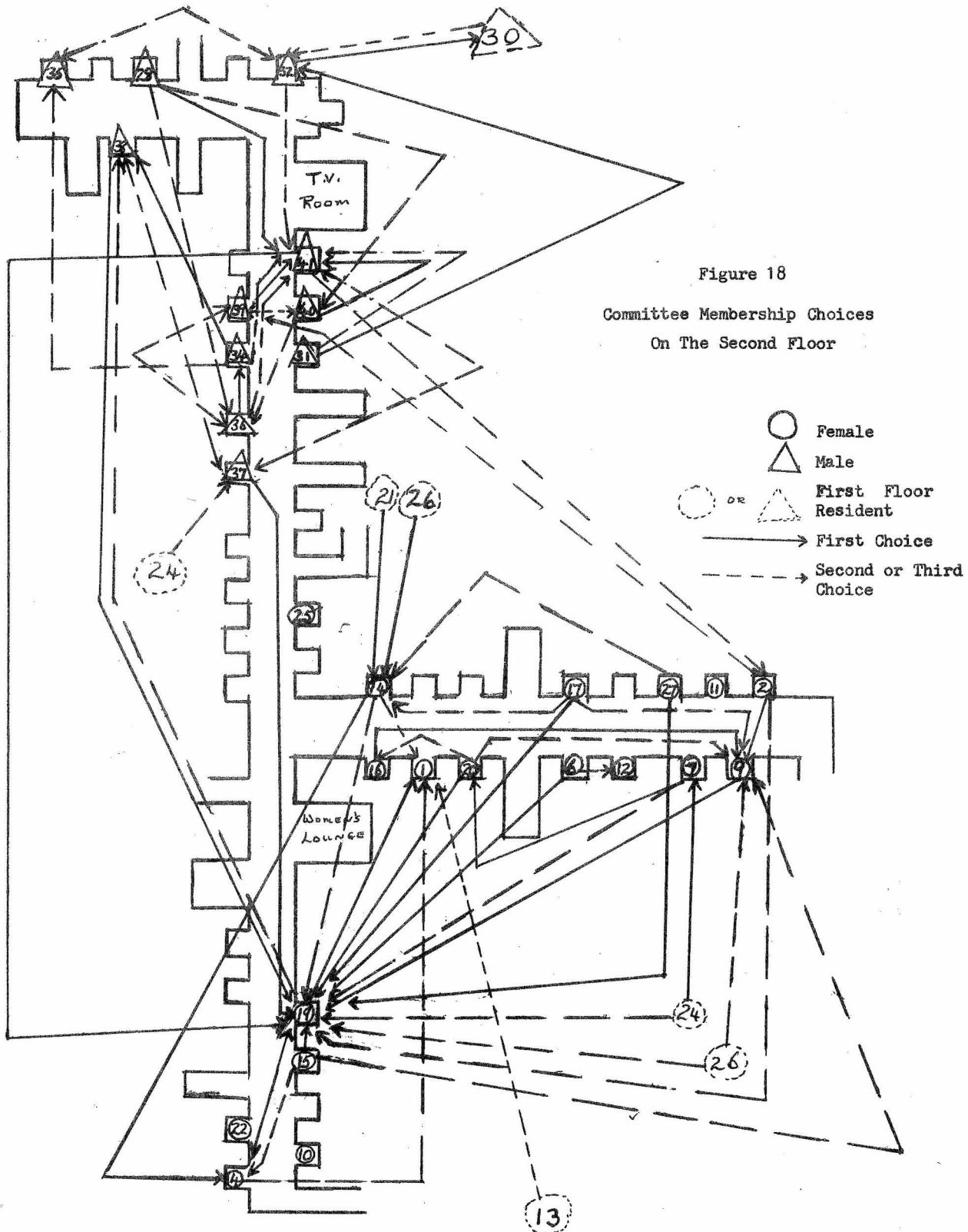
Figure 18 is a representation of the sociometric patterns on the second floor. Of the 57 choices made, 6 were between the sexes on this floor, and 1 was a first choice to another male on the first floor.

How do the sexes on this floor compare with respect to the amount of preferred interaction on this criterion? The findings are shown in Table 43.

TABLE 43
 PREFERRED INTERACTION WITHIN EACH SEX-GROUP
 ON THE SECOND FLOOR

	Males (n=11)	Females (n=18)
Index of Preferred Interaction	73	48

An inspection of Table 43 reveals that males show a greater



amount of in-group interaction than females. It should be noted that the level of interaction on this floor is higher than that on the first floor. A comparison of the indices for both floors suggests that there is no direct relation between sex and the amount of preferred interaction shown by either sex-group.

Is there any relationship between spatial factors and the number of selections for committee members made on the second floor? The data in Table 44 provides the answer.

TABLE 44
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	25
Females	32	15

For both sexes, the percentage of observed nearest-neighbour choices is roughly half what was theoretically expected. There is no evidence that spatial factors are related to the number of choices made.

Sociometric Analysis of General Spokesman Choices:

The last of the sociometric criteria to be discussed refers to individuals most often chosen to be the general spokesman for all the residents. Figure 19 contains the data relating to this criterion.

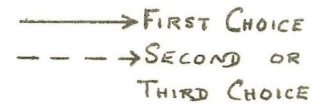
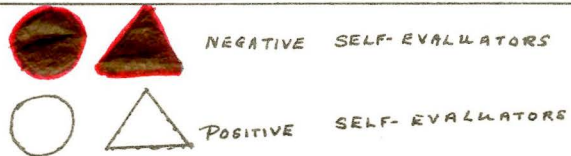
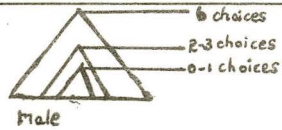
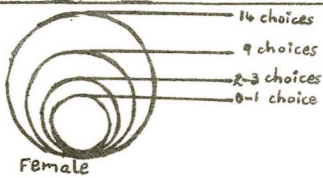
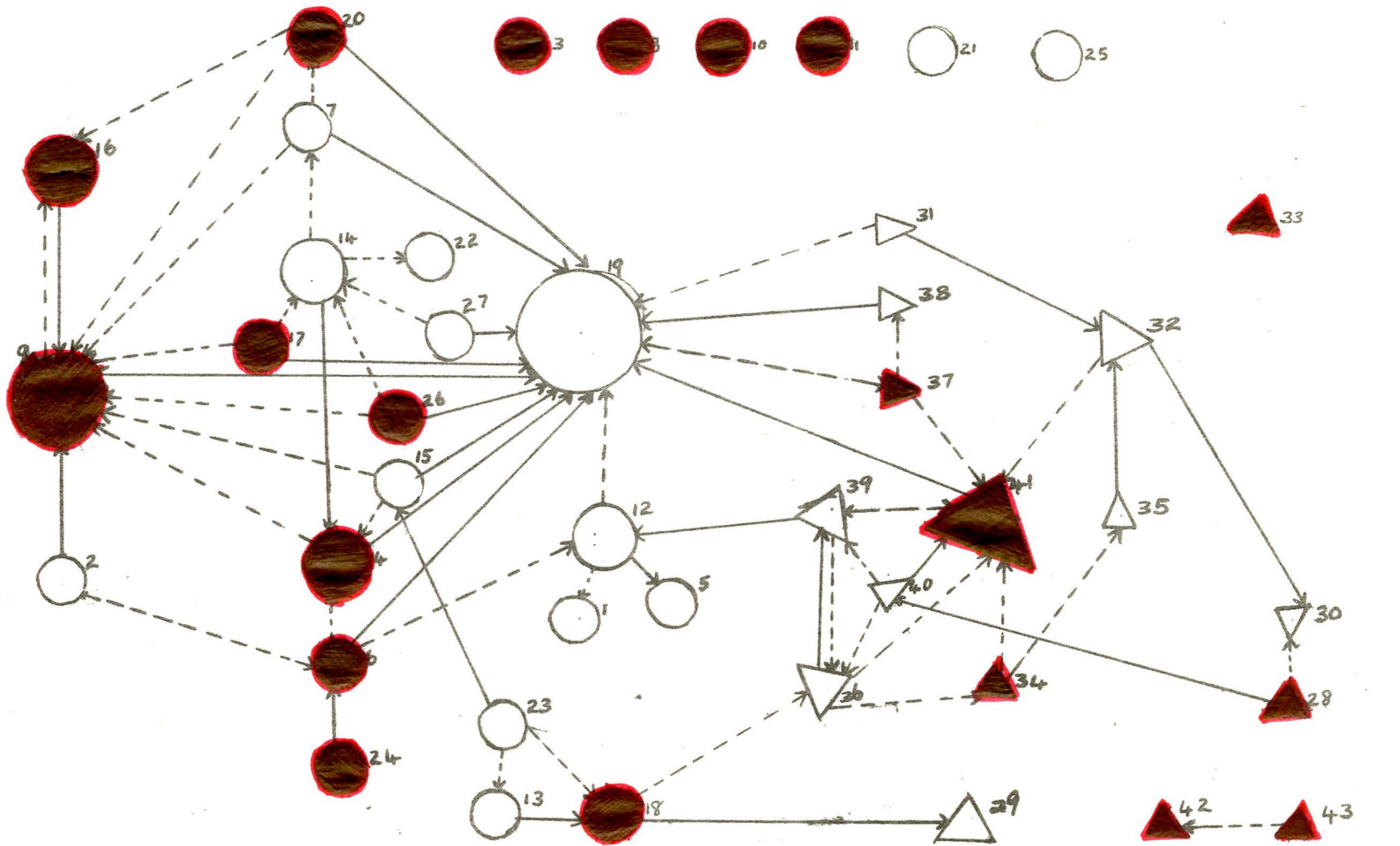


FIGURE 19
LEADERSHIP CHOICES BY SELF-EVALUATION

An examination of Figure 19 shows that there are 7 isolates, who neither make nor receive any choices. With the exception of Nos.21 and 33, they were also isolates on the criterion of committee members. Of the 7 isolates, only 2 are positive self-evaluators, and all, except No.33, are female.

The most popular choice as general spokesman for all the residents is No.19, a positive self-evaluator, with Nos.9 and 41 second and third, respectively. Of the 3 individuals most favoured for the role of general spokesman, 2 are negative self-evaluators. As in the case of the other sociometric criteria, interaction between the sexes appears to be minimal.

To evaluate the extent to which the two groups of self-evaluators form in-groups, the observed frequencies of choices on this criterion were compared with the theoretically expected frequencies for each group. The results are given in Table 45.

TABLE 45
EXPECTED AND OBSERVED CHOICES FOR A GENERAL SPOKESMAN
BY SELF-EVALUATION

Direction of Choice			Expected Choices	Observed Choices
\bar{S}	to	\bar{S}	12	11
\bar{S}	"	S	17	18
S	"	\bar{S}	15	16
S	"	S	22	21
\bar{S} --Negative self-evaluator			S --Positive self-evaluator	

The above table indicates that, for both groups, the in-group choices are very slightly fewer than would be expected if a process of

chance selection operated.

Is there any relationship between self-evaluation and the amount of interaction shown on this criterion? To assess the relative amounts of interaction shown by both groups of self-evaluators, an index of interaction was computed for each. The data is given in Table 46.

TABLE 46
PREFERRED INTERACTION BY SELF-EVALUATION

	SELF-EVALUATION	
	Positive (n=23)	Negative (n=20)
Index of Preferred Interaction	54	48

There is little evidence that self-evaluation is related to the amount of preferred interaction: for the positive self-evaluators, the level of interaction was only slightly higher than that for the negative self-evaluators.

To understand more clearly the reasons for the selection of the various individuals to be the general spokesman for all the residents, respondents were asked to state the reasons for their choices. Table 47 contains a listing of the reasons of those respondents who replied.

A study of Table 47 reveals that the majority of choices were made on the basis of presumed personal qualities. The ability to be outspoken and to express oneself well is valued highly; next in importance are being a sensible person and having good ideas.

TABLE 47
REASONS FOR THE SELECTION OF A GENERAL SPOKESMAN

Reasons for Choice	Frequency of Mention
"I like them"	1
"Would give good advice"	1
"Would be upright and truthful"	1
"Level-headed"	2
"Can handle themselves"	3
"Have a good personality"	4
"Have good ideas"	4
"Very sensible people"	5
"Can talk, and not afraid to speak up"	9

Figure 20 presents the sociometric patterns with the residents sorted according to degree of vision. It shows that the three persons most favoured for the role of general spokesman include two totally blind persons, one male, the other female. While No.19, the female, is chosen by men and women alike, No.41, the male, is chosen by men only. Of the 6 isolates, 4 have guiding vision.

In order to determine the extent to which in-groups are formed on the basis of degree of vision, the observed frequencies of choices for each vision-group were compared with the frequencies which might be expected to result from a purely random selection. The empirical findings are contained in Table 48.

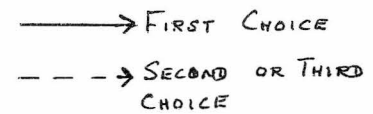
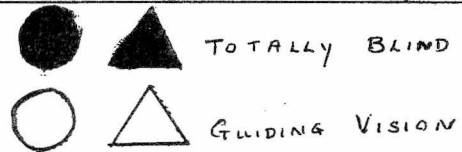
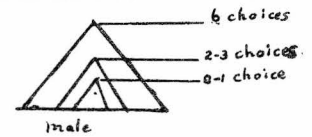
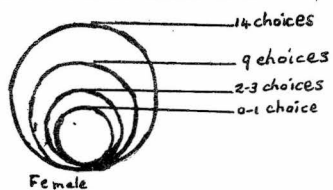
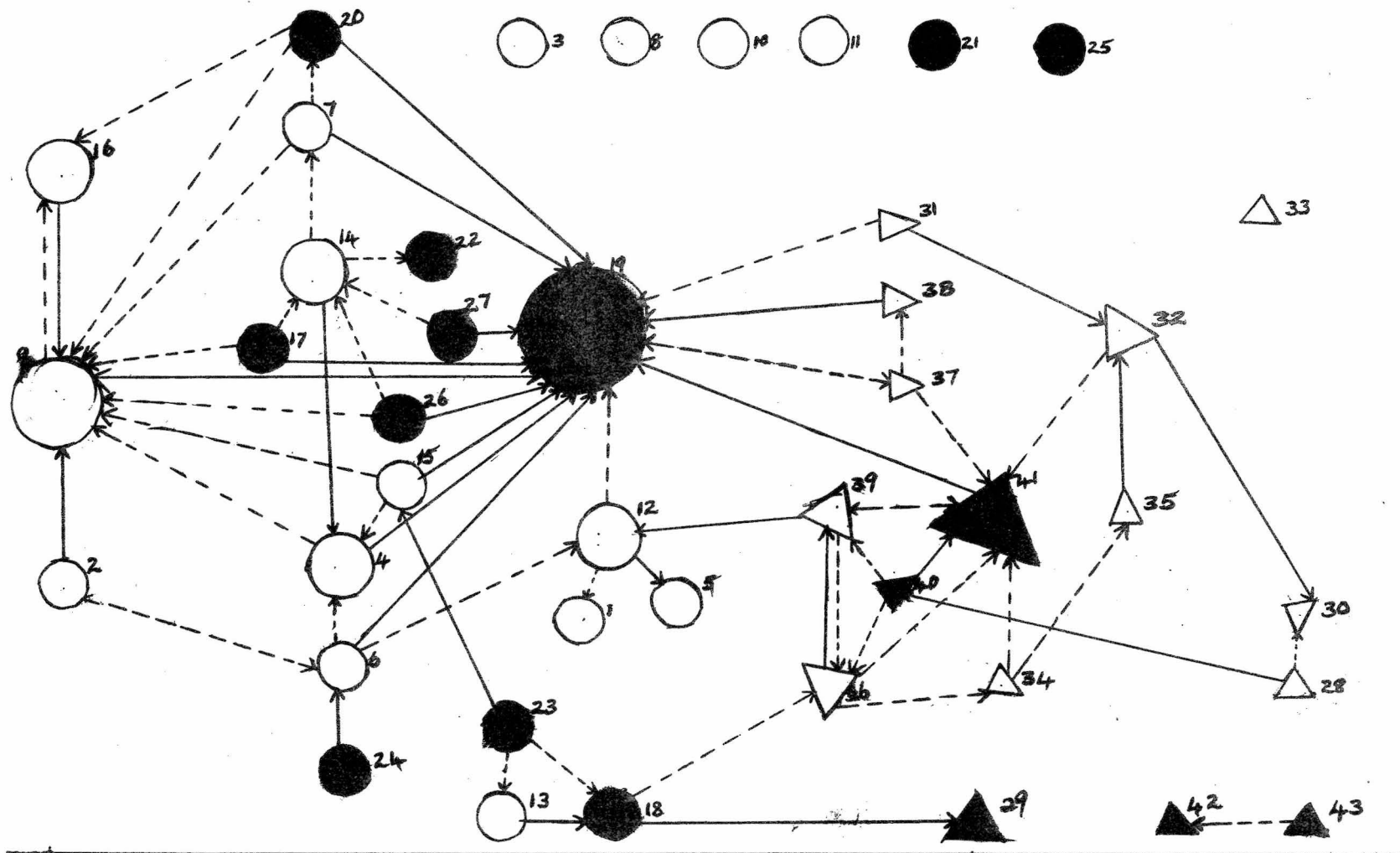


FIGURE 20
GENERAL-SPOKESMAN CHOICES, BY DEGREE OF VISION

TABLE 48
 EXPECTED AND OBSERVED CHOICES FOR A GENERAL SPOKESMAN
 BY DEGREE OF SIGHT

Direction of Choice			Expected Choices	Observed Choices
TB	to	TB	10	9
TB	"	GV	14	15
GV	"	GV	25	24
GV	"	TB	17	18

TB --Totally Blind GV --Guiding Vision

The data provides no support for the view that in-groups are structured on the basis of degree of sight: for both vision-groups, the in-group choices are very slightly fewer than would be expected, if a process of chance selection operated.

What are the indices of interaction for these two groups? Table 49 presents the relevant data.

TABLE 49
 PREFERRED INTERACTION BY SEX AND DEGREE OF SIGHT

	Indices of Preferred Interaction	
	Totally Blind	Guiding Vision
Males	40	58
Females	55	48
Males and Females	50	52

Table 49 reveals that the two vision-groups are roughly equal in the amount of interaction shown on the criterion of choices for a general spokesman. It also shows that the difference between the levels of

interaction for the totally blind and those with guiding vision was greater for males than for females. The data provides no support for the view that degree of vision is related to the level of preferred interaction on this criterion.

Figure 21 represents the sociometric patterns on the first floor. Of the 11 choices made, 1 was across the sex lines on this floor, and 6 were directed to other residents of the second floor. The amount of in-group interaction does not appear to be high.

To have a more precise idea of the relative amount of in-group interaction shown by the two sexes, the data in Figure 21 was put in the form of the following table.

TABLE 50
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE FIRST FLOOR

	Males (n=5)	Females (n=9)
Index of Preferred Interaction	7	11

The data in the above table shows that males had a slightly lower level of in-group interaction than females. It also confirms our earlier impression that the amount of in-group interaction was not high.

Is there any relationship between spatial factors and the number of choices made? The relevant evidence is presented in Table 51.

An inspection of this table indicates that, for both sexes, the percentage of observed nearest-neighbour choices is greater than that theoretically expected. The evidence suggests a relationship between

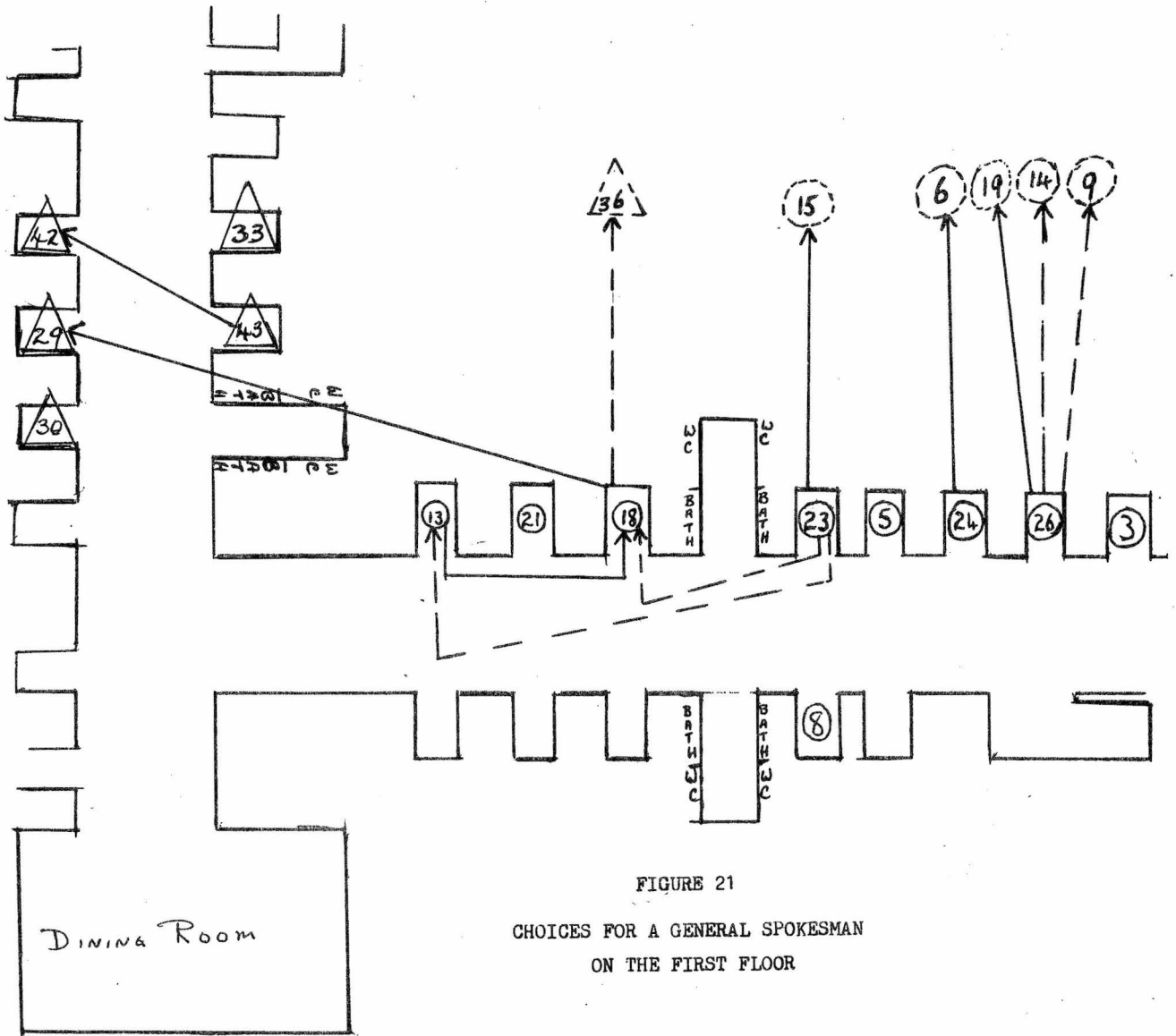


FIGURE 21
 CHOICES FOR A GENERAL SPOKESMAN
 ON THE FIRST FLOOR

- Female
- △ Male
- or △ Second floor resident
- First choice
- - - → Second or third choice

spatial factors and the number of selections made.

TABLE 51
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	100
Females	32	67

Figure 22 is a representation of the sociometric patterns on the second floor. Of the 55 choices made, 6 were between the sexes on this floor, and 2 were to the same resident on the first floor. The diagram suggests a fair amount of in-group interaction for both sexes.

In order to form a more precise idea of the amount of in-group interaction for each sex, the following table was prepared:

TABLE 52
PREFERRED INTERACTION WITHIN EACH SEX-GROUP
ON THE SECOND FLOOR

	Males (n=11)	Females (n=18)
Index of Preferred Interaction	52	56

An inspection of the above table reveals that there is very little difference between the levels of in-group interaction shown by both sexes.

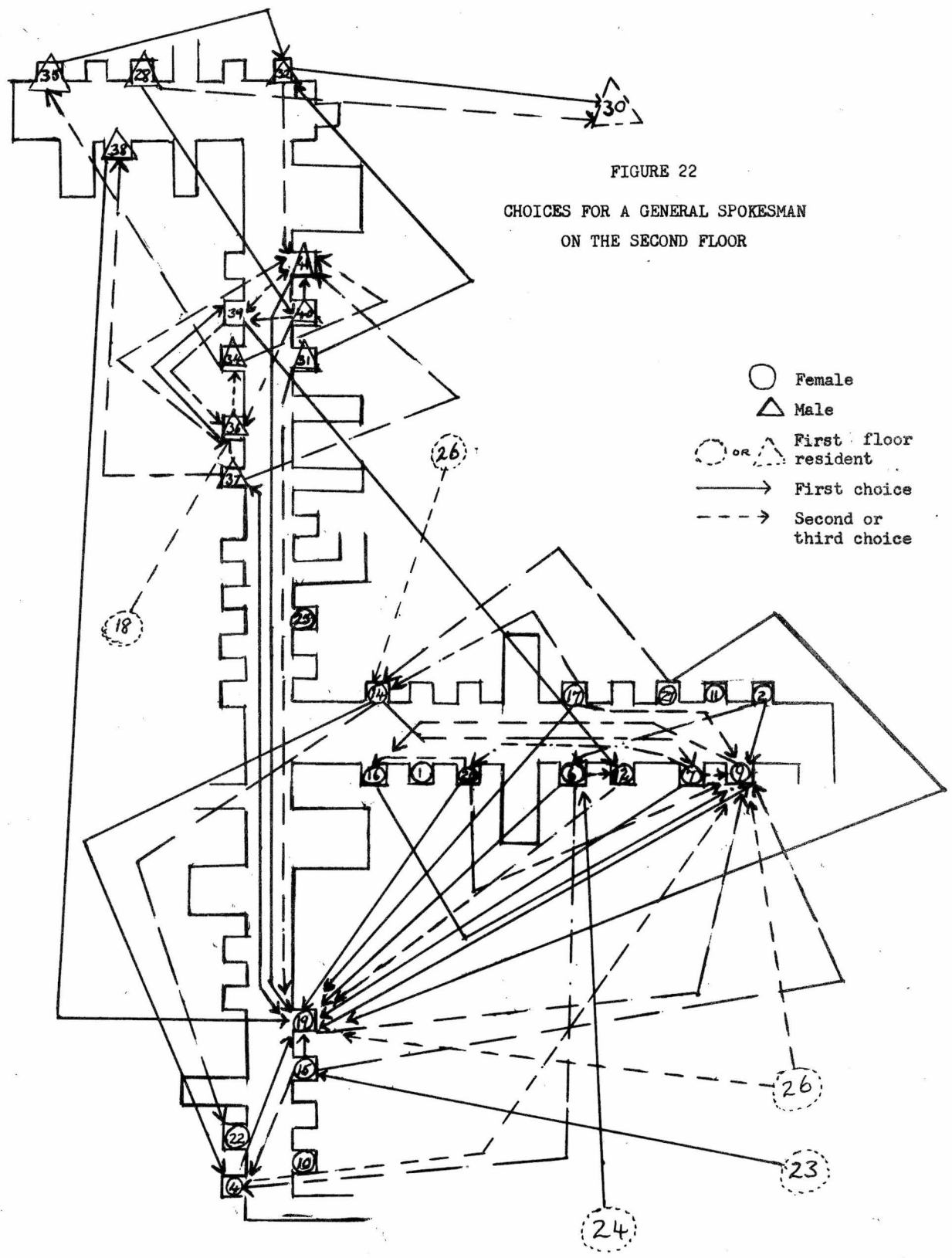


FIGURE 22
CHOICES FOR A GENERAL SPOKESMAN
ON THE SECOND FLOOR

A comparison of the indices for both floors indicates that the level of interaction is higher on the second floor than on the first.

Is there any relationship between spatial factors and the number of selections made on the second floor? The relevant findings are given in Table 53.

TABLE 53
EXPECTED AND OBSERVED NEAREST-NEIGHBOUR CHOICES

	Nearest-Neighbour Choices	
	Expected %	Observed %
Males	52	35
Females	32	13

For both sexes, the percentage of observed nearest-neighbour choices is less than what was theoretically expected. There is no evidence of any relationship between ecological factors and the number of selections made.

To complete our sociometric analysis, we shall consider whether the three most highly chosen persons on any criterion are the same as those on the other criteria. The empirical findings are presented in Table 54.

An examination of Table 54 indicates a greater consistency of selection of individuals for the three top rank positions on the criteria of committee membership and general spokesman, than on those of chatting and roommate companions.

TABLE 54
 MOST HIGHLY CHOSEN PERSONS ON SOCIOMETRIC CRITERIA

Sociometric Criteria	Rank Positions		
	1	2	3
Chatting Companions:			
Number of Individual	41	19	14
Of All Choices Made, Percentage Received	(9)	(8)	(7)
Roommate Companions:			
Number of Individual	18, 13	40, 30, 14, 7	41, 38, 34, 15, 11, 8
Of All Choices Made, Percentage Received	(8)	(6)	(4)
Committee Membership:			
Number of Individual	19	41	9
Of All Choices Made, Percentage Received	(20)	(11)	(8)
General Spokesman:			
Number of Individual	19	9	41
Of All Choices Made, Percentage Received	(21)	(14)	(9)

A further inspection of Table 54 reveals that the individuals most consistently chosen for one of the three top rank positions are Nos. 19, 41, 14, and 9. Two of these are positive self-evaluators (Nos. 19 and 14), and two are totally blind (Nos. 19 and 41).

To recapitulate the contents of this chapter, a Moreno technique, the sociometric test in the form of an interview schedule was administered to the residents in an attempt to answer three basic questions.

The first question was: "Does any relationship exist between an

individual's self-evaluation and the extent of his/her preferred interaction patterns?" The evidence showed a very slightly higher level of interaction for the positive, as compared with the negative, self-evaluators, on all four sociometric criteria.

With reference to the second question, "Is there a relationship between degree of vision and the extent of preferred interaction within the Residence?", the findings indicated a slightly higher level of interaction for the totally blind, as compared with those with guiding sight, on the criteria of roommate companions, committee members, and general spokesman. There was no evidence of the structuring of in-groups on the basis of degree of vision.

The third question was: "Is there any relationship between spatial factors and the number of in-group choices on any of the sociometric criteria?" The data indicated a relationship between spatial factors and the number of in-group choices made on the first floor for the four sociometric criteria, but none for the second floor.

CHAPTER V

SUMMARY AND CONCLUSIONS

Purpose of the Study:

The purpose of this study was to discover whether any relationships existed between the self-evaluation of the residents and their perceptions of the attitudes of the sighted, their own attitudes to blindness, and their group affiliations within the Residence. In pursuing our objective, the following hypotheses were formulated and tested:

- (a) those residents who evaluate themselves negatively will tend to perceive the attitudes of the sighted as negative;
- (b) those who evaluate themselves positively will tend to perceive the attitudes of the sighted as positive;
- (c) those who evaluate themselves negatively will tend to have:
 - (i) a negative attitude to blindness, and
 - (ii) a low level of preferred interaction within the Residence;
- (d) those who evaluate themselves positively will tend to have:
 - (i) a positive attitude to blindness, and
 - (ii) a high level of preferred interaction within the Residence.

Results and Conclusions:

The results of this study were obtained by the following procedures:

- (1) an interview schedule administered to all the residents. This schedule included a self-evaluation questionnaire and a

sociometric test.

(ii) participant observation.

The self-evaluation questionnaire revealed that there were 23 positive and 20 negative self-evaluators among our respondents. Males with guiding vision were found to have larger mean ratings than totally blind males on all the items in the questionnaire, save that of achieving goals. On the other hand, the mean self-evaluation ratings of those females who had guiding sight and who were totally blind were broadly similar, except with reference to the ability to influence groups, where the former showed a higher mean rating than the latter. In addition, a comparison of the two sexes revealed that the overall mean self-evaluation of those with guiding sight was higher for males than for females. Among those with guiding sight, there was a slightly larger percentage who evaluated themselves positively, when compared with the totally blind.

Contrary to our expectations, we found that the residents perceived the world of the sighted as a composite of four groups of people: friends and relatives, those who work with or for the blind, non-professional sympathisers, and the public. Each of these groups was seen as having attitudes to the residents which varied in their content and in their impact upon their lives. Of these four groups, it is the public whose attitudes are perceived as being essentially negative, ranging from veiled indifference to overt rejection.

While a majority of both sexes perceived the public as being negative in their attitudes, the data suggested that those who were more likely to do so were males with guiding vision, or females. On the other hand, those who were more likely to perceive the attitudes of the public

as positive were totally blind males. In addition, of those totally blind residents who saw the public as rejecting, there was a greater percentage of females than males. In explanation of the above findings, it was suggested that males with guiding sight have greater contact with their environment and, therefore, tend to be more active, participating in the values of the dominant culture more as non-injured individuals than as persons who are blind. As such, they are more likely to find themselves in constant opposition to the socially devaluating definitions of blindness. On the other hand, it was suggested that total blindness, by imposing greater restrictions on physical mobility, considerably narrowed the range of exposure to the discriminations and prejudices of the public, and thus made for fewer negative attitudes to blindness. With respect to the perceptions of our female respondents, it was noted that the social expectations surrounding the role of women imply marriage, dependence upon a male, and an ascendancy in the domestic sphere. On the other hand, society tacitly disapproves of marriages with blind women, thus placing the latter in a frustrating situation. It was suggested that the perception of the public's attitudes by the female residents were shaped by this conflict.

The hypothesis that those who evaluated themselves negatively (or positively) would tend to perceive the attitudes of the public as negative (or positive) was not confirmed by the data. An overwhelming majority (83 per cent) of the positive self-evaluators were rated as perceiving the public's attitudes as rejecting. The corresponding percentage of negative self-evaluators who did so was only 55.

The data further indicated that those who evaluated themselves

positively, and who also perceived the public as rejecting in its attitudes, were twice as likely to have guiding vision as to be totally blind. On the other hand, those who were positive self-evaluators, and who also perceived the public as accepting in its attitudes, were three times as likely to be totally blind as to have guiding vision.

The analysis of the empirical evidence on the attitudes of the residents towards blindness revealed a consensus of favourable opinion with respect to living in the Residence, accepting help from the public, and using the white cane. It is interesting to note that, of those who expressed negative attitudes, there was a larger proportion of those with guiding vision than with total blindness. On the other hand, disapproval of marriage between the blind was widespread among the residents. In addition, a majority of respondents viewed blindness as the worst disability. On the basis of the findings, it was concluded that neither sex, degree of vision, nor self-evaluation, was directly related to the attitudes of the residents towards blindness.

In order to determine the extent of group affiliations within the Residence, a sociometric test based on four questions relating to chatting companions, roommate preferences, committee members, and a general spokesman, was administered to the residents.

We discovered no definitely structured cliques: on every criterion, there was a minimum of mutual choices and a maximum of choices directed to a few key individuals.

Our hypothesis that self-evaluation was related to the level of preferred interaction received very little support from the data: on every criterion, the positive self-evaluators showed a very slightly higher

level of interaction than the negative self-evaluators. There was no evidence of in-group formation on the basis of self-evaluation.

The findings revealed no structuring of in-groups on the basis of degree of vision, and there was a fair amount of interaction between the two vision-groups. The data also indicated a slightly higher level of interaction for the totally blind, as compared with those with guiding vision, on the criteria of roommate companions, committee members, and a general spokesman.

Lastly, our evidence indicated a relationship between spatial factors and the number of in-group choices on all four sociometric criteria on the first floor; none existed on the second floor.

Strengths and Weaknesses of the Study:

The chief strength of this study is probably that it explores relatively new ground. To our knowledge, the present study is the first empirical investigation of the occupants of any residence for the blind. It is also the first study which has attempted to explore the relationship between the concept of self-evaluation and certain perceptions, attitudes, and interpersonal relationships of blind individuals. Finally, it shows the most direct evidence yet published of the extent of group formation within a residence for the blind.

On the other hand, the chief weakness of this study derives from the fact that it concentrates on one particular residence, rather than comparing different residences. The residence itself was selected because it was sufficiently willing to permit the exploration reported here. The consequence of this decision is that we have no idea how far our findings may be generalized to other residences or to other time

periods. Indeed, we suspect that some of our conclusions are applicable to other residences for the blind, but we can offer no systematic empirical support for that claim.

One feature of the study which some readers may find disappointing is that the findings derived from the statistical part of our analysis were not subjected to statistical tests of significance. The chief reason for this lies in the small size of the sample; a statement about statistical significance is a statement about sampling error and, since sampling error is a function of sample size, such a statement is also a function of the sample size involved. Thus, the smaller the sample (and, other things being equal, the larger the sampling error), the smaller is the chance that a difference of a given size will be found statistically significant.

A more general caution against the use of significance tests is that an effect that has been shown to be statistically significant may yet be so small in magnitude that it is of no substantive interest to the researcher.¹ Conversely, if the test has a negative result, one ought not to conclude that the effect has no importance or reality. In the final analysis, what is really of importance is the magnitude of effects rather than a test of whether the difference is statistically significant or not.

While it must be borne in mind that there are particular limitations imposed upon the research by the sample studied, the findings provide some evidence for a few practical suggestions. According to the

¹See a fuller discussion of this point in C.A. Moser, Survey Methods in Social Investigation (London: Heinemann Ltd., 1958), p.294.

findings of this study, one of the problems that the blind face is the negative attitudes of the public, which reflect the stereotyped picture of the blind as hopelessly unproductive, useless to themselves or to others, and importunate in their requests for financial aid. The answer to this problem would seem to lie in trying to change these attitudes. One way in which this might be done is by disseminating a greater amount of information about the blind, by means of the mass media, lecture courses, printed literature, and so on. The public might then be brought to a true understanding of the limitations, problems, and potentialities, of those who are blind. In particular, there is a great opportunity for inculcating more positive attitudes to the blind through the educational system. If education in a democracy means anything, it means a training for effective participation in a community of equals. At the very minimum, this implies a recognition of the need to provide an adequate support to individuals or groups in order that they may play their part in society. There is no better time to learn the principles of liberty, equality, and fraternity, than when young, and no better place to learn them than at school or in a home founded on such principles.

To conclude this chapter, there are a number of interesting aspects of our study problem which, we think, merit further investigation. In the first place, the objective of this research could be pursued, more intensively, by utilising a research design which not only included a much larger sample of adult blind persons, but also which paid a fuller attention to such important variables as sex, age, degree of blindness, self-evaluation, and social interaction with the sighted.

In addition, a standardized, refined scale could be developed and used to provide a valid measure of attitudes to blindness.

Secondly, a longitudinal study could be designed to analyze and measure what changes take place over time with respect to these variables and their relationships, one to another.

Lastly, it is important to know what persons or groups will serve as a reference group for a given blind individual in a residence for the blind. With whose evaluations will he be concerned, for example, in forming his social perceptions--will it be the staff, other residents, family, friends, or the "generalized other"?

In conclusion, although the empirical findings have not confirmed the hypotheses which were formulated to serve as the basis of this investigation, they have, also, not vitiated the force of the arguments for employing the theoretical perspective of symbolic interactionism to explain the meaning of blindness. Indeed, the above suggestions for future research constitute a re-affirmation of our belief in its tremendous utility and importance.

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APPENDIX A
THE INTERVIEW SCHEDULE

Interview Schedule

1. Name and Room No. _____ 2. Sex: 1.M 2.F
3. Age _____ Date of birth _____
4. Marital status:
1. Single, never married
2. Married
3. Widowed
4. Separated
5. Divorced
5. Degree of blindness:
1. Totally blind (Acquired)
2. Totally blind (Congenital)
3. Guiding sight (Acquired)
4. Guiding sight (Congenital)
6. State of health: Treatment for specific physical and mental diseases.
1. Very good
2. Fairly good
3. Average
4. Fairly poor
5. Very poor
7. (a) Relatives alive: 1. No 2. Yes
(b) Relationship with close relatives:
1. Very friendly
2. Fairly friendly
3. Average
4. Fairly unfriendly
5. Very unfriendly
8. Where were you born?
1. Canada
2. United Kingdom
3. Europe
4. Other
9. How long have you lived in Hamilton?
1. under 6 months
2. 6 & " 12 "
3. 12 " " 18 "
4. 18 " " 24 "
5. 24 and over
10. And in this residence?
1. under 6 months
2. 6 & " 12 "
3. 12 " " 18 "
4. 18 " " 24 "
5. 24 and over
11. How much formal education do you have?
1. Some grade school
2. Finished grade school
3. Some grade 13
4. Finished grade 13
5. Some college
6. College graduate
7. Trade school
8. "Business school"
9. Other
12. What religion are you?
1. Protestant
2. Catholic
3. Jewish
4. Other
13. How often do you attend church?
1. Every week
2. 1 to 3 times a month
3. Seldom
4. Never

14. Whenever people meet, they tend to form impressions about one another. From your experience, what would you say are the more usual reactions of people towards you? _____

15. There are many situations where one has to handle things on one's own without help from others. Tell me,
 (a) how often do those whom you know believe you can handle things on your own?
 1. Regularly 3. Occasionally
 2. Frequently 4. Seldom 5. Never
- (b) How do you explain this? _____

- (c) What about people meeting you for the first time, how often do they believe you can handle things on your own?
 1. Regularly 3. Occasionally
 2. Frequently 4. Seldom 5. Never
- (d) How do you explain this? _____

16. There are often times when one has to make a wise and careful decision before doing something. Tell me;
 (a) How often, do you think, those whom you know believe you can make sound judgments?
 1. Regularly 3. Occasionally
 2. Frequently 4. Seldom 5. Never
- (b) Is there any explanation for this? _____

- (c) What about people meeting you for the first time, how often, do you think, they believe you can make sound judgments?
 1. Regularly 3. Occasionally
 2. Frequently 4. Seldom 5. Never
- (d) How do you explain this? _____

17. Some people say that others go out of their way to mix with them, or to avoid them.
 (a) How often, do you think, _____ people go out of their way to mix with you?
 1. Regularly 3. Occasionally
 2. Frequently 4. Seldom 5. Never
- (b) Is there any explanation for this? _____

18. (a) And how often, do you think, people go out of their way to avoid you?

- | | | |
|--------------|----------------|---------|
| 1.Regularly | 3.Occasionally | |
| 2.Frequently | 4.Seldom | 5.Never |

(b) Is there any explanation for this? _____

19. When two people meet for the first time, they tend to be aware of something about the other, for example, the person's sex, or age, or education, or personal qualities, and so on. Tell me:

(a) What do you think people are most aware of when they meet you for the first time?

- | | | |
|----------------|----------------------|-------------|
| 1.Social class | 4.Personal qualities | 7.Sex |
| 2.Religion | 5.Age | 8.Blindness |
| 3.Education | 6.Dress | 9.Other |

(b) Do you think this matters a great deal in how they first treat you?

- | | | |
|------------------|--------------|-----------------|
| 1.Definitely yes | 3.Don't know | 4.Probably no |
| 2.Probably yes | | 5.Definitely no |
- _____

20. (a) How about a prospective employer, what do you think he would be most aware of?

- | | | |
|------------------|----------------------|-------------|
| 1.Social class | 4.Personal qualities | 7.Sex |
| 2.Religion | 5.Age | 8.Blindness |
| 3.Qualifications | 6.Dress | 9.Other |

(b) From his first impressions of you, and from the point of view of doing the job, what standards would he think you are capable of?

- | | | |
|---------------|-----------|--------------|
| 1.Very high | 3.Average | 4.Fairly low |
| 2.Fairly high | | 5.Very low |
- _____

21. On the basis of their own experience, or hearsay, people also tend to form views about what personal qualities others may, or may not, have.

(a) From your experience, how often, do you think, people believe you have unusual qualities?

- | | | |
|--------------|----------------|----------|
| 1.Regularly | 3.Occasionally | 4.Seldom |
| 2.Frequently | | 5.Never |

(b) What are these qualities? _____

22. At one time or another, most people feel that they would like to change, in some way, the society in which they live. Now, suppose YOU had the power to change people's attitudes, which three attitudes would you change?

23. I am now going to ask you a few questions, all of which can be answered by a single number. Zero would be "never", and 100 would be "always". You can choose any number you like, so long as it's closest to how you feel.
1. When you do those things that interest you most, about what per cent of the time are you satisfied with your performance?
 2. And when there is a group of people of which you are a member, about what per cent of the time, do you think, your ideas influence the group?
 3. Now, suppose it's up to you to do something without the help of others, about what per cent of the time can you handle things on your own?
 4. About what per cent of the time are you able to make a good impression and form good relations, when you meet people for the first time?
 5. In those cases where others trust and depend on you for something, about what per cent of the time do you live up to this?
 6. When you face a situation where you have to make a wise, careful judgment before doing something, about what per cent of the time do you make sound judgments?
 7. About what per cent of the time do you feel you have really succeeded, when you try to reach goals, of any kind, which are important to you?
24. Of the following four statements, which do you think comes closest to your feelings about yourself?
1. There are many things about myself I'd like to change.
 2. There are some things about myself I'd like to change.
 3. There are only a few things about myself I'd like to change.
 4. There is hardly anything about myself I'd like to change.
25. what would you say have been the main satisfactions in your life? _____

26. I suppose everyone has had some disappointments. What have been the main disappointments in your life? _____

27. During the past three years, have you lost anyone who meant a great deal to you?
- | | | | | | |
|-------------------------------|---|---|---|---|-------|
| 1.No | | | | | |
| 2.Yes, less than 6 months ago | | | | | _____ |
| 3. " 6 to 12 | " | " | " | " | _____ |
| 4. " 12 " 18 | " | " | " | " | _____ |
| 5. " 18 " 24 | " | " | " | " | _____ |
| 6. " 24 " 30 | " | " | " | " | _____ |
| 7. " 30 " 36 | " | " | " | " | _____ |

28. On the whole, do you think that people are able to make what they want out of their lives?

- | | | |
|-------------------|---------------|------------------|
| 1. Definitely yes | 3. Don't know | 4. Probably no |
| 2. Probably yes | | 5. Definitely no |
-
-

29. Most people feel aware of something about themselves, when they meet others for the first time, for example, their education, dress, age, sex, personal qualities, and so on. What do you feel most aware of?

- | | | |
|--------------|-----------------------|--------------|
| 1. Religion | 4. Age | 7. Blindness |
| 2. Education | 5. Sex | 8. Other |
| 3. Dress | 6. Personal qualities | |
-
-

30. Quite often, people try to help others, sometimes with good, sometimes with bad, results.

(a) How do you feel about being offered help?

- | | |
|---------------------------|-----------------------------|
| 1. Very willing to accept | 4. Unwilling to accept |
| 2. Willing to accept | 5. Very unwilling to accept |
| 3. Don't know | |
-
-

31. There is no general agreement on this. Different people have different views. Tell me: chatting

(a) How easy would it be for you to spend an evening with a group of sighted people you have just met?

- | | |
|----------------|---------------------|
| 1. Very easy | 4. Fairly difficult |
| 2. Fairly easy | 5. Very difficult |
| 3. Don't know | |
-
-

32. Of your five best friends, how many are sighted?

- | | | |
|---------|----------|---------|
| 1. None | 3. Two | 5. Four |
| 2. One | 4. Three | 6. Five |

33. I would now like to ask you a few questions about the other residents. The questions aren't concerned with their private lives. They are intended solely to identify those persons you would most prefer to do certain things with, like chatting, and so on.

If, in answer to any question, you are unable to name anyone, please say so.

34. 1. (a) People often get together and chat, say after lunch or dinner. Perhaps, you yourself like to do this. If so, of those persons you would most prefer to chat with, who would be:

Your first choice? _____

Your second choice? _____

Your third choice? _____

1. (b) How many others do you chat with regularly? _____

2. (a) Suppose there were apartments in this residence, and you had the opportunity of sharing one with a resident. Who would be:
your first choice? _____
your second choice? _____
your third choice? _____

(b) How many others would you share with; please give their names? _____

3. Now, suppose that the food is becoming increasingly worse. The situation soon becomes unbearable. A meeting is held by all the residents. It is there decided to select three from among your number to represent you on a committee formed to do something about the food situation. Who would be:
your first choice? _____
your second choice? _____
your third choice? _____

(b) What are your reasons for choosing these persons? _____

(c) Are there any others you would choose, apart from those you have mentioned? _____

4. (a) Suppose it had been decided, at a meeting, to choose someone from among your number to be the general spokesman for all the residents. Who would be your first choice? _____
your second choice? _____
your third choice? _____

(b) What are your reasons for choosing these persons? _____

(c) Apart from those you have mentioned, are there any others you would choose? _____

To conclude the interview, I would now like to hear your views on a few other subjects.

34. At what age did your eyes first begin to trouble you?

1. under 10 years
2. 10 and " 20 "
3. 20 " " 30 "
4. 30 " " 40 "
5. 40 " " 50 "
6. 50 and over

35. Apart from vision, in what ways do you think a blind person differs from most people?

1. Very little difference
2. Little difference
3. Don't know
4. Much difference
5. Very much difference

36. What do you think of the idea of blind persons marrying one another?

1. Strongly disagree
2. Disagree
3. Don't know
4. Agree
5. Strongly agree

37. Some people feel that one should be proud of the achievements of one's fellow blind; others disagree. How do you feel about this?

1. Strongly disagree
2. Disagree
3. Don't know
4. Agree
5. Strongly Agree

38. (a) What do you think is the worst disability for a person to have?

1. Total deafness
2. Total dumbness
3. Loss of a hand
4. Loss of a foot
5. Blindness
6. Other

(b) What makes you say so?

39. What about living together in a residence, do you think this brings one closer to the wider community, or do you think it keeps one apart?

1. Brings one very close
2. Brings one fairly close
3. Don't know
4. Separates one a fair amount
5. Separates one very much

40. Some people prefer to use one or another of the following terms: visual disability, visual loss, visual impairment, defective vision, blindness.

(a) Which do you think should be used, generally?

- | | | |
|----------------------|----------------------|--------------|
| 1. Visual disability | 3. Visual impairment | 5. Blindness |
| 2. Visual loss | 4. Defective vision | 6. Other |

(b) Why do you think so? _____

41. If a friend became blind, some persons would recommend the use of the white cane, on the ground that it is a great help. Others disagree, saying that it makes one conspicuous. How do you feel about this?

- | | |
|-------------------------------|------------------------------------|
| 1. Would definitely recommend | 4. Would probably advise against |
| 2. Would probably recommend | 5. Would definitely advise against |
| 3. Don't know | |
- _____
- _____
- _____

42. And what about dark glasses?

- | | |
|-------------------------------|------------------------------------|
| 1. Would definitely recommend | 4. Would probably advise against |
| 2. Would probably recommend | 5. Would definitely advise against |
| 3. Don't know | |
- _____
- _____
- _____

43. I wonder if you could tell me, in your own words, how you feel about blindness. What does it mean to you? _____

(b) You mentioned a minute ago what blindness means to you. Could you tell me what experiences of yours have led you to think like this? _____

44. (a) And to ~~sighted people~~, how do you think they feel about blind people? What are their usual beliefs? _____

(b) What do you think makes them have these ideas? _____

APPENDIX B

COMPUTATION OF PROBABILITY OF CHOOSING AT LEAST ONE NEAREST-NEIGHBOUR

We computed the probability of choosing at least one nearest-neighbour by the following procedure:

(i) There were 16 males in our sample, and, for each one, there were 15 possible male neighbours. Of these 15, 3 could be regarded as nearest-neighbours, while 12 could not.

The probability of not selecting any nearest-neighbour was, therefore, the number of ways of selecting 3 neighbours from the 12 who were not nearest-neighbours (i.e., ${}^{12}C_3$) divided by the number of ways of selecting any 3 neighbours from the possible 15 (i.e., ${}^{15}C_3$)

Similarly, the probability of selecting 1 nearest-neighbour was the quotient of the product of the following two combinations:

(a) the number of ways of selecting 1 out of the 3 nearest-neighbours (i.e., 3C_1),

(b) the number of ways of selecting 2 out of the 12 who were not nearest-neighbours (i.e., ${}^{12}C_2$),

divided by a third combination:

(c) the number of ways of selecting any 3 neighbours from the possible 15 (i.e., ${}^{15}C_3$).

The different probabilities are presented on the following page.

No. of Nearest-Neighbours Selected X	Probability of Selecting X Nearest-Neighbours $P(X)$	
0	${}^{12}C_3 / {}^{15}C_3$	= $220/455 = .4835$
1	${}^3C_1 {}^{12}C_2 / {}^{15}C_3$	= $198/455 = .4351$
2	${}^3C_2 {}^{12}C_1 / {}^{15}C_3$	= $36/455 = .0791$
3	${}^3C_3 / {}^{15}C_3$	= $1/455 = .0021$
At least 1	$.4351 + .0791 + .0021$	= $.5163$

(ii) Likewise, for the 27 females in the sample, there were 26 possible female neighbours for each. Of these 26, 3 could be considered nearest-neighbours, while 23 could not. The probabilities of selecting X nearest-neighbours are given below:

No. of Nearest-Neighbours Selected X	Probability of Selecting X Nearest-Neighbours $P(X)$	
0	${}^{23}C_3 / {}^{26}C_3$	= $1771/2600 = .6811$
1	${}^3C_1 {}^{23}C_2 / {}^{26}C_3$	= $759/2600 = .2919$
2	${}^3C_2 {}^{23}C_1 / {}^{26}C_3$	= $69/2600 = .0265$
3	${}^3C_3 / {}^{26}C_3$	= $1/2600 = .0003$
At least 1	$.2919 + .0265 + .0003$	= $.3177$

APPENDIX C: THE SETTING

Built in 1959, the Edgewood Residence for the Blind is an attractive building overlooking Main Street West, with vacant land at the back and on both sides. In the front of the building is a well-kept semi-circular lawn with a mast from which flies the Canadian flag; there is also a driveway which conveniently serves as a bus terminal. The driveway continues along the east side of the building, and beside it is a piece of land which serves as a lawn, and which is attended to by a landscape gardener during the summer. The land is actually owned by the Hydro-Electric Company of Hamilton, but is leased by the Canadian National Institute for the Blind.

What impresses the visitor on entering through the front of the Residence is the subdued activity and quiet efficiency of the three young ladies in the office. To the uninformed observer, their tasks appear routine. In effect, these ladies are part of that highly efficient corps of dedicated workers who constitute the CNIB. Their work is immensely important, and can be measured in terms of the social profit that accrues to society, as a result of the rehabilitation of the blind.

The head of this small administrative machine is the Field Secretary of the CNIB. A slim man with a brisk walk, he has a quick smile and a genuine friendliness which immediately puts one at ease. He is legally blind, a fact which it is difficult to infer from either his speech or manner. He is a very highly specialised social worker, a

graduate of the CNIB's own training programme, and his responsibilities are varied and extensive. He not only superintends the administration of the Residence and the occupational shop, which is located in it, but also performs the roles of counsellor, case-visitor, and general friend to the blind-- in three counties: Wentworth, Keele, and Halton. He is a very active public speaker, and discharges his multiple responsibilities with an enviable competence.

Like his superior, the Assistant Field Secretary is legally blind, and occupies an adjoining office. He is affable, generous in his help, and is primarily concerned with casework in the city of Hamilton. He, too, engages in much public speaking, and is the official responsible for the provision of recreational facilities and other programmes for the local blind registered with the CNIB.

The Field Secretary's right hand is his secretary, who shoulders his responsibilities in his absence, and acts as the work manager of the office. The services provided by the office range from reading material in the form of touch-type and recorded books, recreational facilities, home study courses, vocational guidance, theatre passes, fare reductions, games and appliances, to the running of the "Gift Shop" (adjoining the office and visible from the outside), which offers for sale, at attractive prices, a variety of goods made by the blind.

Opposite to the office is the auditorium, spacious and well-furnished. Held here, and open to all registered blind persons, are the meetings of the Canadian Council of the Blind. It is also the location of those indoor activities like dominoes, shuffleboard, and tea parties, which are provided for the blind. For those who reside in the building

and who are unable to attend church services outside, the auditorium is converted into a church by various religious denominations on different Sunday nights. There are two annual functions of much interest to the registered blind which take place in the auditorium. The first is a children's party, which features games, prizes, free refreshment, and general entertainment to everyone present. The second is the "summer" picnic", an adult version of the Children's party. After the summer picnic, the guests are usually in a very convivial mood and with a hearty appetite, from their unaccustomed exertions. They are, then, taken by chartered buses to Fischer's Hotel in Hamilton, where the climax of the evening is a sumptuous dinner.

From the waiting room, next to the office, there is a corridor which leads into the centre of the building. At the end of the corridor is the dining room, spacious and furnished with separate tables for four persons each; and opening into it is the kitchen. The Matron supervises its detailed running, and her staff consists of a cook, an assistant cook, and five maids, all of whom work a paid forty-hour week. In addition, there is usually opportunity for girls (usually grade 13 or university students) to earn money by working part-time in evenings as maids, doing light cleaning work. The heavy cleaning work is done by professional staff. The Matron's responsibilities extend to ensuring the personal comfort of her guests, and to ascertaining whatever problems they may be facing. For the general operation of this aspect of the Residence, she is personally accountable to the Field Secretary. At the end of the day, her work is continued by two female supervisors, one working from four in the afternoon till ten at night, the other working

from ten throughout the night. Their work tends to be light, being limited mainly to the answering of the telephone and taking messages.

Since CNIB residences are not "Homes" in the institutional sense of the word, one finds that its residents live in comfort and at a moderate cost, permitted and encouraged to live their own lives. The lounges and rooms are attractively furnished, and flowers are supplied by funeral homes free of charge (flowers which have been used during the funeral rites, and which are no longer needed after the completion of the burial ceremony). Concern for the welfare of the residents extends even to their bathroom facilities, which are especially designed to minimize accident or inconvenience.

In the basement of the Residence, there is an occupational shop, which provides some part-time employment for the blind. The majority of its employees live outside the Residence. The work is mainly light assembly in nature, and the small income provided goes to supplement the government allowance to the blind. The detailed administration of this important service is the direct responsibility of the Field Secretary.

This has been a sketch of the setting within which we conducted our study. It will be seen that while the Residence may be one thing to its guests, to the CNIB it is a base from which to direct its many and varied activities on behalf of those who are losing or have lost their sight.