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SOCIAL ADJUSTMENTS OF PHYSICALLY HANDICAPPED PERSONS

By
Marie Van Maanen

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NOT CIRCULATE

A Thesis
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of
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DEVELOPMENT OF WORK FOR PHYSICALLY HANDICAPPED PERSONS

Life is a series of adjustments to environments, and he who is most versatile in making adjustments is likely to be the first to climb the ladder to success. "Success does not consist in achieving a certain standard. It does consist in living up to the limit of one's abilities.¹ If such is the case then it behooves each individual, no matter what his inherited mental capacity or his physical prowess, to make the most of his environment. He who has been deprived of some of his physical faculties has a greater task of adjustment to his environment than the non-handicapped person.

Evolution of the Attitude Toward The Physically Handicapped

In ancient times the individuals who were not perfect physically were put to death, because men believed that they were a human waste.² The Spartans exposed to death all children who were not physically fit, because they required that the progenitors of their race be physically perfect. In primitive nomadic societies death to the disabled was justified in the face of an intense struggle for food. During the Early Christian Era the ideas that handicapped persons were forced to carry 'crosses' as a punishment for the sins of their fathers, and

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1. "Specialty Sales Magazine", November, 1930. p. 8
 2. Storey, C. J. "Crutches to Ball Bats", Survey 64: 76-77

that their ill fortune had been predestined, did little to lift the cripple from his mental apathy. In England as late as the Eighteenth century an old law classified all people into three groups, the disabled making the third class "composed of those whose defects make them an abomination".⁽³⁾

Paradoxical as it may seem, the same group which most loudly acclaimed all handicaps "to be the divine will of God" were among the earliest to rehabilitate physically handicapped persons. The early Christians changed their ideas of self-denial as the highest virtue to accept virtue as defined by Lowell:

"A cup of water in his name will bring its due reward,
And kindness to his needy ones will never be ignored."⁽⁴⁾

This idea of Charity as practiced by the church soon became a matter of state concern. Provisions for public care of these 'charges' were enacted in England, in Continental Europe, and in the United States.⁽⁵⁾

For years physically handicapped persons received much useless sympathy. Such individuals as Helen Keller, Laura Bridgeman, and Phillip Snowden have done much through their personal examples to correct the attitude of society towards the cripple. Since the development of a more modernized social

(3) Vocational Rehabilitation in the United States, June 1927, p. 8. Bulletin No. 120, Civilian Series No. 13.

(4) Lowell, James Russel, The Vision of Sir Launfel.

(5) Vocational Rehabilitation in the United States. op. cit.

code, efforts have been made to retrain and rehabilitate the physically handicapped individual.

Promotion of Education For The Physically Handicapped

The first efforts at hospital organization for cripples date from the foundation of the Birmingham Orthopaedic Hospital founded in England in 1817,⁽⁶⁾ and the organization of the New York Hospital for Ruptured and Crippled Children in the United States in 1863. In 1913 the Russel Sage Foundation found 35 institutions devoted to crippled children in the United States, including nine Orthopaedic Hospitals or Homes, and twelve Asylum Houses.⁽⁷⁾ Today Shriners, Rotarians, Kiwanians, Lions, Elks, the Woman's Federation of Clubs, the Parent-Teachers Association, and other organizations sponsor work for physically handicapped persons.⁽⁸⁾ Combination hospitals and schools are now being established to administer to these crippled children, the first four being in Massachusetts, New York, Minnesota, and Nebraska.⁽⁹⁾

Public rehabilitation education was motivated by the constructive work of private agencies. Many physically handicapped individuals, on the other hand, have attained a certain degree of self-rehabilitation, and through this a place in the world

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- (6) The American Encyclopedia, Vol. 6, p. 472. See "Cripples".
(7) Encyclopedia Britannica, Vol. 6, p. 725. See "Cripples".
(8) "The Crusade to Save Crippled Children", Current History 20: p. 109-112. April, 1924.
(9) Vocational Rehabilitation in the United States. *op. cit.*

of affairs. Notable cases are those of Judge Michael Dowling, Charles Steinmetz, or Mayor Eustace of Minneapolis. Twelve of the 48 states early enacted legislation providing for the training of physically handicapped persons. Massachusetts passed the first civilian rehabilitation law in 1918.⁽¹⁰⁾ In the Soldier's Rehabilitation Act of 1918 the national government recognized its obligations to re-establish in civilian life its disabled soldiers, sailors and marines. This act was further supplemented by the Industrial Rehabilitation Act passed by the Sixty Third Congress and approved by the President in June 1930, which provided for the promotion of the vocational rehabilitation of persons disabled in industry or elsewhere.⁽¹¹⁾

Like an automatic machine the government from her schools ground out one-handed men trained to run machines, blind men to test flour, and deaf men to operate typewriters, but in this mad orgy of rehabilitation it did nothing to awaken the man's mind from the lethargy of a long rehabilitation training. It is only within the last few years that any attention has been paid to the mental adjustments of physically handicapped persons. Social workers have often assumed that if a handicapped individual was put in a place where he could be self supporting that he would attain mental happiness. It is only since 1925 that any attention has been paid to this social need of physically handicapped persons. The present feeling is that handicapped children should

(10) Encyclopedia Americana. op. cit.

(11) Industrial Rehabilitation, General Administration and Case Procedure, p. 2. Bulletin No. 64. Industrial Rehabilitation Series No. 2.

be given a chance to develop mentally as well as physically,
and that they should no longer be regarded solely as objects of
philanthropy.⁽¹²⁾

NEED FOR A CONSTRUCTIVE PROGRAM IN DEALING WITH THE PHYSICALLY HANDICAPPED

Number of Handicapped Persons

For years the problems of the physically handicapped person were not looked upon as matters of state concern, because so many people felt that the physically handicapped group constituted such a meagre portion of our general population.

The number of physically handicapped children in the United States has been estimated to be about 350,000. If all the children in the nation could be gathered in some gigantic parade, one in about every 100 children would limp beside the procession or ride in a wheel chair.⁽¹³⁾ Physically handicapped workers on the present labor market constitute practically one fifth of the marginal workers, and so number close to 2,000,000.⁽¹⁴⁾ There were 946 physically handicapped persons in South Dakota in 1932, according to a cursory survey made by Miss Mary Jamieson, Head of the Department of Vocational Rehabilitation, and Mrs. Florence Walker Englesby of the State Board of Health.⁽¹⁵⁾

(12) Angold, George, Social Pathology, p. 279.

(13) "Hundredth Child", Survey, 49: 507-9.

(14) Rehabilitation Review, Vol. VII, January 1933, p. 3.

(15) Letter from the State Board of Health dated May 3, 1933.

Factors in Disablement

With the advent of the modern technocratic era, more and more people have fallen prey to the machine monster. Authorities on the question state that more than 2,000,000 accidents occur in industries each year, of which more than 40,000 result in some permanent disability. In the years 1919-1920 public accidents resulted in 120,000 permanently disabled persons. (16) Other factors in disablement are disease and congenital deformities.

PROBLEMS IN CONNECTION WITH AIDING THE PHYSICALLY HANDICAPPED

Great Divergence of Handicaps

Perhaps the greatest difficulty in making a study of physically handicapped persons is the great divergence in types of handicaps, and the degree of disablement induced by the handicaps. The following statistics taken from the Social Work Year Book based on figures obtained from thirty three institutions dealing with the crippled child give a fair indication of the relative variety of causes and types of physical handicaps. (17)

<u>Causes of Handicaps</u>	<u>Percent</u>
Infantile Paralysis	27.2
Bone and Joint Tuberculosis.. . . .	23.7
Congenital Deformities.	13.1
Rachitic Conditions	8.0
Injuries.	4.2
Osteomyelitis	3.6
All other	20.2

(16) Vocation Rehabilitation, Its Purpose, Scope and Methods.
January, 1923. Bulletin No. 80. Series No. 7.

(17) Mangold, George, Social Pathology, p. 265.

Moral Stamina of Handicapped Individuals

Perhaps one of the greatest difficulties in dealing with physically handicapped persons is due to the fact that their moral stamina is often low. A depression of mind seems to settle upon the disabled person. Mildred Hand says that the 100,000 men and women in the United States who are handicapped by disease or accident, represents a grave problem considered in terms of "inevitable depression of mind, antagonism to society, frustrated ambition and reduced economic value". (18)

Dr. P. B. Jenkins, Superintendent of the State Board of Health, in speaking of the work conducted for crippled children in South Dakota says, that the work is "economic as well as humanitarian. Many of these (cases) would in time, become public charges for added to their physical disability, they frequently develop an inferiority complex."

It seems that physically handicapped persons are subjected to social conditions which cause them to respond in a more or less uniform manner to their environment.

SCOPE OF INQUIRY

Reasons For Choosing the Topic

Some one has said that the work we do is proportionally motivated by the amount of personal interest that we have in

(18) "Making Men and Women Over", Survey. 49; 240-1.

(19) Work for Crippled Children in South Dakota. P. 1
Pamphlet put out by the State Board of Health, 1932.

the problem demanding attention. Inasmuch as I am a physically handicapped person, it is easy to understand why I should take a topic of this sort. The topic first struck me as a challenge when some one to whom I had applied for a position as a teacher, raised a number of objections to the hiring of handicapped persons because of the depressing effect that they had upon children, and then hastened to add, perhaps as an apology, that I seemed to have a different mental reaction than most physically handicapped persons. This challenged my thinking. It made me scrutinize more closely the reaction of other physically handicapped persons to note their adjustment to their environment.

A clue for this study was given when I noticed that a physically handicapped lad, who being unable to do some of the fine work required of him in the laboratory turned for aid, not to those next to him, but to a negro boy who was practically a social outcast among his classmates because of his race. What prompted the handicapped boy to ask aid of the social outcast? Was it a class consciousness of inferiority? There was nothing about the out-of-school life of either to prompt this friendship in the class room. Having a deep curiosity, and thinking that perhaps herein lay the clue to the objections raised by the superintendent, I was very interested in the subject.

Methods of Procedure

The data for this study were obtained directly from selected subjects, either through a questionnaire, or by means of the personal interview.

The first problem was to determine just what group of individuals were to be classed as physically handicapped persons. It was decided to take the definition of physically handicapped persons given in Section 2 of the Vocational Rehabilitation Act, in which it includes "any person, who by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, if, or may be expected to be, totally or partially incapacitated for remunerative occupation?"⁽²⁰⁾

In order to further reduce the number of cases, the study was limited to those having a visible physical handicap, such as paralysis, amputations, etc., and to those having a severe impairment of any of the five senses. Persons below twenty were eliminated from the study, as were also elderly people who have passed the productive period of their lives.

I am deeply indebted to Miss Mary Jamieson, Head of the Vocational Rehabilitation Department at Pierre, for the list of physically handicapped persons.

The list of 73 individuals with physical handicaps to whom the questionnaires were sent was selected from rehabilitated cases from 1921 to 1932. This number does not represent nearly all of the cases which came under the supervision of

the state rehabilitation department, but these cases were selected at large from the listed cases by Miss Jamieson. The number of rehabilitated cases by years was as follows:

<u>Year</u>	<u>Cases</u>
1921 to 1924	5
1925	4
1926	10
1927	11
1928	6
1929	8
1930	9
1931	9
1932	13
TOTAL	<u>75</u>

A questionnaire was enclosed in a stamped self-addressed envelope to all whose names were on the list. A letter stating the purpose of the investigation, and making the request for their cooperation was enclosed. A follow up letter was sent out three weeks later. ⁽²¹⁾ No request for names was included in the letter, since I felt that if a person should analyze himself and find the truth unpleasant he would not return the questionnaire unless he could hide his own identity. All but two of the individuals concerned signed their names and addresses.

Forty of the 73 questionnaires mailed out were returned. Sixteen of those who returned the questionnaire also included a letter containing further explanation. Seven letters were returned with incomplete addresses and two individuals de-

(20) Vocational Rehabilitation, Its Purpose, Scope and Methods.
Bulletin No. 80. Series No. 7, p. 1.

(21) A copy of the questionnaire as sent out will be found in section A of the Appendix.

clared themselves "cured" of their handicap, and hence said that the questionnaire did not apply to them.

Adler's Position on the Topic

The nearest approach to a study of adjustments of physically handicapped persons has been done by Alfred Adler, whose theory of 'organ inferiority' is presented in his book, Problems of Neurosis.⁽²²⁾ In 1907 Alfred Adler, then a neurological physician practicing in Vienna, published Studie Uber Minderwertigkeit von Organen which was translated into English in 1917, and published under the title of A Study of Organ Inferiority and its Psychological Compensation. In his thesis Adler maintains that weaknesses of organs, tissues and systems of organs and tissues, (whether inherited, predestined, imposed during intra-uterine life, or acquired during childhood) do account for disease, as defined by Sigaud, without intervention of any intrinsic etiological factor.⁽²³⁾ The second part of Adler's theory outlines his doctrine of the development of the neurosis and psychoneurosis in connection with organ inferiorities.⁽²⁴⁾ According to Adler's teaching, the individual, confronted with his own 'organ inferiorities'--whether morphological or functional--has three courses of action open to him. It is in accordance with the choice made by the individual that

(22) Several information bureaus replied that there was nothing available written directly on this topic.

(23) Adler, Alfred, Problems of Neurosis, p. 12.

(24) Ibid, p. 18.

the result for him is one of the following: 1. Overcoming success, or even the triumph of genius; 2. Neurosis, Psycho-neurosis, or psychosis itself; or 3. disease, degeneration or decay. (25) He says that "every neurosis can be understood as if an attempt to free oneself from a feeling of inferiority, of being the 'under dog' in some reality of life". (26) "An individual goal of superiority is the determining factor in every neurosis, but the goal itself always originates and is strictly conditioned by the actual experiences of inferiority." (27)

Briefly summarized, the contention of Adler is that there is a physical basis for every inferiority complex, no matter how insignificant, and that in the case of the handicapped organ another organ compensates by overdoing its share of the work. Adler maintains that there is a psychological compensation for a handicap.

Alfred Adler is also a strong advocate of the theory of 'masculine protest'. He says that the goal of superiority is always more or less identified with the masculine division of privileges, both real and imaginary, with which our present civilization has invested the male. A girl's feeling of inferiority may be markedly increased when she realizes that

(25) Ibid, p. 15.

(26) Ibid, p. 30.

(27) Ibid, p. 41.

Adler, Alfred, Problems of Neurosis.

she is a female, and a boy also when he doubts his maleness. Both compensate by an exaggeration of what they imagine to be masculine behavior. This former compensation, which may have the most varied and intricate consequences according to circumstances, is what Adler speaks of as the 'masculine protest'.

Adler in speaking of physical defects says that "Physical defects whether congenital or acquired, invariably cause feelings of inferiority, and we can trace a special effort to compensate for the specific defect. For example, men who are naturally left handed and who have been trained to use the right hand only, conceal their sense of manual inadequacy by taking to the arts Milton and Homer are examples of a compensation caused by a physical inadequacy In the deafness of Beethoven and in the stuttering of Demosthenes also, we see points upon which their strivings were concentrated."⁽²⁸⁾

Statement of Problem

If Adler's contentions are true, then it must follow that in the case of persons with a visible physical handicap, this feeling of inferiority must be especially marked.

The hypotheses upon which this paper is based is directly related to the views expressed by Adler, and may be stated as follows:

(28) Adler, Alfred, Problems of Neurosis, p. 79.

1. That physically handicapped persons have a greater task of adjustment to their environment than non-handicapped persons.
2. That physically handicapped persons have an inferiority complex arising from their handicap, which must be compensated for before these individuals can compete with non-handicapped persons socially.
3. That the types of compensation employed by the physically handicapped person may vary greatly, but that in all cases there is a tendency for a handicapped person to overdevelop some compensatory device to the extent that he becomes superior in that line.

This study deals particularly with the social adjustments of 40 physically handicapped persons. The degree of social adjustments which these individuals have reached was determined by their reactions to specific situations in their environment.

Question by Question Analysis
of the Results of the Questionnaire

Before attempting to interpret the results of this study it may be well to present a complete list of the answers to questionnaires, and then be in a position to draw inferences and conclusions from them. Therefore, first of all I shall give a question by question analysis of the compilations of the questionnaires. The totals in each case are 40.

1. Age of the individual	Cases
20 to 24	6
25 to 29	17
30 to 34	10
34 to 40	3
40 to 50	4

2. Nationality, classified according to descent.	
Nationality	Cases
American	13
German	5
English	9
Scandinavian	9
Holland	1
French	1
Not given	2

3. Age at which handicap occurred.

Age	Cases
Birth to three years	12
Three to twelve years	12
Twelve to twenty years	6
Twenty years and over	8
Unknown	2

The age at which handicap occurred varied from birth to 28 years. The median age was nine years.

4. Nature of handicap.

Type of Handicap	Cases
Blindness or greatly impaired vision	5
Total deafness	3
Handicap of one arm or hand	6
Handicap of one leg	11
Handicap of both arms	1
Handicap of both legs	9
Miscellaneous, or combinations of handicaps	5

The most common handicap was the handicap of one leg, frequently caused by paralysis.

5. Educational Attainments.

Degree of Education	Cases
Less than eighth grade	1
Eighth grade graduate	39
Some high school	4
High School graduate	31
Some college	9
Special training in skills	12
College graduate	13
Work above college grade	3

The greater majority of individual in this group had either some college training or training in some specialized skill.

6. Present line of work.

Vocation	Cases
Teaching	9
Office work	5
Professional work	6
Farm work	4
Domestic service	4
No work	5
Miscellaneous	7

Most of the individuals were doing skilled, semi-professional or professional work.

7. Is the subject of his handicap an avoided subject with closest friends and family.

Response	Cases
Is avoided subject	8
Rather avoided	5
Not avoided subject	27

8. Treatment of the physically handicapped person by his family, compared to the treatment given a non-handicapped person.

Response	Cases
Same treatment	21
Better treatment	14
Worse treatment	4
Not answered	1

9. Have his associates, wittingly or unwittingly made him feel inferior.

Response	Cases
Not been made to feel inferior	25
Made to feel inferior	6
Sometimes feel inferior	9

10. Treatment of physically handicapped persons by school associates, compared to treatment given non-handicapped persons.

Response	Cases
Same treatment	26
Better treatment	7
Worse treatment	5
Not answered	2

11. Reaction of the community to individual's handicap.

Response	Cases
Natural or normal	20
Unfavorable or critical	5
With favoritism	10
Not answered	5

12. Is the individual treated as if handicapped.

Response	Cases
Treated as if not handicapped	31
Treated as if handicapped	7
Not answered	2

13. How does the individual react to the child who asks about his handicap.

Answer to question	Cases
Unembarrassed explanation	12
Stoical answer, with embarrassment	12
Feeling of anger, grief, or resentment	3
Joke with child about it	5
Evide or ignore the question	6
Not answered	2

The majority of the handicapped persons preferred "not to talk it over with a child".

14. Does the individual feel embarrassed when handicap is mentioned before other people.

Response	Cases
Not embarrassed or ill at ease	22
Sometimes embarrassed	8
Ill at ease	9
Not answered	1

15. Is the individual ill at ease in company of the opposite sex.

Response	Cases
Not ill at ease	30
Sometimes ill at ease	5
Ill at ease	5

16. Individual's preference for working alone and in company with others, after handicap and before handicap.

Before Handicap	Cases
Preference to work alone	10
Preference to work with others	20
Not answered	10

After Handicap	
Same attitude toward working as before handicap .	22
Change in attitude	5
Not answered	13

17. Has the individual tried to do things which other people declared impossible because of the handicap.

Response	Cases
Have frequently tried such things	34
Have never tried such things	6

18. Does the individual feel inferior to his associates.

Response	Cases
Have a feeling of inferiority	9
No feeling of inferiority	23
An occasional feeling of inferiority	8

19. Does the individual feel superior

Response	Cases
With a feeling of superiority	9
With no feeling of superiority	24
With an occasional feeling of superiority	7

20. Does the individual have confidence in a crowd . .

Response	Cases
Has confidence	24
Lacks confidence	6
Doubtful	8
Not answered	2

21. Does the individual frequently resort to day dreaming.

Response	Cases
Yes	21
No	18
Not answered	1

22. Does the individual depreciate his own attainments.

Response	Cases
Yes	12
No	15
Not sure of himself	8
Not answered	5

23. Vocational adjustment to the handicap.

Response	Cases
Individual grew up with handicap, or continued in the same occupation as before handicap	24
Made a change in occupation	8
No vocational adjustment, no work	8

24. Did the vocational adjustment or mental adjustment come first.

Response	Cases
Mental adjustment first	23
Vocational adjustment first	2
Not answered	15

25. Does the individual strive to be a brilliant conversationalist to make up for lack of physical competition with people.

Response	Cases
Strives to be a good conversationalist	18
Does not strive to be a good conversationalist	17
Not answered	5

25. Does the individual seek to express himself or herself through creative art.

Response	Cases
Does not do so	7
Special arts enumerated	20
Not answered	13

27. Does the individual excell in anything.

Response	Cases
No	5
Not answered	14
Special fields of excellence enumerated	21

28. Does the individual like to read.

Response	Cases
Unable to read (blind)	3
Likes to read	33
Not answered	4

29. Does the individual have a hobby.

Response	Cases
No hobby	9
A listed hobby	31

30. Does the individual expect his family to sacrifice to give him advantages.

Response	Cases
Does not expect family to sacrifice	39
Not answered	1

31. Does the handicapped person know the extent of Roosevelt's handicap.

Response	Cases
Does not know about his handicap	8
Knows about his handicap	28
Not answered	4

32. What is the individual's reaction to the victory of a handicapped man as president.

Response	Cases
Has a joyful admiration for him	17
Creation of a class consciousness	17
Air of indifference toward his victory	2
Respect for him	4

33. Has the individual made a mental reconciliation to his condition or is he resentful toward it.

Response	Cases
Mentally reconciled	30
Mentally resentful	3
Mentally upset at times	2
Not answered	5

RELATION OF THE HANDICAPPED PERSON TO HIS SOCIAL ENVIRONMENT

Age of the Individual in Relation to Social Adjustment

There appears to be some relationship between the age of the individual, and the degree of social adjustment that he has reached. The following table will illustrate which age groups have reached the highest degree of social adjustment.

TABLE I

Social Adjustments of Physically Handicapped Persons
Classified According to Age

AGE GROUPS	20-25	26-30	31-35	36-39	40-50
SOCIAL ADJUSTMENT					
Complete	6	11	5	3	4
Partial	2	2	0	0	0
Maladjustment	0	2	1	0	0
UNANSWERED	1	2	0	0	0
TOTAL	9	17	6	3	4

It would seem from the few cases given in this table that the most critical age for the cripple to pass through lies somewhere between the ages of 20 and 30 years. Approximately twenty per cent of the socially unadjusted fall into the group of 20 to 30 years, whereas there is a definite drop after that age is past in the number of unadjusted individuals.

There is a greater correlation between the age at which handicap occurs, and the degree of social adjustment, than exists between the chronological age of the individual and his social

adjustment. The following table will illustrate this point.

TABLE II

Social Adjustment of Physically Handicapped Persons Classified According to the Age at which Handicap Occurred

AGE AT WHICH HANDICAP OCCURRED	Birth to 3 yrs.	3-12	13-20	21 on up
SOCIAL ADJUSTMENT				
Complete	12	10	4	7
Partial	0	0	1	2
Maladjustment	0	0	3	0
UNANSWERED ¹				
TOTAL	12	10	8	9

It may be noted from the above table that individuals who received their handicap early in life, or even in later childhood, and who went through the trying period of adolescence with their handicap, were the groups who most readily made a social adjustment to life. Any compensation which they have made has come about so gradually that they have not noticed it themselves.

Relation of Degree of Handicap to Social Adjustment

There is a definite inverse relationship between the degree of the handicap and the social adjustment of the individual concerned. That is, the individuals with the most severe handicaps have frequently been among the first to make an adequate social adjustment, and those with a lesser degree of handicap have been

1

One individual failed to state his age.

much slower in becoming socially adjusted, as the following table will illustrate:

TABIE III

Social Adjustment of Physically Handicapped Persons

Classified According to Type of Handicap

NATURE OF HANDICAP	TOTAL CASES	SOCIAL ADJUSTMENT			Unanswered
		Complete	Partial	Maladjusted	
Vision Impaired	5	4	0	1	0
Total Deafness	3	1	1	1	0
One Arm or Hand Afflicted	6	6	0	0	0
Both Arms Afflicted	1	1	0	0	0
One Leg Afflicted	11	7	2	1	1
Both Lower Limbs Afflicted	9	8	0	0	0
Combination of Handicaps	5	5	0	0	0
TOTAL	40	31	3	3	1

Psychologists have repeatedly made the observation that deaf persons are suspicious. The comments in these questionnaires tend to bear out that assumption. Such statements as these show how some deaf people may feel: "There are times when it is almost impossible not to take advantage of deafness", or "I have a feeling

that they (friends and family) talk about me to my back." One deaf woman admitted that it was one of her most difficult tasks to refrain from thinking that people were wittingly taking advantage of her.

Oftentimes the people with the slightest handicaps are those who have made the poorest adjustment to life. Of the five people in this study who had visionary handicaps, four were totally blind, and completely reconciled to their condition, whereas one girl who was blind in one eye was very resentful toward her condition. She felt that she was mistreated by her associates, since they did not make allowances for her impaired vision. In speaking of how she would react to a child's question about her handicap she said: "It angers me at first until I realize that they are too young to know better."

A young man of 31, who had a shortening of the cords of the legs, admitted that he felt resentful toward life, and in speaking of a child's question about his handicap said, "I wish they wouldn't mention it". In every case in this study those who admitted that their mental philosophy toward life was disturbed or unsettled, or those who admitted that they had a feeling of resentment toward life fell into the third of the group of forty who had the slightest degree of intensity of handicap. Perhaps this may be accounted for in that some of the individuals with the least handicap have had no occasion to make a deliberate revision of their philosophy of life.

In nearly every case the individual with the most intense handicap was socially adjusted. Some of the remarks that those who were very badly handicapped made about their relation to other

people and their own handicap were as follows: "I never think about it except when forced to". "I have no reason to feel other than completely happy. The odds have always broken in my favor". "I believe my handicap has helped make a man of me". "In this busy world one has to occupy one's mind with more important thoughts. I make it my business to forget it." These remarks would indicate that the individuals concerned have made adequate compensation for their physical disabilities. It would seem that the amount of compensation required varies directly with the intensity of the handicap.

Relation of education to social adjustment of handicapped persons

This study tends to show that the physically handicapped people who have made the greatest number of contacts in life, and who have attained the highest degree of education are among the ones who are most reconciled to their condition, and are most able to take their place on a par with a non-handicapped person. The following table will illustrate this point.

TABLE IV

Social Adjustment of Physically Handicapped Persons
Classified According to Educational Attainments

EXTENT OF EDUCATION	- TOTAL CASES -		SOCIAL ADJUSTMENT			
	No.	Per cent	Complete	Resentful	Doubt- ful	Not an- swered
Less than Eighth grade	1	2.5				
Eighth grade and some High School	9	22.5	6	0	1	2
High School Graduate	7	17.5	5	2	0	0
Some College	10	25.0	7	1	1	1
College Graduate	8	20.0	8	0	0	0
Above College	5	12.5	5	0	0	0
TOTAL	40	100.0	31	3	2	3

It would seem from a cursory glance at the above table that the individuals who have had educational advantages are those who have been most able to make their social adjustments readily. It should be remembered, however, that the individuals who have attained the rank of college graduate, or who have taken advanced work beyond college, must necessarily have made some sort of mental adjustment in order to have pursued these goals.

Relation of vocational adjustment to social adjustment

The results of this study show that the individuals who have received training for professional work are those who are best adjusted socially, and that there is a positive correlation between vocational adjustment and mental adjustment. In the 40 individual cases studied, there were 16 who classed as professional or semi-professional workers. These individuals had all made an adequate social adjustment to their handicap. Of the 18 in the group who classified as skilled or unskilled labor, there were 15 who had made a social adjustment, two who were resentful toward life, and one who was socially unadjusted to his environment. Of the six individuals who had no work at all during the depression period, there were four who were adjusted, one who was resentful, and one who was apparently indifferent. These figures are not conclusive evidence of the fact that vocational adjustment leads to mental adjustment, or vice versa, because we must consider that in many cases the social adjustment had to come before the individuals could even have hoped to qualify for their present position.

That mental adjustments have had to precede vocational adjustments is shown by the fact that of the 40 cases contacted, 23 individuals said that the mental adjustments superceded vocational adjustment, whereas only two persons replied that vocational adjustment had to come first. Two individuals said that the vocational adjustment aided the social adjustment, and seemed to feel that the two could not be separated, but were a part of the same process of adjustment.

Relation of the Treatment by the Primary Group
To Social Adjustment

Oftentimes the individuals who have felt that they were the most mistreated by their community were those who were the least adjusted. Of the two individuals who felt that they were not treated as well as other members of the family, one was very resentful toward life. Of the five persons who felt that their school associates did not treat them as well as a non-handicapped person, one was resentful toward life, and one individual was in doubt as to her own social adjustment.

The individuals, on the other hand, who felt that they were treated normally or better than others, have signified that they were practically adjusted to life. The 32 persons who said that they were treated the same or better than other members of the family had made a complete social adjustment. Thirty persons said that their school associates had treated them better than other school children, and only one of that group was even in doubt in regard to his social adjustment.

This relationship between the individual's social adjustment, and the treatment that he received in the primary group may be the result of one of two things. Either the community groups may have treated the individual differently than his associates, or the individual's attitude may have caused him to misinterpret community reactions to himself.

One of the physically handicapped persons studied, who has all the advantages that devoted and well meaning parents can shower upon her, feels that her treatment by her group has not been fair.

In answer to the question "Do you expect your family to sacrifice to give you advantages?", she said, "No, but they should!" Here evidently is a case of an individual whose mental set has prejudiced her in such a way that her reaction to her group is far from normal.

The other possibility is that the community's reaction has distorted the handicapped person's philosophy of life. In every case where the individuals felt that they were mistreated they have indicated occasions in which they have been the recipient of favoritism rather than of ridicule and criticism as some of them would have us believe.

INFERIORITY COMPLEXES OF THE PHYSICALLY HANDICAPPED

Submergence of inferiority complexes

Many of the persons in this study were apparently unable to diagnose their own feelings of superiority or inferiority. When asked the question "Have any of your associates, wittingly or unwittingly, made you feel inferior?", 25 persons answered "No", six said "Yes", and nine responded "Sometimes." On the other hand, when asked outright if they often felt inferior, 25 people in both of the above named questions said that they never had a feeling of inferiority, yet in reading the questionnaires, 17 persons gave incidents which showed that they sometimes had such sensations. Apparently here is an example in which they tried to cover this feeling, perhaps even unconsciously doing so. Adler says, since the feeling of inferiority is an indication that an individual is not up to par in all respects, it is not

surprising that we receive a negative reply in answer to such a question. (29)

It is probable that in some cases where a feeling of inferiority exists the person may have received and developed an inferiority complex through a combination of factors far removed from his handicap. The results of this study indicate that the inferiority complex is fostered by a sense of physical inadequacy.

There are several indexes that we might use to determine the inner workings of the mind of the physically handicapped person. A person who has a feeling of superiority has confidence in himself at all times, yet when this group was asked if they had confidence in a crowd 14 admitted to such a lack at times, whereas 24 claimed to have such confidence. In this group of 24, however, were two handicapped persons whose handicap was so severe that they were practically invalids, and yet they claimed to have confidence in a crowd. (30)

Indices of the Existence of Inferiority Complexes in the Physically Handicapped

There are several ways to determine whether these people have socially and psychologically adjusted themselves to their handicap. It is only human nature to wish to refrain from talking about those things which through unfavorable social comparisons

(29) Adler, Alfred, Problems of Neurosis, p. 42.

(30) One of these persons admitted that she never went into a crowd, and the other was bedridden with a broken back.

turn attention upon us. Of the group of 40, there were 27 who felt that the subject of their handicap was not an avoided subject with their intimate friends and family, and 15 admitted that it was a more or less side stepped issue. One girl said in speaking of this, "Never mentioned. If a stranger mentions it, I say no more than a quiet 'yes' or 'no', and change the subject". Sixty-two per cent of the cases who admitted that they had a feeling of inferiority also indicated that the topic of their handicap was a "Taboo" subject.

If embarrassment results from speaking of the handicap before intimate acquaintances the feeling should be much more intense in bringing up the topic before other people, and such is the case. Four people who did not mind talking of the topic at home, felt reluctant to have it spoken of before others, and made such remarks as these about it, "I prefer not discussing it before other people", "Not necessarily embarrassed, but I shut up like a clam!", or "Some uneasiness always creeps in". Others feel entirely different about it and say, "No--I'm sort of proud of doing what I have done in spite of it", "I am no longer embarrassed, I tell them that I had to be cut down to their size, and make it a joke". There were seven people who confessed that they once had been reluctant and embarrassed in speaking of their handicap but that they 'had outgrown that'.

A sudden question about a handicap made by a child frequently upsets the equilibrium of those who otherwise have trained themselves to face the facts of their handicap in an unembarrassed manner. Only twelve persons felt that they could explain their handicap without embarrassment to a child. Twelve more made a

stoical and war weary while being ill at ease. Statements such as these indicate the mental attitude of the last named twelve: "Grin and answer it", "I answer their questions, but it most naturally causes me to be embarrassed." "If a child asks what is the matter with my leg, I tell him I had an accident, and if he asks if I hurt it, I say, 'yes'. That's all they need to know." Three persons admitted that they had a sensation of anger, grief or resentment when such a question came to them. One said, "It angers me at first until I realize that he is perhaps too young to know better." "I was more or less deeply grieved the first time a child asked me about my handicap." Five people were able to joke about their handicap in such words as these: "I usually smile, tell them I had a little hard luck, but am just fine, tell them I can beat them in a foot race, kid them a little". Six persons said they definitely evaded the question, and gave sundry reasons for so doing. "To a child I scarcely know what to say, so ignore the question". "It is like putting salt on a wound, I never was one for self punishment so I evade the question". "I used to be embarrassed, but am no more", asserted three people.

It would therefore appear from the above data that many of the handicapped individuals do have a feeling of inferiority, and it bears a direct relationship to the handicap which makes them 'different' from the non-handicapped individual. In seven cases these feelings of inferiority were very submerged, perhaps the victim was scarcely aware of it himself. Many admitted that Many admitted that they had overcome the feeling of embarrassment when their handicap was mentioned in a group.

The Development of Compensations

Psychologists have long held to the theory of compensations, and have shown that where one portion of the body is greatly impaired, the other parts of the body become more acute to compensate for lack. Helen Keller developed a marvelously acute sense of smell, and touch. (31) William Henry Eustace, millionaire, and handicapped ex-mayor of Minneapolis, trained his mind to be doubly active to compensate for the inactivity of his paralyzed legs. (32)

If the theory of compensations is true, at least some of the persons concerned in this study should have made a compensation for their physical defect in some way or other. The results of this study would tend to bear out that theory.

It is only human nature that every being seeks to be in the company of other humans. When physical competition and contact with human beings is reduced for the handicapped person, how does he restore this sense of human companionship?

Types of Compensation of the Handicapped

There are several possible channels that a person might use to become thoroughly socialized, namely, through being an excellent conversationalist, to excel in some art or skill, to gain a sense of companionship through reading or music, or to carry out a hobby. We may well examine these to see if the handicapped person has taken advantage of any of these.

(31) Helen Keller, The Story of My Life, p.40

(32) Christmas, Earl, "The Happiest Man" Outlook 141: 194-5

When asked, "Do you strive to be a brilliant conversationalist to make up for your lack of physical competition with other people?" 18 replied that they had employed such tactics, and 17 said that they had not used this method. Four people asserted that they would rather be 'good listeners'. "Not necessarily strive, I like to talk", or "Don't have to try, it comes naturally", are characteristic statements.

Others have tried to find a medium for expression of their personality through the means of creative art. Fourteen people did not reply to this question, and seven definitely said 'no'. Fifteen were interested in and participated in the domestic household arts, with the following distribution of interests: Needlework -- 7, Cooking -- 6, and Crafts --2. Nine persons found writing to be an outlet for their submerged personality, and most of this number did that writing merely for their own amusement and entertainment. Seven persons found that mechanical skills proved an outlet for their energies. Two blind persons thoroughly enjoyed rug weaving, and there were a smattering of other interests such as painting, dramatics, etc. These creative skills, practiced by the persons concerned, were all in the form of some activity with which their handicap would not interfere. For instance, many of the cripples resorted to needlework.

A hobby is often a means for giving vent to the unexpressed portion of our personality. Nine of the 40 individuals did not have a hobby, whereas 27 of the persons claimed one or more hobbies. These 27 persons had a total of 32 hobbies, and 26 different hobbies. The exotic forms of hobby which some persons

resorted to were auto racing, checkers and chess, classifying insects, raising mink, and palistry. Some of the more common hobbies were hunting and fishing, sports, needlework, reading, stamp collecting, or browsing in the library. The people who had hobbies spent all the way from ten minutes to two hours a day following their avocation. Many of the individuals gained their greatest pleasure from following their hobbies.

Reading was a favorite passtime with many of the physically handicapped individuals judging from the number who liked to read. In the type of reading selected, there is a direct relationship between the type and intensity of the handicap and the kind of reading selected. There were 23 people who liked to read adventure stories, and these individuals, with the exception of one, were all in the three fourths of the group whose handicaps were such as to make them give up most strenuous physical activity. A still more glaring instance of this is the case of reading of sports, which was the favorite of 14 people, all of whom were denied the privelege of participating in sports because of their physical handicaps. There was also an unusually large number who were interested in reading books of philosophy (37.5 per cent of the total). This too may be a form of compensation.

Of this group who liked to read as an avocation ten preferred to work alone, ten were indifferent, and the rest preferred to work in company with others. Of the individuals interested in philosophy five had changed their attitude about working in company with others, to a preference for working alone.

There were 21 people who were interested in travel.

One group of the handicapped persons definitely resorted to empathy as a form of compensation. Eighteen persons frequently imagined themselves doing things which were now impossible because of their handicap, and rationalized their action by saying that they used it as "means to create will power", that it was "merely day dreaming", or that they did so "Enviously wish for what might have been". Seventeen people claimed that they had never resorted to empathy.

In Adler's theory of the 'masculine protest' he says that an individual may compensate for a lack of something by over-developing some other trait. Many of the persons in this study have certain fields in which they excell. Twenty-one professed to excell in some line, and of that number fifteen excelled in music. This clearly indicated a compensatory factor since that proportion is unduly high for the general population. Six people excelled in dramatics, and four excelled in speech arts. Five people, of 12.5 per cent of the group have developed the trait of leadership to the degree that it has become a compensating factor.

From the above data it would seem that in those cases where the individual had made a compensation for his physical handicap, he also had over-developed that compensatory factor to the extent that it gave him a feeling of superiority in a given field. He developed this in order that it might offset the sense of inferiority which he has acquired as a result of the unfavorable social comparison which he experiences as a direct result of his physical handicap.

III.

CASE HISTORIES OF TWELVE HANDICAPPED PERSONS.

In the following pages are presented a series of short sketches, each giving a brief case history and development of the mental attitude of some particular physically handicapped person. The cases used were not selected to illustrate a particular point, but represent individuals with whom I have been able to make personal contacts. These cases may more clearly point out the needs of mental adjustments of the physically handicapped person.

CASE I.

Mary is 25 years old, and received a severe handicap in the nature of double curvature of the spine when three years old. Her body is very mishapen. In school, Mary felt that she was different from other children, and sometimes wished that she would not have to be with others. The school children always treated her as an equal, and never allowed her to feel that she was a burden on them in any way. Mary made a splendid scholastic record in school, not starting until she was seven and graduating the youngest member in her class. Acquaintances repeatedly told Mary that she was not strong enough to ever earn her way in the world, and this fired her with a determination to demonstrate her own usefulness. Today Mary has a very responsible position in an office, and has held the same position for six years.

As a child Mary could never understand why she could not obtain help from some of the many doctors, and it

was not until she was in high school that she revised her mental code in such a way as to make the most of her handicap. Her social adjustments were easier for her to make after she made up her mind to quit wishing and make the most of the situation. Mary has not assumed a "Pollyanna" attitude, but is reconciled to her condition. She is popular among her friends and acquaintances. In spite of her fine adjustment Mary has a deep class consciousness of being physically handicapped, and upon the election of Roosevelt, our first handicapped president, she wrote him a personal note of congratulation because she was so thrilled over his victory.

Mary's friends scarcely think of her as being handicapped.

CASE II.

Bill is 41 years old, and lost the sight of both of his eyes when his army rifle exploded from the barrel in 1922. Bill was a trained civil engineer, and after his accident had to revise his vocation entirely. He prepared himself as a musician, and used that as a sole means of support until the depression came. In 1931 he took up piano tuning. He says that the first thing he had to do after his accident was to make a mental adjustment to his new condition. Bill's friends greatly admire his pluck, and are proud of him, but he will never allow them to pamper him in any way. His hobby before his blindness was shooting and taking pictures, and he is still a good pistol shot at sound

targets, and frequently snaps pictures even now. He goes all about the city where he lives with his big lead dog Pal, and spends his spare time in playing the cello. He loves to hike, and helps his father with the finer work in his wood shop. His wife in speaking of him says, "Bill is the jolliest ever, and we do have fine times together." He is mentally reconciled, and seldom thinks of his handicap as such.

CASE III.

Ann is 22 years old, and had paralysis at nine years of age, which left her with her left leg practically useless. Ann is still a student taking special training in a small western college. On acquaintance Ann's friends say that she is the sweetest girl that they have ever known, and that her reactions to other people are perfectly normal in every way. Ann has everything that she could possibly wish in the line of material things. Ann commented on how tactful people were in never speaking of her handicap when she was around, and added that she frequently stays home from certain things because as she says, "Other people might be embarrassed by having to bother with me." She feels ill at ease among boys, and feels that she isn't communicative enough to attract many friends. She tries to do things which other people declare are impossible for her, even when she knows that she is taxing her strength to the utmost to do it. She frequently imagines herself doing things which are now impossible for her, and which her family enjoy so much, such as hiking or dancing. In conclusion Ann said, "In the busy world one has to occupy one's mind with more important thoughts."

"I make it my business to forget it."

CASE IV.

Don is a young farmer of 28 who lost his foot in an accident when he was a boy. He went to college for one year, and then returned to the farm. He has managed to do most of the heavy work, and he is not looked upon as an object of pity by his friends. His mental adjustments have been made gradually over a long period of time. When his handicap is mentioned before other people he tries to appear unconcerned, and succeeds remarkably well. He says that he occasionally feels resentful, but does not tell anyone about it, and that the feeling of resentment does not last long then.

CASE V.

Alice is 28 years old, of Irish descent, who at the age of 17 had Polymyelitis affecting both lower limbs which has left her very dependent upon others for help. She is training to be a piano teacher. She feels that since she is the only physically handicapped person in the community, that they tend to condemn and criticize any effort that she may make to improve. She has no close friends, and only a few pen friends, saying that her family objects to her having close associates. She feels that she is usually ignored or excluded as a member of any primary group that she is in. She does not care to visit with strangers, and says that she is not allowed conversation among her own people. In spite of all that her family has done for her she says that they

do not sacrifice for her, "but they should". With help and cooperation instead of "knocks" she still maintains that she will be able to adjust herself to life. She is of the type of individual who is continually suspicious of the motives of other people, and assumes a stoical air of martyrdom.

CASE VI.

Jack is 27 years old, and walks with difficulty with the aid of a cane, resulting from an attack of infantile paralysis at two years of age. He has had a high school education, and is quite an accomplished musician. He will not let his associates favor him in any way, and is not ashamed of his handicap. His associates respect him highly because he does not use his handicap as an "alibi" for not doing things. He is self supporting, and earns his living as a professional musician. In summing up his philosophy of life he said, "I feel that anyone who is handicapped should by all means reconcile himself to the fact, and then forget it. He should make the best of the situation. Above all things, do not let it worry you, or make you feel inferior because this is a bigger disability than the handicap itself."

CASE VII.

Mrs. Ellis is a totally deaf individual of 45 years, who lost her hearing gradually from the age of 22 to 30 years. She has had a high school and normal school training, and at present is keeping house. She taught school for two years in a small public school, when she could hear not by sound but by reading lips entirely. For years she lived in hopes that

her hearing could be restored, but since she now knows that the nerve of hearing is dead, she has faced the problem squarely. She has not made a complete mental conciliation, and feels that that will not come until such time as she can also make a suitable vocational adjustment. She is gradually becoming more accustomed to her handicap, and is honestly trying to live a normal life without hearing. She never refuses to go to any sort of entertainment, even a musical concert. She is dissatisfied with her condition, but knowing no escape she does what she can, meanwhile feeling as she says, "like a wild animal that is cooped up, and dying for a chance to get out into the world."

CASE VIII.

Ellen is 26 years old, and uses crutches most of the time as the result of an attack of infantile paralysis at two years. She has a college degree, and is a professional accompanist, besides teaching in a city high school in one of the eastern states. She says that she does not feel inferior because, "rationalizing has made me see that I am not inferior." She has been a busy body all her life, and loves to get out among people. She swims, drives her own car, and manages to do a good deal of the work in her home. Her mental adjustments were made gradually through a long period of years. She says that only her mother and her husband know that when she accomplished anything that it takes her a little more effort than if she were not handicapped. In speaking of her attitude toward life she says, "In an age when the world is so filled with maladjustment it would be foolish for anyone as busy and deeply happy as I to resent a factor in my life which has

given me far more than it has taken away.....The largest measure of adjustment in my life has come from within myself, and it is a product of years in which I have sincerely tried to make the most of every contact and opportunity that presented itself."

CASE IX.

Mrs. Blank is a married woman of 45 who has a daughter of 12 years. She has a college degree, and has taught for a number of years in high school. At 28 she was in an accident in which both of her ankles and legs were so badly crushed that today she finds walking difficult, and walks with a very noticeable limp. She is a poorly adjusted individual, and feels that life owes her something in exchange for the handicap which she suffers. She feels that since it is hard for her to get around she is legitimized in continually asking aid from those nearest her. Her face wears the tell tale marks of much suffering, whether physical or mental it is hard to tell, perhaps a little of both. - She delights in calling attention to the fact that there are certain things that she cannot do, and one day when leaving a public building with another more severely handicapped person than herself, made the remark, "Why did you run down the stairs like that? You know I can't walk as well as you do." She does not readily win the favor of people with whom she is thrown into contact, and feels that the group is slighting her. She never connects their treatment of her with her own mental attitude of "Why don't you feel sorry for me?"

CASE K.

Sally is 25 years old and uses crutches as the result of an attack of infantile paralysis when she was two years of age. She has grown up with her handicap and found adjustment to life a comparatively simple matter. As a child, her parents continually urged her to take part in community affairs, programs, etc., and she does not recall having gone through a period of feeling inferior to other people. Her home community has always treated her as if she were not handicapped, and she goes on skating parties, etc., with the rest of the group. Her worst period of adjustment came when she entered college, when the other students felt that Sally should have favors granted to her. Sally taught in a rural school for two years and had no difficulty in making a social adjustment there.

Sally has developed a number of compensatory devices in her life. Through hard work and long practice she was able to reach a place where she could excel others in speech.

She enjoys leadership and likes to have people around her all the time. She is usually not self conscious when her handicap is mentioned before other people.

Sally enjoys doing everything that anyone else does, and often dismays her mother by her tom-boyish activity. She nearly broke her neck trying to roller skate, and is now trying to learn to play golf. Her friends do not think of her as handicapped. Recently she considered it one of the greatest compliments of her life when a friend of years standing asked her if she could skate!

Sally is an extreme extrovert, and perhaps this has aided her in her adjustment to life. Sally is usually so busy doing things, some useful and some not, that she has very little time to get morose. She says, "There are few who have no handicap, mental, moral, physical or social, so I think that everyone is about in the same situation."

CASE XI.

Susan is 28, and lost the sight of her right eye when 18 months of age. In school she resented the attitude of her school mates, and felt that they should have taken greater cognizance of the fact that she could not see well, instead of regarding her as if she did not count. When anyone mentions the fact that she can not see well, it angers her. She has the idea that her family depends more on her than on any of her brothers and sisters, and this has strained family ties. At present she is working as a maid in a large hotel. She is resentful toward life at times and feels that she has not been given a "Square Deal".

CASE XII.

Henry is 23 and walks with an artificial leg. When 12 years old he lost his right limb in a car accident. The community in which he lives paid for his hospital treatment, artificial leg, and helped him through high school. Henry has a very likeable personality and gets along well with people. He is a traveling salesman and frequently imposes himself on his customers by hinting that they might buy from since he is handicapped. This obnoxious habit which he has developed,

in spite of his otherwise wholesome personality, is making him lose many friends.

CONCLUSION.

From these few case histories we see that the physically handicapped person who does not revise his own mental code in regard to his handicap, finds his social adjustment to life difficult.

The case histories of these unadjusted individuals may more clearly show the need for some device whereby society can aid the physically handicapped individual to become socially adjusted.

CONCLUSION AND SUMMARY

The facts in this study indicate that the physically handicapped person has a greater problem of social adjustment than does a non-handicapped person. This study is not intended to be a conclusive proof that physically handicapped persons are all socially unadjusted, but intends to show that the problem of the handicapped individual is one which is well worthy of study and investigation.

It is impossible to make a statistical study with such a small number of cases, but the results of this study are consistent enough to illustrate a few points. It indicates that there is a need for further study on this topic. The results of this study are not conclusive, but only point out a trend.

The general hypothesis for this thesis is based upon the assumption by Alfred Adler, that there is frequently a physical basis for all inferiority complexes, and that many problems of psychology and neurosis are the result of the "masculine protest" as he terms it.

In the first section of the body of the thesis I have given a question by question analysis of the results of the 40 returned questionnaires in order that the reader may get an unbiased view of the results, before any inferences are drawn from them. Physically handicapped persons have a greater task of social adjustment than do a group of non-handicapped persons. Physically handicapped persons frequently have an inferiority complex arising out of their handicap which they must compensate for in some way if they are to take an active part in the

competitive world. Frequently in forming these compensations for his physical inabilities the handicapped person develops one trait to such an extent that it completely overshadows the rest, and in that one field he is allowed a feeling and assumption of superiority.

The average age of the individuals in this study was 28. The period from 20 to 30 years is the period in which most of the social maladjustments of physically handicapped persons occur, and in those cases in which the handicap came during or after adolescence the social adjustment of the individual is far more difficult than if the individual grows up from childhood with the handicap. The intensity of the handicap also bears a direct relationship to the social adjustments of the individuals concerned, the persons with the greatest handicaps often making the most complete adjustment.

Individuals who have had the advantages of advanced education have most readily gained complete social adjustment; but this may have been due to either the socializing effect of an education or to the fact that these individuals had to be socialized before they could finish an extensive education. Vocational adjustment is an aid to making a mental adjustment in life.

The question as to how the individual was treated in his or her primary group may make a difference in his social adjustment, but this is not conclusive.

Physically handicapped persons are subject to having inferiority complexes arising from their handicaps, and often try to

submerge that same feeling of inferiority. In order to adjust himself the physically handicapped person has to make some compensation for his physical inadequacy.

Compensatory devices that physically handicapped persons have used in order to combat their own sense of inferiority were: creative arts, speech arts and dramatics, hobbies, reading, witty conversation, and imagination or empathy.

The twelve case studies are inserted with the idea that the problem assumes much more human interest when we are face to face with the difficulties that all of these forty individuals faced at one time. Many of these handicapped individuals have thwarted personalities, and are waiting for an opportunity to express themselves.

Appendix A

The following questionnaire was written on two sheets, with an adequate space for each reply:

1. Age
2. Nationality
3. Age at which handicap occurred?
4. Nature of handicap?
5. Education you have had?
6. What is your present line of work?
7. Is the subject of your handicap an avoided subject with your friends and family?
8. Has your family treated you better, the same, or not as well as if you had not been handicapped? Explain.
9. Have any of your associates, wittingly or unwittingly, made you feel inferior? Explain.
10. Did your school associates treat you better, the same as, or worse than those who were not handicapped? Explain.
11. What has been the reaction of your community to your handicap?
12. Do your intimate friends treat you as if you were handicapped, or not handicapped? Explain.
13. How do you react to the child who asks about your handicap?
14. Do you feel embarrassed or ill at ease when your handicap is mentioned before other people?
15. Are you ill at ease in company of the opposite sex?
16. Do you prefer to work alone or in company with others?
Was this also true before you received your handicap?
17. Have you tried to do things which other people have declared were impossible because of your handicap? With what result?

18. Do you often feel yourself inferior to your associates?
19. Do you ever have a feeling of superiority over your associates?
20. Do you have confidence in yourself in a crowd?
21. Do you frequently imagine yourself doing something which is impossible for you? Explain.
22. Do you depreciate your own attainments or achievements?
23. What vocational adjustments have you made to your handicap? Explain.
24. Did the vocational adjustments help you in making the mental adjustments, or were the mental adjustments made first?
25. Do you strive to be a brilliant conversationalist to make up for your lack of physical competition with other people?
26. Do you seek to express yourself through creative art? **Check.**
- Crafts? _____ Needlework? _____ Writing? _____
- Sculpture? _____ Cooking? _____ Mechanical skills? _____
- Any others? _____
27. Do you excell others in:
- Dramatics? _____ Music? _____ Speech Arts? _____
- Any others? _____ Trades? _____ Leadership? _____
28. Do you like to read? Check your favorite type of reading.
- Adventure? _____ Hero Stories? _____ Philosophy? _____
- Travel? _____ Sports? _____ Biography? _____
- History? _____ Any Others? _____
29. Do you have a hobby? What is it? How much time do you devote to it?
30. Do you expect your family to sacrifice to give you advantages?

31. Do you know the extent of President Roosevelt's handicap?
Outside of party affiliations, what is your reaction to his
victory?
32. Have you made a mental reconciliation to your condition
or are you resentful toward it? Explain.

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