

EMPLOYMENT AND THE DISABLED

A Dissertation

Presented to

the Faculty of the Department of Psychology

University of Houston

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

By

Carl Fletcher

August, 1969

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ABSTRACT

Current approaches to secure more equitable competitive employment for the disabled have not been successful. The literature indicated negative employer attitudes as a basis. Criticisms of the validity and representativeness of the responses of mailed questionnaires, has necessitated a new approach.

The technique and aim employed in this investigation involved a more direct confrontation and an exploration in depth as the best means of eliciting more valid information about employer attitudes and concrete areas of concerns about disability and employment.

Two employer groups were utilized; six companies in each (range 100-4,200 employees per company), and two levels of experience with employed disabled. A counselor group (twelve counselors) was also utilized because of their experience with disabled and employers.

Six disabilities (paralysis, epilepsy, cardiac, facial scar, deaf, and blind), all equally capable of performing two defined jobs (clerk typist, desk sales) were discussed by each group, and rated independently before and after discussion by each respondent for degree of employability for each job. An

interdisability ranking was similarly completed.

Discussion responses were analyzed and grouped into four major response categories (Employment, Attitudes and Relationships, Medical, Psychological) each with several sub-categories, indicative of the specific areas of concern by each group, for every disability for each job. A response category hierarchy was noted and related to frequency of responses in each category for each disability and job.

Employability ratings and interdisability rankings revealed a disability hierarchy with three distinct subgroups. Paralysis, epilepsy, and cardiac were consistently highest, facial scar was in the middle, and deaf and blind lowest. Response frequency was also directly related to this disability hierarchy with highest percentage of responses in the disability triad receiving the highest ratings.

The location of each disability on a scale of employability paralleled the disability hierarchy; highest rated and ranked disabilities in the upper part of the employability scale, facial scar in the mid zone, deaf and blind at the bottom.

There was high intergroup similarity for all the results noted above, across all conditions.

An interrelationship table was constructed summarizing

the relationship between disabilities, jobs, groups, response categories (areas of concern) and degree of concern by each group. Four methods of analytical approach to this table were described to aid in isolating any relationships among these factors. A clear and concise picture of the specific types of concerns by employers for each disability in relation to each job was demonstrable from this table.

Shifts in ratings before and after discussion by particular disabilities, the slight downward trend in employability for particular disabilities post discussion, high positions occupied by the top rated disability grouping, and median and low positions of the other disabilities, and the relationship between the positions occupied by the disabilities on the visibility-invisibility continuum, were all noted and explained.

The investigation revealed the strategy and usefulness of the small group employer discussion technique as a means of providing more valid and concrete information about employer attitudes and concerns regarding employment of the disabled. It also dispelled, to some extent, employers' negative attitudes and hiring reluctance. The information also revealed that employers have specific attitudes and concerns about each disability rather than a general view that encom-

passes all disabilities as a single common entity.

Recommendations stemming from the results, were made of immediate application to validate this information as well as extend and generalize the findings to other employer groups, disabilities, and job situations.

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

I. INTRODUCTION

One of the many serious frustrations encountered by the disabled is securing gainful, competitive employment. Due to the difficulties experienced by the disabled themselves in securing work via normal employment channels, interested private and government groups have attempted to help them through specialized techniques and methods (employer education, appeals to sympathy, and others). The results of these altruistic attempts have been poor (Arnholter, 1962; Barker, Wright, Meyerson, & Gonick, 1953; Diller, 1962; Felton, 1964; Hart, 1962; Neff, 1960; Schletzer, Dawis, England, & Lofquist, 1961; and U. S. Dept. HEW, 1960). The failure of the mass appeal method such as Hire the Handicapped Week has been underscored by Allen who said, "We have been talking generalities for years, mouthing pleasant slogans like 'It's good to hire the han-

dicapped,' distributing colorful literature and posters, and holding national and local conferences on the subject [1962, p. 19]." Olshansky (1966) has been even more critical and pessimistic. The similar poor effects of titles of books and pamphlets, and newspaper ads to promote understanding or "sell" the handicapped, have also been documented by authorities in the field. The net effect, they feel, has been to publicize the disabled individual as just that, disabled, and consequently requiring special understanding and treatment. They advocate other methods and approaches to help solve this problem (Cowen, 1960; Gellman, 1960; Jaffe, 1967; Oberman, 1966; Schletzer et al, 1961).

There were times when the problem of employment of the disabled was much less acute but this was primarily during periods of acute labor shortages such as in World War II. Experiences during these periods of favorable employment attested to the adequate work capabilities of the disabled and their economic value to the employers as well as to the national economy (Barker et al, 1953; Eggers, 1960; Employment Facts, 1966; Kossoris & Hammond, 1948; Welford, 1958; Wright, 1960).

Nonetheless, a cultural stereotype persists related to the vocational, medical, and personal characteristics of the

disabled. These characteristics are perceived as negative influences interfering with the work (quantitatively and qualitatively) of the disabled (Burr, 1963; Kassner, 1962). The persistence of this stereotype and its consequent denial of employment to the disabled is borne out by the serious disproportion between the few disabled who are employed compared to the number potentially employable in the large population of disabled. Wright (1960) and Williams (1964) estimated the total number of disabled at 17 to 25 million or from 10 to 15 per cent of the 1955 population of 170 million. Shontz (1962) indicated a higher percentage with 28 million (excluding the emotionally and intellectually impaired). More recent, and more accurate, figures came from the U. S. Department of Health, Education, and Welfare's analysis of the transportation needs of the handicapped (1967). Their estimate was about 30 million or 15 per cent of the current 200 million population. How many of these individuals are employable is difficult to ascertain since the disabling condition is often only one aspect or limitation as a condition for employment. Regardless, in this staggering total of disabled population (many of whom are over age 65) there are presumably many who are able, willing, and perfectly capable of working.

Further evidence for the underemployment of the disabled is provided by a comparison of unemployment rates. With a current total labor force of 80 million, in a time of economic prosperity, the unemployment rate for the nondisabled hovers between three and four per cent. For the disabled, however, it varies from 25 to 50 per cent (Betz, Weiss, Dawis, England, & Lofquist, 1966; Cooper & Johnson, 1965; Dawis, England, & Lofquist, 1959; Lewis, 1967; Salt, 1966). Leading authorities in the field (U. S. Dept. HEW, 1960) have estimated that given the means and the opportunity, many of the disabled in each community could be employed and would thereby substantially reduce the high unemployment rates of this group.

There is a profusion of theories attempting to explain the sources of attitudes toward the disabled. Noonan (1967) reviewed those expounded by Hanks & Hanks (1948), Dembo and associates (1956), Heider (1958), and others. Barker (1953) lists twenty separate theoretical statements. These can be organized more compactly according to the following: (1) Freudian intrapersonal dynamics, (2) social-interpersonal theories based on extensions of Lewinian theory, (3) self-concept and phenomenological theories of Schilder or Bender, and

(4) socio-cultural role theories. Many of these theories seem to be empirically and philosophically rational. However, a more revealing and possibly more realistic explanation might be provided by a direct and closer examination of the employment area--the attitudes and policies of business and industry. The investigations by Barker et al (1953), Garrett & Levine (1962), Dantona & Tessler (1967), Diller (1962), Kossoris & Hammond (1948), Scott, Dawis, England, & Lofquist (1960), Rickard, Triandis, & Patterson (1963), Schle-tzer et al (1961) indicate that the problem rests with employer resistance seemingly based on the following: decreased productivity, increased health risks, higher insurance premiums, costly plant and equipment modifications, negative effect on coworkers, special problems for the public image of the company, unusual personal needs and problems specific to the disabled, the fragility of the disabled individual, and other similar statements.

Very few of the investigations, however, have dealt directly with the employer or key company hiring personnel. The vast majority of the work in this area has been by mailed questionnaires. Barker et al (1953) and Kossoris & Hammond (1948) believe that questionnaires, brief employer interviews, and

other similar techniques, frequently run into the typical refusal by employers to divulge information. There is also the tendency for employers with favorable attitudes to respond and those with unfavorable attitudes not to. The information of the former may be suspect because of their positive bias. Answers are frequently couched in social desirable terms or in a manner that is in consonance with personal feelings or community attitudes rather than with actual practices. There is the more practical problem of whether the disabled who are employed are seriously or minimally disabled, since there is the good possibility that if they are employed their actual work records cannot differ appreciably from those of the nondisabled. It is doubtful that employers will retain on their payroll any disabled individual, for any length of time, who cannot produce on a somewhat equal basis. Employers seem, in the final analysis, to have a hard business-is-business attitude regardless of personal feelings or community pressures. Mailed questionnaire techniques, in this problem area, have consequently raised serious criticisms regarding the validity of the information secured and whether the disabled who are employed are actually representative of the disabled in general.

Direct confrontation with employers, preferably in small group, is therefore, necessary to elicit more frankly and reliably, their perceptions, concerns, and attitudes about employment of the disabled; whether they are in fact resistant to them. If this should be the case, the salient features of the disabled, and the hindrances and barriers to their employment, as seen by the employers, could be revealed and steps taken perhaps to improve this view. This preliminary step may help understand as well as deal with the problem in a more effective manner in order to aid the disabled in seeking and securing employment.

II. STATEMENT OF THE PROBLEM

The continuing difficulties of the disabled to secure employment and the comparative failure of concerned individuals and groups to solve the problem by past methods, techniques, and appeals, necessitates further study, with new approaches. A useful target for further study is the employer, a key figure in the hiring process. Information on employer attitudes regarding the disabled and employment has been surveyed extensively. However, these surveys have utilized mailed questionnaires primarily which raise serious cri-

ticisms about the validity and representativeness of the responses.

The aim of the present study is to explore employer attitudes toward the employment of the disabled, in some depth, utilizing an approach far more direct than mailed questionnaires as the best means to acquire valid information. It is hypothesized that employer group interaction (discussion) will reveal, more accurately, their views, concerns, hesitations. The content of employer discussion should reveal the general types of problems and barriers to the employment of the disabled, particular problems of specific disabilities, and information revealed via this technique usefully and strategically employed to devise programs to increase the employability of the disabled.

In addition to the employer groups, a counselor group will be included since their role and contacts with both the disabled and employers sensitizes them to the needs and problems of both. In a sense, counselors are at one end of the problem; the disabled but employable person in the middle of the situation with the employer as a purchaser of service at one end and the counselor as the salesman at the other end.

The following will be investigated:

1. Usefulness of small group discussion technique in

yielding richer, more usable information on the problem of the disabled and employment, in comparison with mailed questionnaires.

2. Responses of each separate respondent group, and a composite group comprising the pooled information of all the separate groups, to discover employer expectancies and areas of concern regarding the disabled and employment; generally and specifically.

3. Comparison of information in 2 above with that yielded via questionnaire techniques.

4. Grouping of responses into meaningful response categories relating employer and counselor areas of concern to specific disabilities and job situations.

5. Degree of employability of each disability for two specific job situations.

6. Interdisability ranking order for the two job situations.

7. Intra and intergroup agreement for 5 and 6 above.

8. Generating hypotheses involving relationships between employers, disability, and jobs.

9. Future usefulness or heuristic value of this technique, and information yield, to the problems of the disabled and employment.

In addition, in the process of gathering this data, other useful information may be revealed via this spontaneous discussion, for example, possible changes in employability ratings and interdisability rankings as a result of the discussion. These results will be mentioned as contributing information but not generalized since the primary purpose of this investigation was placed on the technique of acquiring employer information and the analysis of content from this employer discussion method. No prediction, therefor, about change due to discussion will be made since the design and statistical techniques, as well as the underlying purpose of this study, have not (at this time) envisioned this aspect and consequently no plans made to utilize it.

CHAPTER II. METHODOLOGY

I. VARIABLES

Independent (control) Variables

Physical Disability. A physically disabled individual is a person with a condition of physical impairment which can be medically evaluated, resulting in some limitation or impairment in normal functioning, and handicapping the individual in relation to his maximal functioning. The physical disability types selected included a sampling of those most often encountered in the medical and social-vocational literature. They lend themselves to a rough index on a continuum of visible to invisible disabilities, yet all being equally capable of performing and competing with the non-disabled on the particular jobs selected. The disabilities selected included facial scar and lower extremity paralysis (both highly visible disabilities); epilepsy (controlled) and cardiac condition (both at the invisible end of the continuum); and deafness and blindness, these two sensory disabilities at some point between the two ends of the continuum.

Job Situations. Two different jobs were selected. All the disabilities were able to perform both jobs equally well. The first job situation was clerk typist, the second, city desk sales job. (See Appendix A for exact description of duties of each job).

Discussion Groups. Three separate discussion groups were utilized--two employer groups and one counselor group.

1. Employer groups. The initial step in soliciting the aid of companies was made by telephone. Personnel directors, vice presidents in charge of personnel, or similar individuals of 30 companies were contacted and given brief descriptions of the purpose of the study and their participation requested. A further, lengthier discussion was held at the company office with the twenty who had requested it and demonstrated interest. This resulted in sixteen (two groups of eight each) agreeing to come at designated dates, one week apart. Two of each group did not show up leaving an N of six in each employer group. The procedure on each group (including the counselor group) took approximately two to two and a half hours with about one hour devoted to the discussion part. The two different employer groups had the following characteristics:

a. Each company had a minimum of 100 employees and was

located in the Harris County area either in or close to Houston, Texas.

b. Each company engaged in manufacturing or assembly, and sales or service.

c. Each company was represented in the experimental discussion procedure by the key individual who had originally agreed to participate.

d. Employer Group I had a lesser degree of experience with employment of the disabled--a range of one to four disabled employees. Companies of the size needed for this study could not be found without any experience with the disabled.

e. Employer Group II had a higher degree of experience--ten or more disabled employees.

f. The range of company size was 100-4,200; Employer Group I from 250-700, Employer Group II from 100-4,200.

2. Counselor Group. Twelve experienced counselors from the Division of Vocational Rehabilitation, and the Texas Institute for Rehabilitation and Research, both in Houston, Texas, participated.

Dependent (response) Variables

The response variables to be assessed included:

1. Response categories of each separate group, and composite.

2. Frequency and per cent of responses of each group by response category, job situation, and specific disability.
3. Relationship of 1 and 2 above to each separate disability and job situation.
4. Degree of employability by each group, and composite group, for each disability and job situation.
5. The interdisability ranking for each job situation by separate groups and composite.
6. Intra and intergroup agreement in steps 4 and 5 above.

The effect of group discussion on employability ratings and on interdisability rankings on disabilities and jobs will be mentioned as well but, as indicated previously, not generalized since this was not the purpose or design of this study.

II. PROCEDURE

Equipment

The discussion part of each group was filmed in immediate playback TV and tape-recorded simultaneously to insure against any possible failure on the part of the sound track or the TV film. The TV film and the tape-recorded sessions were both used to type the group transcripts of the discussion proceedings.

Instructions

Prior to the start of Part A, each group was given information that had been communicated to them previously on an individual basis--the nature of the study, procedure to be followed, use of TV and tape-recording for Part C, and assurances of anonymity for each individual and company. The groups were scheduled a week apart.

Part A. The Degree of Employability Rating Sheet for both jobs (See Appendix A) was distributed to each individual to do independently and the following instructions read aloud to each employer group:

In the center of the two sheets in front of you are brief descriptions of six different disabled individuals, each capable by training and experience, of handling two selected jobs. The duties of these two jobs are outlined briefly, one at the top of each sheet. No other duties are included other than what appears there. You will also notice under each job description the words EMPLOYABILITY SCALE and below this the numbers one through four indicating the degree of employability or employment to non-employment. Please circle the number in front of the term indicating your choice for each disability for each job. In addition, in the space provided, write your key reasons, very briefly, for your decision. Do each sheet separately, completing one before starting the other. In other words, do the same thing again for the other job on the second sheet.

Part B. When the employability rating sheets above were completed and collected, the Disability Ranking Sheets (See Appendix A) were distributed to each individual to

complete independently. The following instructions were given to the employer groups:

Considering all six of the disabled individuals, rank them in order of preference you would give in hiring them. Next to number one write the name of the disability you would hire first or before all of the others. Next to number two place the one you would hire next and so on to number six who would be the last one of all the individuals you would consider hiring for the job. Do it for both jobs separately. Start with the clerk typist job first. On the same sheet you will notice space for reasons for this ranking. Please write this out in some detail.

Part C. After the ranking sheets were completed and collected the following instructions were given to each group:

This next part involves a group task. The aim of the group is to see if we can all agree on which disability we would rank first for the clerk typist job, which we would all rank second, and so on. We will consider the clerk typist position first and when we finish that one we will do the same with the sales position. In the discussion feel free to say anything you wish about your choice and your reasons for it. We will need someone in the group to act as a participating chairman for the discussion. Would someone volunteer or will we select one? This session, as I mentioned earlier, will be televised and taped.

Part D. Parts A and B were repeated now with each group, with brief instructions to complete them in the same manner they did earlier.

Counselor Group Instructions. The instructions were

exactly the same as those given the two employer groups except that the following preceded each part:

Think of yourself as an individual who will recommend someone for a particular job, based on your knowledge as a counselor of what would best serve the employer. You are going to recommend this person to an employer. The people you will recommend to the employer will have certain disabilities.

III. DATA TREATMENT AND ANALYSIS

Employability ratings and interdisability rankings

The following procedures and nonparametric statistical tests were utilized on the employability ratings and the interdisability rankings:

1. Group medians determined for employability ratings and interdisability rankings for each disability for each job situation.
2. Group medians were rank ordered.
3. Group medians on employability ratings and interdisability rankings were rank ordered for each disability for each job situation.
4. Spearman rank order correlation coefficients were determined for the before and after discussion employability ratings on each position for each group.

5. Spearman rank order correlation coefficients were determined for the before and after interdisability rankings on each job position for each group.

6. Spearman rank order intergroup correlation coefficients were determined on employability ratings for each separate condition.

7. Spearman rank order correlation coefficients (intergroup coefficients) were determined on interdisability rankings for each separate condition.

Discussion Content

Procedure. Meaningful responses related to one or more disabilities were placed on 3 x 5 cards and then grouped independently by two judges with instructions to group them into four to seven major categories. There was 85-90 per cent agreement by the two judges on each major category. Following this, each major category was subdivided by the two judges with instructions to have them include from two to five subcategories under each major one, and, in addition, that no subcategory should contain less than five responses. There was 80-90 per cent agreement by the two judges on each subcategory.

Each response card was then coded for group designation,

page of the particular group transcript, response sequence in that group, disability referred to, identity of the speaker, and job designation. The following techniques were utilized with the content responses:

1. Frequencies and percentages for each category by group, composite group, and job.

2. Response frequencies and percentages by individual groups, composite, for each job.

3. Response frequencies and percentages in each category for groups, for composite, by disability, and job.

4. Determination of degree of importance of response categories based on number of responses by individual groups and composite.

CHAPTER III

RESULTS

The findings of this study will be divided into three sections. The first part will detail the results of the employability ratings for each disability, the second the information on the rankings of the six disabilities, and the final section, a description of the discussion content and its relationship to response categories and disabilities. Groups will be compared for similarities and differences. In addition, as the most parsimonious method of handling the results, the data of all three groups will be pooled into one composite group and analyzed as such.

Employability Ratings

The frequency with which each disability was ranked (based on the employability ratings), indicated on Table 1, established a disability hierarchy with three distinguishable subgroupings. Paralysis, epilepsy, and cardiac all placed in the top three ranks with interchanging positions under different conditions. Facial scar was fourth and

TABLE 1

RANK ORDER OF MEDIAN EMPLOYABILITY RATINGS BY GROUPS
FOR EACH POSITION BEFORE AND AFTER DISCUSSION AND
FREQUENCY RANKING OF MEDIAN EMPLOYABILITY RATINGS

Disability	Groups								Frequency ranking of median employability ratings					
	Counselor Position		Empl. 1 Position		Empl. 2 Position		Composite Position		Ranks					
	1	2	1	2	1	2	1	2	1	2	3	4	5	6
Paralysis														
Bef	2	1	2	4	1	3	1.5	3	Bef	3	2	2	1	
Aft	3	4	1.5	2.5	1	1	1	3	Aft	4	1	2	1	
									Tot	7	3	4	2	
Epilepsy														
Bef	3	3	4	1	4	2	3	2	Bef	1	2	3	2	
Aft	1	1	1.5	1	4	3	2	1	Aft	5	1	1	1	
									Tot	6	3	4	3	
Cardiac														
Bef	1	2	3	2	2	1	1.5	1	Bef	4	3	1		
Aft	2	2	4	4	2.5	2	3.5	2	Aft		5	1	2	
									Tot	4	8	2	2	
Fac. Scar														
Bef	4	4	1	3	3	4	4	4	Bef	1		2	5	
Aft	4	3	3	2.5	2.5	5	3.5	4	Aft		2	3	2	1
									Tot	1	2	5	7	1
Deaf														
Bef	6	5	5	5	5	5.5	5	5	Bef				7	1
Aft	5	5	5	5	5	4	5	5	Aft			1	7	
									Tot			1	14	1
Blind														
Bef	5	6	6	6	6	5.5	6	6	Bef				2	6
Aft	6	6	6	6	6	6	6	6	Aft					8
									Tot				2	14

deaf and blind, fifth and sixth respectively. A further differentiation between the disabilities was noted on Table 1 emphasizing the number and concentration of employability ratings at particular ranking positions. Paralysis, epilepsy, and cardiac (the highest grouping of the disability hierarchy) had their employability ratings spread over the first four ranks with a gradual decrease in frequency from highest (rank 1) to lowest (rank 4). Facial scar was spread over five ranks with a reversal in concentration, i.e. the greatest frequency began to be evident at the lower ranks (3 and 4). Deaf and blind, the lowest grouping of the disability hierarchy, had the narrowest spread with deaf over the last three ranks and blind at the last two with almost all of the latter's judgments concentrated at the lowest rank (6th). There was a relationship then between the disability hierarchy and the frequency and concentration of the rankings of employability ratings. The disabilities rated highest on employability (paralysis, epilepsy, and cardiac) were more evenly distributed across the top ranks; the lowest rated disabilities had a very narrow spread but high concentration at the lowest two ranks, the latter indicative of the homogeneity of judgments of low employability for these two sensory disabilities.

The high intergroup similarity on employability ratings and their rankings provided the basis for a pooling of all data and the establishment of a composite group. The disability hierarchy groupings and the related information on the spread and concentration of employability ratings over ranks was not only demonstrated by each group for each job situation but even more clearly in the results on the composite group.

The changes in employability ratings of particular disabilities warrants mentioning. Epilepsy was often rated low (third and fourth) prior to discussion but at the top or close to it after the discussion. Cardiac displayed the reverse ending lower than its initial rating prior to the discussion. Paralysis indicated a slight trend downward. Facial scar was not affected noticeably by the discussion maintaining its relatively middle position. Blind, however, after discussion, ended up solidly in the bottom rank. These findings were generally true across all separate groups, for the composite, and under all conditions.

Spearman rank order correlations were computed to evaluate the effect of discussion on employability ratings (Table 10 Appendix A). Despite the absence of significance, the correlations themselves were of such high order (averaging from

.7 to .8) that it could not be definitely concluded that employability ratings for the different groups for both jobs changed significantly after the discussion. A closer examination of the data revealed that the only changes in employability ratings that did occur, after discussion, were slight shifts in position in only three disabilities, those that were at the top of the disability hierarchy--paralysis, epilepsy, and cardiac. The remaining three disabilities (facial scar, deaf, and blind) demonstrated little, if any, change at any time.

The intergroup correlations (Table 11, Appendix A) likewise had correlations averaging from .7 to .8 indicating the groups' similarity in assigning employability ratings to the disabilities under all of the different conditions. The close resemblance of the different groups to each other in these respects was sufficient again to warrant establishing a composite group.

The group median employability ratings for each disability were plotted graphically on the employability scale (Figures 1 through 4). The relationship between disability position on the employability scale and its place within the disability hierarchy was obvious. The three top ranking disabilities (cardiac, paralysis, and epilepsy) clustered at the

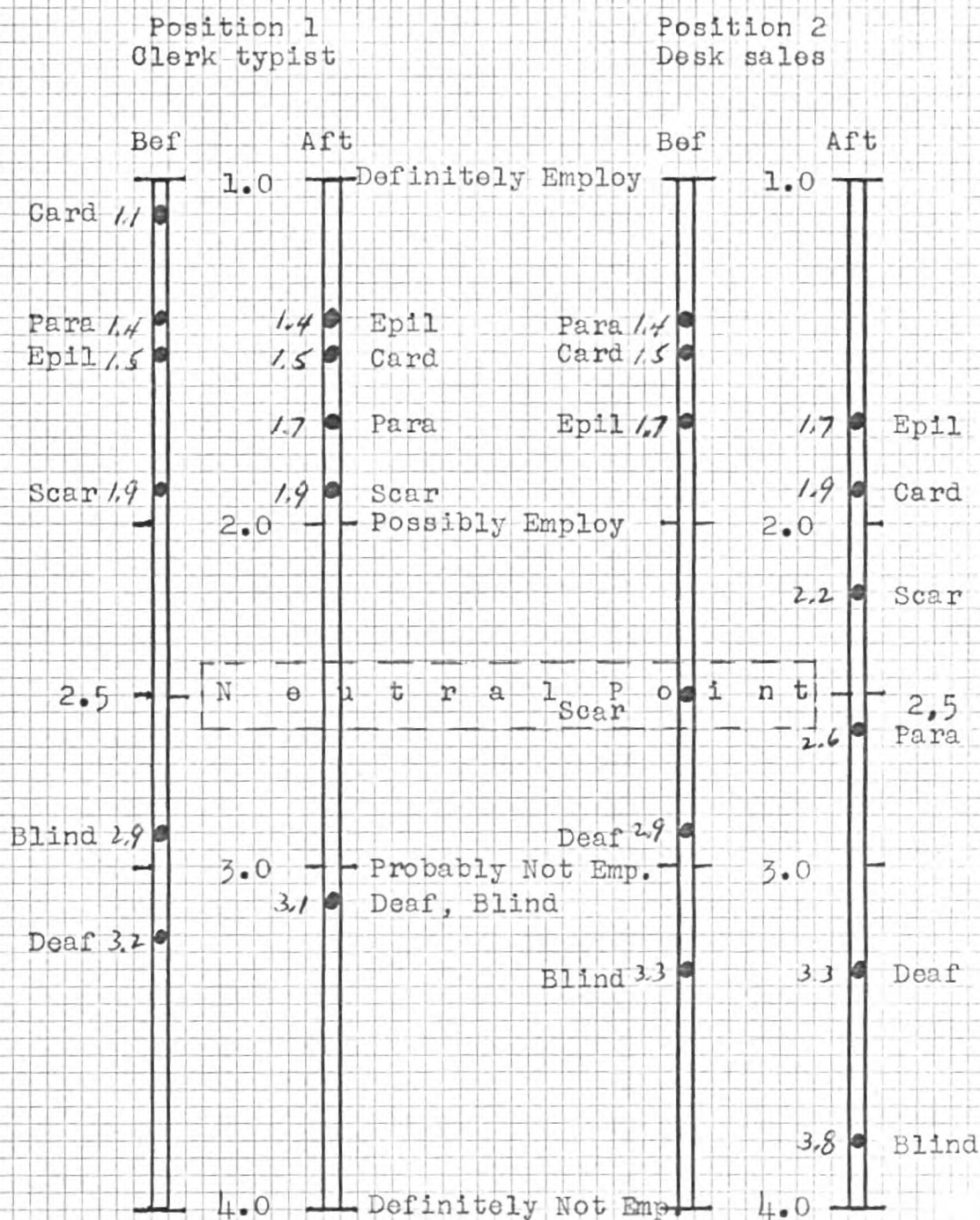


FIGURE 1

COUNSELOR GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER DISCUSSION ON EACH JOB POSITION

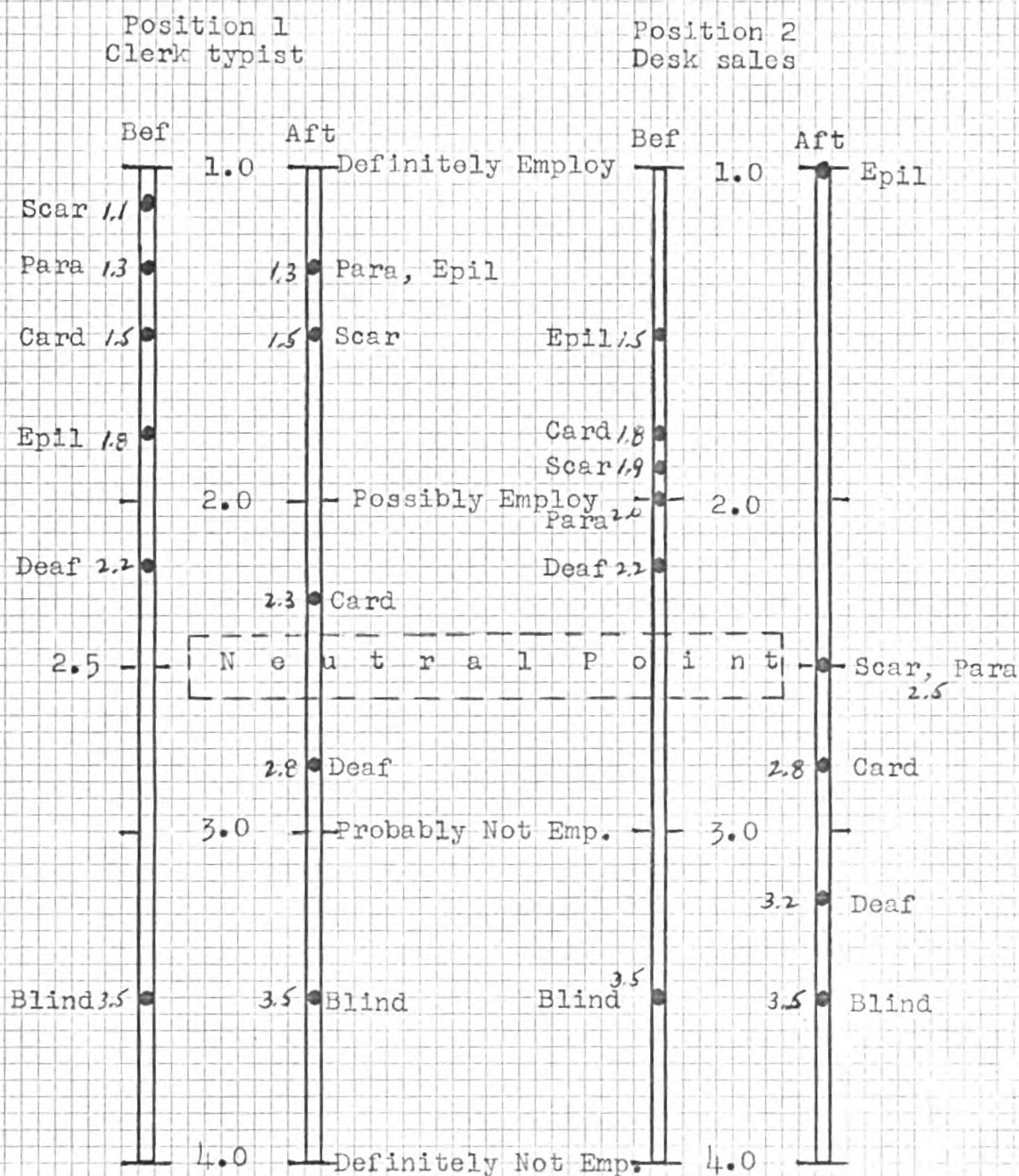


FIGURE 2

EMPLOYER GROUP I MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER DISCUSSION ON EACH JOB POSITION

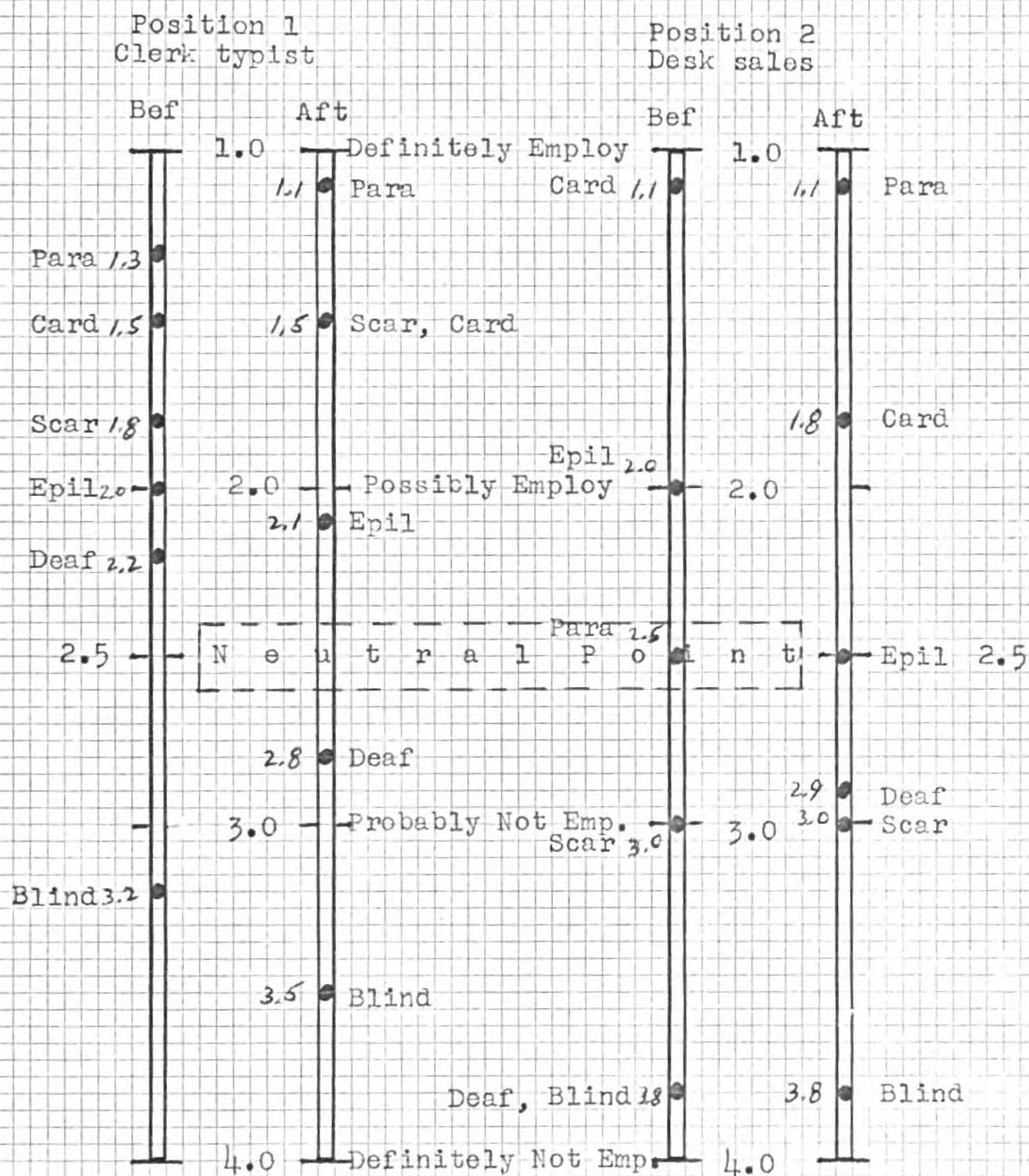


FIGURE 3

EMPLOYER GROUP II MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER DISCUSSION ON EACH JOB POSITION

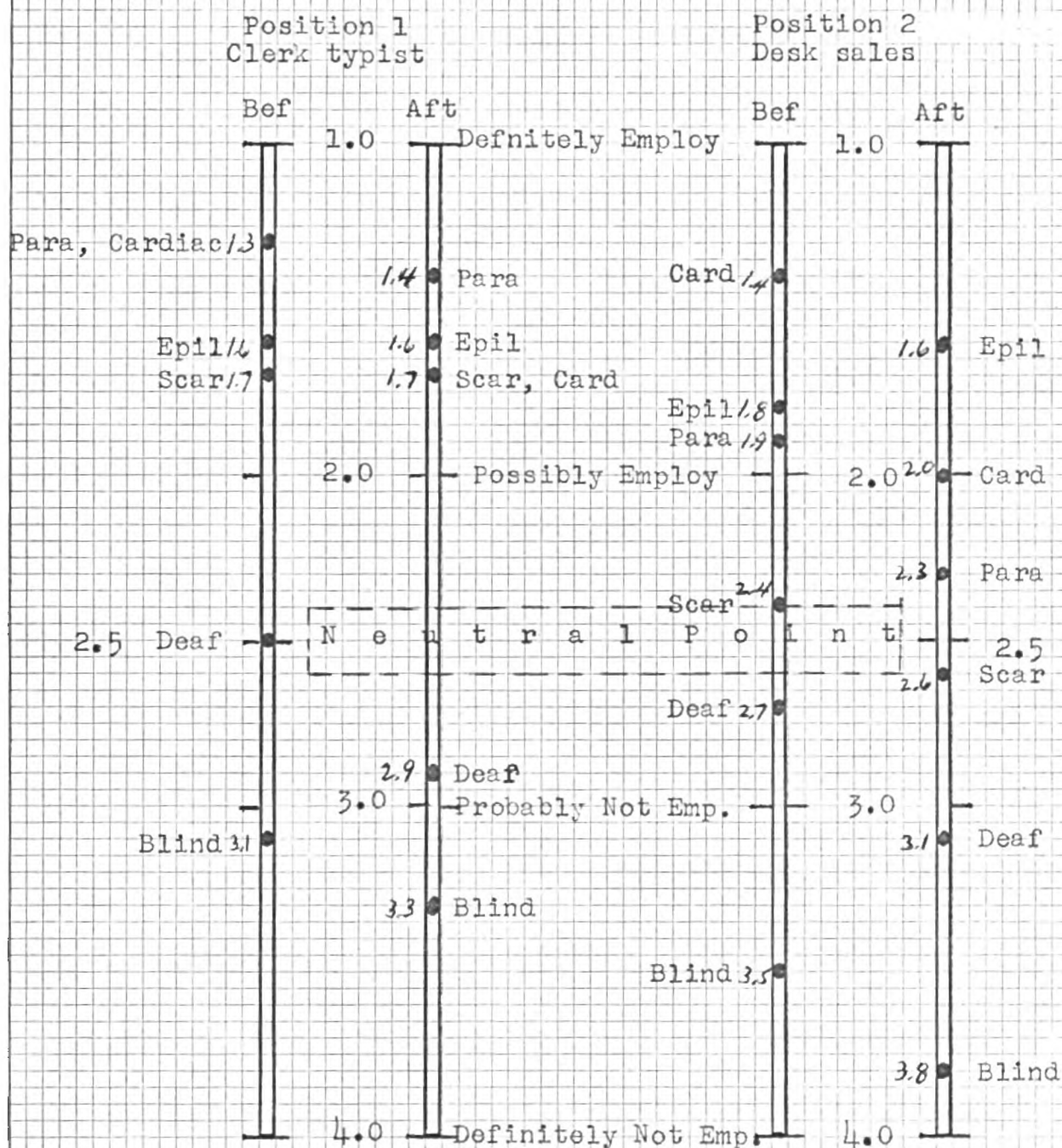


FIGURE 4

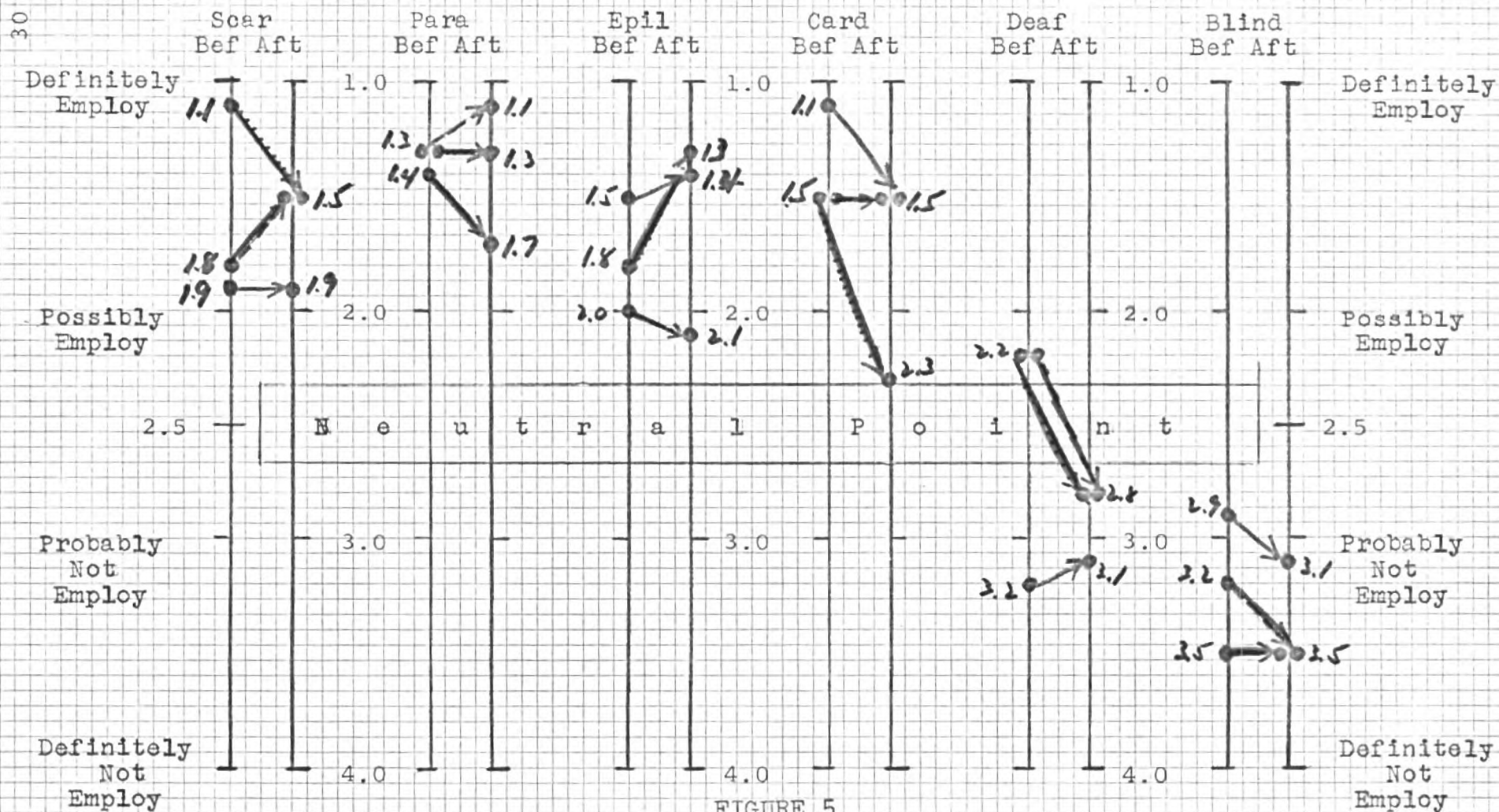
COMPOSITE GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER DISCUSSION ON EACH JOB POSITION

top of the employability scale well up near the Definitely Employ part. Facial scar was often centered near the Neutral point, and Deaf and blind placed almost invariably at the lowest end of the scale near the Probably Not and Definitely Not Employ locations.

Figures 5 through 8 focused and sharpened disability comparisons more dynamically for each group, the composite group, and job positions. For the composite and all separate groups, on job position one (clerk typist), the same disability hierarchy was noted with the addition of facial scar in the upper part of the employability scale. Deaf and blind were both at the bottom in the Non Employ area with blind the lower of the two. Position two (desk sales) displayed greater activity and shifts than the previous job with wider degrees of change and frequent reversals in directions after discussion. In addition, there was a general tendency, in both job situations, for employability judgments to be slightly lower after discussion. This was more evident in the desk sales job. Despite this trend, however, the usual hierarchy and location on the employability scale of the different disabilities held up quite well.

Disability Rankings

The reporting of results in this section will follow the



GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER GROUP DISCUSSION
FOR POSITION ONE (CLERK TYPIST)

Cslr Gp -- Black
Emp 1 -- Red
Emp 2 -- Green

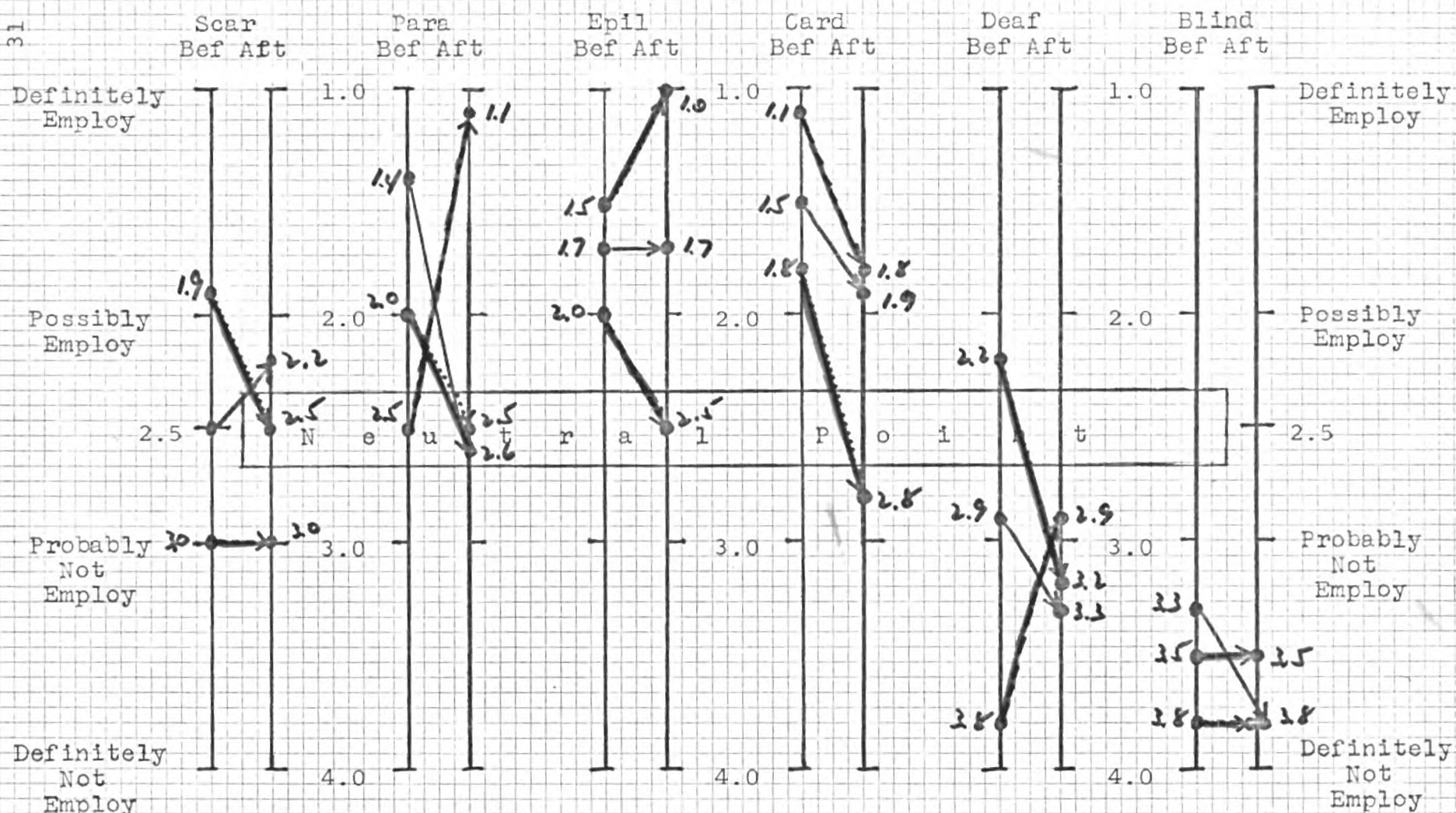


FIGURE 6

GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER GROUP DISCUSSION
FOR POSITION TWO (DESK SALES)

Cslr Gp -- Black
Emp 1 -- Red
Emp 2 -- Green

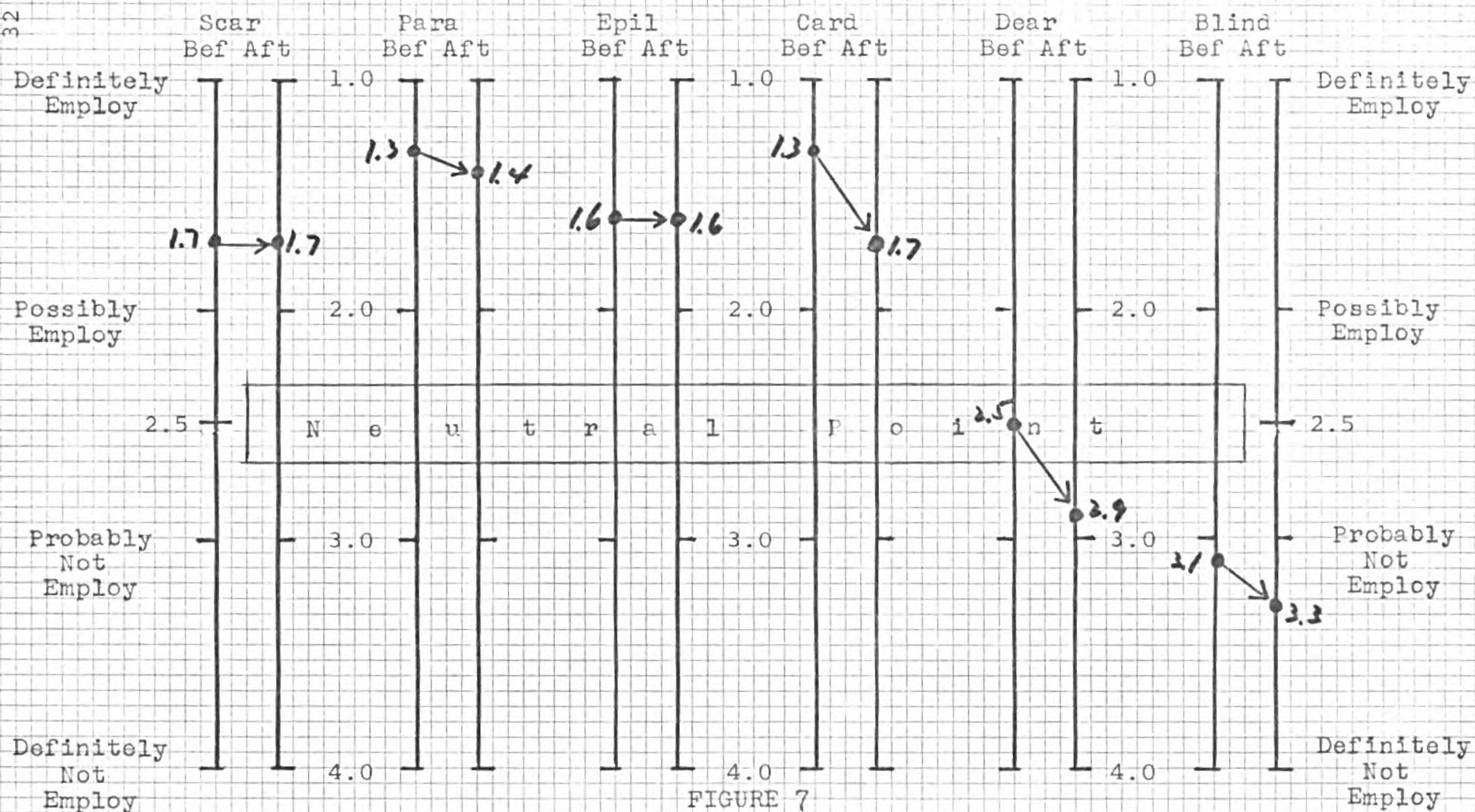


FIGURE 7

COMPOSITE GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER GROUP DISCUSSION
FOR POSITION ONE (CLERK TYPIST)

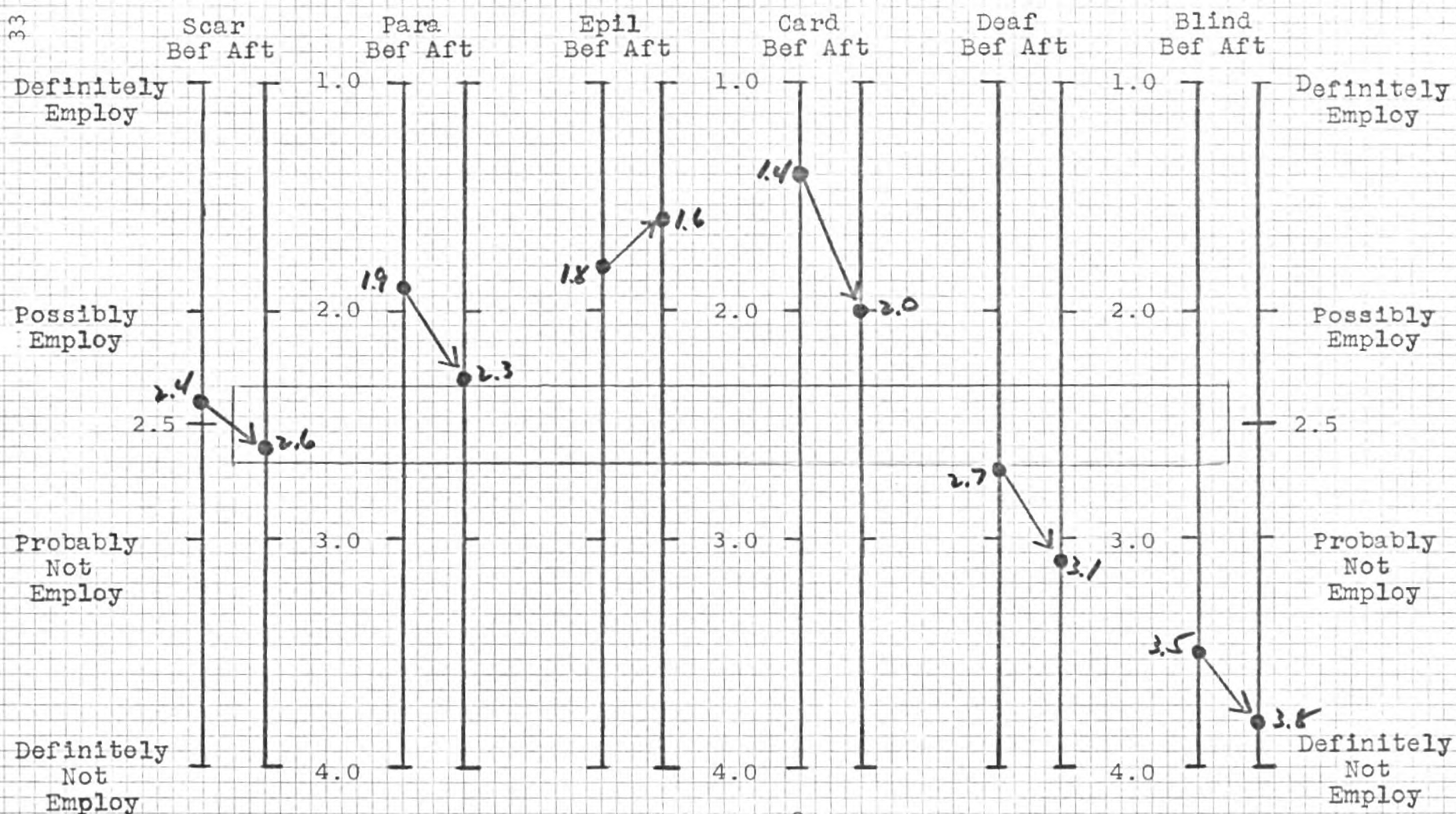


FIGURE 8

COMPOSITE GROUP MEDIAN DISABILITY EMPLOYABILITY RATINGS
BEFORE AND AFTER GROUP DISCUSSION
FOR POSITION TWO (DESK SALES)

same procedure and sequence employed previously.

The frequency of disability ratings noted on Table 2 achieved by summing across all groups irrespective of conditions reproduced the same disability hierarchy and similar concentration and location across ranks noted earlier in the employability ratings section. The cardiac, epilepsy, and paralysis triad dominated the top ranks with cardiac and epilepsy more secure in the first two, facial scar again fourth, and total agreement in ranking deaf and blind fifth and sixth respectively. The concurrence of all judgments to a single low ranking indicated the homogeneous, unqualified opinion of all respondents of the low order employability of these two sensory disabilities for both job situations. The phenomenon noted in the employability rating section of the inverse relationship of epilepsy and cardiac (epilepsy gaining after discussion, cardiac dropping from a previous higher ranking) was repeated here as well.

A high similarity in intergroup opinion and action between employability ratings and disability rankings was provided by parallel views of Figures 9 and 10. The similarity of graphs for the same disabilities on both charts reaffirms the disability hierarchy with its distinctive subgroupings,

TABLE 2

RANK ORDER OF MEDIAN DISABILITY RANKINGS BY GROUPS
FOR EACH POSITION BEFORE AND AFTER DISCUSSION
AND FREQUENCY OF MEDIAN DISABILITY RANKINGS

Disability	Groups						Frequency of median disability rankings							
	Counselor Position		Empl. 1 Position		Empl. 2 Position		Composite Position		Ranks					
	1	2	1	2	1	2	1	2	1	2	3	4	5	6
Cardiac														
Before	1	1	3	2	1	1	1	1	Bef	6	1	1		
After	1	2	4	4	2.5	2	2	2	Aft	1	5		2	
									Tot	7	6	1	2	
Epilepsy														
Before	3	2	4	1	4	2	4	2	Bef	1	3	1	3	
After	2.5	1	1	1	4	3	3	1	Aft	4	1	2	1	
									Tot	5	4	3	4	
Paralysis														
Before	2	3	2	3	2.5	3.5	2	3	Bef		4	4		
After	2.5	3	3	2	1	1	1	3	Aft	3	2	3		
									Tot	3	6	7		
Fac. Scar														
Before	4	4	1	4	2.5	3.5	3	4	Bef	1	1	2	4	
After	4	4	2	3	2.5	4	4	4	Aft		2	1	5	
									Tot	1	3	3	9	
Deaf														
Before	5	5	5	5	5	5	5	5	Bef				8	
After	5	5	5	5	5	5	5	5	Aft				8	
									Tot				16	
Blind														
Before	6	6	6	6	6	6	6	6	Bef					8
After	6	6	6	6	6	6	6	6	Aft					8
									Tot					16

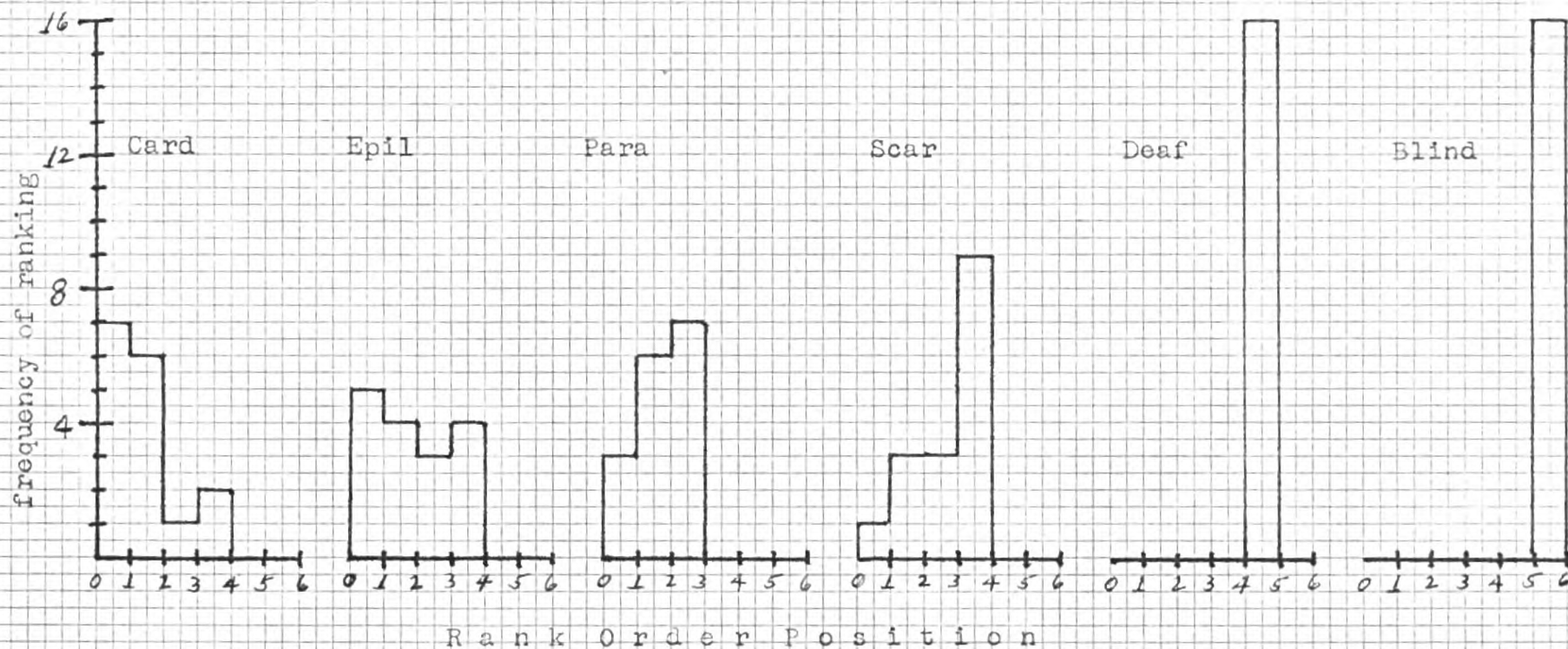


FIGURE 9

RANKING FREQUENCY OF MEDIAN EMPLOYABILITY RANKINGS

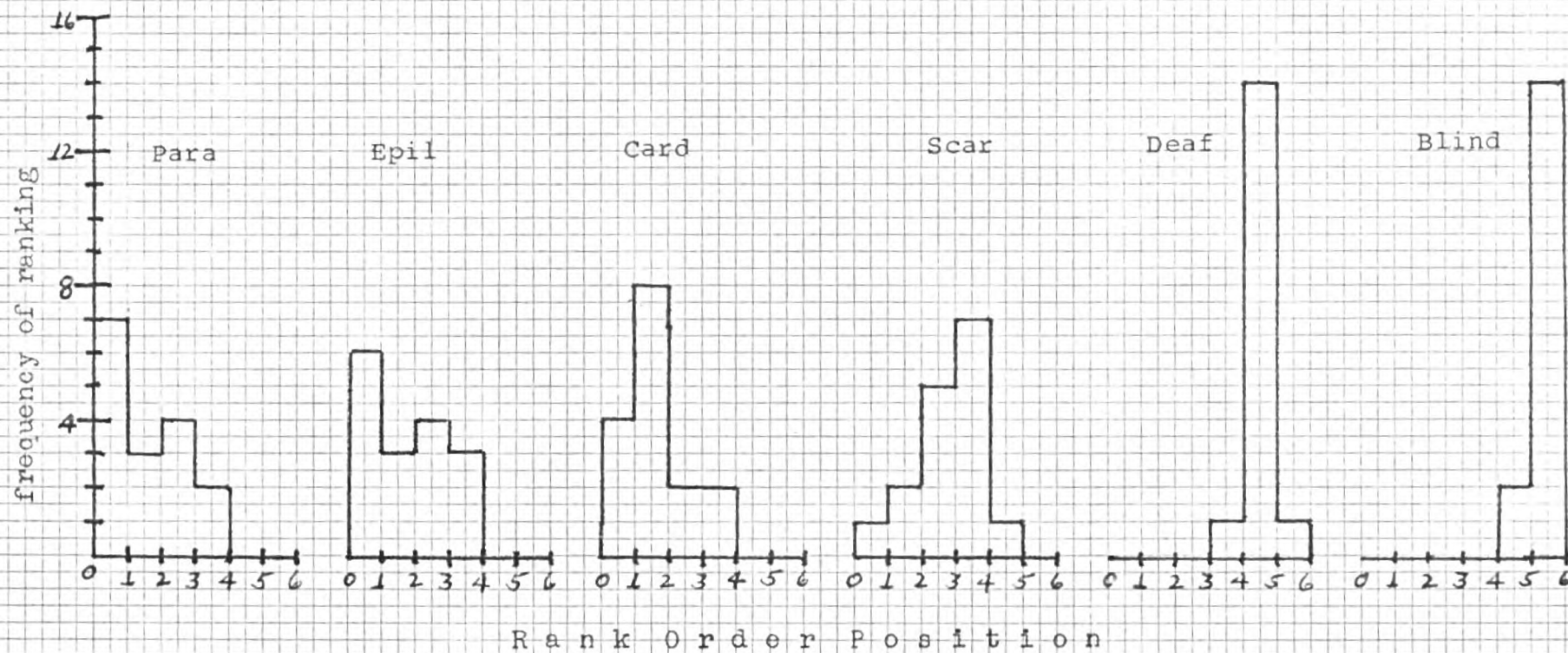


FIGURE 10

RANKING FREQUENCY OF MEDIAN EMPLOYABILITY RATINGS

the ranking locations of particular disabilities, and the frequency and concentration of judgments for disabilities along particular ranking positions.

Conclusions derived from the correlations on Tables 12 and 13 (Appendix A) were similar to those noted previously in the employability rating section. Interdisability rankings were similar before and after discussion for each job position with some shifts occurring in the epilepsy, cardiac, paralysis grouping, and none in the remaining three disabilities. All groups were very much alike in these respects.

Group Discussion

This section will report the main findings of the empirically derived response categories. Response frequencies and percentages by groups and by job situation, the hierarchy or order of importance within the overall response category system, the relationship of response categories to disabilities, as well as other interrelationships will be detailed.

Table 23, Appendix A, lists the response categories (major and subcategories) with representative response examples from all groups. Both positive and negative responses were used to indicate the quality and range of remarks under each

category.

Tables 3 and 4 apportioned the frequency and per cent of responses by groups and jobs. The counselor and Employer Group I between them, contributed about 75 per cent of the responses to the major response categories with the counselor group slightly ahead. Employer Group II gave the remaining quarter of the overall total of 643 responses. By job position, all three groups responded far more to the first job (clerk typist) which received the greatest number of responses. The counselor and Employer Group I ratio of two to one gave the clerk typist job more than twice the number of responses from these groups. Employer Group II, however, was the real offender with about seven-eighths of its responses given to the clerk typist job and only 22 of its total 165 responses going to the desk sales job.

Table 4 clearly and convincingly demonstrated a hierarchy within the response categories which held up well across all groups, composite group, and job positions. Of the four major response categories, Employment, and Attitudes and Relationship, shared equally as the two most important receiving the highest percentage of responses. Each of these two categories averaged approximately 35 percent of the total number

TABLE 3
RESPONSE CATEGORY FREQUENCIES
BY GROUPS AND JOBS

Response Category	G r o u p s											
	Cslr Gp			Empl Gp 1			Empl Gp 2			Composite		
	Posit.			Posit.			Posit.			Posit.		
	1	2	Tot	1	2	Tot	1	2	Tot	1	2	Tot
Medical	32	20	52	27	6	33	40	6	46	99	32	131
Psychological	25	7	32	18	11	29	12	-	12	55	18	73
Attitudes & Relationships	81	21	102	52	28	80	36	10	46	169	59	228
Employment	40	23	63	49	38	87	55	6	61	144	67	211
Totals	178	71	249	146	83	229	143	22	165	467	176	643
% Comp Tot.	28	11	39	22	13	35	22	4	26	73	27	100

TABLE 4

PER CENT OF GROUP RESPONSES IN RESPONSE
CATEGORIES BY JOB POSITIONS.

[illegible]

of responses. Medical was next with about 20 per cent and Psychological last with approximately 10 percent of the responses. A further refinement of the major response categories with the distribution of group responses within the subcategories was shown on Table 5. The focus and degree of emphasis by each respondent group and by job position in each subcategory was clearly noted. Both employer groups, for example, stressed the job requirements and worker performance aspects (under Employment) as their most important concern with an additional differentiation of the insurance and hazards for the clerk typist position and plant modification for desk sales (all under the Employment response category). Under the Attitudes and Relationship category, both employer groups discussed the relationship aspects of the disabled with coworkers and the public, and to a lesser extent (under this same major category) the knowledge and popular attitudes related to the disabilities. They (the two employer groups) needed medical information regarding symptomatology and current medical status (under Medical) and, under the Psychological, they stressed the personal and emotional aspects of the disabled individual, i.e. how dependable, adaptable, or motivated the individual was. Results of the composite group were very similar to that noted in the two employer groups.

TABLE 5
FREQUENCY AND PER CENT OF RESPONSES IN RESPONSE CATEGORIES
BY GROUPS AND JOBS

Response Category	G r o u p s																							
	Counselor Gp.						Empl. Gp. I						Empl. Gp. 2						Composite					
	Pos 1		Pos. 2		Total		Pos. 1		Pos. 2		Total		Pos. 1		Pos. 2		Total		Pos. 1		Pos. 2		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Medical	32	18	20	28	52	21	27	18	6	8	33	14	40	28	6	27	46	28	99	21	32	18	131	20
1. Sympto.	12	7	14	20	26	10	17	11	6	8	23	10	25	18	5	23	30	18	54	12	25	14	79	12
2. Appr., Dgr.	20	11	6	8	26	10	10	7	-	-	10	4	15	10	1	4	16	10	45	9	7	4	52	8
Psychological	25	14	7	10	32	13	18	12	11	12	29	13	12	8	-	-	12	8	55	12	18	10	73	11
1. Personality	8	5	-	-	8	3	13	9	6	7	19	9	12	8	-	-	12	8	33	7	6	3	39	6
2. Stress	17	9	7	10	24	10	5	3	5	5	10	4	-	-	-	-	-	-	22	5	12	7	34	5
Attit. and Rel.	81	45	21	30	102	41	52	36	28	34	83	35	36	25	10	46	46	28	169	36	59	34	228	36
1. Pers. Exp.	12	7	1	2	13	5	7	5	6	7	13	6	6	4	-	-	6	4	25	5	7	4	32	5
2. Knowledge, etc.	33	18	3	4	36	15	13	9	9	11	22	10	5	4	1	4	6	4	51	11	13	8	64	10
3. Empl. Rel.	25	14	8	11	33	13	12	8	1	1	13	6	6	4	-	-	6	4	43	9	9	5	52	8
4. Rel. others	11	6	9	13	20	8	20	14	12	15	32	14	19	13	9	42	28	16	50	11	30	17	80	13
Employment	40	23	23	32	63	25	49	34	38	46	87	38	55	39	6	27	61	36	144	31	67	38	211	33
1. Job req's.	20	11	11	15	31	12	34	23	20	24	54	24	39	27	5	23	44	26	93	20	36	20	129	20
2. Plant Modif.	13	8	12	17	25	10	2	2	11	13	13	5	4	3	-	-	4	2	19	4	23	13	42	7
3. Ins., Haz.	7	4	-	-	7	3	13	9	7	9	20	9	12	9	1	4	13	8	32	7	8	5	40	6
Totals	178	100	71	100	249	100	146	100	83	100	229	100	143	100	22	100	165	100	467	100	176	100	643	100

The counselor group emphasized the same two main categories (Employment, Attitudes and Relationship) but reversed their order of importance giving more weight to Attitudes and Relationship and less to Employment. Perhaps because of their personal experiences in counseling the disabled, they felt that popular attitudes and conceptions about disabilities, and general acceptance and knowledge, were the most important features under Attitudes and Relationship. The perception of the employer and his acceptance of the disabled was next. Relationship with others, and personal experience with the disabled were least important in the Attitude and Relationship category to the counselor group. In the Employment category, the counselor group, like the two employer groups, was concerned with worker performance, and in addition, with plant and equipment modifications. They, too, discussed the current medical symptomatology picture of the disabled as well as the visible appearance and degree of disability of the individual, under the Medical response category. Some note was made of the disability and job induced stress under the Psychological response category.

The relationship between the frequency and per cent of

group responses to disability was noted on Table 6. The high ranking disability triad (paralysis, epilepsy, cardiac) received the greatest total number and percentage of responses from the respondent groups, and the composite group. Facial scar was next and deaf and blind followed the usual order receiving the lowest amount. This was true as well for each job position.

Table 7 added another dimension by demonstrating which response categories were emphasized for each disability. For example, over half of the responses for paralysis, for both positions, were in the Employment category and were concerned with job requirements and job performance, and plant and equipment modifications. There was also some focus in this same disability for the clerk typist job on degree of disability in the Medical category, and the general attitudes and acceptance of the wheelchair patient under the Attitudes and Relationship major category. The cardiac and epilepsy disabilities were discussed primarily in terms of the symptomatic and current medical status of the individual with these disabilities. In addition, the cardiac came in for discussion on the stress induced by the job and the possible insurance difficulties (under Employment) with fears that the

TABLE 6
FREQUENCY AND PER CENT OF RESPONSES FOR
GROUPS AND COMPOSITE BY JOB POSITIONS

Disability	Counselor						G r o u p s												Composite					
	Job 1		Job 2		Total		Empl. Gp. 1				Empl. Gp. 2				Total				Job 1		Job 2		GT	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Facial Scar	27	18	1	1	28	12	30	27	9	10	39	18	25	19	-	-	25	16	82	21	10	5	92	16
Paralysis	51	34	25	33	76	34	12	10	21	22	33	16	27	20	8	36	35	22	90	23	54	27	144	24
Epilepsy	28	19	22	29	50	22	22	20	17	18	39	18	25	19	3	14	28	18	75	19	42	21	117	20
Cardiac	38	26	24	31	62	27	28	25	8	8	36	18	37	27	3	14	40	26	103	25	35	18	138	23
Deaf	-	-	4	5	4	2	8	7	26	28	34	17	12	9	7	32	19	12	20	5	37	22	57	10
Blind	5	3	1	1	6	3	13	11	13	14	26	13	9	6	1	4	10	6	27	7	15	7	42	7
Totals	149	100	77	100	226	100	113	100	94	100	207	100	135	100	22	100	157	100	397	100	193	100	590	100
% Comp. Tot.					38						35						27			67		33		100

TABLE 7

FREQUENCY OF DISABILITY RESPONSES BY RESPONSE CATEGORY
FOR GROUPS, COMPOSITE, AND JOB POSITION

Disability	Group	Categories of Responses																		Totals							
		Medical				Psychol				Attitudes and Relat.				Employment													
		Sympto.		Appear		Prsnl		stress		Exper.		Knldg.		Emp.Rel		Oth.Rel		Job Rq		Pl Mod		Insur		Gp.	Position		Combined
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2		1	2	
Facial Scar	Cslr	4				2						8		4		8	1	1						Cslr	27	1	28
	Em 1		3			5	1			1		5	3	3	1	7	3	6	1					Em 1	30	9	39
	Em 2	2		5		2				1		1		1		5		7			1			Em 2	25	-	25
	Comp																							Comp	82	10	92
Paralysis	Cslr	10	2	2	1	1		1		6		9		2		2	2	6	8	9	12	3		Cslr	51	25	76
	Em 1			1		2	1	1		2		1	2		1	2	2	3	4	2	11			Em 1	12	21	33
	Em 2	1		5	1	7				1		1				1	2	11	3	1		1		Em 2	27	8	35
	Comp																							Comp	90	54	144
Epilepsy	Cslr	2	2	4	8	2		1	3	3		12	2	2	6		1	1				1		Cslr	28	22	50
	Em 1	12	5	2					1	1	2	2	1			1	3	2	4			2	1	Em 1	22	17	39
	Em 2	13	1	1		2						1		1			2	5				2		Em 2	25	3	28
	Comp																							Comp	75	42	117
Cardiac	Cslr	2	2	6	9	1		9	3	3	1	2		7	4	1	3	3	2	1		3		Cslr	38	24	62
	Em 1	4		5				4	5	1		1	1	3		1		1	1			8	1	Em 1	28	8	36
	Em 2	17	1	2		2				1				3		1	2	5				6		Em 2	37	3	40
	Comp																							Comp	103	35	138
Deaf	Cslr		1													3								Cslr	-	4	4
	Em 1	1	1				5			1	4		3			1	5	5	8					Em 1	8	26	34
	Em 2		3			1										3	4	6			2			Em 2	12	7	19
	Comp																							Comp	20	37	57
Blind	Cslr									1		3				1	1							Cslr	5	1	6
	Em 1					2	2					1	1			1	3	9	3			4		Em 1	13	13	26
	Em 2															1		8	1					Em 2	9	1	10
	Comp																							Comp	27	15	42

cardiac would collapse and become a serious financial problem to the company. For the facial scar the two response categories that were significant were Attitudes and Relationship, and Employment--primarily for the clerk typist position. The general acceptance, and relationship with others (coworkers and customers) were the main areas in the Attitudes and Relationship category, and the job performance aspects or the ability to handle the job, in the Employment category. Very little was discussed about the deaf and the blind but there was some concern in the Employment response category about the ability of either disability to do acceptable work--in both job situations for the deaf and only in the clerk typist one for the blind.

Table 8 summarizes the manner and degree to which disability, response categories, job situations, and respondent groups are all interrelated. Much of the previous information described narratively is now graphically and differentially depicted. An area of concern for a disability (and a job) was tabulated when a respondent group devoted five or more responses to that particular disability. When the number of responses exceeded nine, the additional emphasis was indicated by a plus sign after the respondent group code identification. Results of this table indicated the amount of

TABLE 8
INTERRELATIONSHIP BETWEEN DISABILITY, RESPONSE CATEGORY
JOB POSITION, AND RESPONDENT GROUP

Disability	Job Pos.	R e s p o n s e C a t e g o r i e s										
		Medical		Psychological		Attitudes and Relationships				Employment		
		Sympto.	Appr.	Pers.	Stress	Exper.	Know.	Empl. Rel.	Other Rel.	Job Perf.	Plant Modif.	Ins.
Paralysis	1 2	C+	EII	EII		C	C			EII+, C C	C C, EI+	
Cardiac	1 2	EII+	C, EI+ C		C EI			C		EII		EI, EII
Epilepsy	1 2	EI+, EII+ EI	C				C+	C		EII		
Fac. Scar	1 2		EII		EI		C, EI		C, EI, EII	EI, EII		
Deaf	1 2			EI					EI	EI, EII EI		
Blind	1 2									EI, EII		

Note: Groups coded above indicate 5 or more responses; 10 or more responses followed by a + sign.

attention and importance paid to the highest rated and ranked disabilities and the lesser degree given to those disabilities in the lower part of the disability hierarchy. Deaf and blind received the least amount of attention in terms of responses by the different respondent groups. Other obvious features were the overall greater concern with the clerk typist position in contrast with desk sales job, and the importance of particular response categories and sub-categories for distinct disabilities. This table facilitates the easy, quick, and effective isolation of areas of importance (response categories) by each group for each disability and job situation, and, which groups were primarily responsible for the main contribution to response categories during the discussion.

CHAPTER IV

DISCUSSION

The discussion will concentrate on the usefulness and strategy of this group process technique as a means of gathering more valid information about employers' perceptions of the disabled. The discussion will be examined, responses analyzed, and findings summarized in relation to specific disabilities and disability groupings, employability ratings, interdisability rankings, and specific job situations. Some attention will be given to the effect of discussion but only as a source of additional information since this investigation was not specifically designed to test out the effect of group discussion on the employment of the disabled. Conclusions will be stated and recommendations, stemming from this work enumerated for future practical implementation as well as further study.

Employer Group Discussion Technique

Background Information. The impetus for this investigation stemmed from the continuing poor results attained by

past techniques in placing the disabled, many of whom are well able to perform competitively. Despite their proven adequacy, demonstrated during a time of manpower need (Barker et al, 1953; Eggers, 1960; Welford, 1958), a policy of limited participation and utilization vocationally and socially is still current. Possibly the prevalence of the anatomical concept of medicine influenced vocational selection so that "Competence was measured in terms of anatomical perfection, a man was either fit or unfit for work depending on whether he was anatomically whole. It was all or none. A man could do the whole job or none of it. He was disabled for all work if he was disabled for part of it [Garrett & Levine, 1962, p. vi]." This was the general policy despite the admonition of Henry Ford (one of the early pioneers in assembly-line work and specialization of labor) that "We are too ready to assume, without investigation, that the full possession of faculties is a condition requisite to the best performance of all jobs [Wright, 1960, p. 15]."

The history of the efforts to place the disabled indicates that any success in placing these individuals was derived not from the accomplishments of the disabled themselves via normal employment channels, but through the necessary intercession of specialized groups and placement agencies working

with a wide variety of the physically disabled, the aged, or other emotionally and intellectually handicapped individuals. The minimal success achieved in placing these groups in competitive employment has been repeatedly documented and representatively exemplified by Hart (1962), who recounted over 1,000 visits to employers over a two year period with very few placements. Some investigators achieved better results (Du Brow, 1966) but only as a result of a careful, selective, and contrated approach to individual companies over a long period of time. Many authorities continue to stress the need for specialized placement services in view of the chronic difficulties encountered. However, they also recommend entirely new and innovative approaches and techniques to ameliorate the problems (Dawis et al, 1959; Neff, 1960; Rusalem, Baxt, & Barshop, 1963).

The variety of techniques attempted includes telephone calls to employers, utilization of the State Employment Service offices, having the disabled themselves canvass for employment by knocking on one door after another, having a placement counselor accompany the disabled (Arnholter, 1962), and others of a similar nature including large-scale appeals. The poorly accomplished goals of mass appeals such as Hire the Handicapped which so many experts decry (Allan, 1962;

Lofquist, 1960; Olshansky, 1966; Schletzer et al, 1961; Wright, 1960) could very well be accomplishing the opposite of their purpose by projecting an image to the employer that the disabled individual is a different species, would be in need of special attention and treatment, and consequently be a problem to them.

An interesting and novel technique was instituted by Wayne University's use of TV in an attempt to bring the public and employers closer together, on the assumption that the more intimate the public was with the disabled, the more understanding and accepting they would be of them--an attempt to reduce what might be called the "visibility gap" between the disabled and nondisabled (Granberry & Mc Carty, 1963). The sixteen half-hour TV scripts focused on live disabled. Unfortunately, there was no mention of any evaluation of the results of the program, or follow-up, to investigate the effects on the employer acceptance or hiring.

The results of the investigations in this area, gathered almost exclusively from mailed questionnaires, have either given a general description of industry's view of the problems associated with employing the disabled as a homogeneous group, or just enumerated the day-to-day, year-to-year problems encountered in attempting to place the disabled. The responses

from these questionnaires and their analyses did not differentiate between disabilities nor relate them to specific job situations. Interdisability comparisons and explanations to account for the success or failure in placement were noticeably absent unless a particular group or investigator focused his efforts on a special disability group or the information was reported as a byproduct of some investigation. In this regard, Schletzer and associates, in one of the University of Minnesota's many studies in vocational rehabilitation (1961) and the National Epilepsy League (1955) have focused on epilepsy, Diller (1962) discussed the difficulties he experienced in placing hemiplegics, and Felton (1964) likewise with "paralytics." Labelling a disability as "difficult" or "more difficult" in the above studies was a vague insinuation at some comparison with other disabilities but without the other comparison disabilities being designated or included.

The interdisability comparison was noticeably absent in the area of placement of the disabled but not in other areas. Recent work by Siller (1966) and Siller & Chipman (1964, 1967) for example, very carefully compared disabilities to arrive at the affective consequences to the perceiver. However, no formal, careful investigations were uncovered in the literature on employment of the disabled designed to account for the

placement of specific disabilities, compared disabilities with each other in this regard, or gave some concrete evidence for relating these aspects to specific job situations. There was, in addition, no information on any interdisability ranking in relation to work situations.

Purpose. The format of this investigation involved a group discussion process in which two employer groups and a counselor group were confronted, not with any request of them to hire a particular disabled individual or to discuss disability in the abstract, but with specific disabilities and selective job situations for these disabilities. The purpose of this group discussion process was to reveal more reliable information about employer attitudes in the employment of the disabled, directly and openly in frank group discussion, rather than by impersonal questionnaires with the doubtful validity and representativeness of its results mentioned previously (Barker et al, 1953; Kossoris & Hammond, 1948).

Discussion, as a form of verbal expression and interchange, may have different purposes and various levels of meaning. For a particular personality technique, the Rorschach for example, the purpose most often in this limited sampling of behavior is to reveal the individuality of a person's func-

tioning, the personality dimensions of the individual, or in David Rapaport's conception, some scheme of personality structure. Vital to an understanding of the content of discussion (e.g. the Rorschach protocols in the example above), is the organization and analysis of the responses as a means of understanding its underlying meaning, and hopefully, applying this understanding. For this study the questions to resolve are whether this group discussion technique, for its purpose, would yield more reliable information and whether this information would be of such a nature that it could be validly related to the problems of the disabled and usefully applied. What would the discussion reveal about employers' attitudes toward disability and its relationship to employability? Is it at variance with the findings in the literature? This is getting information, so to speak, "from the horses mouth," the employers--via open group interaction rather than reliance on constructed mailed questionnaires.

Group Discussion Results

The usefulness of this group process technique was well demonstrated by the quantity and quality of responses which revealed concrete concerns about specific disabilities in relation to specific jobs; from an employer's viewpoint.

Response Categories. The responses revealed general and

specific areas of concern about each of the disabilities, some more than others. The responses were grouped into four major response categories each with several subdivisions. The main response categories were: Employment, Attitudes and Relationships, Medical, and Psychological. These and the subcategories have often been referred to in the literature but rather generally and without concrete specification or definition, or relationship (or weighting) of importance to different disabilities. Kossoris & Hammond (1948), Scott et al (1960), and a survey by the Federation Employment and Guidance Service (1959) have summarized the literature concerned with the attitudes and reasons given by management for not hiring the disabled, such as, increased costs, negative performance factors, higher liability risks and insurance premiums, restrictive union contracts, etc. The latter two have been forcefully and vociferously denied by insurance companies and by unions in public declarations (Burr, 1963; Kassner, 1962; U.S. HEW, 1960).

The investigation by Noland and Bakke (discussed by Barker et al, 1953) related the problem on a deeper level to the type of economic system and its subsequent effect on employers. They characterized the employer's perception of his role in society in two ways: a provider of goods and services at the

lowest cost but greatest return, and a leader and institution builder in the community. It was essential, therefore, from this company image and responsibility, to select on the basis of good physical appearance without any restrictive handicap, ergo, no disabled. This may well be, as Barker points out, the underlying reasons why the employer's rejection of the disabled is so often couched in vague and uncertain terms. Diller (1962), in addition, found that the attitude of personnel people was one of the most important factors in the rejection of the disabled. The variety of reasons and explanations noted above applied to the broad spectrum of disabilities rather than being specifically designated to particular disabilities or to job situations.

In this investigation, the technique of direct confrontation and discussion (by the people directly concerned with employment, the employers and placement counselors) was instrumental in providing useful, practical, information about employers' concerns in the hiring of specific disabilities. Their responses were grouped, categorized, and related to specific disabilities. The response categories referred to earlier, indicated that Employment, and Attitudes and Relationships, were the key emphasis categories; Medical was next and Psychological last. The degree of concern by the respondent

groups with the first two of these categories, in comparison with the other two, was indicated by the percentage of responses devoted to them: 35 per cent each to Employment, and Attitudes and Relationships (total of 70 per cent to both); Medical received about 20 per cent, and Psychological was last with approximately 10 per cent of the responses.

Group Similarities and Differences. All three groups stressed Employment, and Attitudes and Relationships, as the most important areas. The two employer groups gave top priority to Employment whereas the counselor group reversed it and emphasized Attitudes and Relationships. In the Employment category, the employer groups were primarily concerned with whether the disabled had the ability and skill to perform the job, far more than they were concerned about the subcategories under Employment (plant modification or insurance). The next concern by the employer groups was in the Attitude and Relationships area and involved the disabled's relationship with others (co-workers, customers, the general public). The employer groups then emphasized the individual's health which included his current medical symptomatic status (under the Medical response category). Employers were, to some extent, also concerned with the personal motivational aspects of the disabled (under Psychological) but only after sufficient gua-

rantee was indicated from the previous areas.

The counselor group gave most weight to the knowledge the employer had of the illness and the popular attitudes to it, and the employer's relationship with the disabled (under Attitudes and Relationships). The counselor group's next emphasis was similar to the employer groups--the requirements of the job and the ability of the disabled individual to do it (under Employment). However, the counselor group, unlike the employer groups felt that plant modification was also an important area in considering the disabled for employment. The other response areas emphasized under Medical and Psychological were similar to the employer groups with the counselor group, however, singling out the stress induced by the illness or by the job (under Psychological) as important, again a concern not emphasized by the employer groups.

When the results of all three groups were pooled, the composite picture was more a reflection of the attitudes and concerns expressed by the employer groups than it was of the counselor group. The composite group gave equal weight to the two major categories (Employment, and Attitudes and Relationships), then to Medical, and last to the Psychological response category.

Disability Hierarchy. The response categories, per se,

do not contain a qualitative differentiation, i.e. they do not permit indications of the positive or negative quality of the responses. However, examples of both kinds of responses were utilized to indicate the quality of concern in the respondents' remarks, and by the frequency and percentage of responses, the degree or amount of discussion devoted to each disability. The order of importance, or degree of discussion devoted to each of the disabilities was indicated by the frequency and percentage of responses given to each. Three disabilities stood out as a triad of importance that captured most of the discussion--paralysis, epilepsy, and cardiac--each averaging over 20 per cent of the responses of the different groups. Facial scar was next (fourth) with about 16 per cent. Deaf and blind were fifth and sixth with about 10 and 7 per cent respectively of the groups' responses. The percentages given above were very similar for all the groups and for the two separate job situations as well. The composite group, in addition, reflected this hierarchy or order of importance of the disabilities in terms of how much discussion was devoted by the groups to each disability. The emergence of this disability hierarchy was important in two ways. First, there was no indication in the surveyed literature of emphasis by any employers as to which disabilities

were of greater or lesser importance to them for employability. Second, the hierarchy established by the amount of discussion given to each disability by each of the three different groups, was related to a similar disability ordering for their degree of employability, and for an interdisability ranking in relation to jobs. This will be discussed later.

Interrelationship Aspects. The final step of relating response frequency of each category to each disability indicated the specific concern (and its degree of importance) by the respondent groups for each disability. This was also differentiated for the two job situations. Tables 7 and 8 organized this information and summarized the interrelationship of all the factors in this study. They lend themselves to visual examination and analysis of the major concerns by the respondent groups, for each disability and related job situation. In addition, the tables suggest hypotheses for further testing, study, and implementation. Table 7 indicated the information by frequency of responses.

Table 8 simplified the same information by assigning a group designation (C for counselor, EI for Employer Group I, EII for Employer Group II) under each response category whenever there were five or more responses by a group in that category for a specific disability. Ten or more responses were

given a plus sign after the respondent group code to indicate the additional emphasis in that response category relative to that disability. This table is a convenient, schematic tool, to locate easily, quickly, and effectively, the respondent groups, types of concern, and the degree of concern about the specific disabilities and their relationship to particular job situations. It also provides significant information about disabilities generally, the hierarchy or order of importance of disabilities to the employer groups, and valuable information about these groups that could be tested out with other similar groups.

There are four approaches to deriving information from this table; a) a general view of the entire table for overall conclusions, b) a horizontal approach across response categories for each separate disability and for each disability by job situation, c) vertically from each response category (major and subcategory) down across all the disabilities, and d) analysis of each separate cell (large or small). Different information and conclusions are provided by each approach above to Table 8 as indicated below.

General Approach. An overall view of Table 8 indicated a concentration of discussion by all three groups on particular disabilities with a decreasing amount devoted to others.

Paralysis, epilepsy, and cardiac, by the sheer number of group designations as well as plus signs (indicative of higher response frequency) received the greatest amount of attention. Facial scar followed, and deaf and blind were next in that respective order. Of the four major response categories, Employment, and Attitudes and Relationships, were the areas discussed in greatest detail by the groups but followed rather closely by Medical. The Psychological discussion area was the least important of the four. With regard to job situations, the groups spent most of their time on the clerk typist job and little comparatively on the desk sales job. In fact, there was practically no discussion on the latter job for facial scar and blind. Another important differentiation was the fact that the employer groups touched on all the disabilities in their discussion whereas the counselor group concentrated on the top three disabilities (paralysis, epilepsy, and cardiac), spent very little time on the facial scar disability, and practically no discussion on the deaf and blind. The latter (in relation to the counselor group) may be due to the fact that these two sensory disabilities (especially the blind) form a very small part of their normal caseload.

Horizontal Approach. This method, the most valuable of

the four approaches, indicated the specific areas of concern (response categories) for a particular disability and to what degree the respondents emphasized them, which groups were concerned with that disability, and whether their concerns were widespread (across many categories) or narrow. This approach provided a clear and representative pattern of the attitudes of employers, and the types of concerns they had for each disability and job situation. Sharp contrasts were indicated (such as between paralysis and blind), and similarities in emphasis (such as between paralysis and cardiac). For example, the discussion concerning the symptomatology and degree of disability (under Medical response category) for particular disabilities focused on how well the individual's illness was controlled by medication as well as the seriousness of the symptoms of his illness. The epileptic and the cardiac were not summarily dismissed because of the diagnostic implications but were looked at carefully in relation to the two years of incident-free, medically controlled history. Under the Attitudes and Relationship response category, a facial scar disability was pursued from the disabled person's impetus to work and consequent improvement in employer and co-worker relationships, the possible motivational aspects contributed by the disability, as well as its aversive, af-

fective consequences. The value of this approach lay in the respondent groups' detailed description about each separate disability. The important findings from this method of approach are delineated below and give a clear picture of each disability and the types of concerns each respondent group had about it.

Paralysis. The two significant discussion areas for this disability were Employment (received over 50 per cent of the responses), and Medical. In the former, the work performance and the requirements of the job situation in relation to the paraplegia disability, and the possibility of plant and equipment modifications to accomodate the disabled individual were discussed. Examples of responses to illustrate the groups' remarks were, "No problem moving around from various places," "A paraplegic can't maneuver around and do all these other things," "This [being] confined to a wheelchair might prove to be an inhibitor," "A person in a wheelchair could not handle production work," "Actually he sits at a desk and there's no problem. This is no problem." "They should be good employees if they have any skill at that job," "He has his problems but he's doing the job," "This is no hindrance in any way." Examples of responses in the plant and equipment modification area included, "Might

need a special typewriter table where the desk would come up to it," "The wheelchair employee might work out beautifully where they're now located and the way room laid out but possibly that lease will run out in two months and in the next place they go...will require some different equipment and it will be upstairs," "You would need two sets of books, one at low level and another at counter level where another man could use it," "You could get into a situation where they couldn't...you have to make special arrangements for them like getting in and out of the building and so forth," "Rest rooms...present no problem," "It could be restructured that these things could be right there for him."

The other important area of information on the paralysis disability was in Medical with discussion on both the current medical symptomatology and the appearance aspects of this disability. The following are illustrative of the responses in the Medical area for the paraplegic. These particular responses were entirely from the counselor group. The employers gave very few responses in this area, possibly because they already employ some paraplegics and do not consider them as problems. "This individual is able to function," "This person could get around," "The issue of decubitus ulcers, leaking bags, the possibility of kidney flareups," In the

area of the appearance of this disability, responses were related to possible aversive characteristics, the range or degree of disability, and the constancy of the disability. "If it's anything noticeable they're not going to want to look at it," "They think in terms of the awkwardness of the person," "With the wheelchair they see it [the paraplegic disability] constantly," "Paralysis is more of a fixed, if you want to call it, disability," "From all indications and medically that's about as far as it'll go," "Several people in wheelchairs ranging from one fellow that's so bad he [doesn't] have [any] control over his bladder and he's in a wheelchair and he gets around all the time. He does the job."

In the Psychological response area, the employer groups stressed the positive effects of the paralytic disability in relation to personality structure, work motivation, and the stability of the individual. "In my opinion somebody with paralysis would have a lot better personality," "Probably be more stable," "The stability of the paraplegic," "The personality of the individual would be more steady," "The majority of the people in wheelchairs are gracious, well-mannered individuals and grateful and as sincere as they can be for anything you want to give them," "If she's a paraplegic she's more likely to be long term [longer term employment]."

Some discussion was had on paralysis in the Attitudes and Relationships area. The respondents drew from their personal experience in employing them as well as their knowledge of the general attitudes and acceptance or nonacceptance of paralytics. Response examples were, "I know of some cases where the qualifications were good," "I have had no problem with wheelchair people," "We just hired a draftsman who drives his car and has no problem at all," "I had normal people who were paralyzed from the waist down that made one or two rim wheelchairs on an assembly-line basis," "We have people who will literally bend over backwards and sideways and every other way to help place these individuals," "It's the ones in the wheelchair, occasionally the amputee, somehow they are automatically thought of as individuals who defended the country," "Person with paralysis who uses a wheelchair is more favorably responded to than some of the others," "One reason is personal bias," "They [paraplegics] would be the least offensive people."

Cardiac. This disability was discussed primarily from the Medical picture and related factors in the Employment area (insurability difficulties and the possible liability of the cardiac individual). In the Medical area, the current medical status, especially the two year symptom-free history

of the individual, was examined. However, the possibility of a recurrence or relapse was pointed out. The following response examples were fairly evenly divided about the risk involved and the safety of this disability due to medical clearance: "Medically arrested at the present time and cleared by the doctor," "Medically cleared for both jobs," "If I were to hire someone, someone who had a heart attack, they're subject to dying," "I doubt seriously if you can get them to O.K. this person without a Sears and Roebuck guarantee that this man isn't going to die," "No signs of difficulty, medically cleared, doctor had approved it," "The cardiac could open the file drawer and drop dead," "He might burst a valve or something," "Medically corrected at the present time and cleared by the doctor," "The problem occurred two years ago, no signs of difficulty," "From my understanding they [heart attacks] do reoccur, like a stroke," "I'm gambling that this man might go 30 years and not have another one [heart attack] but this might not be medically correct," "For two years, I sincerely believe this almost wipes the slate clean."

With regard to appearance characteristics (under Medical) of the cardiac disability, there was a consensus from the following response examples that this disability had no visible aspects: "My fundamental decisions was appearance,"

"Something that doesn't physically show," "On the cardiac he couldn't see the problem," "No particular problems in terms of outward appearance."

There were two main areas of concern discussed under Employment. There seemed to be little difficulty in accepting the cardiac in relation to his ability to perform the required work (meeting deadlines, production, physical tolerance for the work, etc.). However, there was some doubt about his insurability, and also concern about a possible long-term disability. Response examples illustrative of these were, "There are many people who will not employ this man because of the insurance problem," "Your insurance carrier would probably accept a deaf person more readily than a cardiac," "Under all major medical group insurance policies that I'm aware of there are no exclusions," "If he [cardiac] does get sick he's your insurance problem to the extent of your policy," "The long-term liability is a real deciding factor in this," "Epilepsy may cause bodily harm to another person where the cardiac couldn't."

The possible stress and pressure from the job situation or from the disability condition itself was an additional discussion area (under Psychological) for the cardiac individual. However, the following response examples indicated that the

employers were considerate of these aspects and that the job situation itself did not necessarily involve any pressure:

"You wouldn't want to put them [cardiacs] on a job where there's a lot of pressure and strain," "There is pressure in sales work," "There's no pressure really on the jobs."

Epilepsy. The pattern in this disability was similar to that of the cardiac. Most of the discussion was centered on the Medical area, especially the current symptomatic picture of the individual, his two year seizure-free history, the efficacy of drugs in seizure control. There were also responses, however, concerned with the possibility of a recurrence of the epileptic behavior. Responses to illustrate these included, "An individual with a diagnosis of epilepsy, two years of seizure-free existence in my opinion is a most excellent candidate for this job," "You're sitting there wondering what happens if a seizure takes place," "When someone tells me that a person with epilepsy has been seizure-free for two years, I sincerely believe that this almost wipes the slate clean," "The medication now is pretty good," "If the man maintains his medication then this doesn't present itself as a problem," "Constant fear he would be going to have a fit right here," "If the doctor gives you that type of assurance you always have to trust the individual that he's

going to take his medication."

With regard to the appearance aspects (Medical) of the epileptic individual, there was agreement that "No particular problems in terms of outward appearance," "On the epileptic he couldn't see it," and, "You can't tell if you look at them, only way if they tell you about it."

In the Attitudes and Relationships area there were a few responses by the employer groups about their personal experiences with epileptics indicative of favorable impression of them and their work characteristics. However, the main discussion concerned the general knowledge, and acceptance and attitudes toward this disability. Practically all the responses in this area came from the counselor group and described the latter's concern with the general misinformation by the general public, the devaluation of the epileptic, and the fear and other adverse emotional reactions felt toward this illness. Characteristic responses were, "A great many people think of it [epilepsy] as a form of mental illness," "Some people attach a moral and ethical devaluation to the individual [epileptic] such as in Biblical times, possessed of demons," "I mean generally speaking you wouldn't want everybody to know that so and so is an epileptic," "This [epileptic] is a social pariah," "This [epilepsy] scares the living day-

lights out of everybody," "Greatest emotional reaction of all, just the label itself," "This is a myth, if this happens, if the epileptic is subject to a seizure."

Some remarks were made about the relationship between the employer and the epileptic individual (under Attitudes and Relationships) but as was true of the above responses, they all came from the counselor group. The employer groups perceived it as a rather minor problem and in addition, did not view it as an interference in relationship with co-workers and others as indicated by the response "I don't think that there is that much fear as far as the general public is concerned."

A similar situation in the differences in perception of the employability and capability of the epileptic by the employers and the counselors was also noted in the Employment area with the counselor group stating "There is still this wall, this barrier." The employer groups, on the other hand, viewed the epileptic as, "These are doing a very capable job," "I'll be he [epileptic] could do anything that anybody else can," "No physical reason why he [epileptic] couldn't do the job," "If they do a bangup job and come out heads and shoulders above everybody else," and "If there's no problem then because that person is a normal person then that's what we're

looking for."

The essence of the information on the epileptic, from the above responses, points to a more negative, and possible stereotyped, perception of the epileptic disability, and the individual possessing it, by the counselor group, than by the employer groups. The latter, on the basis of their responses, seemed more informed, more willing to trust the physician's evaluation and the medical controlling features of drugs, and were generally more positive in their view of the job performance abilities and employability of the epileptic.

Facial Scar. The responses by the groups for this disability were primarily indicative of the possible effect of this disfigurement on others. In the Employment area, as far as job performance was concerned, this disabled individual was characterized as "Most eligible for the job," "As long as the ability is there it wouldn't have that much of a disqualification one way or another," "Their talents are equal," "If they're a capable person I don't see that the scar would have any bearing at all" and other similar remarks about the high job performance ability of this group. The major difficulty was perceived in the Attitudes and Relationships area with remarks indicative of a blending of personal exper-

ience with acceptability, and the effect on both employers and others. Remarks were given such as, "People do adjust to this [scar]," "We can make adjustments and get used to the person," "He accepts the person for what he is." Personal experiences were indicated by remarks like "Most hideous looking person to us personally but after talking to him for about five or ten minutes you forget all about it," or "You look at him and you shudder but when you get to know him he's a dandy guy." Some respondents confessed though that "I just maybe have a little personal feeling about the facial scar," and "If I have to look at this person every day, face-to-face, in a situation, do I want to do this?"

There was agreement that the work and social setting may enter into the acceptance of the facially scarred person so that some statements indicated flat rejections of particular job situations such as "I don't think I want her at our reception desk," "This person [scar] could not deal with the public," "Very disruptive to the people working in close situation" or "It [facial scar] might be repulsive to the person directly across the counter or across the lecture table." On the other hand, other remarks indicated a tempering of this flat rejection and a definite employment consideration. "This is a personal judgment. If you would feel

they [facially scarred individuals] would dovetail in with the people in that department," "You have to relate the person [individual with the scar] to the people you're going to be dealing with," "You have to get to know the individual," "It depends on how much association with the other staff," and "Not going to effect too much difference when they're [individuals facially scarred] going to be talking with oilfield staff. They're used to seeing this all the time."

The responses in the above Attitudes and Relationships area were tied in with the discussion on the appearance of the individual in the Medical response area. The respondents' comments were, "A very noticeable and deformed scar on the side of the face," "There are probably stitch marks and everything else so it must have been a very severe slice," "Could be very disruptive, a half-inch scar is pretty..." and "Your facial scar is there from now on," but also that "This [facial scar] can be cosmetically concealed."

Deaf. The two main areas of concern for this disability involved the effect of the deafness on the ability to communicate adequately while at work (Employment response area) and how it would affect relationships with co-workers and the public (under Attitudes and Relationships). Remarks

indicative of these were, "I eliminated the deaf individual because of the abilities required other than typing." Related to this last remark were the following responses indicative of the ability of the deaf to read lips which the employers readily acknowledged: "They are proficient in lip reading," "They develop a sensitivity in following a conversation," "Could carry on a conversation with us, look directly at us, they're pretty sharp," "There would still be the failure of communication and these are important," "You can't talk behind their [deaf person's] back," "Of course she [deaf individual] can read lips but I don't think they could do the job." There were responses indicating that the deaf were able to block out noise, concentrate better, and in some ways compensate because of their particular disability so that they would fit well into particular jobs; "Deaf have a high degree of concentration, noise doesn't bother them in the least, they do real well," "The deaf make excellent linotypers," "The deaf can do a great job on tracing, copy typing," "We use deaf people on the assembly line. They can block out everything else," "I use a lot of deaf. We had half a dozen totally deaf. They had an awareness...they never had a loaded crane go over their head because they could just feel it. They had a sense that they could get out of the way."

Although employers could see that the deaf could carry on normal interactive communicative behavior, "People work with deaf people and don't even know they're deaf," "The guy can be so sharp you wouldn't suspect it as far as the customer is concerned," there were definite indications that communication between the deaf individual and others (customers, supervisor) would be difficult. Representative examples of the latter were, "Going to hurt his way of communicating with customers. They're [customers] not always going to understand him," "He'd have to look up and if he didn't catch it all when he wrote it down he'd have to look up again," "Not normal for a supervisor to walk around and tap deaf person on the shoulder and say this is what I want you to do," and "How many times that we are working that somebody is to our left, right, or behind us, and makes some comment to get our attention?"

An interesting aspect of the information on the deaf (similar to that on the epileptic) was that there was very little discussion contributed to this disability by the counselor group. This was also true of the counselor group in discussing the blind. All responses quoted above came from the employer groups. Some possible reasons to explain this absence from the counselor group will be explained later.

Blind. The overriding concern in the discussion content on this disability was whether they could adequately perform the work in either job situation. Although both employer groups made several remarks indicating that the blind person could perhaps do so, for example, "Would be able to do the job," "He's qualified and granted this [blind] individual can do the job," and even, "The ones [blind] I've seen don't have any trouble if they're told where things are," the majority of the opinion indicated that the blind could not perform to the satisfaction of the employers. Response examples to support this were, "I don't think he [blind person] could do the job," "I eliminated the blind because of the abilities required other than typing," "Everything would have to be on a dictaphone, be handicapped, generally don't find that in a clerk typist job," "Eliminate the blind because he can't fill out the order because he can't see the form," "You'd need another individual to do the blind person's proofreading, they can't correct the errors they make." In addition, there were remarks indicating that as long as another (nonblind) person was available they would not hire the person who was blind; "There's bound to be a better person than somebody blind," "You can always find a person with exactly the same motivation, same skills, as a blind person."

There were also concerns by the employers about the blind individual's ability to learn his work environment, and the more serious problem of transportation to and from work.

Vertical Approach. The number and designation of the respondent groups vertically, under a response category, indicated the importance of that category (or subcategory) across all disabilities, or for disability groupings. This was true in addition for each separate job situation. For example, job requirements and the ability of the disabled individual to meet these job demands (under Employment) was an area of concern expressed by all respondent groups, especially the employer groups, and was the most significant discussion area applicable across all disabilities. Plant modification, and the insurance factor (both also under Employment) applied specifically to paralysis and cardiac respectively so that the paraplegic employee was seen as the only disability requiring any architectural modification either in plant or equipment. The employer groups were concerned about the insurability only of the cardiac employee. The Medical aspects (symptomatology of the patient, current medical status, physician's opinions, drugs, appearance of the disabled, and the degree of disability) were discussed primarily in relation to paralysis, cardiac, and epilepsy. The subcategories

under Attitudes and Relationships were distributed so that particular concerns were expressed only for specific disabilities. Personal experience with the disabled was a very minor area of concern (contrary to some of the literature findings) and was related only to the paraplegic. Knowledge and attitudes indicative of the acceptance or nonacceptance was more central to paralysis, facial scar, and epilepsy, especially the latter, and all with regard to the clerk typist job. The relationship between the disabled and the employer was seen as important for the cardiac (for the clerk typist job) and for the epileptic (for the desk sales job). Relationship with others (co-workers, customers, the general public, supervisors) was an important issue with the facial scar and to some extent also for the deaf when the latter was considered for the desk sales job.

The Psychological response category was similarly differentiated for the different disabilities. Personality characteristics such as motivation, stability, etc. were mentioned for the paraplegic and for the deaf. The cardiac patient, however, was discussed more thoroughly (for both job situations) in relation to the stress and strain from the disability per se, or from the pressure resulting from the job.

Cell Approach. This method of analysis provided a

closer examination of a single response category or subcategory with regard to which group or groups emphasized it, to what extent, and whether it was of concern in one or both jobs. For example, two subcategories (job performance, and plant modifications) of the major Employment category (large cell), in the paralysis disability, were emphasized by all three respondent groups for both job situations. By contrast, the personal experience subcategory (small category cell under Attitudes and Relationships) was of minor importance to only the counselor group and only for the clerk typist position. The very minor emphasis on personal experience was interesting since some of the literature previously mentioned noted this as a rather important indicator for employment. If the employer had good experience (personally) with the disabled he was apt to hire that particular disability again, and vice versa. It was quite possible, however, that the recency of experience with the disabled was an important factor in determining that hiring. In view of the findings of this investigation, however, even this seems doubtful since the employers in the groups that did employ five deaf and one blind, and although their experience with these employees did appear favorable, none of them (employers) indicated any desire to hire persons with either of these disabilities.

Disability Employability Ratings and Interdisability Rankings

Disability Hierarchy. The degree to which a particular disability was considered employable by employers, or how disabilities would compare with each other in relation to specific jobs, was another essential part of this investigation. As previously noted, only in the area of the affective consequences of various disabilities to the perceiver, was there an attempt at ordering disabilities (Siller, 1966; Siller & Chipman, 1964, 1967). Nothing was revealed in the literature regarding employers' perception of the degree of employability of disabilities (specifically or generally) or interdisability comparisons in relation to concrete, defined job situations.

The technique utilized in this study of having each individual in the three respondent groups assign a numerical degree of employability for each disability in relation to two specific jobs, and in addition, comparing all the disabilities with each other for these same jobs by rank ordering, proved to be extremely fruitful. To our knowledge it was also the first investigative attempt to specify objectively, this type of employment judgment by employers for the disabled.

The ratings on the degree of employability for each of the six disabilities and the interdisability rankings for

these disabilities established a hierarchy, or order of disability importance. This hierarchy of importance was unique (not seen or suspected from a survey of the literature), consistent for all respondent groups and the composite group, and under each condition of the study, i.e. each of the two job situations, before and after discussion.

The hierarchy was composed of three subgroups at three corresponding levels of employability. The highest rated and ranked group in this hierarchy contained three disabilities--paralysis, epilepsy, and cardiac. There was some interchange in position among these three disabilities under the different conditions but they consistently, as a subgroup, maintained the top employability and ranking positions. The remaining disabilities were easily divided into the other two subgroups; facial scar by itself, and, although it had an occasional displacement to a higher rank it generally was rather firmly located at fourth place; and deaf and blind as the last subgrouping securely anchored at the bottom of the hierarchy, fifth and sixth respectively.

Ranking Position Locations. An interesting characteristic of the disability hierarchy and its subgroupings was the ranking location of the disabilities and the frequencies with which the respondent judgments located them at these ranks.

This spread over particular ranks (or the lack of it) was an index of the consensus of judgments about the disabilities and of their positions on the ranking order. Generally, the locations of the cardiac, epilepsy, and paralysis disability grouping (the highest three disabilities) were in the first four ranks with the highest frequencies occurring in the first, second, and third ranks. Facial scar on the other hand, although its spread was similar, had its highest frequencies at the fourth rank. The results on the blind and the deaf were even more decisive. The deaf had fourteen out of the sixteen total judgments at the fifth rank position in the employability rating and all sixteen at the fifth rank on the interdisability ranking (eight before, and eight after, discussion). The range and results on the blind were even more conclusive than on the deaf. The employability ratings revealed fourteen judgments in sixth place and all sixteen at this location in the ranking for interdisability comparisons.

Employment Scale Location. The issue of comparative employability does not itself answer the question of absolute employability. For example, all the disabilities might really be unemployable. Therefore, despite a high ranking position by a particular disability (or group of disabilities), actual

employability would be low if all the disabilities under consideration were considered unemployable. If, however, there was a correspondence between the ranking of particular disabilities and the location of these same disabilities on an employability scale which determined their degree of employability then the logic behind a hierarchy of disabilities in relation to degree of employability would be sound. The results indicated this and marshalled the best evidence to support the relationship between degree of employability and the disability hierarchy found in this study. The locations of the disability ratings on the employability scale corresponded well with the established disability hierarchy and its subgroupings as indicated by Figures 5 through 8. The highest rated and ranked disabilities were well up on the employability scale and depending on the job situation and individual disabilities, in the Definitely Employ and Possibly Employ areas. The employability locations, on the other hand, for the deaf and the blind resolved themselves at the bottom two levels; Probably Not, and Definitely Not Employ, respectively.

Some word is also in order regarding specific effects indicated in the information on the employability ratings and interdisability rankings. The specific effects to be considered

below concern particular disabilities, a different ordering of disabilities (visibility-invisibility dimension) and the general tendency for most disabilities to be shifted down somewhat after the discussion but still, however, maintaining their high employability scale locations.

Cardiac and Epilepsy. The shift in employability and ranking positions of both cardiac and epilepsy was interesting since each represented the reverse of the shift of the other. Cardiac, initially the highest in the employability rating and interdisability ranking of the groups, dropped to second place after the discussion. Epilepsy on the other hand, with very few of its judgments in the first ranking position prior to discussion, climbed to that level after it. The explanation for this unusual reversal was contained in the kinds of statements made by the groups during the discussion.

The emphasis on the cardiac was in three response categories--Medical (symptomatology and cardiac history of the individual), Psychological (stress), and Employment (insurance and hazards). Examples of responses that categorized the Medical response category were concerned with the possibility of a relapse such as, "Going to remove the cardiac because we don't want him running up and down the stairs," "The cardiac can go on you at any time, can open the drawer and fall dead,"

"He's already had a little heart attack, a big heart attack and it's all over," and "From my understanding these [heart attacks] do re-occur, the same as stroke." In the Psychological stress response category examples were, "Pressure can be overwhelming. We know that with them [cardiac] the central factor is pressure," or "You wouldn't want to put them on a job where there's a lot of stress and strain." The Employment response category had examples of the insurance problem with this disability such as, "If he [cardiac] does get sick, he's your insurance problem to the extent of your policy," There are many people who will not employ this man [cardiac] because of the insurance problem," and, "The long-term liability is a real deciding factor in this."

The epileptic's gain was seen as the result of medical clearance due to the efficacy of drugs, and the seizure-free history as well as the removal of some misinformation regarding the epileptic. Examples indicative of these were, "An individual with a diagnosis of epilepsy, two years seizure-free existence is in my opinion a most excellent candidate for this job," "The medication nowadays is pretty good," "If the man maintains his medication then there isn't any problem," "People just generally fear, although they don't understand that it can be medically controlled," and, "This

is a myth, if this happens, if the epileptic is subject to a seizure."

The latter finding regarding the increase in employability of the epileptic and his high location on the employability scale was at variance with some of the literature findings regarding the difficulty of placing the epileptic individual (National Epilepsy League, 1955; Schletzer et al, 1961). It could perhaps be explained by the employers' new information and knowledge about the increased effects of a whole new armament of drugs developed over the past ten years. This, in fact, constituted a major part of their discussion.

Deaf and Blind. Another unusual pair of disabilities were the deaf and the blind, unusual in the consistency with which they were assigned to the last two ranks and in the Non Employ area of the employability scale with the blind at the lowest point, Definitely Not Employ. There were relatively few responses to examine for both disabilities in comparison with the others although the ones analyzed revealed serious questions by both employer groups regarding the ability of either one to handle the formal job requirements.

There are several other issues to explore about these two sensory disabilities based possibly on lack of knowledge and experience by employers and the general placement counse-

lor whose case load does not often contain these disabilities. There is a difference between the deaf and the blind with regard to what each of these disabled individuals can do. It is far easier for a deaf individual to hide or disguise his disability through facile lip reading (noted frequently in the group responses) or the use of an unobtrusive hearing aid and thus gain employment without the employer ever knowing of the hearing defect.

The blind, however, is not in as fortunate a position with regard to aids. The blind, it seems, are the least actually employed in industry and probably, therefore, the least known and understood by the employer and others. This was well substantiated by the experiences of the companies used in this study. Of the total number of disabled employed by all of them there was only one blind individual actually employed--the lowest number of any of the different disabilities employed by these companies. The company that employed this one blind man had 700 employees. The deaf fared better but only numerically with a total of five employed in a combined force of over 10,000 employees in the twelve companies. Some recognition of the seriousness of the plight of the blind was, in part, the rationale behind the preferential Congressional legislation for this group over a number of years, and

also the existence of a large number of Lighthouse sheltered workshops (often federally supported) in which many of the blind are gainfully employed but out of public view. Greenwood (Barker et al, 1953), in discussing the stereotype of the blind and the shunning they experience from others, including employers, and also how misunderstood they are as a group, concluded that there were only two requisites for being considered a well-adjusted blind man, and therefore, acceptable to others: to be able to blow your own nose and to refrain from showing suicidal tendencies in public. It is quite possible then that the deaf and the blind, in view of the above information would find it much more difficult, in comparison with other disabilities, to secure competitive employment.

Visibility-Invisibility Dimension. A dimension of the disabled that was of concern to this study was the effect of visibility of a disability, on ratings of employability. The six disabilities were divided so that two of them, paralysis and scar were at the highly visible end, cardiac and epilepsy at the other or nonvisible end. The deaf and the blind were somewhere in between since they are not clearly visible nor necessarily invisible. The high agreement and consistency on the ranking and the employability of the deaf and the blind

was noted above. There was more of a shift in ratings and rankings (after discussion) for those disabilities at the extremes of the continuum (paralysis and facial scar at the visible end, and cardiac and epilepsy at the nonvisible end) than there was for deaf and blind. A greater amount of activity occurred at the nonvisible end with cardiac and epilepsy. The possible reasons for this were covered above in the discussion on the reversal phenomenon for cardiac and epilepsy.

The positions occupied on the employability scale and the interdisability ranking order by the two disabilities (paralysis and facial scar) at the highly visible end of this visibility-invisibility continuum was more difficult to explain. Some pertinent remarks by one of the members in the counselor group and a few studies did cast some light on this. Olshansky (1965) felt that the conditions under which the disability occurred determined to some extent the employability of the individual, either enhancing it or precluding it. If the individual was injured heroically (e.g. in war) and ended up in a wheelchair, the employment possibilities were good if the employer was made aware of the circumstances of the injury. The remarks of one of the counselors to the effect that the wheelchair has been capitalized on as a positive

symbol of heroic effort by the Veterans Administration (which itself has a rather good training and placement record) was pertinent. Paralysis was consistently at the top of the ranks in the employability ratings and interdisability ranking procedures and at a similarly high location on the employability scale.

The facial scar was more difficult to explain. Like paralysis, it had consistency but was located much further down at the fourth rank and frequently at the Neutral or midpoint of the employability scale between Employ and Non Employ. This state of limbo, or perhaps more correctly, ambivalence, was perhaps a reflection of the conflict the groups had. On the one hand the individual had no interference with ability to handle the job in any way, so that none of the arguments about ability, medical condition, insurance risks, etc. were valid. On the other hand, they were concerned about the possible aversive effects on co-workers and customers. Goffman (1963) lists three types of stigmatized people in which some perceived marking or characteristic disqualifies the individual (or group) from full social and vocational acceptance. The highly visible facial scar fits one of these descriptions. The previously mentioned work by Siller and Chipman (1967) found a high degree of aversive feelings a-

gainst extreme skin conditions. Williams (1964) felt that employees did not like to work next to the "facially disfigured." Hypothetically, it could be the juxtaposition of these two characteristics, the aversiveness of the facial scar, and the fact that the individual is in no way vocationally handicapped that freezes the groups' opinions in the middle, not knowing whether to Employ or Not Employ.

Post-discussion Downward Trend. There was a tendency for some of the disabilities to be given a slightly lower group median employability rating following group discussion. This was more evident on the desk sales than on the clerk typist job. It was important to note, however, that despite this shift, the location on the employability scale for the disabilities did not change materially. Paralysis, epilepsy, and cardiac, rated as highly employable, remained there, and similarly, the deaf and blind retained their low employability locations. The clarifying remarks made during group discussions about the cardiacs and epileptics (noted previously), resulted in more realistic attitudes toward these disabilities. Prediscussion judgments were now strengthened by concrete and specific areas of employer concern for each disability, crystalized as a result of the group discussion. Confusions, uncertainties, doubts, myths, and decisions based on

sympathy were replaced by more realistic evaluation of the disabled--slightly lower from a "hard-nosed" business appraisal but still definitely employable by them, as indicated by the retention of particular disabilities in the Employ area of the employability scale.

Groups

Group Characteristics. In view of the reported poor reception by employers to either direct contact, or often even to mailed questionnaires, and the negative attitudes of private industry regarding the hiring of the disabled (Barker et al, 1953; Felton, 1964; Kossoris & Hammond, 1948; Rickard et al, 1963; Schletzer et al, 1961) there was some concern about securing a sufficient number of employers for this study, and of their willingness to become involved directly in the problem. The fact that over 50 per cent of the thirty companies contacted unhesitatingly expressed a willingness to participate, quickly dispelled any fears. (Method of contact and information and details about company size are given in the Methodology section). The highly profitable returns derived from the frank, active discussions of all groups more than justified the labor involved in initiating this study. The groups were selected with particular characteristics in mind. The counselor, as a marketer, or seller, of the disabled to

the purchaser (employer) would be cognizant of the attitudes and policies of the employers. Would he, the counselor, reflect this as his own value? Does he think the same way? Does he, in a sense, speak the same language as the employer? Gellman (1960) and Donahue (Barker et al, 1953) feel that despite training, experience, knowledge, and contact with the disabled, professional counselors display the same attitude as the general public which includes the employer.

The employer groups were selected on the basis of size, type of company (product or service) and degree of experience with the disabled. Size was randomly distributed throughout both groups of employers. Since the minimum size of a company was set at 100 employees, the twelve companies could not be separated by type (product or service) easily so that these aspects were similarly contained in both groups. Two different levels of disability experience were set to permit examination of employer differences based on this variable. The companies in Employer Group I had from one to four disabled employees per company; Employer Group II contained companies with ten or more disabled employees per company.

It was interesting to note that despite the size of the companies (range from 100 to 4,200 with a combined total in both employer groups of over 10,000 employees) the number of

disabled employed per company was about one per cent. This figure corresponded well with that found in other investigations and was in some instances even larger. Kossoris and Hammond (1948) in their investigation of 185 of the largest industrial concerns in the U.S., each having thousands of employees, found that 44 per cent of these companies each had twenty disabled employees, which the authors had determined as the minimum number for their investigation.

The reluctance of employers often to divulge information as indicated by the literature, has made it difficult to assess accurately the number and type of disabled employed. The number of disabled employed by the companies in this investigation, as noted above, was approximately one per cent. The disability composition of this one per cent was similar to the disabilities used in this study and were employed proportionately in the same order of importance as the disability hierarchy revealed in this study. The highest disabled group employed by the companies was the cardiac with 33. Paralysis was next with 8, and down to only one blind individual.

No difference was noted between the companies of the two employer groups by per cent of disabled hired in relation to their total work force. Each had, on the average, about one per cent, despite the high quantitative intercompany and

employer group differences (company range from 100 to 4,200; Employer Group I total labor force of 2,600 and Employer Group II total work force of 7,400). Differences in degree of experience (number of disabled employed by the two employer groups) consequently had no relationship to number of disabled actually employed.

Group Consistency and Relationships. There are obvious questions that arise about the behavior of particularly constituted groups. One of these concerns consistency. How consistent is the group's behavior under certain conditions? Does the group act in a stable manner from one situation to another similar situation? If it does, predictions can be made with more accuracy and more assurance of that same group's future behavior. In addition, if the groups are similar in make-up, generalization over groups and similar conditions can be attempted with more confidence.

On the whole, the three groups resembled each other closely with regard to quality and per cent of responses in response categories and disabilities, employability ratings and interdisability rankings, before and after discussion, and by job situation. There was agreement by the groups as to which disabilities were highly employable and which had the poorest employment possibilities. All the groups stressed

the performance ability and job requirements in the Employment response category, and similarly all groups stressed the various Medical areas as concerns. There was more similarity between the two employer groups. The counselor group indicated concerns in the Attitudes and Relationships area, such as personal experience with employed disabled, knowledge and acceptance of disability, and the relationship between the employer and the disabled. These were not as important to the employer groups and evidently the counselors were indicating their own frame of reference and concerns and not necessarily those of the employers. In addition, the counselor groups, as contrasted with the employer groups, devoted very little discussion to the deaf and the blind. This latter item may be indicative of the absence of these disabilities in the caseload of the counselors utilized in this study or their lack of placement experience with them especially since there are specialized agencies, groups, and counselors working with these disabilities. It was interesting to note, however, that the employer groups, despite their low utilization of the deaf and the blind, indicated a receptiveness to discussing them although not necessarily to employing them.

Although the groups differed in the number of responses

each gave (counselor group the most and Employer Group II the least) the distribution of their responses was highly similar--approximately 70 per cent to the Employment and the Attitudes and Relationships areas combined, 20 per cent to the Medical area, and the lowest amount, 10 per cent, to Psychological. A difference between the two employer groups, alluded to in the results, was the fewer number of total responses by Employer Group I in comparison with Employer Group II. This was especially true for the desk sales job part of the discussion. This could be due, perhaps, to Employer Group II's greater degree of experience with the disabled and consequently needing less group discussion to arrive at a decision more efficiently and quickly. The counselor and the first employer group were more alike on the basis of the number of responses. Actually the counselor group displayed similarities of both employer groups--under some conditions with one and other conditions with the other. The counselor is evidently caught somewhere in the middle, on the one hand having a declared vocational function of securing employment for the disabled but on the other, knowing the frame of reference and realistic concerns of the employer.

Although there were some indications, from all of the above information, of group differences, there was very clear

evidence that the data could be pooled and analyzed as one large composite group. The similarity in employability ratings and interdisability rankings, in disability hierarchy groupings, across the different conditions by the groups and the composite, was supportive of the idea of one large composite group. The similarity in perception of the types of concerns in relation to specific disabilities, the quality of the responses of the groups, an intergroup correspondence in percentage of responses in response categories, and parallel employability scale locations for the same disabilities by the three groups, all gave further support for uniting the data in this manner.

Job Position

Purpose. The specification and careful definition of both jobs, with equal applicability to all of the disabled, were made with several purposes in mind. One was that the familiarity of both jobs, to the average employer, despite the different skills required (manual in clerk typist, verbal in sales) would insure a common basis on which to elaborate their particular views. They were also used as a means of reducing abstract discussions and generalizations about disability per se, and to promote remarks or responses which would disclose employers attitudes more concretely and spe-

cifically. In addition, the fact that all the disabled were equally capable in both jobs, increased the possibility of the discussion ranging over every one of these disabilities.

Response Frequency and Response Category Hierarchy.

Table 9 (extract from Table 3) noted the differences in response frequency, per cent, and the ratio of response frequency, for the two jobs by the different groups. All the groups had more responses for the clerk typist job than for the desk sales one. The distribution in the clerk typist job by number, and per cent of responses, was similar for all three groups. The distribution in the desk sales job was similar for the counselor and Employer Group I but sharply different with Employer Group II as the ratios indicated. The counselor and Employer I groups had about twice the number of responses for the clerk typist job in comparison with the desk sales job whereas Employer Group II had a ratio of 7 to 1 in favor of the clerk typist job.

It was possible that the discussion on the first job (clerk typist) by all groups exhausted their arguments so that less needed to be said for position two (desk sales). Or, it could be that a common understanding was established through the first session on the clerk typist position so that they already understood each other's position and ar-

TABLE 9
RESPONSE FREQUENCY, PER CENT, AND RATIO
BY GROUPS FOR BOTH JOB POSITIONS

Group	Position				Resp. Freq. Ratios		Total	
	f	%	f	%			f	%
Counselor	178	38	71	40	2 to 1		249	39
Employer Group I	146	31	83	47	2 to 1		229	36
Employer Group II	143	31	22	13	7 to 1		165	25
Composite (Totals)	467	100	176	100	2+ to 1		643	100

guments and less had to be repeated, reducing the number of responses. If so, this was more evident with Employer Group II (for the desk sales job), the employer group with the higher degree of experience with the disabled.

Employability Scale Locations. Comparing each disability separately for its employability scale location on each job position (Figures 7 and 8), almost all employability scale locations were lower on the desk sales job both before and after discussion. The overall reduction in the number of responses by all groups for this job, in comparison with the clerk typist job, made it more difficult to arrive at any definite conclusions regarding this. However, it did appear that the unanimity of the groups in this respect reflected their opinion that the desk sales job was more difficult for all the disabilities to handle so that they were downgraded somewhat more on their employability for this job.

Generalization. There are always hazards in generalizing beyond the immediate data based on specific conditions, in this case, discussion technique, groups, and job situations. In this study it can be done, perhaps, with job situations. There are other jobs similar for example, to the defined ones in this study (clerk typist and desk sales). The U. S. Department of Labor's Dictionary of Occupations gives a clear

qualification profile on every possible job. The latter contains a complete description based on the level of education required, vocational preparation, specific aptitudes required, and the concrete physical demands of each defined job. It then gives related jobs based on these same traits. There are many other jobs similar to the clerk typist one or the desk sales position, based on the high degree of correspondence in these worker trait components to which the information of this study could apply as well.

CHAPTER V

SUMMARY AND CONCLUSIONS

The current methods and techniques, continued from the past, to help the disabled secure more equitable employment have not been too successful despite the demonstrated ability and adequacy of the disabled to work competitively. Many authorities feel that negative employer attitudes are responsible for this situation and that new approaches are necessary to elicit more valid information indicative of employer attitudes in order to alleviate the problem. The group process technique in this study involved direct confrontation with small employer groups in discussion sessions rather than utilizing the previous mailed questionnaire methods because of serious criticisms of the validity and representativeness of the responses from this technique. Two employer groups each with six companies all varying in size of number of personnel and degrees of experience with employed disabled were utilized. In addition, a counselor group was used since they are involved with both the disabled and employers.

Six different disabilities, all equally capable of doing two defined jobs, were discussed by each of the three groups and rated independently (before and after the discussion) by each respondent for degree of employability for these jobs. An interdisability ranking order by each respondent for each job was similarly completed.

Content of group discussions was analyzed and responses grouped and ordered by independent judges into four major response categories (Employment, Attitudes and Relationships, Medical, and Psychological), each with several subcategories indicative of the specific areas of concern by employers for the six disabilities and each disability in relations to the two job situations. Highest frequency and percentage of responses were given to Employment, and Attitudes and Relationships. Medical followed closely and Psychological was last with the least number of responses. A disability hierarchy indicative of the order of importance of the disabilities to employers was also revealed from the group responses with paralysis, epilepsy, and cardiac receiving the highest number and percentage of responses; facial scar was fourth, and deaf and blind fifth and sixth, respectively, and very conclusively.

There was also a relationship between response category hierarchy, disabilities, and frequency and per cent of responses. Employment, and Attitudes and Relationships, were

the most significant areas of concern by the respondent groups for each disability, closely followed by Medical, and least by Psychological.

Results on the degree of employability ratings and interdisability rankings, both before and after discussion, revealed the same hierarchy of disabilities indicated by the group discussions with paralysis, epilepsy and cardiac in the top three ranks. Facial scar was fourth and the deaf and the blind again last respectively. Location of each disability on a scale of employability paralleled the disability hierarchy noted above (and the same one revealed by the group discussion procedure) with the top three disabilities (paralysis, cardiac, epilepsy) indicated as Definitely or Possibly Employable, facial scar in a neutral or mid area, and the deaf and the blind well down towards the Probably Not and Definitely Not Employ scale points respectively. The information was generally true across all conditions of job situations and pre and post discussion. There was a high intergroup similarity and consistency on all of the above.

An interrelationship table summarizing the relationship between each disability, job situation, respondent groups, categories of responses (areas of concern), and degree of concern for each, was constructed. Four methods of analytic ap-

proach were described to quickly and effectively isolate any relationship in the above factors. A clear and concise description was given of the specific areas of employer concern of each disability in relation to each job.

The unusual shifts in ratings of specific disabilities such as epilepsy and cardiac, were explored. The possible reasons for the hesitancy in employing the facial scar individual were also given as well as the consensus by the different groups for the poor employability of the deaf and the blind. In addition, the behavior of the disabilities with regard to the visibility-invisibility continuum was analyzed. The slight shift downward in employability of certain disabilities, post discussion, was also examined and explained in terms of a more realistic appraisal by employers of the abilities of the disabled (those utilized in this study), in relation to employment. However, it was pointed out that despite this slight decrease in employability ratings, there was no material corresponding displacement of the disabilities from their location on the employability scale. The disabilities well up in the Employ area retained their high location and those in the Non Employ area similarly remained at that low point.

Most importantly, however, the strategy and usefulness of the small employer group discussion technique was revealed as a means of providing more valid and concrete information about employer attitudes and concerns regarding the employment of the disabled. It also dispelled the information in the literature, to some extent, about the employers' negative attitudes or reluctance to hire the disabled. On the contrary, the results of this investigation indicated the employers' willingness to involve themselves directly and openly in the problems of the disabled and employment.

There were several important conclusions from this investigation. The particular technique utilized was highly useful in providing more valid information about employers' concerns regarding the hiring of the disabled, more concrete and specific in relation to specific disabilities and jobs than responses revealed from questionnaire techniques. Employers do not necessarily have the negative attitudes attributed to them regarding employment of the disabled nor are they reluctant to hire the disabled. The content of the group discussions did not indicate a general view and stereotype of the disabled, or attitudes that encompassed all disabilities as a single group. Instead, employers have

specific areas of concern, elicited and revealed by group discussion, about each particular disability in relation to specific jobs. These areas of concern are seen as differentially important in their application to the specific disabilities and jobs. In addition, a disability order, a ranking or hierarchy of disabilities with regard to their degree of employability was noted with particular disabilities seen as more employable than others. Of the six disabilities included in this study, the deaf and the blind were least employable and it would seem that this would be so under many other circumstances of different employer groups, jobs, etc. Degree of employability was primarily related to ability to perform adequately on the jobs. The disabled's medical condition was next in order of importance to the employer with indications that current drugs, access to medical information, and a better informed employer, have resulted in an increasingly willing attitude to employ individuals such as epileptics in contrast to previous reluctance.

It was possible, from the results of this investigation, to construct a table to locate easily and effectively, the relationship between specific employer concerns, the degree to which employers exhibit these concerns, specific disa-

bilities, and job situations. This could be a useful tool for future research and implementation of data from this study.

In view of the information revealed of the importance of the applicant's ability to perform adequately on the job, greater emphasis should be placed on skilled training (if warranted) for the disabled prior to any placement attempts. The technique of small employer group discussion can be utilized in similar situations by others to validate the information in this study. It can also be used with other employer groups, or individual employers, to generalize the results attained here over a wider population of employers and job situations. In addition, it can be used to reveal the specific areas of concern by other employers for other jobs although some of the results noted here (indicated previously) seems to be applicable to other job situations with similar job requirements and job descriptions taken from the U. S. Department of Labor's Dictionary of Occupational Titles.

More immediately, the results of this study can be disseminated to organizations involved in working with the disabled and aid them in their work. The Division of Vocational Rehabilitation, the vocational unit of the Texas Institute for Rehabilitation and Research, the Vocational Guidance Service,

the local Employment Commission offices, and others who are engaged in this work, could use the information to pinpoint the major areas of concern the employers have with the six disabilities of this study and attempt to place them. This procedure would be an initial attempt to validate the results of this study and help generalize the findings beyond the groups and job situations attempted here.

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APPENDIX A

TABLES, HANDOUTS, AND RESPONSE CATEGORY EXAMPLES

TABLE 10

SPEARMAN RANK ORDER CORRELATION COEFFICIENTS
FOR EMPLOYABILITY RATINGS BEFORE AND AFTER
DISCUSSION ON EACH JOB POSITION

Group	Position 1 (clerk typist) Before and After	Position 2 (desk sales) Before and After
Counselor	.815	.600
Employer group 1	.672	.815
Employer group 2	.999*	.729

* Sig. at the .05 level

TABLE 11

RANK ORDER OF MEDIAN EMPLOYABILITY RATINGS
BY GROUPS FOR EACH SEPARATE CONDITION
AND SPEARMAN RANK INTERCORRELATIONS

Job 1 Before Groups					Job 1 After Groups				
<u>Disab.</u>	<u>Cslr</u>	<u>Emp 1</u>	<u>Emp 2</u>	<u>Comp</u>	<u>Disab.</u>	<u>Cslr</u>	<u>Emp 1</u>	<u>Emp 2</u>	<u>Comp</u>
Ranks					Ranks				
Card.	1	3	2	1.5	Epil.	1	1.5	4	2
Para.	2	2	1	1.5	Card.	2	4	2.5	3.5
Epil.	3	4	4	3	Para.	3	1.5	1	1
Scar	4	1	3	4	Scar	4	3	2.5	3.5
Blind	5	6	6	6	Deaf	5.5	5	5	5
Deaf	6	5	5	5	Blind	5.5	6	6	6
<u>Intercorrelations</u>					<u>Intercorrelations</u>				
	Cslr	Emp 1	Emp 2	Comp		Cslr	Emp 1	Emp 2	Comp
Cslr		.543	.829*	.929*	Cslr		.772	.543	.772
Emp 1			.829*	.643	Emp 1			.743	.973*
Emp 2				.929*	Emp 2				.829*

Job 2 Before Groups					Job 2 After Groups				
<u>Disab.</u>	<u>Cslr</u>	<u>Emp 1</u>	<u>Emp 2</u>	<u>Comp</u>	<u>Disab.</u>	<u>Cslr</u>	<u>Emp 1</u>	<u>Emp 2</u>	<u>Comp</u>
Ranks					Ranks				
Para.	1	4	3	3	Epil.	1	1	3	1
Card.	2	2	1	1	Card.	2	4	2	2
Epil.	3	1	2	2	Scar	3	2.5	5	4
Scar	4	3	4	4	Para.	4	2.5	1	3
Deaf	5	5	5.5	5	Deaf	5	5	4	5
Blind	6	6	5.5	6	Blind	6	6	6	6
<u>Intercorrelations</u>					<u>Intercorrelations</u>				
	Cslr	Emp 1	Emp 2	Comp		Cslr	Emp 1	Emp 2	Comp
Cslr		.600	.829*	.829*	Cslr		.815	.426	.943*
Emp 1			.872*	.886*	Emp 1			.500	.815
Emp 2				.986*	Emp 2				.715

*Sig. at .05 level

TABLE 12

SPEARMAN RANK ORDER CORRELATION COEFFICIENTS
FOR INTERDISABILITY RANKINGS BEFORE AND
AFTER DISCUSSION ON EACH JOB POSITION

Group	Position 1	Position 2
	(clerk typist) Before and After	(desk sales) Before and After
Counselor	.986*	.943*
Employer group 1	.657	.829*
Employer group 2	.876*	.757

* Sig. at the .05 level

TABLE 13

RANK ORDER OF MEDIAN DISABILITY RANKINGS
BY GROUPS FOR EACH SEPARATE CONDITION
AND SPEARMAN RANK INTERCORRELATIONS

Job 1 Before Groups					Job 1 After Groups				
Disab.	Cslr	Emp 1	Emp 2	Comp	Disab.	Cslr	Emp 1	Emp 2	Comp
Ranks					Ranks				
Card.	1	3	1	1	Card.	1	4	2.5	2
Para.	2	2	2.5	2	Epil.	2.5	1	4	3
Epil.	3	4	4	4	Para.	2.5	3	1	1
Scar	4	1	2.5	3	Scar	4	2	2.5	4
Deaf	5	5	5	5	Deaf	5	5	5	5
Blind	6	6	6	6	Blind	6	6	6	6
Intercorrelations					Intercorrelations				
	Cslr	Emp 1	Emp 2	Comp		Cslr	Emp 1	Emp 2	Comp
Cslr		.600	.900*	.943*	Cslr		.557	.743	.900*
Emp 1			.815	.772	Emp 1			.557	.543
Emp 2				.986*	Emp 2				.900*

Job 2 Before Groups					Job 2 After Groups				
Disab.	Cslr	Emp 1	Emp 2	Comp	Disab.	Cslr	Emp 1	Emp 2	Comp
Ranks					Ranks				
Card.	1	2	1	1	Epil.	1	1	3	1
Epil.	2	1	2	2	Card.	2	4	2	2
Para.	3	3	3.5	3	Para.	3	2	1	3
Scar	4	4	3.5	4	Scar	4	3	4	4
Deaf	5	5	5	5	Deaf	5	5	5	5
Blind	6	6	6	6	Blind	6	6	6	6
Intercorrelations					Intercorrelations				
	Cslr	Emp 1	Emp 2	Comp		Cslr	Emp 1	Emp 2	Comp
Cslr		.943*	.986*	1.000*	Cslr		.829*	.773	1.000*
Emp 1			.929*	.943*	Emp 1			.715	.829*
Emp 2				.986*	Emp 2				.773

* Sig at .05 level

TABLE 14

COUNSELOR GROUP DISABILITY EMPLOYABILITY RATINGS FOR JOB 1 (CLERK TYPIST) AND JOB 2 (DESK SALES)

Counselor Number	Facial Scar				Paralysis				Epilepsy				Cardiac				Deaf				Blind			
	Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
1	2	3	4	4	1	1	1	3	2	2	2	2	1	1	1	2	3	3	4	3	3	3	4	4
2	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	3	2	4	3	4	3	4
3	2	3	3	2	1	3	1	1	2	1	3	1	1	2	2	1	3	4	3	4	4	4	4	4
4	3	3	3	3	1	2	3	3	2	2	2	2	1	2	2	2	2	3	3	3	3	3	3	3
5	2	2	3	2	2	2	3	3	1	1	1	2	1	1	1	2	3	3	3	3	3	4	4	4
6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	3	3	2	2	3	3
7	2	2	2	2	1	1	1	2	1	1	1	1	1	1	2	1	4	3	4	4	2	3	3	4
8	2	2	3	3	2	2	1	3	1	1	1	1	1	1	1	2	3	3	3	3	1	2	2	3
9	2	2	3	3	1	1	1	3	3	1	4	2	1	1	1	1	4	4	2	4	4	4	3	4
10	1	1	2	2	2	2	2	3	2	2	2	2	2	2	1	3	3	3	3	3	3	3	4	4
11	2	1	1	1	3	3	2	2	1	3	1	3	1	2	2	4	3	4	3	4	4	3	4	4
12	1	1	2	2	1	1	1	2	1	1	2	1	1	2	2	3	1	1	1	2	1	1	2	2
Group Medians	1.9	1.9	2.5	2.2	1.4	1.7	1.4	2.6	1.5	1.4	1.7	1.7	1.1	1.5	1.5	1.9	3.2	3.1	2.9	3.3	2.9	3.1	3.3	3.8

TABLE 15

EMPLOYER GROUP 1 DISABILITY EMPLOYABILITY RATINGS FOR JOB 1 (CLERK TYPIST) AND JOB 2 (DESK SALES)

Employer Number	<u>Facial Scar</u>				<u>Paralysis</u>				<u>Epilepsy</u>				<u>Cardiac</u>				<u>Deaf</u>				<u>Blind</u>			
	Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
1	1	1	2	3	1	1	2	3	2	2	1	1	1	2	1	1	2	1	3	3	1	1	2	3
2	1	2	2	3	1	1	2	2	2	1	2	1	1	3	1	3	1	2	1	2	1	1	1	2
3	1	1	1	2	1	1	1	1	2	1	2	1	2	2	2	3	3	4	2	4	4	4	4	4
4	1	2	2	2	3	4	4	4	1	1	1	1	2	3	2	3	2	3	3	3	4	4	4	4
5	2	2	2	2	1	1	2	1	1	1	1	1	1	2	2	3	3	3	2	3	3	3	3	3
6	1	1	2	2	2	2	2	3	2	2	2	1	2	2	2	1	2	3	2	4	4	4	4	4
Group Medians	1.1	1.5	1.9	2.5	1.3	1.3	2.0	2.5	1.8	1.3	1.5	1.0	1.5	2.3	1.8	2.8	2.2	2.8	2.2	3.2	3.5	3.5	3.5	3.5

TABLE 16
EMPLOYER GROUP 2 DISABILITY EMPLOYABILITY RATINGS FOR JOB 1 (CLERK TYPIST) AND JOB 2 (DESK SALES)

Employer Number	Facial Scar				Paralysis				Epilepsy				Cardiac				Deaf				Blind			
	Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
1	2	1	2	3	1	1	3	1	3	2	2	3	2	2	1	2	3	3	4	3	3	3	2	3
2	2	2	3	3	2	2	3	2	2	2	2	3	1	1	1	1	2	3	3	3	3	4	3	3
3	1	1	3	3	1	1	2	1	3	3	4	3	4	4	4	4	1	2	2	2	4	4	4	4
4	3	3	4	3	4	1	4	1	1	2	2	2	1	1	1	1	4	2	4	3	4	2	4	4
5	1	1	3	3	1	1	2	1	2	2	2	2	2	1	1	2	2	3	4	3	2	3	4	4
6	2	3	3	3	1	1	2	1	1	2	1	2	1	2	1	2	2	3	4	3	3	4	4	4
Group Medians	1.8	1.5	3.0	3.0	1.3	1.1	2.5	1.1	2.0	2.1	2.0	2.5	1.5	1.5	1.1	1.8	2.2	2.8	3.8	2.9	3.2	3.5	3.8	3.8

TABLE 17

MEDIAN EMPLOYABILITY RATINGS BY GROUPS FOR POSITION
1 AND 2 BEFORE AND AFTER DISCUSSION

Groups	D i s a b i l i t y																							
	Facial Scar				Paralysis				Epilepsy				Cardiac				Deaf				Blind			
	Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
Counselor	1.9	1.9	2.5	2.2	1.4	1.7	1.4	2.6	1.5	1.4	1.7	1.7	1.1	1.5	1.5	1.9	3.2	3.1	2.9	3.3	2.9	3.1	3.3	3.8
Employer Gp 1	1.1	1.5	1.9	2.5	1.3	1.3	2.0	2.5	1.8	1.3	1.5	1.0	1.5	2.3	1.8	2.8	2.2	2.8	2.2	3.2	3.5	3.5	3.5	3.5
Employer Gp 2	1.8	1.5	3.0	3.0	1.3	1.1	2.5	1.1	2.0	2.1	2.0	2.5	1.5	1.5	1.1	1.8	2.2	2.8	3.8	2.9	3.2	3.5	3.8	3.8
Composite	1.7	1.7	2.4	2.6	1.3	1.4	1.9	2.3	1.6	1.6	1.8	1.6	1.3	1.7	1.4	2.0	2.5	2.9	2.7	3.1	3.1	3.3	3.5	3.8

TABLE 18
COUNSELOR GROUP INTERDISABILITY RANKINGS FOR JOB 1 (CLERK TYPIST)
AND JOB 2 (DESK SALES) BEFORE AND AFTER DISCUSSION

Counselor Number	Facial Scar				Paralysis				D i s a b i l i t i e s								Deaf				Blind							
	Job 1		Job 2		Job 1		Job 2		Epilepsy		Job 1		Job 2		Cardiac		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
1	4	6	6	4	2	3	2	3	3	2	3	2	1	1	1	1	6	5	4	6	5	4	5	4				
2	1	2	4	3	3	1	3	4	2	3	1	1	4	4	2	2	5	5	5	5	6	6	6	6				
3	3	4	2	3	1	1	1	4	4	3	3	2	2	2	4	1	5	5	5	5	6	6	6	6				
4	6	6	6	6	1	1	3	3	3	3	1	1	2	2	2	2	4	4	4	4	5	5	5	5				
5	4	4	3	3	3	3	5	5	2	1	2	1	1	2	1	2	5	5	4	4	6	6	6	6				
6	3	4	3	4	2	3	2	3	6	2	4	1	1	1	1	2	5	5	5	5	4	6	6	6				
7	4	4	4	4	3	3	3	3	2	2	2	2	1	1	1	1	6	6	6	5	5	6	5	6				
8	4	4	5	3	3	3	1	5	2	1	2	1	1	2	3	2	6	5	6	4	5	6	4	6				
9	3	4	4	4	1	1	2	3	4	3	5	2	2	2	1	1	5	5	3	5	6	6	6	6				
10	1	1	1	2	4	2	4	4	3	3	2	1	2	4	3	3	5	5	5	5	6	6	6	6				
11	1	1	1	1	4	3	4	2	3	4	3	4	2	2	2	3	5	6	5	6	6	5	6	5				
12	6	4	5	4	2	1	3	3	3	2	2	1	4	5	6	6	1	3	1	2	5	6	4	5				
Medians	3.5	3.9	3.8	3.9	2.5	2.5	2.8	3.3	2.9	2.5	2.3	1.4	1.7	2.0	2.0	1.0	5.1	5.1	4.7	4.8	5.5	5.8	5.6	5.8				

TABLE 19
 EMPLOYER GROUP 1 INTERDISABILITY RANKINGS FOR JOB 1 (CLERK TYPIST)
 AND JOB 2 (DESK SALES) BEFORE AND AFTER GROUP DISCUSSION

Employer Number	D i s a b i l i t i e s															
	Facial Scar				Paralysis				Epilepsy				Cardiac			
	Job 1 Bef	Job 1 Aft	Job 2 Bef	Job 2 Aft	Job 1 Bef	Job 1 Aft	Job 2 Bef	Job 2 Aft	Job 1 Bef	Job 1 Aft	Job 2 Bef	Job 2 Aft	Job 1 Bef	Job 1 Aft	Job 2 Bef	Job 2 Aft
1	1	2	3	4	2	6	6	3	6	3	2	1	3	4	1	2
2	4	5	4	4	2	2	2	2	6	1	6	1	5	6	5	6
3	1	1	1	3	2	3	2	2	4	2	3	1	3	4	4	4
4	1	2	3	2	4	5	6	5	2	1	1	1	3	3	2	3
5	4	3	4	3	3	2	2	2	2	1	1	1	1	4	3	4
6	2	1	3	3	4	4	4	4	3	2	2	1	1	3	1	2
Medians	1.5	2.0	3.2	3.2	2.5	3.5	3.0	2.5	3.5	1.5	2.0	1.0	2.8	3.8	2.5	3.5

TABLE 20

EMPLOYER GROUP 2 INTERDISABILITY RANKINGS FOR JOB 1 (CLERK TYPIST)
AND JOB 2 (DESK SALES) BEFORE AND AFTER GROUP DISCUSSION

Employer Number	D i s a b i l i t i e s															
	Facial Scar				Paralysis				Epilepsy				Cardiac			
	Job 1		Job 2		Job 1		Job 2		Job 1		Job 2		Job 1		Job 2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
1	3	2	3	4	1	1	4	1	5	4	2	3	2	3	1	2
2	2	3	4	4	6	1	6	1	3	4	2	3	1	2	1	1
3	1	1	5	5	2	2	1	1	4	4	3	4	5	5	4	3
4	3	5	3	4	6	1	4	1	2	3	2	3	1	2	1	2
5	1	2	3	4	3	1	1	1	4	4	4	3	2	3	2	2
6	4	4	5	5	1	1	3	1	2	3	1	3	3	2	2	2
Medians	2.5	2.5	3.5	4.3	2.5	1.1	3.5	1.1	3.5	3.8	2.2	3.1	2.0	2.5	1.5	2.0
	4.2	4.8	4.5	4.8	5.8	6.0	5.9	6.0								

TABLE 21
MEDIAN DISABILITY RANKINGS BY GROUPS FOR POSITION
1 AND 2 BEFORE AND AFTER DISCUSSION

Groups	D i s a b i l i t y															
	Facial Scar				Paralysis				Epilepsy				Cardiac			
	Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2		Pos.1		Pos.2	
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft
Counselor	3.5	3.9	3.8	3.9	2.5	2.5	2.8	3.3	2.9	2.5	2.3	1.4	1.7	2.0	2.0	1.9
Employer Gp 1	1.5	2.0	3.2	3.2	2.5	3.5	3.0	2.5	3.5	1.5	2.0	1.0	2.8	3.8	2.5	3.5
Employer Gp 2	2.5	2.5	3.5	4.3	2.5	1.1	3.5	1.1	3.5	3.8	2.2	3.1	2.0	2.5	1.5	2.0
Composite	2.9	3.5	3.5	4.0	2.5	2.0	2.9	2.8	3.1	2.9	2.2	1.4	1.9	2.5	1.9	2.1

TABLE 22

RESPONSE CATEGORIES

- I. Medical factors
 - A. Symptomatology, medical history and medical clearance
 - B. Physical appearance aspects and degree of disability
- II. Psychological aspects
 - A. Personal and emotional--dependability, adaptation, motivation, adjustment, etc.
 - B. Stress characteristics--disability or job induced
- III. A. Attitudes and relationships
 - B. Knowledge, popular attitudes and conceptions, and general acceptance
 - C. Employer relationship and perception
 - D. Relationship with others--coworkers, public, customers
- IV. Employment factors
 - A. Job requirements, worker performance, and other job-related factors such as transportation, advancement, long-term employability
 - B. Plant and equipment modifications
 - C. Insurance and hazards

TABLE 23
CATEGORIES OF RESPONSES

Category of Response	Examples
A. Medical	
1. Symptomatology, medical history and clearance.	<p>a. An individual with a diagnosis of epilepsy, two years of seizure-free existence in my opinion is a most excellent candidate for the job.</p> <p>b. A person with a cardiac history has been free of symptoms for two years. I sincerely believe that this almost wipes the slate clean.</p> <p>c. No sign of difficulty, and medically cleared, a doctor had approved it.</p> <p>d. The medicine is supposed to work. What happens if he does have an attack, if he forgets to take it?</p> <p>e. Medically arrested and cleared at the present time.</p> <p>f. Cardiac and epilepsy are unemployable because of their history, their prognosis.</p>
2. Appearance and degree of visibility.	<p>a. The person he would hire would be the least handicapped.</p> <p>b. If it's anything noticeable they're not going to want to look at it.</p>

TABLE (continued)

- c. They think in terms of the awkwardness of the person, the structure.
- d. The wheelchair is there constantly...the deaf is there constantly.
- e. It's a very noticeable and probably a deformed scar on the side of the face...probably stitch marks visible.
- f. His company wants subdued handicaps.

B. Psychological

- 1. Personal and emotional--dependability, adaptability, motivation, etc.

- a. All of these are qualified in that they don't have any psychological problems to speak of.
- b. Attitude...has this scar really made a deep impact on the person himself.
- c. Depends on how much it affected their personality, it does some.
- d. Will he change? Will he adapt?
- e. We hire quite a few handicapped or disabled people and I have found that this is a real motivating factor.
- f. Probably be more stable than a lot of them.
- g. We didn't have any problems because the charm of the person involved.

TABLE (continued)

2. Stress characteristics; disability or job induced.

- a. This would be a pressure type of situation.
- b. Some people can create pressure anywhere.
- c. Pressures themselves are within a person.
- d. The central factor here is the stress factor.
- e. One of the major contributing factors is tension.
- f. You wouldn't want to put them on a job where there's a lot of stress and strain.

C. Attitudes and Relationships

1. Personal experience

- a. I have had no problem with wheelchair people.
- b. I have had severe problems with both cardiac people... several other categories.
- c. I had personal experience with my own family.
- d. I use a lot of deaf. They had an awareness. They never had a loaded crane go over their head because they could just feel it...get out of the way.
- e. We have one epileptic that's working the front desk at the hotel...no problems.

TABLE (continued)

2. Knowledge, popular attitudes, general acceptance

- a. There is a general ignorance of disability in the world of employment.
- b. To a great many people it is a form of illness, mental illness.
- c. In these two categories we have people who will literally bend over backward, sideways and every other way to help.
- d. You learn not to be apprehensive and fearful...you're looking for people who closely reflect you or those around you.
- e. To be the most hideous looking person to us personally and after talking to him for about five or ten minutes you forget all about it.
- f. I suppose it would depend entirely on the way it was presented.
- g. Do we sometimes push these people under the rug to save ourselves.

3. Employer relation and perception

- a. From an employer's point of view the more a person can do the more he can and the less handicapped he is in doing things the more likely you are to employ that person.
- b. In the back of many employers' minds is the question of if something else comes up will

TABLE (continued)

that person be able to do it?

- c. The fact is that when you talk to an employer he's just not interested in the disabled person.
- d. We have to consider the employers' reactions.
- e. It depends on the image the company is trying to project.
- f. We can really use them but we have to sell our ideas to somebody else.

4. Relationship with others--coworkers, customers, public, etc.

- a. It might be repulsive to the person directly across the counter or across the lecture table or whatever it is they are doing.
- b. This type of job they would have to face their coworkers day after day after day.
- c. I still don't think that wheelchairs run customers off...I think it'd make them come back.
- d. I think this would be more of a problem with the other employees.
- e. I don't think there is that much fear as the general public is concerned.
- f. It would be easier for the personnel in the office to do work with a person that they really

TABLE (continued)

can't see something physically wrong with them.

D. Employment

1. Job requirements, performance and other job-related factors such as transportation, advancement, long-term employability, etc.

- a. In terms of the disability and the job requirements...would be able to handle the job without any difficulties.
- b. Employers in general have a conception of what they want their employees to be and this includes adaptability, stamina, quickness, appearance.
- c. Has to be totally maneuverable.
- d. Getting to and from the job unassisted.
- e. As long as the ability is there it wouldn't have that much of a disqualification one way or another.
- f. I think we should be thinking of the promotional possibilities of this individual.
- g. These people with the exception of the person with the scar cannot handle production work.
- h. If a better job comes up and somebody's promoted above them or instead of them...we'll then you're going to have to explain it.

TABLE (continued)

- i. If you're talking about long-term employment.
 - j. Slide the wheelchair up under the desk.
2. Plant and equipment modifications
- a. Special equipment might be needed...a special type-writer table where the desk come up to it.
 - b. Possible that the lease will run out in two months and in the next place the work will be upstairs and that the next place will require some different machinery.
 - c. It could be structured that these things could be right there for him, too.
 - d. The wheelchair cannot reach the counter. I can still see where you would have to have two sets of books, one at a low table level and another at the counter where a man, another man could use it.
 - e. In the paralysis...you have to make special arrangements for them, like getting in and out of the building, and so forth.
3. Insurance and hazards
- a. Let's look at it from insurance. There are insurance problems.
 - b. We're paying out liability insurance on people right now who we hired with similar handicaps.
 - c. The long-term liability is a

TABLE (continued)

real deciding factor in this.

- d. We wouldn't have any problems with insurance.
 - e. How would you get in, out... ramps...in case of a fire or things like this.
 - f. These jobs contain no industrial hazards that many jobs certainly do.
 - g. Let's say they fall down and now they're a para...you've got permanent and total disability...you're going to support him from then on and I don't know any company that can take this risk.
 - h. Epileptic may possibly cause bodily harm to another individual where the cardiac couldn't.
-

Duties -- straight copy or from dictaphone. Information giving directly to person in face-to-face situation. No telephone answering, filing, or other duties.

<u>EMPLOYABILITY SCALE</u>	<u>DISABILITY</u>	<u>REASONS</u>
1. Definitely employ	A - Facial scar; ½ inch disfiguring scar from bottom of right eye down right side of face to cleft of chin	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	B - Paralysis; waist down only, in wheelchair. Upper extremities have entirely normal function.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	C - Epilepsy (controlled by medication); no seizures for past 2 years. No other problems in any way	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	D - Cardiac (myocardial infarction two years ago). No signs of difficulty; medically cleared for both jobs.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	E - Deaf (total in both ears). Proficient lip reader, understands everything from lip reading. Does not hinder work. No other difficulties.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	F - Blind (total). Does not hinder learning way around office; no barrier in either job. No other difficulties	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		

Duties--Item sale to customer in direct face-to-face situation; no telephone duties. Some relationship with other employees. Frequent consulting with supervisor re sales information for sales and management policy.

<u>EMPLOYABILITY SCALE</u>	<u>DISABILITY</u>	<u>REASONS</u>
1. Definitely employ	A - Facial scar; ½ inch disfiguring scar from bottom of right eye down right side of face to cleft of chin	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	B - Paralysis; waist down only, in wheelchair. Upper extremities have entirely normal function.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	C - Epilepsy (controlled by medication); no seizures for past 2 years. No other problems in any way	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	D - Cardiac (myocardial infarction two years ago). No signs of difficulty; medically cleared for both jobs.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	E - Deaf (total in both ears). Proficient lip reader, understands everything from lip reading. Does not hinder work. No other difficulties.	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		
1. Definitely employ	F - Blind (total). Does not hinder learning way around office; no barrier in either job. No other difficulties	
2. Possibly employ		
3. Probably not employ		
4. Definitely not employ		

JOB 1 -- CLERK TYPIST (Duties -- straight copy or from dicta-
phone. Information given directly to person in face-to-face
situation. No telephone answering, filing, or other duties.)

<u>RANK</u>	<u>DISABILITY</u>	<u>REASONS FOR RANKING</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____
<u>4</u>	_____	_____
<u>5</u>	_____	_____
<u>6</u>	_____	_____
_____	_____	_____
_____	_____	_____

JOB 2 -- CITY DESK SALES (Duties -- sale of items directly to
customer in face-to-face situation; no telephone duties. Some
relationship with other employees. Frequent consulting with
management supervisor re sales information which has bearing
on sales and management policy.)

<u>RANK</u>	<u>DISABILITY</u>	<u>REASONS FOR RANKING</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____
<u>4</u>	_____	_____
<u>5</u>	_____	_____
<u>6</u>	_____	_____