

PHYSICAL AND PSYCHOLOGICAL ADJUSTMENTS ASSOCIATED WITH HOME  
AND FAMILY MANAGEMENT PROBLEMS OF SELECTED NORMAL  
AND HANDICAPPED HOMEMAKERS

by  
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## ABSTRACT

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The purpose of this study was to determine some physical and psychological adjustments associated with home and family management problems of homemakers.

The hypotheses formulated were: (1) There is no significant difference between the experimental and control groups either in the number of responses made or the intensity of attitude expressed toward physical disability, homemaker's role, family life, or life in general; (2) there is no significant difference between paired subjects with respect to their attitude toward these aforementioned factors; and (3) there is no correlation between the duration of the disability and attitudes expressed toward these identical factors.

The experimental group consisted of ten physically-disabled homemakers, while the control group was comprised of ten normal ones, all between the ages of twenty and fifty.

Personal interviews and case studies were utilized to collect data concerning physical and psychological adjustments of test subjects. Two somewhat structured interviews were conducted in the home of each subject. Data were tabulated and treated statistically.

Major findings indicate that: (1) The two groups did not differ in intensity of attitude toward selected aspects of personal and family life; (2) paired test subjects were not significantly different in their attitudes toward selected aspects of personal and family life; and (3) disabled homemakers related the duration of disability to attitudes toward their disability and selected aspects of personal and family living.

Two conclusions were drawn, namely: (1) Those homemakers who reflected the greatest insight into educational opportunities for the handicapped tended to reflect better understanding of inherent problems and to have more wholesome attitudes toward life in general, and (2) disabled homemakers were approachable in terms of assistance needed to strengthen management practices, and sought resources available to them.

In light of the findings and conclusions, the following implications for further study are identified: (1) Experimental use of specifically trained management aides to implement multiple-purpose programs to assist disabled homemakers; (2) experimentation to provide maximum help to families confronted with temporary disability; and (3) investigation to test for specific changes in attitudes in light of given conditions.

This study points up the nature and extent of problems faced by disabled homemakers and their interest and concern for specific professional help in their day-to-day living experiences.

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## CHAPTER I

### INTRODUCTION AND BACKGROUND

Universal concern for the basic welfare of all the social elements of the world's population has been notably expressed since the close of World War II. This concern has dispelled the often expressed belief that war brings nothing but hunger and disaster. This humanitarian concern for all, manifested in undertakings performed on an individual, team, local, national, and international basis, has had enduring effects upon the lives of individuals.

#### Early History and Underlying Philosophy of Rehabilitative Services

According to Hartigan, rehabilitation is a process which assists an ill or handicapped person to regain his maximum physical, mental, social, economic, and vocational usefulness.<sup>5</sup>

Rehabilitation is as old as man, and shows great changes since its recognition as a problem. In primitive times, tribes simply abandoned the ill or disabled members, allowing the fittest to survive. It was not because they had no feeling for the less fortunate among them, but these people became an unreasonable burden to them as they tried to move from place to place. Occasionally an attempt was made to alleviate pain, but the methods were crude, taking the form of splints and crutches. There were times when a battle leader might be honored for his disability, but this was seldom the case.

Hippocrates, in 480 B.C., gave voice to the basic idea that disabled persons could be restored to useful life. "It should be kept in mind," he said in 'Surgery,' "that exercise strengthens and inactivity wastes." There were artificial limbs for amputees, and there is a record that Hippocrates made shoes and boots for certain deformities, "placed so as to suit the position in which the limb is to be placed--for this sort of shoe does not yield to the foot, but the foot yields to it."

Galus, in 100 A.D., stressed the same principles. "Turn not thine eyes from the poor. Reject not the petition of the afflicted," he would quote from the Bible.

During the Middle Ages, the attitude of society toward the handicapped was one of derision and persecution, stemming from idle curiosity. But there was some progress; the disabled were allowed to live, despite social ostracism. In fact, the crippled were used as court jesters in the palaces of kings and princes; they were funny because they were different. "Crippled" always meant "different" in every language but it never meant "equal."

Rehabilitation as a third phase in medical care, then, is comparatively recent. Ever since gunpowder was invented in the thirteenth century, war has been a more potent factor than any other in developing rehabilitation and care of the injured, in order to maintain the strength of armies.

Ambriose Pare practiced rehabilitation after amputation. In his writings he mentions supplying artificial legs following this type of surgery. "I dressed him, God cured him, and he went happily on his way," he wrote.

During the seventeenth century it was legal for the crippled, aged, and blind to beg in England. This was probably the beginning of charity relief. Real relief was attempted a little later, when the "Poor Relief Act" went into effect. Now there could be no begging; instead the people tried to do for the unfortunate.

Today we have this same thread of thought about the handicapped. Attention is given to the crippled of all ages, whether their trouble is in-born or the result of illness, age, or other causes such as convalescence, mental disturbance, etc. Douglas McMurtrie, Director of the Red Cross Institute for Crippled Men in World War I, is said to have coined the word "rehabilitation".

In the period between the two world wars, laws were passed for the rehabilitation of the crippled and disabled. This included occupational therapy, social rehabilitation, psychiatric clinics, and an attempt at vocational rehabilitation. These concepts have grown to include complete restoration of dignity, individuality, and personality.

There have been programs for "the disabled civilian: the forgotten casualty," including only a few of the twenty-three million persons in the United States who are today handicapped to some extent by disease, accident, maladjustment, or former wars. This number far exceeds the number of ex-servicemen who are handicapped.

People are becoming increasingly aware of the organization and implementation of national programs conducted under the auspices of the United Nations. Typical of these undertakings which have had great impact

upon the improvement of human welfare are: the Food and Agriculture Organization (FAO); the World Health Organization (WHO); the United Nations' Educational, Scientific, and Cultural Organization (UNESCO); and the United Nations' Children's Emergency Fund (UNICEF). These programs are making tremendous progress through the dedicated efforts of individuals and teams working among the local, national, and international agencies.

The basic goal of these current programs has been the ultimate development of the maximum potential of each individual. Such efforts indicate the value placed upon human worth and dignity. Representative of these efforts are those whose aims focus upon home and family life, security in old age and youth, medical care and health maintenance, basic and higher education, employment, housing, and rehabilitation of the disabled. Administrative and individual action have been initiated to direct attention upon bringing basic human needs into harmony with the nation's image. The present national attitude toward the development of individuals is more aptly stated by the President's Committee on National Goals for the sixties: "The status of the individual must remain our primary concern. All of our institutions--political, social, and economic--must further enhance the dignity of the citizen, promote the maximum development of his capabilities, stimulate his responsible exercise, and widen the range and effectiveness of opportunities for individual choice."<sup>34</sup> The necessity for direct assistance to meet individual needs was recognized during World War II; the basis for this need is well described in

Havighurst's treatise on developmental tasks.<sup>6</sup> This exposition suggests that the needs of individuals are not static; they change as the individual attempts to maintain harmonious relationship with his changing environment and personal aspirations. The physically disabled members of our population compose a large group of persons requiring public support and assistance to help them cope with a variety of needs.

The rehabilitation program for the disabled was initiated in the United States by private groups and was eventually assumed by local and Federal governments as a public responsibility. The earliest programs were dedicated to the care and protection of diseased and crippled children, but adults were soon included. Although these programs were of necessity limited, they did serve to establish the idea that the needs of the disabled citizen could be met. A few states enacted laws which provided funds for the vocational training and counseling of disabled individuals; however, little active national interest was generated before the wartime crisis.

Private interest in the plight of the disabled veterans of World War I stimulated the growth and development of the rehabilitation program, bringing it to its present status. The Red Cross Institute for Disabled Men, the forerunner of today's Veterans' Hospitals, was financed by private contributions.<sup>21</sup> This Institute served as a proving ground for many of the techniques being used in rehabilitation today. The Federal government, in recognition of its responsibility to the disabled veteran, decreed the Vocational Rehabilitation Act which provided Federal funds to the states for the purpose of establishing programs for the training, counseling, and restoration of earning power to the disabled.

In 1946 the Medical College of New York University, in cooperation with Bellevue Hospital, began operating as one of several centers of research, training, physical medicine, and rehabilitation. This undertaking was financed by private funds. Unlike earlier training programs, it was dedicated to the development of the remaining capacities of the disabled, regardless of previous vocational aptitude or financial independence.<sup>21</sup> The unbiased interest displayed by this gesture seemed to be an ideal example to be followed subsequently by private or public agencies to assist in the rehabilitation of disabled persons.

#### Scope of Present-Day Rehabilitation Programs

Although the national program was greatly expanded after World War II, preservation and restoration of the ability to achieve economic independence continued to be stressed as its chief objective. It is interesting to note that because of this emphasis on financial and vocational independence as an ultimate goal, the program generally excluded a large segment of the disabled population--the handicapped homemaker. Although homemakers compose the largest and oldest vocational group, the importance of rehabilitating them to assume their routine homemaking duties was not readily considered. It has been estimated that more than ten million homemakers compose the present disabled population of the United States.<sup>16</sup> The fact that they are not an organized group has deprived them of rehabilitative services accorded others whose contributions are of less consequence to the country's destiny. In 1953 the interpretation of the Vocational Rehabilitation Law was broadened to include

homemakers,<sup>15</sup> but the idea has not penetrated local and state programs to any appreciable degree. The disabled homemaker continues to be deprived of complete rehabilitative services required in meeting her changing needs. It appears that the concept of rehabilitation could be expanded to encompass the needs of individuals in a more creative manner than the present efforts permit.

The foundation for the rehabilitation program is well established; a recasting of its scope and effect is seen as desirable with respect to the individual development for the achievement of the nation's goals. The economic emphasis of the program minimizes the importance of promoting the achievement of certain personal goals delineated by Havighurst as "developmental tasks". By definition, a developmental task is one which ". . . arises at or about a certain period in the life of the individual, successful completion of which leads to happiness and success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks."<sup>6</sup> These tasks are an integral part of human development and arise in the course of existence as experience dictates. They originate with the individual as a part of his physical maturation, as an outcome of social and cultural experiences, and as a result of his personal values and aspirations. The mobility--social, economic, and geographic--of today's population affects the rate at which these tasks arise, and to some degree, the ease with which they are met. Havighurst points out that cultural or social classes differ greatly in their performance of certain ones. Cognizance of, and respect

for, the nature of developmental operations are necessary as an underlying aspect of effective aid to individual achievement in rehabilitation. Because of the homemaker's unique position in the life and development of the country, the importance of an effective rehabilitation program cannot be overstressed.

The wife and mother serves as the unifying element of her family, the most important unit of our society. Among her many duties are the vital ones of strengthening family life, of nurturing, and the fullest development of family members--herself, the husband, and the children. The strength of the family will depend markedly on her personal integrity. For this important reason, the rehabilitation services for disabled homemakers should be geared to their ever-changing personal needs. In the mother-homemaker span, a wife and mother progresses through two important stages of adjustment--early adulthood and middle age. Each stage presents its own particular characteristic needs which require a considerable degree of personal flexibility for successful achievement.

Recognition of the value of each human life has generated public and private interest and activities dedicated to meeting and improving the basic needs of individuals. The National Vocational Rehabilitation Program is one of the first such activities organized in the United States. Its aim is to help disabled persons to achieve wholesome and independent lives. However, its emphasis on financial independence as its ultimate goal deprives many disabled homemakers of its benefits. Therefore, service to the disabled homemaker continues to be one of the many rehabilitative activities required to help her achieve ultimate self-realization.

## Concept of Management Related to Disabled Homemakers' Problems

A gradual modification of the homemaker's role has emerged along with shifting of functions from the home to community agencies and organizations. In earlier days, it was incumbent upon the homemaker to appropriate the time, energy, skills, and knowledge necessary to meet the needs of the family. While modern innovations and practices make the expenditure of unlimited time and energy in the performance of routine tasks unnecessary, many homemakers continue to pursue traditional patterns of homemaking practices at undue costs to themselves and family members.

Whether this display of activity is due to a compulsion to achieve materialistic or perfectionist goals, or to a lack of vision for homemaking, is a matter of speculation. Sherman infers that "even the laborsaving devices which should release her from bondage may do the opposite, the washing machine and ironer, for instance, inspiring her to wash clothes twice as often . . ." <sup>26</sup> It is of increasing importance that, in light of the modified goals of today's homes, the homemaker be most effective in her management efforts.

### Goals of the Home

The colonial home could boast of its self-sufficiency as an important economic organization which provided--in addition to the basic purposes of procreation, affection and the care of children--the labor, skills, and

knowledge necessary for maintaining the home and possessions, and developing and promoting the growth of the family. Some of the breakdown in the functions of the home is attributable to the gradual shift in occupational orientation from agriculture to industry.<sup>7</sup>

Industrialization stimulated urbanization, promoted economic independence, and discouraged extended family unity. The new occupational status and economic independence of individuals encouraged the establishment of smaller families, and made the consolidation and performance of certain home and family activities by outside organizations desirable and profitable. The family accepted the transferral from the home of such important functions as: The provision of safety and protection; physical and mental training, religious indoctrination, vocational guidance, and the provision of recreational activities.

This transfer of functions from the home has greatly affected the homemaker's domain of activities. While the fulfillment of her role requires the provision of many of these functions during a period of the family life cycle, she finds that both the extent and period of time that she does so is limited. Stern says, "The chief concern of the family nowadays . . . is how well it performs services for the personalities of its members."<sup>27</sup>

### The Homemaker's Role

Although the purpose of the home has dwindled to that of sponsoring personalities, homemakers realize that fulfillment of this purpose entails the pursuit of a variety of frequently recurring activities such as those

involved in feeding and clothing the family, and in care and upkeep of the home and furnishings. The availability of laborsaving devices and commercial services make it unnecessary that these tasks should exhaust her time and energy to the exclusion of more important aspects of her obligation to herself and family, such as: The guidance of children in their personal development and social relationships; the provision of a wholesome home atmosphere; and meeting the changing personal needs of the family.

It has been discovered that if workers are to perform effectively and enjoy their tasks, they need to be taught to do it, and to understand how what they do fits into the whole scheme.<sup>13</sup> In addition, it has been suggested that the objectives of a task should be directed toward the fulfillment of certain basic human needs and desires: (1) To achieve and maintain a sense of personal worth and importance; (2) to have a sense of economic security; (3) to satisfy curiosity; (4) to exercise creativeness; and (5) to have new experience.<sup>14</sup>

The homemaker also must have an awareness of her overall purpose so that she can be selective in the means to be used in accomplishing tasks and do so in pursuit of achievement of her basic human desires. Paolucci and Everette suggest that management in the home consists of making technological, economic, and social decisions: Technological when the method she selects is one the child is capable of successfully using; economic when she teaches the child to use appliances in the performance of worthwhile tasks; and social when she decides that it is

a good learning experience, successful completion of which will contribute to the child's sense of personal value and importance. The homemaker may enjoy a more abundant life when her job of management is handled with objectivity and as a part of her life.

The physically-handicapped homemaker, because of her physical limitations, and because of the probable psychological effect of disability, needs to be made aware of the prospect of her home-manager's role and to know how it fits into her total life's program. She needs to avoid being overly concerned with the mechanics of housekeeping when these can be attained through the use of more efficient techniques, the use of appliances, or the services of others. Instead, she can find personal fulfillment by concentrating her efforts on the primary goal--that of meeting the personal need of family members. Christopherson suggests the assumption of an "enabling" role consisting of encouragement of task assumption by family members, and supplying emotional and ego support.<sup>1</sup>

In summary, the assumption of training in educational and socialization processes by other organizations has modified the primary purposes of the home from one of economic and material self-sufficiency to one of personal support for family members. The homemaker, as the key member of the home, must be increasingly aware of her modified role, and gear her management responsibility accordingly. For psychological and physical reasons, it is of great importance that the physically disabled homemaker be aware of modified family goals in light of the scope of her management role so that she can capitalize on the more important aspects of supporting

and nurturing the personality of family members rather than becoming too concerned about the mechanics of running the home.

This chapter has served to identify the aspects of the background for the study in the area of origin, development, and status of rehabilitation as a problem area, and the concept of management as related to the disabled homemaker's problems. The following chapter reviews the literature supporting the emphasis stressed in Chapter I.

## CHAPTER II

### REVIEW OF LITERATURE

This chapter presents the highlights of the review of literature which support this study and reflect the present philosophy. Information on the rehabilitation of disabled homemakers is somewhat limited because of its recent recognition as an emerging problem of national interest and concern. The writer considers the information in this chapter to be most pertinent to the understanding of the disabled homemaker and her management problems.

#### Definition and Characteristics of Disability

##### Rehabilitation

"Rehabilitation," as defined by the Nursing Advisory Services for Orthopedics and Poliomyelitis, is "a process which assists an ill or handicapped person to regain his maximum physical, mental, social, economic, and vocational usefulness." Hartigan further states, "It begins with nursing care, if the need is caused by illness, but working with other services provides the best possible means of meeting the person's total needs."<sup>5</sup>

It is important to know whether one regards a physical impairment as a disability or a handicap. Wright distinguishes between the two conditions: A physical disability is a condition of physical impairment such as the loss of a limb or the use of a limb.<sup>36</sup> A physical disability, according to Ray, may be compensated for in various ways: The defective organ may be trained to become equal or superior to its normal performance;

another organ or faculty may be substituted for the deficient one; the individual may maneuver himself into a position where the organ is not needed or the defect may become an advantage.<sup>21</sup> A perception of disability need not exist as a barrier between the person and his goals. The perception of a handicap as a total block is generally considered to be a difficult one with which to deal.

Ruth Brewster Sherman, a graduate of Johns Hopkins School of Nursing, said fifty years ago, "guard against the danger of doing too much for the convalescent, remembering always that the truest service is to speed the return to normal, ethical, and physical relation with life, and the greatest injury is to undermine his native self-reliance and coddle him into too long or too weak a mental or physical dependence upon others."<sup>5</sup>

Some writers believe that the conception of handicap is not absolved by compensation--the crumbled "self-image" must re-integrate with the establishment of new goals and standards. However, it is recognized that for most persons this is not an easy task. Some of the factors involved become apparent in quotations by some of the writers on the subject of personal handicaps:

A handicap produces an Inferiority Complex. An Inferiority Complex drives us to prove ourselves superior.<sup>21</sup>

. . . When a disabled person learns to view his disability objectively and dispassionately, his re-adjustment problems are minimal.<sup>23</sup>

The change in perception that takes place . . . seems to be the crucial element. Perceptual changes are the basis for behavior changes, and to some extent, personality changes.<sup>1</sup>

. . . The patient's ability to accept this disability and to live with it productively is more attitude and emotional response than extent of disability.<sup>24</sup>

If the inner man wants success in work, he will find within himself capacities such as he never realized he possessed.<sup>37</sup>

The perception of disability may limit the individual's range of activities but is not necessarily a barrier to the accomplishment of goals. On the other hand, a perception of handicap may leave the feeling of ineffectiveness, and the individual will not accomplish his goals until he is able to make appropriate adjustment.

This brings us to the consideration of cooperative programs, designed to do everything possible for every phase of an individual's adjustment. These programs are called "comprehensive centers." A comprehensive center is a group of services made up of four divisions: (1) Medical, including physical therapy, occupational therapy, medical supervision, and medical evaluation; (2) psychological, including evaluation and counseling; (3) social, including social evaluation, case work, and perhaps recreation and social group work; and (4) vocational, which consists of a long list of vocational evaluation, vocational counseling, prevocational activities, sheltered employment, placement, and a follow-up program.

### The Rehabilitative Process

Whether or not rehabilitation is effected through a "third phase of medicine"<sup>21</sup> as described by Ray, or as a creative process<sup>10</sup> as postulated by Kessler is a matter of debate. Concepts concerning human behavior are expected to change as more purposeful experience is gained

and traditional beliefs are replaced by principles discovered in scientific observation. The fact that in rehabilitation all dimensions of human capacity are utilized for restoring and developing the individual is of utmost concern to both those confronted with disability and to those interested in helping them.

The findings in social research with respect to human development and behavior, and the experience gained in the process of rehabilitation, support Kessler's view that it is a creative process--that the individual is the final determinant as to whether rehabilitation will be effected. Knudson, in quoting Garrett and Myers, recognizes that "one of the greatest problems in rehabilitation is that of motivation: Encouraging and convincing the disabled that they can rehabilitate themselves."<sup>12</sup> Pattison suggests that "the human constitution is the basis of rehabilitation service. All the qualities of the individual, his basic genotype, the environmental impacts to which he has been subjected and which have caused his disability, must be the study of the ... team. In rehabilitation service, individuality is fundamental."<sup>18</sup>

In Prescott's The Child in the Educative Process, an individual is described as an unique, dynamic, and creative being who is continuous in his effort to orient himself in an ambiguous world. Although an individual's physical and social inheritance exert much influence on his perception of himself and his role in the world, it is he who does the ultimate defining of "self." The self-entity continues to grow, disassemble, and reintegrate as experience broadens and meanings change. The individual

is capable of establishing and reclarifying goals, values, and standards in light of the changed meanings derived from accumulating experiences.<sup>20</sup> One's satisfaction with life in general depends on the extent to which he is able to do this.

The viewpoints of others are recapitulated in Wright's idea that rehabilitation of the disabled is a gradual process based upon the individual's recognition, definition, and acceptance of physical limitations, and personal strength and willingness to alter personal aspirations and standards in acceptance of the disability.<sup>36</sup> The necessity of psychological adjustment is implied when the disability is perceived as a handicap.

One's perception of physical impairment as a disability or as a handicap helps determine the facility with which he rehabilitates. If he perceives the condition as a mere disability he can find ways of achieving satisfaction by altering goals and adjusting to new means of attaining them. If the impairment is perceived as a handicap--a barrier to achievement--rehabilitation may be a tedious and involved task. However, the flexibility of the human personality gives it great potential for enabling it to adjust to changing circumstances. Therefore, a perception of handicap at any given time does not imply permanency of the perception. The psychological stage in the life cycle at the time of disablement influences the immediate acceptance of the disability.

It is important that the personality of the patient be known in rehabilitation. His present feelings and reactions are important, but in addition, it is necessary to know what sort of person he was before he

was handicapped. Tremendous strides have been made in this field, and work is going on all of the time to help all handicapped persons to help themselves to become as nearly as possible a whole, independent member of society.

Freeman says, "Rehabilitation challenges our humanitarian philosophy to help others to help themselves to become independent. It challenges our . . . policy to decrease dependency and economic loss and to increase national productivity. It challenges our democratic way of life to work cooperatively to improve the general welfare."<sup>3</sup>

#### National Emphasis and Concern

Under the Federal Vocational Rehabilitation Act Amendment, made in 1943, and according to the Vocational Rehabilitation of Veterans' Administration, three qualifications are necessary for obtaining vocational rehabilitation services: (1) A person must be of legal employment age; (2) his occupational handicap must be due to a disability; and (3) he must be capable of being made employable or more employable, through the service. Services may include counseling, vocational training, medical, surgical, or psychiatric training, physical and occupational therapy, hospitalization, dentistry, care in a convalescent nursing home, drugs, supplies, and appliances. Treatment and training are limited to relatively stable and remediable disabilities. Here we have two limitations: One is the fact that military personnel are the only recipients of the service. The other has to do with the fact that there is little if any provision for the patient once he is not in the hospital. All of these services are necessary,

and not to be degraded in any way. There is a need extending beyond the facilities and plans of the service.

National interest in the vocational rehabilitation of the disabled population was emphasized as part of the recovery following World War II. The ultimate goal of vocational rehabilitation is to provide the disabled with financial independence. Although homemakers receive no pecuniary reward for homemaking services, some consideration was given for the importance of rehabilitating disabled homemakers as a worthwhile contribution to the personal and economic values of the nation. The rehabilitation of the disabled homemaker is an innovation of the National Vocational Rehabilitation Law. "Mary Switzer, Director of the Office of Vocational Information, deserves credit for her pioneering in broadening and interpretation of vocational rehabilitation financed by tax funds to include homemakers."<sup>15</sup> In the annual report to the President for the year 1953, the importance of rehabilitating disabled homemakers was recognized in this manner:

About 52,000 of the men and women rehabilitated in 1953 are working for pay. The others are contributing to the nation's economy in another way.

. . . When the wife and mother in a family is substantially disabled, her ability to meet the family's needs as a homemaker may be impaired to the extent that the economic well-being--and the very continuance of the family unit--is seriously threatened. Interference with the earning power of the breadwinner is a common result of the disablement of the housewife. For these economic reasons as well as for obvious humanitarian considerations, the State-Federal Program is rehabilitating about 5,300 housewives a year.

. . . In this program no disabled individual is considered rehabilitated until he has been placed in suitable employment after being provided with substantial rehabilitation services. In some cases it is the ability to perform the important work of homemaking.<sup>31</sup>

The discovery of ways to adapt the benefits of the nation's resources to the problems of disabled homemakers has been the objective of private and public effort. Contributions of a technical and practical nature have been made to help alleviate the difficulty of routine operations. In addition, the research program helps determine what her problems are and suggests some possible solutions for them.

#### Implications Affecting Disabled Homemakers

Homemakers work longer hours than any other occupational group. Five million of them cannot meet their responsibilities because of handicaps or disabilities from accidents or disease. Accidents are higher for homemakers; serious injuries comprise one-third of the total. There must be research and development of new techniques and methods for home management and household work specifically designed to meet their needs.

Many specific services may be cited, such as the project Emmett describes in the working with rehabilitation of hemiplegic women. These women are taught the primary skills of using one hand, in unfamiliar media. Skills such as opening a can, separating an egg, lighting gas flames, meal service, table-setting, house cleaning, laundry, safety in the home, and others are taught. Simple equipment is used, and sufficient space is provided for the learner.<sup>2</sup>

Doctors should set the limits for safe activity of all physically handicapped patients, and they should receive information periodically from the rehabilitation center. He should intervene whenever necessary, and advise the prevocational supervisors.

Rusk, Kristiller, et al., suggest that these homemakers should not change their vocation unless they must. If a change is necessary, the worker needs to be reminded that it changes the kind, not the quality of the future.<sup>22</sup>

Suggestions and instructions are given for saving energy, for work simplification, and for time and motion efficiency. Methods are demonstrated for slowing the pace of work. Kitchen and equipment designs are important in these cases, and many of the adjustments are simple ones to organize and carry out. "The Crippled Child," Volume 35, Number 3, October, 1957, shows the kind of material which is available to the family which finds itself with one or more handicapped persons. Practical suggestions are found in leaflets, magazines, and bulletins, which not only give immediate assistance, but also have the tremendous psychological value of reminding people that their problems are not unique. Knowing that there are many others in similar circumstances is often a great factor in motivating a patient to make the best of a situation, impossible as it may appear.

Oscar Ewing is quoted in Rusk and Taylor as saying that the need "to rehabilitate the 250,000 men and women who become disabled by illness or injury every year is necessary so they can be restored to the most

nearly normal life and work of which they are individually capable."<sup>23</sup>

### Special Aids

Many contributions have been made to help reduce the energy demands in solving general and routine problems. Some of the self-help devices found beneficial to the rehabilitation of disabled persons after World War II have been adapted to her needs. Prosthesis, individualized furniture, and appliances adapted to complement specific disabilities are available to her. Homes with special accommodations for wheelchair patients may be obtained.<sup>33</sup>

Suggestions and demonstrations have been made to assist her with the wide variety of daily tasks. Work simplification procedures used in industry have been adapted to homemaking activities. The possibility of accomplishing many household tasks with greater ease through wise planning for use of available resources, by practicing elimination of unnecessary tasks, combining or revising operations when possible, and rearrangement of work space has been illustrated.<sup>4</sup> Under the auspices of the Michigan Heart Association and Michigan State University, classes of cardiac homemakers were instructed in the practical applications of the principles of work simplification peculiar to their needs.<sup>11</sup>

Other special help for specific tasks have been made. The adaptation of the principles of nutrition and simplified menu-planning to meet the needs of disabled homemakers have been applied in New York. Suggestions for helping the disabled homemaker with food preparation

problems include: (1) Having space that provides convenient work areas, suitable working heights, and sufficient storage space within easy reach; (2) possession of electric kitchen appliances that are automatically controlled and positioned for ready use with conveniently located switch controls; (3) having sufficient lightweight tools adapted for individual needs or tasks, and well lighted work places to reduce fatigue.<sup>35</sup>

#### Examples of Existing Programs at State or Community Levels

Terry, Benz, et al., quote Frederic Elton, authority on the Rehabilitation Center for the Disabled in New York City, as follows:

The history and development of the Rehabilitation Center is the history and development of Work Therapy. It is set forth as a pattern, built on years of experience, to be used in the adoption of such a program by other agencies. It has been a practical demonstration of: (1) the medical consideration of the individual, of his physical limitations and possibilities as related to his vocational aptitudes by work tests and measurable by work performance; (2) the psychological consideration of the advantage of the timely use of purposeful activity for measurement and stimulation; (3) the psychiatric consideration of the importance of purposeful, supervised occupation in preventing or eliminating both minor and major emotional obstacles to the physical, mental, and vocational recovery of the patient; (4) the vocational consideration of all factors necessary to establishing or achieving the job goal by supervision, instruction, and observation while occupied; and (5) a practical, constructive vocational rehabilitation service which has Medical, Psychological, and Psychiatric curative value.<sup>29</sup>

Rehabilitation programs are economically sound for the community or agency which supports them. A study made by the Office of Vocational Rehabilitation, in cooperation with state divisions of Vocational Rehabilitation and Agencies for the Blind, completed a study of public assistance

cases rehabilitated through State-Federal programs of Vocational Rehabilitation for the year ending June, 1951. Of these, more than 8,000 men and women were estimated to have earned \$14,000,000 in the first year after their rehabilitation. It had cost \$4,000,000 to "train" them, and in addition they paid approximately \$1,000,000 yearly in income tax. The Office of Vocational Rehabilitation found that the average age at the time rehabilitation was initiated was 33. More than half of the individuals needing services have most of their working years ahead of them.

Companies known throughout the nation, such as Ford Motor Company, Western Electric, Bulova Watch, Eastman Kodak, Marshall Field, Lockheed Aircraft, Radio Corporation, Otis Elevator, Goodyear, and others, have for many years employed handicapped persons. Bulova has a school, supported by the Bulova Foundation. It is tuition-free. In 1955, 475 individuals had graduated from the school with handicaps including tuberculosis, cardiac, orthopedic, paraplegic, bilateral and single leg amputations, and others. There are features such as ramps, electric eye doors, cork floors, and facilities for medical care. There is housing for wheelchair students. This example is being equalled by other foundations, educational institutions, and vocational training centers.

In addition to these helpful suggestions and demonstrations, means have been provided for training the disabled homemaker to handle certain tasks. A project at Bellevue Hospital in New York, sponsored by the Electric Utilities Company, resulted in the publication of a monograph for training disabled homemakers.<sup>8</sup> A teaching kitchen, the Heart Kitchen,

was produced as a result of efforts by the New York Heart Association. Other heart associations have sponsored classes for heart patients in work simplification and weight reduction.<sup>8</sup> A study of child care problems of orthopedically disabled mothers has resulted in the production of training films and bulletins for teaching mothers these aspects of child care: (1) One-hand laundering; (2) creative activities to be shared by mother and child; (3) use of nursery equipment adapted to special needs of mothers with one arm; and (4) baby-bathing, and formula-making, using minimum effort and motion.<sup>15</sup>

In addition to the self-help devices, convenience appliances, and training available, research is being promoted to broaden the range of aids for the disabled homemaker.

### Research Aspects

Agencies, institutions, and individuals have demonstrated the nation's interest in the rehabilitation of the disabled homemaker through the sponsorship and undertaking of research, projects, short courses, and traineeships. The Office of Vocational Rehabilitation provides grants for setting up training and research facilities. The projects undertaken at the Universities of Connecticut and Vermont and the New York University Medical Center are examples of this activity supported by tax funds through the Office of Vocational Rehabilitation.<sup>32</sup> Provision for traineeships in homemaker counseling is also made available by the Office of Vocational Rehabilitation.

Other research in her interest has been accomplished. The clothing problem of disabled homemakers have been studied and findings indicate a need for the designing of clothing to accommodate certain disabilities.<sup>25</sup> As a result of this finding, a non-profit organization in New York designs and manufactures functional fashions for physically disabled persons. Other such contributions have been developed as a result of the research on the energy-saving kitchen,<sup>8</sup> and the study of space and design requirements for wheelchair kitchens.<sup>8</sup>

In summation, it is certain that the idea of rehabilitation for disabled homemakers is firmly launched. The provision of technical and practical assistance and the continuing research program to broaden the range of aids demonstrate recognition of the importance of rehabilitating physically disabled homemakers. Interest in her needs is displayed through contributions on all levels--Federal, state, local, team, and individual.

The literature reflects some fragmentation of the subject of disability. For the purpose of this study, emphasis has been placed upon definitions and characteristics of disability; the rehabilitative process with reference to national and local or community levels; and the personal implications for the physically handicapped individual.

## CHAPTER III

### PLAN OF STUDY AND PROCEDURE

The focus of this chapter is placed upon the plan of the study and the procedure developed and used. Highlights or emphases will include a presentation of: The problem and its limitations; the null hypotheses and basic assumption developed; selection of the sample; and the collection, classification, and statistical treatment of data.

#### Statement of the Problem and Limitations

A study of physical and psychological adjustment in this study is directly related to certain management problems of physically disabled homemakers. A review of the past endeavors in the rehabilitation program for disabled homemakers indicates that most effort has been directed toward discovering technical ways of helping her with management problems. Work simplification procedures and efficient use of tools and appliances have been developed. Ideas for helping her with child care problems have been formulated, and special designs for home layouts, and clothing have been developed for her ease and comfort. Other contributions of a similar nature can be identified in popular magazines and reports. Because the handicapped homemaker's role is a multi-purpose one, it is significant that the following ideas be kept foremost in the minds of the disabled homemaker: (1) Her primary role is that of home manager; (2) the family is, ideally, a supportive union of people which fosters the optimum development and growth of its members in a wholesome and

acceptable manner; and (3) the management of the home is most effectively conducted in relation to the limitations, needs, desires, and resources of the family, and need not be conducted according to some preconceived or standardized method. Therefore, the emphasis of this study is focused upon ascertaining the extent of effectiveness of the management practices of disabled and normal homemakers in the sphere of home management.

This study is necessarily limited by the number of available subjects, and the distance it was necessary to travel in order to contact them. All subjects were identified by The Visiting Nurses' Association of Washington, D. C. The subjects lived in various sections of this city.

Pilot research was undertaken during the summer of 1962 when the difficulty in obtaining subjects was revealed. Local rehabilitation agencies contacted were concerned with providing the disabled individuals with financial independence through vocational training. Since homemaking is neither a specialized nor a financially rewarding vocation, disabled homemakers have been generally excluded from these programs. Some of the subjects studied were obtained through mutual acquaintances, while others were employed in Goodwill Industries in Washington, D. C. The results of this investigation, though limited, were representative of those problems presently existing.

#### Hypotheses and Basic Assumptions

The hypotheses developed for this study are:

1. There is no significant difference between the two groups of homemakers tested in number of responses made or the intensity of

attitude expressed toward: (a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general.

2. There is no significant difference between paired test subjects with respect to their attitudes toward: (a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general.
3. There is no correlation between the duration of the disability and the attitudes expressed toward: (a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general.
4. Handicapped and normal homemakers do not differ in their identification of management practices.

In developing this study, the following basic assumptions were identified:

- . The psychological adjustment can be identified in terms of personal and family values held by the subjects.
- . Attitudes and values are interrelated and interdependent in the psychological adjustments of homemakers.
- . The age of the subjects, and the extent and duration of the disability are determinants in the establishment of an effective working philosophy of homemakers.

### Selection of the Sample

The sample investigated was comprised of twenty homemakers, ten of whom were disabled homemakers selected on the basis of age, and family composition. A control group of ten normal homemakers, comparable

in age, family composition, family income, and education were paired with the disabled homemakers. The criteria established specified that the age range should be twenty to fifty, and the subject's family should consist of husband, wife, and one or more children.

#### Collection, Analyses, and Statistical Treatment of Data

The techniques of interviewing and the formulation of questions were examined in light of recommendations by Kahn and Cannell,<sup>9</sup> Payne,<sup>19</sup> and Taba.<sup>28</sup> A combination of techniques was adopted for use in this study to gain optimum rapport and permissiveness of the subjects. The investigator made appointments and visited the homes of the twenty subjects to obtain information pertinent to the case study method of investigation.

The interviews were structured informally; however, guidelines were used to focus the interview toward the purposes of the study. Appendix I is a copy of the interview guideline which was used.

Rapport was established by appropriate means, depending upon the interest or activity of the subject, the presence and conversation of small children, and presence of objects of special interest in the surroundings. If the subject seemed apprehensive about the interview, the purpose was explained and the importance of her participation emphasized. Apprehensive subjects who were questioning the investigator's objectives received honest explanations. Open-end and probing questions were used to guide the interview from the initial information through to the deeper levels of understanding. No notes were taken during the interview; all pertinent

information was recorded immediately following the visit.

The data collected were reviewed, classified, analyzed, and statistically treated. The overall classifications of data collected were: Attitudes expressed, types of disability, number of children, income, type of housing, management practices, and educational background.

The attitudes expressed were classified, given a numerical rating, and weighted to make statistical treatment possible. For this purpose, the attitudes were classified into five intensities of expression, ranging from negative to very positive. Appendix II contains an example of each intensity of expression made by normal and disabled homemakers.

The tabulated data were treated with the following statistical techniques: The coefficient of correlation to test the degree of association between the extent and duration of disability and the attitudes toward personal and family living; the chi-square to test the significance of differences between the attitudes expressed by the two groups; and the t-test to determine the significance of difference of the mean scores of the small sample used.

The design of the study and the procedure followed have been described as a background for the presentation of the results and findings of the study.

## CHAPTER IV

### PRESENTATION OF RESULTS AND FINDINGS

The writer presents in this chapter the data collected and the accompanying results and findings of the investigation. The following sections are included: Characteristics of the sample, nature of disabilities in the experimental group of homemakers, attitudes toward selected personal and family factors, and identification of management practices. The hypotheses formulated for the study are identified and reviewed within the chapter. Supplementary data are presented which related indirectly to aspects of the study and provide a basis for implications for professional personnel consulting with these groups.

#### Characteristics of the Sample

The experimental group consisted of ten disabled homemakers selected by established criteria; the control group consisted of normal homemakers paired with respect to the same criteria. The criteria used in the selection of the sample were described in the preceding chapter. In review, Tables 1 and 2 indicate that the two groups were comparable in age, size of family, and type of housing occupied.

The age-range in the groups of disabled and normal homemakers were twenty-four to forty-nine years and twenty-four to forty-seven years, respectively. Thirty-nine years was the median age in both cases.

In each group, the number of children in the family ranged from one to nine, with three as the median. There were some differences in

age-range of the children.

One-half of each group either rented or were buying two-story houses. It is of interest to note that one subject reported that the purchase of a home was necessary because the number of children in the family disqualified them for rental housing. Of the remaining half, ten per cent of the disabled and twenty per cent of the normal group shared living quarters with others; the remainder lived in one- or two-bedroom apartments with the exception of one who occupied a one-room apartment. Among those sharing living quarters, a mother of nine children shared kitchen facilities with three other families. In another instance, there were shared-living arrangements between two or more family groups. One homemaker shared the home of her widowed mother and regarded herself as the head of the household.

Some dissimilarity of characteristics was evident, as shown in Tables 1 and 2, in the educational background and monthly income of the sample. High school education was completed by eighty per cent and fifty per cent of the normal and disabled homemakers, respectively. Three out of ten disabled homemakers had less than high school education while two of them had some college preparation.

The monthly income ranged from "no income" to \$500 for disabled homemakers and from \$127 to \$500 for the normal homemakers. The husband in the family with "no income" was temporarily unemployed. The family of the normal subject with the least income occupied a rent-free apartment in exchange for janitorial services. The median

TABLE 1  
CHARACTERISTICS OF SAMPLE OF DISABLED HOMEMAKERS

Subject	Age	Education			Number of Children		Monthly Income	Living Space
		Limited <sup>a</sup>	High School	Other <sup>b</sup>	Under 10	Over 10		
A	44	-	x	-	1	-	\$330	Own home
B	30	-	x	-	2	-	\$375	Apartment
C	45	x	-	-	-	4	\$280	Apartment
D	44	x	-	-	-	2	\$280	Rent home
E	32	-	x	-	7	2	- 0 -	Apartment
F	36	x	-	-	3	4	\$284	Own home
G	25	-	-	x	2	-	\$280	One-room apart- ment
H	24	-	-	x	3	-	\$210	Share home
I	43	-	x	-	1	-	\$400	Own home
J	49	-	x	-	-	6	\$500	Own home
Total		3	5	2	19	18		

<sup>a</sup>Did not complete high school.

<sup>b</sup>Less than three years college.

TABLE 2  
CHARACTERISTICS OF SAMPLE OF NORMAL HOMEMAKERS

Subject	Age	Education			Number of Children		Monthly Income	Living Space
		Limited <sup>a</sup>	High School	Other <sup>b</sup>	Under 10	Over 10		
A	44	-	x	-	3	-	\$350	Rent house
B	26	-	x	-	2	-	\$330	One-room apart- ment
C	47	x	-	-	-	3	\$127	Apartment
D	45	-	x	-	-	2	\$400	Rent house
E	34	-	x	-	6	2	\$310	Own home
F	35	-	x	-	6	3	\$284	Share house
G	24	-	-	x	2	-	\$325	Share house
H	24	-	x	-	3	-	\$375	Apartment
I	44	-	x	-	1	-	\$500	Rent home
J	45	-	x	-	3	3	\$450	Own home
Total		1	8	1	26	13		

<sup>a</sup>Did not complete high school.

<sup>b</sup>Less than three years college.

income for the experimental group was \$282 per month as compared to \$340 for the control group. A monthly income greater than \$375 occurred twice in each group. The latest established average monthly family income of \$561 for the District of Columbia area<sup>30</sup> was most nearly approximated by the \$500 income occurring once in each group.

#### Nature of Disabilities of Experimental Group of Homemakers

The disabilities characterizing the disabled homemakers were both visible and invisible. As indicated in Table 3, fifty per cent of the disabilities were invisible and included three cases each of diabetes and heart disease. The visible disabilities consisted of three occurrences of muscular sclerosis, and one each of paraplegia and hemiplegia. All of these were permanent conditions; that is, they were conditions from which complete recovery was not anticipated. The period of disability, reportedly, ranged from one-half to fifteen years.

It is of interest to note that three of the subjects were unable to identify the initial occurrence of disability. Subjects "C" and "F" described their ailments as "nerve conditions," and were unaware that their cases were diagnosed as muscular sclerosis. Clinical information suggests that knowledge of the permanency of their condition at this early stage of treatment would be upsetting to them. Hence, they had not been told that they were victims of muscular sclerosis. Subject "D" became aware of her condition through a diabetic test which she took as a part of a special program sponsored by her church. She reported that

TABLE 3  
NATURE AND DURATION OF DISABILITIES  
IDENTIFIED IN EXPERIMENTAL GROUP

Subject	Age	Type of Disability	Period of Disability <sup>a</sup>	Expected Duration
A	44	Muscular Sclerosis	4 years	Permanent
C	45	Muscular Sclerosis	.5 year	Permanent
F	36	Muscular Sclerosis	.5 year	Permanent
D	44	Diabetes	2 years	Permanent
I	43	Diabetes	.5 year	Permanent
J	49	Diabetes	2 years	Permanent
E	32	Heart Disease	3 years	Permanent
G	25	Heart Disease	2 years	Permanent
B	30	Paraplegia	9 years	Permanent
H	25	Hemiplegia	15 years	Permanent

<sup>a</sup>Period of time disability was recognized by the homemaker at the time of the interview.

the physician diagnosed her case as serious at the time of discovery.

Of further interest is the incidence of illness in the past of some of these persons. For instance, Subject "A" spent two years in a sanatorium as a tubercular patient. This occurred eight years prior to the onset of muscular sclerosis.

Subject "G" reluctantly accepted the diagnosis of heart condition in her case. She preferred to believe that her difficulties developed from the strain of daily living on her nerves. However, she recalled that she suffered with rheumatic fever during her girlhood days.

Diabetes was prevalent in the immediate family of Subject "I". Her sister and parents were diabetic patients. Although she was careful to avoid consuming foods that she believed to be conducive to the occurrence of this disease, she was not surprised when it was discovered that she was diabetic also.

#### Attitudes Expressed by Samples of Homemakers

Responses made by the subjects were classified according to intensity of feeling as "very positive," "so-so," "slightly negative," and "negative." Table 4 reveals these responses. The disabled homemaker group tended to record a greater number of responses in each classification than did the normal homemakers. It is believed that three of these homemakers felt that they had been successful in adjusting to their disabilities, hence, they were eager to express themselves about their achievements and their plans for the future. Others wanted to speak of their disappointments and were hopeful that they might be helped.

In contrast, among the normal homemakers, only two felt that they were successful in managing their personal and family life. They seemed pleased to talk about their attainments and expectations. However, more than half of them indicated that they felt that their achievements were comparable to others living under similar circumstances. While they often

TABLE 4

NUMBER AND INTENSITY OF TOTAL RESPONSES MADE BY SAMPLE  
OF DISABLED AND NORMAL HOMEMAKERS

Subject	Very Positive				Positive				So-So				Slightly Negative				Negative			
	Disabled		Normal		Disabled		Normal		Disabled		Normal		Disabled		Normal		Disabled		Normal	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A	1	3	-	-	9	21	4	16	5	17	4	13	4	14	1	8	1	11	-	-
B	5	15	-	-	8	19	2	8	3	11	6	19	2	7	-	-	-	-	-	-
C	-	-	-	-	3	7	2	8	2	7	3	9	4	13	2	14	7	78	-	-
D	-	-	1	4	1	2	3	13	8	29	3	9	-	-	2	14	-	-	-	-
E	-	-	8	28	6	14	3	13	3	11	-	-	3	10	-	-	-	-	-	-
F	-	-	-	-	1	2	-	-	6	21	3	9	1	3	7	50	1	11	-	-
G	-	-	-	-	6	14	5	21	1	4	6	19	12	40	1	7	-	-	-	-
H	16	47	10	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	7	20	9	32	6	14	-	-	-	-	-	-	1	3	-	-	-	-	-	-
J	5	15	-	-	3	7	5	21	-	-	7	22	3	10	1	7	-	-	-	-
Total	34	100	28	100	43	100	24	100	28	100	32	100	30	100	14	100	9	100	-	-

expressed a desire for improved conditions, they felt that this was beyond their control.

In consideration of these observed differences, it is to be noted that a chi-square analysis in a 5 x 2 contingency table, Table 5, indicates that there is no statistical difference between the two groups of homemakers with respect to their intensity of attitudes toward the disability, toward the role of homemaker, toward family life, or toward life in general.

TABLE 5  
CHI-SQUARE ANALYSIS OF ATTITUDE INTENSITIES  
TOWARD SELECTED ASPECTS OF  
PERSONAL AND FAMILY LIFE

Selected Aspects	df	$\chi^2$
Disability	4	7.19
Homemaker's Role	4	3.07
Family Life	4	2.70
Life in General	4	8.48

It is noteworthy that the frequency of expression, among the constituents in each group, is more widespread in the middle classification of: "Positive," "so-so," and "slightly negative," and less widespread between those in the extreme classification of: "Very positive," and "negative." Also of interest is the fact that over fifty per cent of the "very positive" statements were made by two disabled homemakers and their counterparts in the group of normal homemakers. When these data were statistically

treated, using chi-square analysis, all intensities of responses within the disabled group were significantly different from each other, while within the normal group the differences in intensity of response, except for the "positive" category, were also significantly different.

The intensity, as well as the frequency of attitudes expressed by both groups toward selected phases of personal and family living is shown in Table 6. Differences were shown in the number of expressions made by disabled homemakers about all the selected phases of living. However, normal homemakers made two to three times as many responses about the homemaker's role as any of the other selected phases of living. It is evident that they tended to avoid expressions describing attitudes toward disability in the homemaker. When chi-square was applied to these data, a significant difference at the one per cent level was found to exist among the disabled homemakers in all categories of intensity except the "positive" category which showed significant difference at the five per cent level. Among the normal homemakers, a significant difference at the one per cent level existed in their "very positive" and "slightly negative" expressions.

One of the hypotheses of the study indicated that no relationship exists between extent and nature of disability and attitude toward personal and family living. Upon examination it was found that twenty per cent of the disabled subjects were unaware both of the nature and the extent of their disabilities. These data did not lend themselves to statistical treatment and the results are inconclusive.

TABLE 6

INTENSITIES OF ATTITUDES EXPRESSED AND NUMBER OF RESPONSES MADE  
BY DISABLED AND NORMAL HOMEMAKERS TOWARD SELECTED  
PHASES OF PERSONAL AND FAMILY LIFE

Intensi- ties of Attitudes	Disabled Homemakers					Normal Homemakers				
	Disability	Home- maker Role	Family Life	Life in General	Total	Disability	Home- maker Role	Family Life	Life in General	Total
Very Positive	3	9	12	10	34	4	12	7	5	28
Positive	10	13	9	11	43	7	9	6	2	24
So-so	8	7	4	9	28	2	13	5	12	32
Slightly Negative	10	6	7	7	30	3	7	2	2	14
Negative	7	-	-	2	9	-	-	-	-	-
Total	38	35	32	39	144	16	41	20	21	98

A close examination of the mean scores of attitudes expressed by subjects tends to reflect an image somewhat different from that which can be derived from the frequencies of expression. It may be observed in Table 7 that normal subjects, as a whole, achieved higher scores than did the disabled subjects in all selected phases of living except in "life in general." The range of mean scores on this item was fairly consistent between the groups: For disabled homemakers, 2.6 to 10.0 with a median of 7.3; for normal homemakers, 4.0 to 10.0 with a median of 6.0.

When these data were statistically treated using the "t" test for significance of the differences of the means, the results showed the following: The mean attitude toward disability approaches significance at the five per cent level (3.120). However, there were no significant differences between the samples in the following aspects: Attitude toward homemaker's role (.1018); toward family life (.1227); or life in general (.0293). The formula used in calculating the significance of the difference of the mean score was:

$$t = \frac{\bar{X}_d - O}{s \bar{X}_d}$$

The data do not support, but rather refute, the hypothesis that homemakers do not relate intensities in expressed attitudes to the duration of a disability. Coefficient of correlation was the statistical treatment applied to these data with the following formula being used:

$$r = \frac{\sum XY}{\sqrt{\sum X^2 \cdot \sum Y^2}}$$

For this purpose, a value of  $r = 0.60$  or above will be designated a "high correlation." The statistical treatment of these data indicated a high

TABLE 7

MEAN SCORES OF ATTITUDES TOWARD DISABILITY, HOMEMAKER'S ROLE,  
FAMILY LIFE, AND LIFE IN GENERAL EXPRESSED  
BY DISABLED AND NORMAL HOMEMAKERS

Subject	Disability		Homemaker's Role		Family Life		Life in General	
	Disabled	Normal	Disabled	Normal	Disabled	Normal	Disabled	Normal
A	5.6	5.0	6.0	6.6	8.0	8.0	8.0	6.0
B	6.6	8.0	8.5	6.6	7.5	6.0	9.0	6.0
C	3.0	8.0	4.6	5.3	6.5	4.0	2.6	6.0
D	6.0	10.0	6.0	6.0	6.0	7.0	6.6	6.0
E	2.0	8.0	6.8	9.6	8.0	10.0	6.6	9.3
F	2.0	4.0	6.0	5.0	6.0	4.0	6.0	4.0
G	5.0	6.6	6.0	7.0	4.0	6.0	5.3	6.6
H	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
I	6.6	10.0	8.0	10.0	10.0	10.0	10.0	10.0
J	6.6	7.0	10.0	6.4	7.6	8.0	8.0	6.0
Total	53.4	76.6	71.9	72.5	73.6	73.0	72.1	69.9

correlation between the duration of disability and the attitude toward life in general ( $r = 0.60$ ), as well as toward the disability ( $r = 0.70$ ). It also shows that a low, but positive correlation ( $r = 0.49$ ) exists between the duration of disability and attitude toward homemaker's role and family life ( $r = 0.47$ ). This evidence tends to refute the third hypothesis of the study.

It is of interest to note that an empirical observation of a positive relationship may also be drawn from an association of the period of disability and the total mean scores made by the subjects. In Figure 1, the homemakers are listed in Column I according to their respective mean scores in a descending rank order--highest to lowest. In Column II, they are listed in an ascending rank order--lowest to highest--according to the period of disability. When cross-matched by relative standing in each column, it is obvious that the subject "H" with the longest period of disability (fifteen years) has the highest mean score of forty, while subjects "C" and "F" with the shortest periods of disability (five months) have the lowest mean scores. The others seem to fall into similarly relative positions. Although these data were not analyzed statistically, they do lend support to the data presented.

<u>Col. I</u>	<u>Col. II</u>	
H	F, G, I	Fig. 1--Diagram relating disabled homemakers' mean score rank and length of disability
B, I, J	G, J, D	
D	E	
A	A	
G	B	
C	H	
E		
F		

### Management Practices Identified in Study

The outstanding practices in both groups included identification of goals for children, some preparation of plans for accomplishing goals, encouraging participation of family members in individual activities, and the sharing of homemaking responsibilities.

Table 8 shows that some practices were outstanding in both groups; others were less obvious. There was some disparity in a few of their habits: Namely, the sharing of home responsibilities with their husbands and the use of energy-saving techniques.

Although these data reveal minor differences and similarities between the two groups, they do not lend themselves to statistical treatment. Percentage representations are used to reveal extent and nature of management practices of the normal and disabled homemakers studied.

#### Outstanding Practices

Identification of goals for children. Individual goals for children were identified by seventy per cent of the normal homemakers and sixty per cent of the disabled homemakers. Those mentioned most frequently were getting children established in chosen careers, or providing professional or semi-professional training for them. For instance, one child plans to own and operate a grocery store, while another wishes to become an entertainer. The expressed professional choices were usually doctor, lawyer, social worker, nurse, or teacher. There was only one instance of a mother desiring that her child choose her own unfulfilled ambition. All

## MANAGEMENT PRACTICES OF DISABLED AND NORMAL HOMEMAKERS

Management Practices	Disabled		Normal	
	No.	%	No.	%
<u>Family and Individual Goals</u>				
Family goals identified by:				
Husband and wife . . . . .	4	40	2	20
Husband . . . . .	-	-	1	10
Unidentified . . . . .	5	50	5	50
Individual goals identified for:				
Husband . . . . .	3	30	2	20
Wife . . . . .	3	30	3	30
Children . . . . .	6	60	7	70
Unidentified . . . . .	4	40	3	30
Preparation or plans for attaining goals. .	5	50	7	70
<u>Family Income and Expenditures</u>				
Family income budgeted by:				
Husband and wife . . . . .	4	40	5	50
Husband . . . . .	2	20	1	10
Wife . . . . .	1	10	-	-
Unbudgeted . . . . .	3	30	4	40
Purchases planned for and made by:				
Husband and wife . . . . .	4	40	4	40
Husband . . . . .	1	10	3	30
Wife . . . . .	2	20	1	10
Unplanned . . . . .	1	10	1	10
Family members encouraged to participate in:				
Family activities . . . . .	4	40	6	60
Extra-familial activities . . . . .	6	60	6	60
Sharing homemaking chores:				
Husband has definite chores . . . .	4	40	6	60
Children have definite chores . . . .	9	90	6	60
<u>Time and Energy-Saving Techniques Used:</u>				
Scheduling of tasks . . . . .	5	50	6	60
Use of equipment adapted to tasks . .	4	40	5	50
Use of energy-saving procedures . . .	4	40	5	50
Rearrangement of space for convenience . . . . .	1	10	1	10

of the mothers, except one, indicated that they were making some preparation (usually in the form of endowment insurance), or had some flexible plan in mind for attaining goals.

Participation encouraged in activities outside home. Sixty per cent of the subjects in either group stimulated participation in extra-familial activities by family members. In addition to the usual peer group organizations, activities related to the person's career goal were sometimes included. For example, one teen-age daughter who desired to become a nurse or social worker was encouraged to perform volunteer services of this nature through the Red Cross.

Homemaking responsibilities shared with family members. Homemaking responsibilities were shared with the children by ninety per cent of the disabled subjects and sixty per cent of the normal subjects. Although these were high percentages for each group, this was practiced by disabled homemakers twice as often as by normal homemakers. This disparity of practice may be due to the fact that normal homemakers had thirty-seven per cent more children under ten years of age than did disabled homemakers. (See Tables 1 and 2).

#### Infrequent Practices

The management practices which were less prevalent in either group included: The clear identification of family goals; identification of individual goals for the homemaker or her spouse; enlistment of husband's

help in budgeting income; planning and making purchases; and rearrangement of living space.

Identification of family goals. Family goals were identified by slightly less than fifty per cent of each group. These were usually related to change in residential area or type residence, family vacations, and home entertainment by and for the family. Some homemakers spoke of their special efforts to provide regular entertainment in the home for the family, as well as planning frequent occasions for entertaining friends and acquaintances.

Identification of individual goals for self and husband. Both short and long-term goals were identified by three out of ten homemakers for themselves. Among those mentioned most frequently were college training, missionary work, operation of a pre-school program, and active retirement. It is of interest to note that those planning for college education or a new career reported that their husbands approved and supported them in this ambition; while those desiring to become missionaries expressed dissatisfaction with the desires of their husbands. Thirty per cent of the disabled homemakers and twenty per cent of the normal homemakers identified individual goals for their husbands. These aims were usually for college preparation or training to improve occupational status and active retirement.

Cooperation of marriage partners in financing planning and purchasing.

Four out of ten homemakers in each group reported that their husbands

helped with budgeting the family income, planning the purchases to be made, and selecting items bought. In other cases, these tasks were performed by either the husband or the wife. About forty per cent of each group did no budgeting or recognized planning. One homemaker reported that the income was too small or inadequate to budget--their pressing needs determined how the money would be spent. In two instances it was indicated that the husband had the prerogative to handle the money because of his senior age. It is of interest to note that the husbands of three of the normal subjects were their seniors by six, twenty, and twenty-two years, while there was only one disabled subject whose husband's age exceeded hers by more than five years.

Arrangement of living space. Living space was rearranged by one out of ten homemakers in each group studied. In one instance, the normal mother converted the dining room and sun porch into master and children's bedrooms, respectively. The reason for this was to conserve energy and provide convenience. She was the mother of eight children ranging in age from infancy to fourteen. The younger children who needed more attention, both night and day, occupied bedrooms downstairs near her; while the older children who needed her less occupied upstairs bedrooms. In the other instance, the cardiac homemaker chose a downstairs bedroom to minimize the number of trips up and downstairs.

#### Disparity of Practices

The two groups were somewhat markedly different in the extent of

use of some management practices. Normal homemakers shared home-making responsibilities with their husbands twice as frequently as did the disabled homemakers. Husbands were responsible for such chores as grocery buying, trips to the laundromat, and the heavy cleaning of windows and floors. The normal subjects also practiced energy-saving techniques ten per cent more often than did the disabled homemaker. That is, they planned and scheduled tasks, made greater use of electrical equipment, and eliminated unnecessary expenditure of energy.

A variety of reasons were given for certain practices in this category. Predominant among them was the number of small children in the family. At least two of these families occupied third floor apartments and the homemakers found it to be too inconvenient to take small children to the laundromat several times each week. Other homemakers did not shop for groceries because it was inconvenient to take their small children along. In other instances, the husbands felt that they were more capable of handling certain tasks than were their wives.

One or two case studies may serve to show insight into personal and home problems encountered which do not lend themselves to formal investigation and scientific treatment. These are presented as a supplement to the data collected.

#### Case Study I--A Disabled Homemaker

Mrs. H. seems to have a very positive attitude toward life. Although she has been paralyzed on her left side since the age of ten, she aspires to live an abundant life.

Mrs. H. is twenty-four years old and of average height and build. She appears to be about 5' 4" with a weight of approximately 130 pounds. She wore a brace on her left foot but said that she does so only when she begins to tire. She likes to exercise this leg as much as possible. She carries her left arm in a folded position and uses it for supporting and holding objects. She is a very gracious hostess and is a pleasant and engaging conversationalist. Mrs. H. needed dental attention but said that she was experiencing difficulty obtaining service--most dentists seem to consider her a poor dental risk. On the second visit, she was pleased that D. C. General Hospital had considered giving her dental treatment.

Mrs. H. talked at length about her disability and seemed pleased that she had learned to live with it. Although it was a bicycle accident that sent her to the hospital, she attributes her paralysis to the fact that she was undernourished and overworked at the time. It seems that she wanted very much to become a ballet dancer but had a tendency to be overweight, so she often ate scantily and poorly--potato chips, cokes, candy, and the like. She worked very diligently to make a satisfactory progress in her usual activities in order to pursue ballet. Her parents would not have permitted ballet otherwise.

She attributes her remarkable progress to her father's counseling and her own desires to accomplish her personal goals. she recalled the many months of hospitalization and the many hours of counseling and testing by specialists. All gave her up as a hopeless case except a foreign psychologist who said to her, "You can get up and walk if you want to."

Her father had always taught his children that nothing they wanted to do was impossible if they approached the problem intelligently and with an open mind. He used his superior academic accomplishments as an example of what he had done despite his financial, social, and physical handicaps. (Her father lost one arm in military conflict. He became a minister, lecturer, and author). Following her release from the hospital, Mrs. H. returned to school and participated along with her classmates in all the activities. Her instructors were often too protective. Classmates, on the other hand, often dared her to participate in activities which she had not considered; hence, she learned to dance, swim, and bowl.

After high school, Mrs. H. worked part time as a switchboard operator for Goodwill Industries while she attended National Institute of Art as a recipient of a two-year scholarship. She did not say when or how she became interested in art, but her knowledge of it was manifested in attractive arrangements and displays in the home.

Mrs. H.'s husband is a former schoolmate and is three years her senior. Both are citizens of Washington, D. C. She recalled how they met by accident at a soda fountain and enjoyed a delightful conversation. However, she spurned all his early attempts to develop a friendship because she felt that he was only feeling sorry for her. They have been married five years but she admits they have not always been happy years. When the goings were too "rugged," she enlisted the help of her social case-worker and they have enjoyed greater understanding since this counseling.

Mr. H. earns \$284.00 per month as a draftsman for the Justice Department. She is proud of the fact that they had managed to live within this income until the birth of the last child and medical expenses were exceedingly high. Mrs. H. spent several months in the hospital following the birth of the last child. Mr. and Mrs. H. work very diligently at planning the spending of their money. Before the birth of her last son, Mrs. H. earned extra money baby sitting for her neighbors. They are still heavily in debt for medical expenses and are paying it off according to schedule.

Mrs. H. and her family have shared a rambler-type home with her widowed mother for the past eighteen months. (The mother works, so Mrs. H. enjoys the freedom of the home). Mrs. H. is the mother of three active sons--aged eighteen months to four years. All were born by Caesarian section and each presented his own peculiar problem. For instance, the oldest son was allergic to all milk except tiger's milk. The birth of the youngest one was very difficult and required long expensive hospitalization for her. Mrs. H. said she is grateful that her sons are strong and healthy now; she expects to keep them that way. Her children bring her special joy. She considers them to be mischievous, but very loving. Her oldest son expressed a desire to become a doctor so that he can make her well again. She believes her husband enjoys the children; he plays with them and teaches them many things. They both want the children to attend Catholic schools. Before moving in with her mother the H.'s occupied an eighth floor apartment. Mrs. H. said that this did not present any difficulty to her.

Mr. and Mrs. H. plan to live a well-balanced life. They enjoy the same activities: Playing with the children, entertaining friends in the home, occasional movies, and church activities. Both plan to get additional education. Mrs. H. is looking forward to getting two more years of college training in exchange for teaching art to disabled students. She expects to begin in September. Mr. H. plans to study law at night but will not begin before Mrs. H. is settled in her venture.

Mrs. H. displays a perfectionist attitude in her home-making practices. She admits that she is a fanatic about keeping

her surroundings neat and orderly. Mrs. H. performs all of her household duties. She has worked out her own methods for doing her tasks. She demonstrated diapering her young son with one hand. She has numerous improvised gadgets for simplifying tasks. For instance, she displayed a board assembly on which she can steady a roast for slicing, a potato for peeling, a can for opening, or a bowl for mixing. She has located most of her kitchen materials and appliances within easy reach. She does not mind doing her many jobs because she feels that the exercise is good for her. Most of her daily routine tasks are accomplished by noon.

Mrs. H. said that scheduling is her strongest point; it enables her to do all the things she must do in getting her work done as well as buying the things she needs.

It is difficult to select any one factor in Mrs. H.'s life that contributes most to her zest for living. Her disability occurred at the age of ten. She was residing in the District of Columbia where good medical and psychological services were available to her. Both her father and older sister suffered physical disabilities. Her family life seems secure and happy.

#### Case Study II -- A Normal Homemaker

Although Mrs. N.'s circumstances do not appear to be especially promising, she looks forward to the future with hope and faith and expects to enjoy an abundant life.

Mrs. N. is twenty-four, about 5' 2" tall, and weighs about 120 pounds. She is a very pleasant hostess and enjoys talking about her family and her dreams.

She is the mother of three young daughters, ages six months to three years. They were asleep during both visits. She seems proud of her children and said she devotes most of her time to their care. Neither she nor her husband plan to have more children.

The N.'s occupy a cheerfully decorated one-bedroom, third floor unit in a small apartment building in Washington, D. C. Mrs. N.'s talent in needlework is apparent in the decorative touches throughout her home. She explained that they had not spent too extravagantly for furnishings because there are other things that are more important.

Of major concern to them at the moment is to move to another section of town. Although the building in which they live

is clean and well-kept, the surroundings are down-trodden and neglected. They desire a different atmosphere for the children. During six months of searching, they have not been able to find the larger apartment that they need at the price they can afford to pay.

The N.'s have been married six years. Mr. N. is six years her senior. She considers him to be quite wise and understanding. She attributes the success of their marriage to his wisdom and the homemaking techniques she learned in high school. He has taught her many things but most important is how to look at life objectively and get the most enjoyment from what they have. She explains that it is really fun to scheme and plan to make their little income do all the things it must. She is especially proud that she knows how to plan low-cost and nutritious meals. The food budget is the first consideration when extra money is needed. Mr. N. earns \$4,500 per year as a guard with the Federal Government.

The N.'s enjoy the same activities, such as seeing movies and entertaining friends. They are both Baptists but are not active in church. Mrs. N. exchanges her sewing ability for baby sitting services so that they can get out often. Mr. N.'s special interest is in instrumental music. He has had two years of college education and belonged to the Army band. He and a few friends get together regularly to keep in practice. Mrs. N. admits that being a wife and mother leaves little time for any outside interests. She enjoys sewing and makes most of her own clothes.

Mr. N. has encouraged Mrs. N. to take teacher training as soon as the children are older. She suggests that there are other interests to follow if college is impossible.

Mrs. N. is proud of the quality of living that she shares with her husband. She has faith in her ability to achieve effective home and family life.

This concludes the presentation of results and findings of the investigation. For a brief summary of the findings and implications see Chapter V.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR FURTHER STUDY

It is the purpose of this investigation to review the findings from the data collected in light of the hypotheses formulated for the study. These findings point up possibilities for further study in this broad problem area.

#### Summary and Conclusions

The first hypothesis tested was identified as: There is no significant difference between the two groups tested in number of responses made or the intensity of attitude expressed toward: (a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general. The data calculated and analyzed show that all frequencies of responses within the disabled group were significantly different from each other; while within the normal group the differences in frequency of responses, except for the "positive" category, were also significantly different.

A chi-square analysis of attitude intensity toward selected aspects of personal and family life indicated that there is no significant difference between the two groups of homemakers with respect to their intensity of attitudes toward the disability, the homemaker's role, family life, or life in general. The result of this statistical treatment supports the hypothesis that there is no significant difference between the two groups with respect to intensity of attitudes expressed.

The second hypothesis treated was: There is no significant difference

between paired test subjects with respect to their attitude toward:

(a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general.

When the mean scores of the sample were statistically treated, using the "t" test for the significance of the difference of the means, the results showed that the mean attitude toward disability approaches significance at the five per cent level; however, there were no significant differences between their attitudes toward the homemaker's role, toward family life, or toward life in general. Hence, this hypothesis was accepted.

The third hypothesis tested was: There is no correlation between the duration of the disability and the attitudes expressed toward: (a) Physical disability, (b) homemaker's role, (c) family life, and (d) life in general. The coefficient of correlation was used to test this hypothesis. The resulting data indicated a high correlation between the duration of disability and the attitude toward life in general as well as toward the disability. It also showed that a low, but positive, correlation exists between the duration of disability and attitude toward the homemaker's role and toward life in general. These data tended to refute, rather than support, this hypothesis.

The fourth hypothesis considered was that: Handicapped and normal homemakers do not differ in their identification of selected management practices. Percentage representation used to reveal the extent and nature of

management practices between the two groups indicated minor similarities and differences. However, this data did not lend itself to statistical treatment; the evidence provided is inconclusive. Therefore, this hypothesis was neither accepted nor rejected.

A few conclusions drawn from this study can be identified as: Those homemakers in the study who reflected the most insight into educational opportunities for the handicapped tended to reflect a better understanding of inherent problems and held a more wholesome attitude toward life in general. It might be logical to conclude that such understanding would have a positive effect upon home and family life of such individuals.

Management practices of the more tangible nature tended to be more readily recognized as important to the welfare of the family than did the less tangible ones studied. For example, assistance or sharing of home tasks versus identification of immediate and long range goals for the family.

Homemakers in this study were approachable in terms of assistance in strengthening management practices and were desirous of information about available resources to help them in their day-to-day living.

#### Implications for Further Study

A corps of management aides might be equally profitable to normal as well as handicapped homemakers. Such a group needs to be identified for their practical knowledge and application and their ability to work with

people. Their training could be of an intensive nature and of short duration. Recruitment among the disabled for help to their own group might serve as valuable experimentation. This holds important implications for increased emphasis on assistance programs of varying nature.

Church, civic, and other organizations might well include emphasis on maximum help for families in crisis situations (temporary disability of family members) as well as chronic difficulties encountered.

An investigation to include testing for specific changes in attitudes in light of given conditions is also a rich field of exploration.

These findings, conclusions, and implications re-emphasize the role of disabled homemakers and the general recognition of persistent problems facing this segment of the population. A mutual concern for maximum efficiency in the home as well as in the home environment which is conducive to growth and nurture of its members is considered imperative for both present-day and future living.

## APPENDIXES

APPENDIX I.       GUIDELINES FOR INTERVIEW

APPENDIX II.       EXAMPLES OF INTENSITIES OF EXPRESSION OF  
ATTITUDES TOWARD SELECTED PHASES OF  
PERSONAL AND FAMILY LIFE

APPENDIX I  
GUIDELINES FOR INTERVIEW

I. Homemaker

A. Background: Age, education, place of birth, ambition as a youth, and length of married life.

B. Attitudes toward family relations

1. What are the special joys?
2. Are personal displeasures sympathetically shared?
3. How important is family life?

C. Attitudes toward homemaker role

1. Is the homemaker's role a rewarding one?
2. What are the important aspects of this role?
3. Are homemaking responsibilities shared?

D. Attitudes toward life in general

1. Is a difference in the role as homemaker, wife, and mother expected in the oncoming years?
2. What are the interpersonal relationships outside the home?
3. Are there plans for the future?

E. Attitude toward disability

1. Nature, extent, and duration of disability
2. Does it affect fulfillment of role as homemaker?
3. Does it affect relationship with others?
4. Has it affected personal aspirations?

## II. The Family

### A. Type home (housing)

### B. Income

### C. Composition and contributions

1. Age, occupation, income
2. Special talents, activities, ambitions
3. Contributions to homemaking responsibilities

## III. Selected Management Practices

### A. Energy and time saving practices

### B. Shared homemaking tasks

### C. Identification of family and individual goals

1. Recognition of importance of goals
2. Plans for attaining goals

### D. Money management

1. Plans for spending the family income
2. Precautions used in spending
3. Investment and savings plans

## APPENDIX II

### EXAMPLES OF INTENSITIES OF EXPRESSION OF ATTITUDES TOWARD SELECTED PHASES OF PERSONAL AND FAMILY LIFE

Examples of five intensities of expression of attitudes toward the effect of disability on the homemaker's role, family life, and life in general by (a) disabled and (b) normal homemakers.

#### Expressions of Effect of Disability on Homemakers

Statements denoting a very positive attitude:

- (a) "My disability doesn't keep me from doing anything I want to--I swim, I dance, I bowl, I play baseball--I do anything."
- (b) "I think disabled homemakers manage about the same as they would if they were able depending on the disability. If I were disabled, I would choose activities more suited to my condition."

Statements denoting a positive attitude:

- (a) "I have a new cane now, it's especially good for climbing stairs."
- (b) "I think they manage all right. I would budget more closely and do more planning ahead."

Statements denoting a "so-so" attitude:

- (a) "I don't consider myself disabled. The only thing is--I do have to take the insulin shots if I don't be especially careful."
- (b) "Disabled people seem to be able to do more. If I were disabled, I might not do so well."

Statements denoting a slightly negative attitude:

- (a) "I haven't been driving since I became this way, but I haven't really wanted to."
- (b) None.

Statements denoting a negative attitude:

- (a) "I hate those crutches--they just sit there in the closet."
- (b) "I don't think I could manage if I were disabled."

### Homemaker's Role

Statements denoting a very positive attitude:

- (a) "Scheduling is my saviour--this is how I get my work done, pay my bills, and do the things we need to and still enjoy ourselves."
- (b) "It's fun to do all the scheming we have to do to get along with the little we have. My husband is wise and helps me think through problems."

Statements denoting a positive attitude:

- (a) "I am satisfied with things that I can do."
- (b) "I am satisfied. I follow a schedule--my tasks are no problem. We pool our income and Jack leaves the money handling to me."

Statements denoting a 'so-so' attitude:

- (a) "I do the best I can, then I don't worry about the rest."
- (b) "I do what I can for my family--I work six days a week."

Statements denoting a slightly negative attitude:

- (a) "There isn't much that I can do--we don't have much money."
- (b) "My folks encouraged me to finish my nurse's training, but I just had to get married."

Statements denoting a negative attitude:

- (a) "I am going to work as soon as I am able--I hate these two walls."
- (b) "There are too many children--too much work."

### Family Life

Statements denoting a very positive attitude:

- (a) "I love children and I think we will adopt another soon. My husband is a wonderful person."
- (b) "We enjoy life together--we like mostly the same things. We expect to adopt another son soon."

Statements denoting a positive attitude:

- (a) "I enjoy doing things for my family. I like to cook good foods for my little boys and watch them grow."
- (b) "I enjoy my family--they are all good children."

Statements denoting a "so-so" attitude:

- (a) "My children are nice to me--the oldest ones. The little ones are mischievous because they know I can't get to them"
- (b) "We get along all right. Apartments get so boring and I long to move to a house where there is room to do things in."

Statements denoting a slightly negative attitude:

- (a) "My children have their interests. My husband is very active in the church."
- (b) "All the time I work trying to do what I can for the children. My husband works all the time too."

Statements denoting a negative attitude:

- (a) "My husband spends his spare time out with the boys. I would like to take the children out sometimes but I don't have any clothes."
- (b) None.

#### Life in General

Statements denoting a very positive attitude:

- (a) "Thus far I have managed to live with my disability and overcome the setbacks. I have many things in mind for my future."
- (b) "I plan to go to college when my children are older, but I have many other interests to select from."

Statements denoting a positive attitude:

- (a) "I enjoy missionary work and I am looking forward to the time when I can devote my full time to it."
- (b) "I want a home in the suburbs, a retirement income and time to do the things I enjoy--entertaining, puttering outdoors and maybe golfing again."

Statements denoting a "so-so" attitude:

- (a) "I am satisfied with my life as it is--I don't want for anything."
- (b) "Nothing in particular--just less work, more leisure."

Statements denoting a slightly negative attitude:

- (a) "If I am sick again I won't go to the doctor until I am about dead."
- (b) "I have no plans for myself for the future. Maybe after the children are grown I will have time to do something."

Statement denoting a negative attitude:

- (a) "I know that I will always have M. S. (Muscular Sclerosis), but I hope I don't become blind."

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