

COMMUNICATIONS AND THE HANDICAPPED

Final Report

April, 1978

Paul S. Licker

Institute of Social Communications

St. Paul University

223 Main Street, Ottawa, Ontario

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## REPORT SUMMARY

### General

Continuing the work begun in 1976 (See "Communications and the Handicapped: Preliminary Report." April, 1977) we interviewed 401 disabled individuals in Ottawa and Montreal in the Summer of 1977 concerning their mass media and interpersonal communication habits. This report details and draws conclusions from this data. Included in the Appendices is a summary of a workshop attended by seventy persons in September, 1977. This workshop concerned general questions on communication services and policies for the Disabled.

Five hypotheses were tested and supported:

- The electronic mass media, and to an extent the print media, are used as time fillers primarily;
- The Disabled are not isolated because of or by the media, but rather are not better connected by the media;
- The Disabled do more receiving than sending, much to their detriment;
- The Disabled have a limited variety rather than amount of contact;
- The mass media do not serve well the special needs of Disabled, for money, mobility, and improved attitude of society towards disability and the Disabled.



### Our Findings

The profile that emerges -- with wide individual variation -- is one of lessened educational and vocation opportunities resulting in more free time, but fewer different individuals and situations to communicate in, with or about. As with groups such as the elderly, this can lead to a vicious cycle of loss of skills and opportunity to exercise skills. However, there is the added burden of lack of access to each other that makes effective self-help action difficult. The isolation which the Disabled experience is often reciprocal and is reflected in the relatively meagre efforts to utilize the mass media to meet the needs of their own lives, other than as time fillers.

Coupled with this is the general indifference of our society towards non "Normals" and their problems. This is an unfortunate circumstance because the Disabled can benefit doubly from the kinds of technological advances which are becoming more available to the "Normals," and even more ironic since the Disabled do not attribute their immobility -- the major difficulty underlying their expressed problems -- to their disabilities, but to society-at-large. Society-at-large does not serve the needs of the Disabled through the media, although the Disabled consume slightly more than the average diet.

By far the greatest benefit to the Disabled can come from improved medio-communication, exemplified by the telephone and computer-communication, and only second-best would be efforts to improve the services of the mass media to the Disabled. Medio-communication makes the problem of "getting to" others one of intellectual or group initiative and not one of mobility, thereby supplying communications contexts more in tune with the abilities and needs of the kinds of people we interviewed and met at the Workshop.

We made recommendations based upon five values gleaned from our data, the workshop, and readings:

- the lessening of receiver roles in frequency and importance;
- the removal of psychological and physical barriers to services and information about services;
- an increase of individual control and choice in communications contexts;
- the preference for enhancement over compensation;
- an increased awareness of the benefits and capabilities of communications technology on the part of the Disabled.

#### Our Recommendations

Our six recommendations, in rough order of priority, concern the DOC and those agencies with which the DOC works:

- The DOC should undertake, or fund others to undertake, research in three areas:
  1. An analysis of statistical data from the 1981 census and the ongoing Canada Health Survey relating to communications and Disability;
  2. A collection of information to relate existing and near-term future technology to the vocational and information needs of the Disabled;
  3. A study of the communications needs and the means to meet those needs for the deaf and hard-of-hearing in Canada;
- The DOC should act as a broker, introducing those having systems, services, devices and ideas on these with appropriate potential user groups;
- The DOC should establish as a responsibility of one of its employees that of being an entry-point for ideas into DOC concerning the communication needs of the Disabled and of providing guidance as to what to do with these ideas;



- The DOC must find ways of including the Disabled into the decision-making process when such decisions might affect their use of the media;
- Priority in development should be placed upon telecommunications systems, services, and devices which would increase the active participation of the Disabled in media activities over those which would promote increased passive consumption of media content;
- Where experimental systems, services, and devices are to be tried, those which enhance rather than merely compensate for the skills of the disabled should be favoured, especially where they might act in the areas of education, vocation, and community development.

These recommendations are not taken to be exclusive of other responsibilities which are automatically incumbent upon the DOC to make telecommunications available to all Canadians. It is taken as a given that where this mandate is concerned, the Disabled are, as a group, not different from other Canadians, and deserve the same access to the instruments and system of communication.

### Specific Findings

#### The Respondants

- Median age was 46; median schooling was between 10 and 11 years; typically respondents lived with their families or in institutions;
- Family income was quite low with a median of about \$4400/year. Three in four were unemployed and only one in six work full time; yet half have potentially marketable skills;
- Among the non-congenitally disabled, the median length of disability was about 11 years; a quarter of our sample was congenitally disabled.

### Mass Media Consumption

- Most respondents have access to several radios, and television sets; very few have no access;
- Access to the print media is quite restricted: about two in five do not read each of newspapers, magazines and books;
- The television and telephones are shared items while the radio will as often as not be found in the bedroom; this trend is even stronger where there is only one device available.
- Only about half our sample had access to cablevision;
- In the mean, our respondents spend about  $3\frac{1}{2}$  hours/day watching television and the same for radio; printed matter, too, takes up about that amount of time. This value is only slightly higher than found in the general population;
- Radio and television consumption increase with age; anglophones listen to the radio more and francophones watch more television; differences between sexes, cities, and living status are slight and not statistically reliable;
- Half our respondents spend over half their waking hours with the mass media;
- The mass media are used essentially for entertainment;
- The use of the mass media is limited by the content appeal or cost rather than anything relating to disability per se.
- The greatest the self-judged degree of disability, the lower the mass media consumption!
- Film is rarely viewed by our respondents, except on television; disability is a limiting factor here in terms of mobility and expense.



- Respondants conclude that films on or about the handicapped can serve the needs of the Disabled;
- Special media offerings for the Disabled are seldom used; two in five are unaware of each of special publications, television programming, and library services.

#### Interpersonal Communication

- Speaking and hearing skills are better than reading and writing ones;
- The ability to use medio-communication devices decreases with the complexity and cost of such devices, unless it is a device that can be shared with all about the individual;
- Typically our respondent was not isolated; the median number of interpersonal contacts each day was five;
- The respondents devote scarcely 5% of their interpersonal interactions to helping or spectating contexts.
- The frequent activities involved friends, clubs, the telephone and passive mass media consumption. The greater the need for mobility, the far less frequent the engagement in that activity;
- The use of the telephone greatly increases interpersonal contact (as medio-communication), more effectively than getting out of one's dwelling and even more effectively than living in an institution with other people. Interpersonal contact is also sensitive to frequency of getting out;
- Mass media consumption is independent of every measure of interpersonal communication, but is slightly positively related to frequency of getting out of dwelling;
- Interpersonal contact frequency is not affected by age; but it is affected by disability and extent of disability in complex ways;

- Curiously, helping context interaction frequency is independent of the self-judged extent of disability;
- The communication activity of our respondents is far better predicted from formal and informal interpersonal communication activity than from mass media consumption; the worst predictors are those activities usually associated with the Disabled: getting help, going to clubs for the Disabled, crafts, painting, drawing, or planned activities.



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## PREFACE

The second year of a research project is always a bit easier than the first, because the researcher already has made the acquaintance of a number of key persons and agencies. One doesn't have to explain all over again why one is doing something and what is being done. Nonetheless, there's usually enough work so that the help of others is necessary and CHIP 77-8 was no exception to this.

I'd like to thank the many organizations which helped us by contributing names and in some cases doing soliciting for us; the list is too long to include here, but on it would go all those organizations assisting us last year and a few with whom we established a closer working relationship. The Ottawa Handicapped Association, the MacKay Center for Deaf and Crippled Children in Montreal, the Rehabilitation Institute of Montreal, the CNIB in Ottawa and Montreal, l'Association de Paralysie Cerebrale du Quebec, the Montreal Association for the Blind, the Lethbridge Readaptation Centre in Montreal, the National Capital Association of the Deaf and the Multiple Sclerosis Society of Canada in Ottawa and the Canadian Arthritis and Rheumatism Society effectively open their membership and client lists to us, at all times discretely duteous of their responsibilities for privacy and trust.

Twelve non-project members addressed our workshop and these individuals I thank for making the workshop as exciting as it was. Thanks also go to the many individuals who guided us during the research and illuminated our hypotheses, not to mention greasing the wheels of introduction over and over.

Special thanks to Peter Witt of the Recreation Department of the University of Ottawa for help in preparing a list of leisure-time activities for the research. This proved to be a fruitful area unexplored in the first-year pilot.

In Montreal, thanks to Michael Mills who continued his association with the project as a consultant, supporter, and friend: "on call" to the project, he never failed to give us needed assistance no matter how short the notice.

To the CHIP team, goes immeasurable gratitude for doing a great deal of work for few dollars, often working more from interest, I'm sure, than elementary economics could justify. Boris Drahotsky and Giovanna Mazza were indefatigable interviewers, patient bus-riders, and champion telephone interview arrangers. In Montreal, Elizabeth Taylor coordinated a massive interview campaign and Laure Blouin provided essential services in English and French. Janet Croken interviewed with Boris and Giovanna in Ottawa and is to be given a special garland for coordinating the physical arrangements for the Workshop; down to coffee and cookies, everything went like clockwork. Janet continued to work with me after the interview and the Workshop and her help was crucial and appreciated.

My wife Marilyn was my principle support and major source for ideas about human research. Her well of ideas never ran dry and her love flowed unabated even through the writing of this report. Her assistance at the Workshop was inestimable. This last was made possible only through the beneficence of Andrew Jonas Licker who had the good grace not to be born two weeks early. He was probably the youngest attendee at the Workshop, although reports are that his interest was not the highest.

Ottawa  
March, 1978



## 1.0 INTRODUCTION

### 1.1 The CHIP Project

The St. Paul University Communications and the Handicapped Information Project (CHIP) was begun in the summer of 1976 to respond to the needs of the Department of Communication to collect data on the communication needs and problems of the Disabled in Canada, especially insofar as these needs and problems concern the development of telecommunications offerings to give the Disabled access to those telecommunications services the non-Disabled in Canada now receive. The Project in 1976-1977 collected some data by conducting 104 pilot interviews with disabled respondents in Ottawa and Montreal. In addition we interviewed a hundred persons involved with the Disabled as helpers, organizers, and friends. Based upon this experience, we proposed -- and the Department of Communication accepted -- a large-scale interview study involving many hundreds of the Disabled.

This Study consisted of two parts. During the summer of 1977 we interviewed over 400 Disabled individuals, again in Montreal and Ottawa, and as well conducted a small mail questionnaire survey with the profoundly deaf in Ottawa. This survey is reported on in the Appendix as the number of profoundly deaf individuals was quite small and the nature of a mail questionnaire necessitates a different inference process to draw conclusions.

The second part of the study was a workshop to which were invited the Disabled and those who serve them in one way or another. Altogether 70 individuals attended this workshop, held September 17

and 18 on the University of Ottawa campus in Ottawa. The participants discussed five questions which we felt would best be investigated on a group basis owing to the general nature of the questions. They were as follows:

1. How to locate and organize the Disabled;
2. Providing information to the Disabled in the best way;
3. How to formulate policies and have an effect on those already formulated by public administrations;
4. The role of the media in the lives of the Disabled;
5. How to utilize resources among the Disabled to create and disseminate messages through the media.

A summary report of this workshop is included in Appendix IV.

A preliminary report of the pilot project in 1976 is available from the D.O.C. and is entitled "Communications and the Handicapped: Preliminary Survey" (April, 1977). The reader is referred to the 1976 report for details of a methodological nature concerning the survey method, reported and inferred limitations in the research and data and a general background to the study.

### 1.2 Communication and Disability: Some Hypotheses

Blake and Haroldson (1975, pg. 36) distinguish three major forms of communication contact: interpersonal, medio-communication, and mass communication. While distinctions among the three are not always easy to make, they clearly are different in terms of the degree of control of communicator exercises as sender and receiver. In interpersonal communication, for instance, a communicator is in the physical presence of others and, assuming -- an assumption that will become very important in our discussion of the effects of disability on communication habits -- a relatively "normal" body

articulation repertoire on the communicator's part, the others have no more control of content, pace, selectivity on sources, senses employed, and other physical parameters than the communicator. Interpersonal communication is characterized by a high degree of mutuality, informality, identity, privacy and responsiveness. Under most circumstances and for most people, one would expect to find interpersonal communication both the most satisfying as well as the most threatening form of communication.

Mass communication situations do not involve so much of an individual as interpersonal ones. For instance, the control of the pace, senses employed, selectivity, content and other physical characteristics are usually set in advance. An identifying characteristic of mass communication, in fact, is its schedulability. By being predictable, by removing the effort of continuous choice, and by limiting the efforts required (type and degree), the mass media reduce the involvement expected in interpersonal communication. The kind of involvement -- as shown by researchers and theorists since McLuhan -- is different, approaching, as one researcher (Winn, 1976) has shown, a trance-like stupor when the effects of television viewing activity on children are concerned. A mass communication activity is therefore characterized by high degrees of formality, anonymity, and predictability with corresponding low degrees of mutuality, privacy and responsiveness.

The distinguishing feature of medio communication, according to Blake and Haroldsen, is "the presence of a technical instrument which is most often used under restricted conditions by identifiable participants." (1976, pg. 32) Such media and situations as telephony, teletypes, closed-circuit tv, ham radio, cb radio and home movies come to mind. To utilize these instruments requires a set of skills often far more complex than those necessary as mass media

receivers as well as a relatively large initial outlay of funds to purchase or rent the instruments. New or envisaged services-in-the-home that are cable-tv-based as well as existing point-to-point services like the postal service fall into this category. Medio communication preserves some of the characteristics of interpersonal communication (mutuality, control of pace and content, identity, privacy, and responsiveness) while bowing to some of the technical necessities requires some of the characteristics of mass communication (formality, shared channels and a restriction on the senses employed). For many individuals, medio communication is less satisfying but less threatening than the face-to-face situations of interpersonal communication, while giving the communicator far more control than mass communication.

These three forms exemplify the problems of disability and communication and give a framework to several hypotheses which we desired to test in our research. First, it is commonly accepted that the mass media represent time fillers; as activities they replace similar activities and satisfy a desire for passing time and for company. The Disabled would seem to have more time and less power than the able-bodied; might they not be filling time with the mass media? Might they be replacing more difficult articulatory exercises (like interpersonal communication) with the far easier and more passive activities of television viewing, radio listening and reading?

Carrying this one step farther, could the mass media be said to be isolating for the Disabled? Analyzed, this question resolves into two hypotheses: the Disabled are isolated -- physically, socially, economically -- and the mass media contribute to this isolation. This set of hypotheses becomes quite complex when the concept of isolation is explicated. We attempted to collect many



kinds of data bearing on the question of isolation: frequency of engagement in social activities, perception of important problems, type of content consumed in the media, need for help, spectating activities. These indices were then correlated with mass media usage.

Actually, one would hardly expect the Disabled to be so homogeneous that clear inferences could be drawn without the contamination of other variables. It was obvious from the pilot study that the variability among the Disabled was as great among the able-bodied and that sweeping generalizations would be unwarranted and detrimental. Therefore, in this larger study we attempted to draw some profiles of those we interviewed, broken down by age, sex, education, and similar socio-economic demographic indicators. Personality differences and cultural and family backgrounds too have an enormous influence on individual behaviour.

It is clear that the Disabled do suffer discrimination; several studies, cited in the 1976 report, indicate that perception of the Disabled as an inferior group is a common thing in the general society as well as among the Disabled themselves. With less power of a physical and economic nature, the Disabled are less capable of demanding and receiving equal access to services available to their able-bodied fellow citizens. Thus while there is truly a wide variation among individuals within the Disabled, enough of a difference to warrant deny "community" status, there continues to be a label of "Handicapped" available for instant cataloguing of those with physical disabilities. Without the resources to act as a community, the Disabled are nonetheless expected to adhere to a rather arbitrary standard. This standard implies helplessness, inability to make decisions, and inability to articulate. Many of the Disabled in

fact respond to the stereotype by conforming to it; indeed, a few have no other choices.

It is choice that seemed lacking to us in our preliminary research. The term "disability" seems to imply more than a lack of an ability, but rather extends to the lack of the control over the environment that "ability" implies. Lack of mo-bility, for instance, implies more than the inability to move about freely; it means relying upon others or a subsidized transportation service; it means never entering certain buildings and being unable to choose certain meeting times or places -- a lack of control. Is this lack of control in any way caused by, contributed to, or exacerbated by the media or by a certain style of interpersonal relationship? Are there effective media strategies and interpersonal skills that should be employed or learned in order to combat the lack of control that lack of mobility (or the other functional disabilities) seems to imply? More simply, what kinds of special media services are needed?

We hypothesized, and this was partially corroborated by the September workshop, that the mass media do not serve the special needs of the Disabled, that, in fact, there is no reason to look to the mass media, per se, for solutions. What was needed was a way to promote interpersonal or medio communication, or a facsimile thereof. By these means, the Disabled might reclaim some of the power they require to get the services they need.

### 1.3 Scope and Import of the Study

The study is limited in its geographic setting to Ottawa and Montreal; while this might seem a severe limitation at first glance, it is possible to understand at least something of the situations

people in these two urban centres experience. Other cities might differ somewhat, especially with regard to special services and Provincial or municipal programs, but we hardly expect the people to differ.

We examined our hypotheses from several directions and collected data in the following areas:

- a. Mass media access and usage
- b. Mass media difficulties and aids
- c. Interpersonal communication habits
- d. Skills: communication, mechanical device usage, mobility
- e. The Disabled as communication material
- f. Daily activities
- g. Demographics
- h. Special services
- i. Content preferences
- j. Opinions, major issues

This is a wide range of information type, ranging from relatively objective demographics through self-evaluation of communication skills to opinion and preference data. Integrating this large mass of data from 133 questions is a difficult task and applying it perhaps even more difficult. We therefore offer this guide to interpretation into action:

1. The Disabled are more like the able-bodied than different; our study unnaturally stresses the possibilities of difference solely to bring certain problems into sharp relief.
2. Despite the similarities, the Disabled have some specific needs which grow from their various disabilities.
3. These needs manifest themselves in behaviours and attitudes and a reaction to these behaviours and attitudes on the part of the able-bodied.

4. Communication is a kind of behaviour which the able-bodied find natural; for various reasons, communication by, for, and to the disabled is often restricted in form, content, and availability.
5. Insofar as these restrictions are artificial, they should be removed. Insofar as they are imposed by a disability, they should be corrected. Insofar as they are cultural, they should be eradicated.
6. Because of the restrictions on communication, the Disabled lack power, especially of an organizational nature. The principle criterion should be the removal on restrictions of access of the Disabled among themselves.
7. The segregation (special services)-integration (individual compensation) issue should be bypassed; the issue is the restriction on choice or control that the Disabled experience.
8. Communication is a natural way to exert control. A communication skill lacking means lack of control over one's social environment.



## 2. METHODOLOGY

### 2.1 The Survey Interview Schedule

The Interview Schedule was derived from that used the previous year, with some refinements. One hundred thirty-three questions were asked. The changes since the previous year reflect an increased interest in daily activities, an expanded list of communication devices to be discussed (such as cb, ham radio, computer terminals), many more questions about difficulties in using mass and medio communication media, and a larger section of questions about film. The questionnaire was administered in the form of a face-to-face interview by five interviewers during the summer of 1977. The interview took between  $3/4$  and  $1\frac{1}{2}$  hrs. to perform and often produced answers to questions additional to those mentioned. In only one case was the questionnaire not administered as an interview, since the respondent could not speak well enough to be heard properly by our interviewers. This respondent mailed the questionnaire in after having the questions explained verbally in person.

The questionnaires differed only slightly between Montreal and Ottawa, and this only in regard to special services. Some necessities of coding forced us to lump together categories not entirely compatible; for instance, a CEGEP diploma is considered "Some Post-Secondary" rather than a degree.

In many cases, despite a forced-choice situation, the respondents refused to or could not answer. We therefore recorded a lot of "DK/NA" ("Don't Know/No Answer"). In most instances we can interpret this as "No" when the "Yes" answer would be apparent.

Otherwise we are forced to deal with the DK/NA as a necessary fact-of-research in dealing with a population that in general is not highly educated, not commonly queried, and, in some unfortunate cases, not eager to divulge information to strangers. The DK/NA response rate is, in any event, rarely a problem for interpretation and where it is, this is noted in the text.

We feel that the data are useful as a guide in determining relationships among variables, but less reliable as aggregate means. The reasons for this are detailed in the 1976 report. However, we also feel that norms, in any event, are not useful for policy planning. Consider that the group we interviewed contains those who can see but can't walk, those who can walk, but can't see, those who can neither walk nor see, and those who can walk and see, but who can't breathe well. However, the relationship between extreme disability (almost always related to mobility) and mass media consumption seems far more interesting than the absolute amount of television viewing. For this reason, this report details several bi- and tri-variate analyses that illuminate the correlations between communication and measures of isolation, both physical and social.

## 2.2 Interpreting the Results

For interval-scale data (such as the number of televisions a respondent has access to), the mean or average is the appropriate statistic to refer to. Where a central tendency exists (i.e. where there would be justification in claiming that there is a norm operating), the mean is a measure of this central tendency's value; the variance (the squared value of which, or standard deviation, is commonly used) is a measure of how much tendency there is. For

ordinal-scale data (such as a rank-ordering of attitude or frequency of use on a yearly-monthly-weekly-daily scale), the mean is of no value, being a weighted average; in this case the median is an expression of central tendency. In a sample, 50% of the respondent's data will lie below the median; 50%, above. The range is the best indicator of the existence of a central tendency. For nominal scale data (such as language spoken, name of favourite radio station and so forth), no arithmetically derived artificial value can measure a "central" tendency; one can only be concerned with a "trend" or popularity. For these data, the mode, or most popular value is the best characterization.

Our data consists of all three types. For some, the interesting thing is the variety of answers (the high standard deviation or the lack of a mode). For others, it is a high or low mean or median. But for many there will be no stunning figure to examine. This could be due to several factors. Our respondents were in some cases not used to being involved in questionnaires; in other cases, they were involved so rarely in an activity that making estimates was hard. In both conditions, the answer given may bear little relationship to the "true" answer, even assuming such an answer even exists. In other cases, the central tendency is masked by another variable, operating more strongly than the one investigated. For instance, in looking at the data for the activity of receiving a phone call, one is struck by the apparent bimodality of the responses. "Several per week" and "Several per day" are the most common; the median is a little less than several per week, yet over 1/3 of the sample receive several per day! The resolution is that other variables, such as personality, number of friends, age, employment, and so forth probably dictate the degree of social connection which is necessary for one

to receive a call. Bi- or multi-modalities and uniform distributions always hint at more powerful operating variables.

Our study is a general one of Disabled individuals cutting across a broad spectrum of disabilities and extents. A summary statistic must be used with caution, for it might appear to characterize a population which has far more variability than the statistic's use might justify. In particular, it is well known that age and education are good predictors of television and radio usage and taste. A proper interpretation of our data requires noting that the mass media have characteristics (detailed in chapter 1) that make them attractive to those of particular ages, because of their life situations. Thus, where there is a central tendency, one may be led, cautiously, to infer that there is a phenomenon. But where a central tendency does not exist, there is no simple phenomenon and one has to look at bivariate analyses.

Our analyses are limited, naturally, to those involving gross characteristics of the mass media. There is simply not the time or space to explicate the tens of thousands of bi- and tri-variate analyses that could be performed. Insofar as an analysis would illuminate the effects of mass media consumption or the effects of disability, that analysis has been performed. Otherwise, such analyses will have to wait for later work.

### 2.3 The Respondants

Our respondents were almost evenly divided between Ottawa and Montreal (46% vs. 54%) and therefore all analyses presented in this report are in terms of percentages. A total of 401 respondents were involved (the 20 profoundly deaf respondents are discussed in the Appendices and 9 respondents' data had to be discarded for



methodological and pragmatic--but non-systemmatic--reasons).

The median respondent age was about 46, slightly lower in Montreal (44), and slightly higher in Ottawa (48). Since we interviewed only five children, the median age for all disabled persons in Canada is probably somewhat lower. It seems apparent that the appellation "Disabled" is increasingly applicable with advanced age; with no systematic reason for our having chosen subjects in this way, in both Ottawa and Montreal the proportion in each age class rose with the years until the over 65 age class was encountered--this group is probably quite small relative to the general population, anyway.

More of our Montreal respondents reside in institutions (33% vs. 9% in Ottawa) and fewer at home with their families (51% vs. 62%) or alone (10% vs. 17%). This probably reflects a sampling bias as much as reality; there are more institutions in Montreal and it was easier to obtain respondents through them. This is reflected in the number claiming to be head of household (28% in Montreal vs. 50% in Ottawa). Our Montreal sample was also slightly more female than our Ottawa one (reversing last year's data; 58% female in Montreal vs. 55% female in Ottawa). Overall our sample was 57% female, probably accurately reflecting the effects of age: our sample is older than the general population and the percentage of women increases with age category.

Our sample was remarkably bilingual. Forty percent of the sample was bilingual, 39% unilingual English and 20% unilingual French. The bilingual proportion was the same (40% vs. 39%) in both cities; however, as would be expected, there were almost no (1%) unilingual francophones in Ottawa.

Age	M	O	T	Living Arrangements	M	O	T	Status	M	O	T
15 & less	2	1	1	Alone	10	17	14	Head of			
16-24	17	13	15	With Family	51	62	56	House	28	50	38
25-39	26	20	23	Share	5	12	8	Not Head	55	47	51
40-64	37	53	44	Institution - Alone	15	8	12	DK/NA	17	3	11
65 & over	19	14	17	Institution - Share	18	1	10				
				(Institution - Total	33	9	22)				
				DK/NA	1	1	1				
Last Year of Education	M	O	T	Frequency of Paid Employment	M	O	T	Annual Family Income	M	O	T
None	7	1	4	Full-time	14	20	17	Under \$2000	21	6	14
Elem & less	24	18	21	Part-time	5	8	6	\$2000-\$5999	63	32	48
Some H.S.	29	28	28	Occasional	1	6	3	\$6000-\$9999	9	13	11
H.S. Degree	17	16	16	Unemployed	79	66	72	\$10000-\$14999	4	16	10
Some Post-Secondary	4	16	9	DK/NA	1	1	1	\$15000 & More	2	25	13
Tech/Voc. Degree	8	4	6	Language(s)	M	O	T	DK/NA	2	9	5
University	12	12	12	English only	20	60	39	Vocation Class	M	O	T
Post-Grad.	-	5	2	French only	40	1	20	Clerk/Secretary	7	18	12
(Post-Second.				English & French	40	39	40	Skilled Manual	9	7	8
Total	24	27	29)	Sex	M	O	T	Unskilled Man'l	17	8	13
Other	-	1	nil	Male	42	45	43	Professional	16	20	18
DK/NA	1	1	1	Female	58	55	57	Other White			
								Collar	1	7	4
								Farmer	1	1	1
								Student	9	3	6
								Never Employed	26	7	17
								Other	13	24	18
								DK/NA	1	7	3

Table 1a. Social-Economic Demographics by % of Respondants for each City (M=Montreal, O=Ottawa, T=Total)

The Ottawa sample was much better educated than that of Montreal. Over half the Ottawa sample (52%) had a highschool degree while only 40% on the Montreal group did. By interpolation, it would appear that the median schooling amount would be about 10 or 11 years. This somewhat depressed degree of schooling is not reflected in the employment figures to a high enough degree: our respondents could only be characterized as unemployed. With similar figures in both cities, only 1 in 6 of our respondents works full time. Three in four can be considered unemployed. If any other community experienced this sort of unemployment (even considering the high proportion of older women, who, historically, did not seek full-time employment), there would be picketing on Parliament Hill! Even considering that our sample was at previous times employed, the level of skills seems quite low. One in six has never worked. Only one in six has professional skills and one in eight has clerical skills. About one-half the sample has skills that would be considered marketable in a large urban area, if jobs could be found. This represents a relatively untapped pool of unarticulated resources.

For these reasons, family income is very low. Considering that the Ottawa sample largely lives at home, and under the care of another who is head of the household, the disposable income earned by the Disabled themselves must be even lower. Overall family income is about \$4400; in Montreal it is about \$3800 and in Ottawa, \$5200. Even in Ottawa, only one in four of our respondents has access to an income considered comfortable. Considering the expenses involved in being disabled, "comfortable" might be considered "acceptable." Oddly enough, (see Table 1b) the sex of the Respondant had no relationship to family income,

Family Income/Yr. -----	Sex of R		Head of Household	
	Male ----	Female -----	Yes ---	No --
Under \$2000	13	16	7	22
\$2000-\$6000	50	52	52	45
\$6000-\$10000	13	10	17	8
\$10000-\$15000	12	9	14	8
Over \$15000	12	14	10	17
	$\chi^2=2.57$ n.s.		$\chi^2=20.04$ p < .001	
Last Employed as -----	M --	F --	Yes ---	No --
Clerk/Secretary	4	20	10	16
Manual-Skilled	15	4	12	5
Manual-Unskilled	15	12	14	12
Professional	27	12	28	10
Other white collar	5	3	4	4
Farmer	1	-	1	-
Student	6	7	1	11
Other, unclassified	15	22	22	17
Never Employed	15	21	8	25
	$\chi^2=49.76$ p < .001		$\chi^2=54.32$ p < .001	
Head of Household -----	M --	F --		
Yes	59	30		
No	41	70		
	$\chi^2=29.63$ p < .001			

Table 1b. Crosstabulation of Three Economic Variables  
(Family Income, Last Employment (Vocation Class),  
and Status as Head of Household)

while those who were not head of the household reported more extremes of income for their families. Women were less likely to have been employed, and more likely to have been secretaries or clerks; men were more likely to have been professionals. More men were heads of households. This accords with the relatively high age of our respondents.

Table 2 illustrates the distribution of our respondents by handicap and by self-judged extent of handicap. There seems to be little variation from disability to disability. Owing to our method of obtaining respondents, the distribution among disabilities differ between the two cities (see Tables 4-6), with a higher percentage of respondents with CP (we obtained many respondents through a Montreal-based CP organization) and paralysis in Montreal and a higher proportion of those with MS and arthritis or rheumatism in Ottawa (we had a special organizational contact with individuals in these categories in Ottawa). Based upon organization-supplied estimates (see last year's report), we probably over-sampled the blind and those with paralysis and undersampled the arthritic and those with lung problems. The hearing-impaired (except for the nine individuals with hearing loss interviewed in Montreal) are discussed in the Appendices--a special study of the hearing impaired, with a larger number in the sample, probably stratified by age, sex, and age of onset of hearing loss, is recommended.

Our Montreal sample contained a higher degree of congenital disability, reflecting the larger number of respondents there with CP. Among non-congenitals, our Montreal respondents had been disabled longer - the median there being over 16 years - while the Ottawa median was about 13 years. About 2/3 of the sample was quite



# DISABILITY

<u>Extent</u>	<u>M.S.</u>	<u>C.P.</u>	<u>Paralysis</u>	<u>Arthr./ Rhemua.</u>	<u>Lung</u>	<u>Blindness</u>	<u>Hearing</u>	<u>M.D.</u>	<u>Other &amp; Mult.</u>	<u>Total</u>
None	3	-	-	-	-	-	11	-	3	2
A Little	9	27	27	7	11	16	-	13	17	17
To an Extent	25	<u>39</u>	-35-	<u>37</u>	22	<u>35</u>	<u>44</u>	-63-	-40-	<u>36</u>
A Lot	-53-	29	31	44	-67-	40	44	25	35	38
Totally	10	5	6	12	-	8	-	-	5	7
Number of R's =	(59)	(59)	(55)	(43)	(9)	(62)	(9)	(8)	(87)	(387)

Table 2. Extent of Disability by Disability  
(by % within Each Disability)  
(Approximate Median Underscored)

<u>Effect</u>										
Access to Transportation	27	19	28	13	21	25	-	25	22	22
Confinement, Lack of choice	34	15	31	45	43	20	22	25	27	29
Lack of Socializing	5	3	4	1	7	4	11	8	2	4
Can't Shop	-	-	1	3	-	4	-	-	-	1
Dependency	11	16	9	14	14	9	11	17	16	12
Unemployment	7	13	10	9	-	5	-	-	16	10
Architectural Barriers	-	-	3	-	-	-	-	-	2	1
Lack of Friends	1	3	-	-	-	1	-	8	-	1
Other, Diverse	15	30	15	9	14	31	55	17	17	20
Number of Effects =	(94)	(67)	(80)	(69)	(14)	(93)	(9)	(12)	(116)	(554)
N Reporting	62	59	55	44	9	62	10	8	90	399

Table 3. Effects of Specific Disability by % of Reported Effects

<u>Disability</u>	<u>M</u>	<u>O</u>	<u>T</u>
Multiple Sclerosis	9	23	16
Cerebral Palsy	19	10	15
"-plegia" <sup>1</sup>	17	10	14
Arthritis, Rheumatism	7	16	11
Lung Problems	1	4	2
Blindness	18	13	16
Hearing Impaired <sup>2</sup>	4	1	3
Muscular Dystrophy	2	2	2
Other <sup>3</sup>	24	21	23

<u>Length</u>	<u>M</u>	<u>O</u>	<u>T</u>
Under 1 yr.	5	3	4
1-5 yrs.	12	20	16
6-10 yrs.	16	18	17
11-15 yrs.	8	9	8
16 & - yrs.	27	31	29
From Birth	30	17	24
DK/NA	2	2	3
<hr/> Median	16	16	16

<u>Extent</u>	<u>M</u>	<u>O</u>	<u>T</u>
None	2	2	2
A Little	18	15	17
To an	43	27	35
Extent			
A Lot	33	43	38
Totally	2	12	7
DK/NA	2	1	2

Notes: 1. Includes amputees, Para- and Quadra-plegics, hemiplegics and others who have paralyzed or missing limbs

2. Exclusive of the small sample of twenty profoundly deaf individuals who responded to a mail survey in Ottawa.

3. Includes multiple-handicapped individuals, those with unknown diagnoses and other categories of illness and disability.

Table 5. Length of Disability by City  
(by % of Respondants)

Table 6. Extent of Disability by City  
(by % of Respondants)

Table 4. Breakdown of Disabilities by City (by % of Respondants)

familiar with their disabilities, having experienced them for over ten years; only 4% were "novices" with only a year or less of disability.

Our Ottawa sample was far more severely disabled, in their own estimate, than the Montreal group: over half those in Ottawa claimed to be disabled either "a lot" or "totally." Only 35% claimed this degree of disability in Montreal. While it's possible to make too much of individual judgements of extent of disability, one should be aware of the image that the disabled have of themselves. Even so, two percent of the sample claimed "not" to be disabled! About one in five judged their disability to be only "a little." It would be intriguing to discover what would help in changing these judgments to "none."

When asked what effect their disabilities had, 370 of the respondents indicated 554 effects (Table 3). Heading the list were confinement and lack of choice or control in doing things (20%) and transportation and access (22%). Dependency also accounted for a large number (12%) of expressed effects, as did unemployment (10%). Obviously being disabled has visible impact upon movement and control over the environment. Strikingly, disability is not seen as a social ailment; only 5% expressed social effects. The social aspects of disability are indirect and rather more subtle.

### 3.0 COMMUNICATION

#### 3.1 A Model of Communication

When speaking of "Communication and the Disabled," one should be aware that there are strong controversies about both terms. "Communication" means many things; one still-common usage is almost interchangeable with "transportation." Many think of communication as a process in which information, conceived of as "packets" or "items", is conveyed from one physical location to another. A second conception is that of sharing experience vicariously; in communication two individuals begin to erase a barrier that exists between them by sharing meanings which code their individual experiences. These conceptions represent approximate extremes, the first essentially a sender-centred model appropriate for mass media analysis and the second basically a receiver-centered model best suited for therapeutic applications. Each model has its applications; each model has its drawbacks.

This writer tends to lean toward the receiver-centered view of communications, adapted from Worth and Gross (1975):

Communication occurs when an individual imagines that the situation he is experiencing has been created for the purpose of sharing meaning with him, or others like him.

This model postulates, therefore, situations, intention, imagination, sharing, meaning, and awareness. All other events may be termed "interaction." Thus a given occurrence might at one time

be communicative; at another, merely interactive. Some events are almost always considered to be communicative: television programs, newspapers, speeches. These events contain clues that they are intentional, that there are creators of these events who are aware of their "audience" and that there is meaning available. At the other extreme, some events are almost never likely to be communicative: a sunset, a junkyard, walking in the snow. There are no clues of intentionality, rarely an imaginable creator, rarely any recognizable code--thus rarely any reason to imagine that the possibility of shared meanings exists.

When any of the necessary elements is missing, or is very greatly reduced, the situation becomes at best ambiguous. Thus, an empty picture frame on a wall seems to lack a code; small-talk and an obviously duty-driven afternoon chat seem to lack sharing aspects. There is, of course, often value in these experiences, but little content. They may be amusing, diverting, entertaining, but they are not fulfilling as communication, or, to resurrect a term that has fallen from common usage, there is little communion.

This view makes it hard to put much faith in the traditional measures of communication consumption. After all, is one hour of Saturday morning cartoons of the same value as one hour of Monday evening drama? Is it not equally as important to discover an implicit weighting system that might operate in the individual? Equally as difficult is this question: isn't the situation--the needs and values of the participants and those around--just as important? That one hour of Saturday morning cartoons might be of enormous value to a disabled individual if that is the hour of visiting with nieces and nephews and a raging bore if it's the television hour in the sunroom.



On the other hand, sender-centered viewpoints rely heavily upon just such consumption values as time elapsed, number of accesses, channel utilized and the like. Certainly those who develop and market systems, services, and devices like to have these values handy for planning purposes. It is thus that we offer the consumption figures here with our own receiver-centered analysis of them. As often as we can, we will attempt to infer the uses and value of these hours and accesses in situations that the Disabled find themselves. To this extent, we echo Davison (1959) in seeing communication as a means by which people attempt to control and order their world, even as receivers in a mass media context. Terms such as "power", "access", and "choice" become paramount when dealing with a group denied power, access, and choice.

### 3.2 Mass Media Habits of the Respondants

Tables 7 through 15 detail the mass media consumption habits of our respondents; Table 20 in Section 3.3 contains more information (such as frequency of tv news viewing) that is primarily of value in comparison to other daily activities. Details of consumption consists of four measures: number of devices to which the respondent has access, location of these devices, number of hours of consumption of content daily, and an artificially generated aggregate index of mass medium consumption.

Our respondents generally have access to radio and television, while a sizable proportion do not have access on a regular basis to the print media. Only 3% and 4% of the respondents cannot access a television or radio respectively, while over a third (37%) don't read a newspaper regularly, over half (50%) don't subscribe to a magazine and almost half (43%) don't begin even one book each month.

	<u>TV</u>	<u>Radio</u>	<u>HiFi</u>	<u>Phone</u>	<u>Newspap</u> <sup>1</sup>	<u>Mags.</u> <sup>2</sup>	<u>Cable</u> <sup>3</sup>	<u>Books</u> <sup>4</sup>	
None	3	4	32	6	37	51	46	43	1. Read regularly
1	51	38	45	61	38	18	46	20	2. Read regularly
2	34	25	14	24	16	14	6	13	3. Connections
3	10	16	6	8	7	6	1	7	4. Begun monthly
4 & +	2	17	3	1	3	10	*	8	*--Less than 1%
Mean	1.6	2.2	1.1	1.4	1.0	1.2	0.6	1.7	

Table 7a. Access to Media (Number of Devices, Items)  
(by % of Respondants)

<u>Location</u>	<u>Television</u>	<u>Radio</u>	<u>HiFi</u>	<u>Telephone</u>
Bedroom	33(23)	48(50)	34(41)	22(15)
Kitchen	7( 8)	18(12)	3( 1)	22(22)
Living Room	47(56)	27(28)	49(34)	24(27)
Study, Den, Family Room	6( 3)	2( -)	4( 1)	4( 1)
Hallway, Foyer	-( *)	-	1( *)	10(10)
Bathroom	-	-	1( *)	-( *)
Basement	4( 2)	1	4( 1)	2( 1)
Other Locations	3( 2)	3( 1)	6( 4)	5( 5)
Devices Reported	562	600	348	491
Total 1st & 2nd	570	620	366	510

Table 7b. Location of Communication Devices  
by % of Reported Devices  
(% of Respondants having 1 Device in  
Parentheses)

Number of Cable Connections  
Available

<u>No.</u>	<u>Ottawa</u>	<u>Montreal</u>
0	22	67
1	63	33
2	13	-
3 & +	2	1

Table 8. Number of Cable Connections  
by City

Remembering the low income that our respondents have access to and the lack of mobility, the more public, expensive effort of using the print media is the obvious factor here in reduced consumption. On the other hand, a sizable proportion of our respondents do consume a lot of print: one in ten read 3 or more newspapers regularly; one in six, 3 or more magazines regularly; and one in six, 3 or more books per month.

The residences of our respondents are well-supplied with devices, an average of 1.6 television sets, 2.2 radios, a hi-fi, and every other residence is connected to a cable. A television, probably because of its cost, is shared in the living room generally, while the radio is a more personal item, appearing in the bedroom. The distribution of television and hifi is almost identical, perhaps reflecting the cost of the set. Note the far different distribution of telephones. This is a device which requires access on an unscheduled basis and on call--therefore the geographical distribution is far more equal. Second televisions tend to go into bedrooms; second radios also into bedrooms, but also kitchens; there is no trend for telephones of this sort.

Our respondents consumed television and radio quite heavily, considering that the survey was conducted during the summer. On the average they viewed  $3\frac{1}{2}$  hrs. of television and listened to the radio for 3.7 hrs. per day. Newspapers, books and magazines, and listening to records each took up about an hour each day. Obviously passive consumption took up far more time than active consumption: over eight hours on the average for tv, radio and hifi taken together and about 2 hours for newspapers, books and magazines. One might consider that within each of these groups, no two activities can co-occur, but that one could read while passively viewing and listening. The total

<u>Time</u>	<u>TV</u>	<u>Radio</u>	<u>Newsp.</u>	<u>Books &amp; Mags.</u>	<u>HiFi</u>	
Less than 1 hr.	11	18	45	40	53	
1 hr.	8	9	49	45	33	
2 hrs.	22	21	2	9	9	
3 hrs.	17	13	1	6	5	
4 hrs.	9	7	-	*	-	*--Less than 1%
5 hrs.	16	14	-	-	-	
6 hrs.	8	4	-	-	-	
7 hrs.	1	2	-	-	-	
8 hrs.	4	2	-	-	-	
9&+ hrs.	4	12	-	-	-	
means	3.5	3.7	1.0	1.2	1.1	
std.	2.6	2.7	0.6	0.8	0.8	

Table 9. Mass Media Consumption (Hrs./day)  
by % of Respondants for Each Medium

	Television			Radio		
	<u>Morn</u>	<u>Aft</u>	<u>Eve</u>	<u>Morn</u>	<u>Aft</u>	<u>Eve</u>
Less than $\frac{1}{2}$ hr.	63	47	8	21	32	39
$\frac{1}{2}$ hr.	6	7	5	16	12	11
1 hr.	15	16	11	28	20	18
$1\frac{1}{2}$ hrs.	4	7	7	5	8	7
2 hrs.	5	12	18	10	8	9
$2\frac{1}{2}$ hrs.	1	3	8	3	5	6
3 hrs.	2	4	29	3	5	6
constant	2	3	14	1	1	*
DK/NA	3	2	3	3	3	4

Table 10. Radio and Television Consumption ( $\frac{1}{2}$ hr. units)  
by Period of Day by % of Respondants

Adult Media Consumption  
(Hrs./day)

	Television	Radio
All Canadians	3.3	3.3*
All men	3.1	3.0
All women	3.5	3.6
Our Sample	3.5	3.7

Table 11. Television and Radio Consumption Comparison Figures (Source: Television Basics 1977/8; Television Bureau of Canada. \* indicates derived figure.)

Adult Media Consumption  
by Province and Sex (Hrs./day)

	Television	Radio
<u>Ontario</u>		
Men	3.6	2.9
Women	4.0	3.5
Total	3.8	3.2
<u>Quebec</u>		
Men	3.9	3.2
Women	4.6	3.9
Total	4.3	3.6
<u>Canada</u>		
Men	3.7	3.0
Women	4.2	3.6
Total	4.0	3.3

Table 13. Television and Radio Consumption by Province and Sex (Source: Fall 1977 BBM)

Device/Medium Access  
(No. of Devices)

	Televisions				Radio Sets			
	0	1	2	3&+	0	1	2	3&+
Ontario	3	61	29	7	2	21	30	47
Quebec (Fr.)	3	65	29	6	2	36	30	32
Quebec (Eng.)	10	56	29	5	3	28	25	44
Our Sample	3	51	34	11	4	38	25	33

Table 12. Television and Radio Device Access Comparison Figures by % of Population (Source: Television Basics 1977/8; Television Bureau of Canada.<sup>1</sup> Data are rounded to whole numbers.)

	Number Read Daily			
	0	1	2	3&+
Ontario	8	69	19	4
Quebec (Fr.)	19	61	15	5
Quebec (Eng.)	8	52	29	11
Our Sample	37	38	16	9

Table 14. Newspaper Reading Comparison Figures by % of Population (Source: Television Basics 1977/8; Television Bureau of Canada.<sup>1</sup> Data are rounded to whole numbers.)

1. These figures are in turn derived from the Davey Commission Report (1970).



	<u>TV Total</u>	<u>N</u>	<u>Radio Total</u>
<u>Age</u>			
Under 15	2.80	5	2.80
16-24	3.56	59	3.63
25-39	3.54	91	3.75
40-64	3.88	176	4.15
<u>65 &amp; +</u>	2.73	67	2.52
F	2.519*		2.841*
<u>Sex</u>			
Male	3.61	172	3.74
<u>Female</u>	3.49	225	3.65
F	0.199		0.065
	(n.s.)		(n.s.)
<u>Living</u>			
Alone	3.98	53	4.11
With Family	3.48	224	3.81
Sharing	3.78	32	4.31
Institution, Alone	2.77	47	3.40
<u>Institution, Share</u>	3.98	40	2.30
F	1.831		2.251
	(n.s.)		(n.s.)
<u>City</u>			
Ottawa	3.47	183	4.03
<u>Montreal</u>	3.61	216	3.39
F	0.319		3.482
	(n.s.)		(n.s.)
<u>First Language</u>			
English	3.35	281	3.95
<u>French</u>	3.97	116	3.03
F	4.799*		5.893*

\*--p < .05

Table 15. Breakdowns for Broadcast Media Consumption by Five Demographic Variables, in Hrs./day.

<u>Consumption</u>	<u>%</u>	<u>Cum. %</u> <sup>*</sup>
Less than 1½ hrs.	2	2
1½ hrs.	3	5
3 hrs.	6	10
4½ hrs.	9	19
6 hrs.	9	28
7½ hrs.	17	45
9 hrs.	14	58
10½ hrs.	13	71
12 hrs.	10	81
13½ hrs.	5	86
15 hrs.	5	90
16½ hrs.	4	95
18 hrs. & +	5	100

\*--% is rounded to nearest whole number; Cum. % is not computed from the rounded % figures; this will show up as an anomaly in the chart but is not due to faulty addition.

Mean. 9.5 hrs.  
Std. 4.9 hrs.  
Median 8.8 hrs.

Table 16. Total Mass Media Consumption  
(TV+Radio+Newsp+Book & Mags.+HiFi)  
in Hrs./Day by % of Respondants.

mass media index is therefore obviously an overestimate in many cases. With this maximum overlap being two hours on the average (and probably 1 hour or less in reality), we could infer that half our sample spent half their waking hours or more in consumption of the mass media. Fewer than one in twenty could be considered avoiders with less than 3 hours per day of viewing, listening, and reading. One in ten were heavy users, with mass media usage taking up most, if not all, their waking hours.

Stated in other terms, one is as likely as not to encounter a member of our sample using the mass media at any moment during the day. In reality, though, this usage is, as it is with the general population, primarily in the evening. Mean television viewing time rises from about  $\frac{1}{2}$  an hour in the morning to about an hour in the afternoon and then jumps to over  $2\frac{1}{2}$  hours in the evening. Radio listening remains relatively constant:  $1\frac{1}{4}$  hours in the morning and a bit over 1 hour each in the afternoon and evening. Our sample, a fifth of whom are employed, therefore obviously spend over half their daytime hours enveloped in one way or another by the mass media and primarily as passive receivers. Evenings are heavily loaded towards radio and television--almost 4 hours of each evening is spent in media involvement of a passive nature.

What are our respondents using these media for? Schramm (1973) points out four reasons for communicating: surveillance of the environment ("social radar" is his term), education, management/manipulation (including advertising), and entertainment. Table 20 is concerned with daily activities in terms of frequency of engagement. Our respondents watch tv news once or twice each day (median is a little more than daily). Similarly they also listen to the news on radio several times each day. They rarely attend films, however

(half never go and only 15% view one each month). Half our sample sat down to read a book at least several times each month (but only one in ten read each day) with magazine reading showing a similar pattern. These television and radio usage patterns indicate an extended viewing period rather than moment-to-moment sampling, "media seekers" rather than "content seekers."

Table 17 indicates preferences for content in television, newspapers, books, magazines, and films, with favourite radio stations (see Table 36) an indirect indicator of content. Overwhelmingly the mass media are used for entertainment, except for newspapers. Even there, non-news features such as entertainment sections, advice columns, sports and specialized features account for about half the expressed favourites. If the Disabled have a special need for information, the mass media are not addressing it and the Disabled are not seeking it primarily in the mass media. In this way they are no different from the able-bodies, except that their situation of lessened physical and economic power lessens also their freedom of access to specialized channels of information and entertainment. In other words, while we cannot say that their lack of apparent seeking of information is due to their emphatic use of the mass media for entertainment, we can say that their dependence upon the less expensive, more public, less specialized and more passive electronic media to fill almost half their waking hours is a de facto drag on their ability to choose to seek information on each other. This last hypothesis will be discussed in more detail in Chapter 4.

TV Show Preferences

DK/NA	8
Games	5
News, Pub. Aff.	18
Comedy	10
Variety	12
Drama, Medical	18
Sports	9
Soap Operas	3
Education	4
Other	17

Newspaper Feature

DK/NA	32
Front Pg., Nat'l.,	25
Internat'l.	
Business, Stocks	1
Sports	4
Entertainment, Art,	7
Film	
Want Ads, Obits,	1
Personals	
Editorials	7
Local News	2
Dear Abbey, Advice	9
Other	14

Book Type Preference

DK/NA	44
Fiction, Short Story	12
Non-Fiction, Essays	7
Biographies	10
Love-stories	3
Religious	5
Social Science,	
Psychology	3
Medicine, health	1
Other	17

Magazine Preference

DK/NA	50
Confession, Movie	2
News	10
Reader's Digest	12
Religious	2
Hobby, gardening,	6
HiFi, decorating	
Medical, disability	1
Sex	2
Other	16

Film Type Preference

DK/NA	35
Comedy	9
Action, adventure, drama	27
Science Fiction	2
Biography	1
Historical adventure	2
Serious drama	4
Romance	5
True Stories	2
Other	13

Table 17. Mass Media Content Preferences  
by % of Respondants

### 3.3 Interpersonal Communication Habits

Interpersonal communication, in this section, will also concern medio communication. We will discuss face-to-face dyadic and small-group communication as well as more public forms of interpersonal communication such as education and club meetings, which might involve up to a hundred or more individuals. Even attendance at a sporting event can be considered to involve some degree of interpersonal communication.

What we are concerned with here is a question of isolation. Do the Disabled experience a deficit of interpersonal communication? If this is so, is that deficit the price of a surfeit of mass media communication? Or is this deficit the result of the disability itself or the social cost of disability--especially decreased social skills and contact? Operating here is a hypothesis that disability decreases control over one's environment and one's freedom to choose among people, situations and activities. If this is so, and to a great extent the data bear this out, then changes in the mass media that make it easier to use the generalized, passive aspects of the media might in fact make it harder for the Disabled to gain the kind of control they need to have to effect interpersonal communication at a more desirable level. One discovery of the workshop in September was that being "disabled" implies fewer social contacts, fewer chances for social contact and fewer social skills; why would anyone want to do something to decrease these further?

#### 3.3.1 Skills

Let's look first at the physical/cognitive skills that are requisite to interpersonal (and medio) communication. Table 18 indicates



the level of skills in reading, writing, seeing, hearing, and speaking that are critical in communication. Because our sample contained a larger than expected number of blind individuals, eyesight levels are quite poor, one in four rated eyesight poor or worse; since we undersampled the hearing impaired, only one in 30 indicated poor or worse hearing. Over nine-tenths of our sample indicated that they have few problems in speaking. The ear-mouth circuit necessary for face-to-face conversation and phoning seems to work quite well. The eye-hand circuit, on the other hand is more affected: half the respondents have only fair eyesight or worse, only half can write well, and almost a third have fair or worse reading abilities. Since only one in six of our sample were blind, these figures indicate that active communication requiring articulation of physical objects and the learning of other codes than speech can prove difficult for many of our respondents. Otherwise, one might interpret the data as indicative of the "ravages of age" (considering the relatively elderly condition of our sample) as much as the result of disability. So long as our sample doesn't have to move about freely, there is little reason to believe that they cannot communicate.

When asked to rate their skills at using communication devices of different degrees of complexity, their self-judged expertise decreased; obviously articulation of the communicative organs is far easier than articulation of buttons, dials, wires, and handles. One in three possesses cameras or tape recorders (32% and 34% respectively) but half cannot use them effectively (if one includes the DK/NA category with the Unables and Poors). As the cost and complexity of devices increases (from portable calculator to cb radio to ham radio to typewriter and then computer terminal)

# SKILL

	<u>Reading</u>	<u>Writing</u>	<u>Eyesight</u>	<u>Hearing</u>	<u>Speaking</u>
DK/NA	1	1	1	1	4
Unable	9	13	11	1	2
Poor	13	19	13	2	3
Fair	11	18	18	11	13
Good	67	50	57	86	77

Table 18. Cognitive and Communicative Skills by % of Respondants

	<u>Camera</u>	<u>Tape Recorder</u>	<u>Portable Calculator</u>	<u>Ham Radio</u>	<u>CB Radio</u>	<u>Computer Terminal</u>	<u>Type-Writer</u>
DK/NA	11	13	34	38	39	39	8
Unable	32	23	33	57	56	56	41
Poor	10	6	5	*	1	1	14
Fair	13	10	5	1	1	1	17
<u>Good</u>	34	48	22	4	4	4	20
Own?	32	34	16	2	3	*	30

\*--Less than 1%

Table 19. Device Skill Level and Ownership by % of Respondants

possession and skill levels decrease correspondingly. The sole exception to this is the typewriter, a ubiquitous instrument which is easily shared and often essential in many households, rarely requiring servicing and useful to anyone having even minimal skills. Assuming that those who didn't answer the question lack the skills necessary to use or even become interested in using a device, we find that 37% have reasonable typewriter skills; 27% could use a portable calculator; 6%, a cb radio; and 5% each, ham radio and computer terminals. The higher-technology devices are generally not available to our respondents--the cost is not the least of the factors. Computer terminals in the form of teletypewriters are not unknown to the deaf, who use them effectively if somewhat sporadically (because the equipment is often old and prone to need of repair as they are donated as outdated or obsolete); the rest of the Disabled are unfamiliar with them.

### 3.3.2 Daily Activities

Table 20 charts the responses to a twenty-seven question "Daily Activities" schedule which was included as part of our interview. The purpose of the schedule was to collect self-impressions as to the frequency of engagement in a wide variety of activities which relate to communication and leisure-time activities. Not included are household chores, job-related activities, and seasonal activities such as gardening. Specific hobbies such as stamp-collecting, photography, and model-building weren't included as direct questions; however, the last question asked for an open-ended response to "What is another important activity you do?" This list is shown in Table 21. Altogether 185 responses were given to this question and they are classified as social vs. solitary and as active vs. sedentary.

← F R E Q U E N C Y →

Activity	Never	Yearly	Sev./ Year	Monthly	Sev./ Month	Weekly	Sev./ Week	Daily	Sev./ Day	DK/NA
<u>INTERPERSONAL</u>										
Speak to Friends, etc.	1	1	1	1	5	6	21	<u>21</u>	41	4
Interact with Disabled	7	2	2	4	13	10	<u>20</u>	<u>12</u>	30	1
Interact with Club Memb.	20	2	7	6	<u>26</u>	22	<u>11</u>	2	3	3
Participate in Sports	<u>66</u>	1	5	1	9	7	7	1	1	5
Attend Sporting Event	<u>55</u>	<u>5</u>	10	3	10	2	12	1	nil	4
Attend Classes	<u>65</u>	2	1	1	4	6	11	6	3	2
Attend Civic Meetings	<u>66</u>	4	9	6	4	3	3	1	1	6
See Counsellor	<u>68</u>	5	9	4	5	3	3	1	-	4
See Physiotherapist	<u>61</u>	3	7	1	5	5	9	4	nil	6
See Physician	5	14	40	<u>19</u>	10	6	2	1	nil	3
Speak to Clergy	22	4	<u>11</u>	<u>10</u>	<u>19</u>	19	12	1	1	2
Do Volunteer Work	<u>56</u>	1	6	4	12	3	8	6	4	2
<u>MEDIO COMMUNICATION</u>										
Place Phone Call	6	1	2	3	11	5	<u>23</u>	<u>15</u>	33	1
Receive Phone Call	9	1	3	3	7	4	<u>27</u>	<u>11</u>	36	1
Send Letter	24	5	<u>24</u>	<u>11</u>	20	5	6	1	1	5
Receive Letter	13	4	<u>29</u>	<u>9</u>	24	6	8	2	1	5
<u>MASS COMMUNICATION</u>										
Listen to Radio News	9	1	2	1	1	1	8	<u>24</u>	<u>53</u>	2
Watch TV News	8	1	1	1	2	2	11	<u>33</u>	<u>41</u>	1
Pick up Mag. to Read	34	1	8	6	<u>12</u>	10	16	8	4	3
Pick up Book to Read	28	1	5	4	<u>10</u>	<u>6</u>	17	19	9	2
Go to Film	<u>50</u>	<u>9</u>	24	8	5	1	1	-	-	2
Attend Play, Concert	<u>44</u>	<u>8</u>	30	6	4	1	1	-	-	6
<u>SOLITARY ACTIVITY</u>										
Play Musical Instrum't.	<u>74</u>	1	5	1	5	2	4	2	-	6
Sculpt, Paint, Draw	<u>71</u>	1	4	2	5	4	5	1	1	6
Do Crafts or Sewing	<u>42</u>	nil	5	<u>3</u>	11	5	15	9	8	5
<u>MOBILITY</u>	2	1	2	3	12	11	<u>27</u>	23	17	2

Table 20 . Activities By % of Respondants  
Reporting Frequency of Engagement  
(Approximate Median Underlined)

Respondants were asked to estimate the approximate frequency of engaging in the twenty-six activities (or activity classes) suggested. An ordinal scale statistic appropriate here is the median. The passive activities seem to predominate, with radio news listening and television news viewing leading the list IN FREQUENCY OF ENGAGEMENT. However, these activities are not particularly time-consuming. On the other hand, speaking with friends and relatives is a daily activity and, judging from the living status of our respondents, probably fills a good deal of each day, on a relatively continuous basis. The more immediate medio communication of the telephone is the next most frequent activity; one call placed and one received every other day seems the median. This is abnormally low and considering the relative weakness and lack of endurance of many of our samples one could speculate that the calls are not of long duration. Should this speculation be borne out in further research, the telephone would appear to be a drastically underutilized instrument in great need of tailoring to the needs and abilities of Canada's disabled population. The September workshop discussion dramatically underline this need. THE TELEPHONE IS PERHAPS THE GREATEST TOOL FOR CREATING A COMMUNITY OF THE DISABLED. With few exceptions, it does not work so now.

Contact with other disabled individuals occurs several times per week. This figure is far higher for those who are institutionalized, obviously (See Table 24 for breakdowns by living status, among others); in such circumstances, the mean number of contacts is 558 per year--over  $1\frac{1}{2}$  per day. For those who live alone, share, or live with their families, the figure is far lower. Those who utilize the telephone about daily have the highest degree of contact with the Disabled, about 71 more contacts per year than the others. The

telephone may therefore be a useful instrument in contacting other Disabled individuals. Table 25 lists the correlation coefficients holding among mass media consumption, total interpersonal contact (these two are derived from the individual media consumption figures and the 26 activities respectively), frequency of contact with the Disabled and getting out of one's dwelling (these two converted to an interval scale by computing 1 for yearly, 10 for monthly, 50 for weekly, etc.), and total telephone contacts (similarly converted). Not only is the correlation between phoning and interpersonal communication extremely high--as would be expected, because phoning is one of the activities that make up the interpersonal index--but phoning is significantly related to contact with the Disabled (Pearson's  $r=0.108$ ,  $p=0.017$ ). This only re-emphasizes the importance of the telephone to individuals whose mobility is impaired.

Significantly, however, phoning is also positively related to the frequency of getting out of one's dwelling. Perhaps mobility implies a larger network of face-to-face contacts, a wider range of friends and interests and more to phone about. Mobility, too, is positively correlated with contact with the disabled, but according to the analysis of variance in Table 24, is not an independent cause of such contact, while telephoning seems more likely to be so. Again, a model which posits that mobility increases one's sphere of interest beyond the Disabled might account for the stronger relationship between phoning and contact with the Disabled than the holding between mobility and such contact.

The activities remaining are relatively infrequent. Reading occurs about weekly as a median, although over a quarter of our sample read daily or more often. Magazine reading occurs far less frequently, about the same as speaking to clergy (probably church attendance). About a third of our sample do not read: 34% don't

read magazines and 28% don't read books. This is consistent with decreased eyemotor skills; very small proportions "never" speak to friends, interact with the disabled, utilize the phone, or consume mass media electronic news.

Delayed medio communication in the form of post is an infrequent indulgence of the Disabled. Monthly or less is the median and the mode here. Club attendance several times per month characterizes our sample, probably boosted by clubs which meet in residences or institutions. The reason for this speculation is the low participation in activities for which mobility is a prerequisite (see Table 39). Only visits to physicians--an obvious necessity for a large proportion of the sample--and sports and recreation--again probably related to rehabilitation or club-related goals, attract the respondents even several times per year. This figure is low in light of the relatively high mobility of the sample: only 20% claim to get out less often than weekly. Evidently, these visits out are taken up with visits with friends, clubs, and physicians consumes the bulk of "outside" trips.

On the other hand, such solitary activities as playing musical instruments, crafts, sewing, painting, drawing and so forth are not as attractive as the relative lack of mobility might lead one to think. The image of the isolated shut-in doing basket-weaving in the sun-room of an institution is inappropriate. When asked for another activity (Table 21) considered important, 37% of our respondents indicated in 185 responses that they overwhelmingly prefer social rather than solitary pursuits. Disregarding activities that are hard to classify as social or solitary (5%), the social preferences outnumber the solitary ones by  $2\frac{1}{2}$  to 1. The bulk of the social activities are, in turn, active rather than sedentary; even among



those considered sedentary, many are hardly "inactive": game-playing and visiting (even in an institution) require some degree of participation and articulation of the body.

The picture that emerges is that of a group of people with relatively "normal" preferences, bounded by an inability to get around geographically. By no means solitary, there is some social isolation, not necessarily from those whom they know well (perhaps, in the cases of relatively recent disability, those they knew well) but from others whom they do not know well. Such activities as holding a job, attending plays and concerts or films, doing volunteer work, attending civic meetings, classes and sporting events have relatively low participation. The price paid is a lack of new social contact. The age of our respondents (median age is 46) is relatively high; most individuals of this age and higher have a fixed set of non-vocationally-connected contacts. Our respondents should not differ-- they certainly aren't "younger" in outlook than the general population! THE DENIAL OF MOBILITY COSTS A DOUBLE PRICE. Since disability correlates with age, since the extent of disability increases with age, since the chances for and ability to arrange and handle new social contacts decrease with age, our respondents rely heavily upon established social contacts. Since they do not travel in increasingly wider circles, they must rely on those who do.

The reader is referred to the discussion of the September Workshop (Appendix IV) for a more complete discussion on communication dependence. The Disabled rely to a far-greater-than-is-desirable extent on face-to-face interaction, considering the difficulty in arranging such interaction. This stems from the greater degree and easier arrangement of conversation with family and friends. If one considers that the general attitude of society-at-large is one of

<u>Another Important Activity</u>	<u>No.</u>	<u>% of N. (R=185)</u>	
Cards, crosswords, chess, checkers, bingo, other games	25	6	
Sports, Exercise, recreation	20	5	
Housework, family chores	18	4	
Clubs, church organizations	14	3	
Volunteer work	13	3	
Arts&Crafts, flowers(not sewing)	12	3	
Dancing, singing, folk dancing	11	3	
Travel, outings, camping (organized or individual)	11	3	
Dress-making, designing, sewing	6	1	
Music(playing, composing)	6	1	
Employment, professional activities	6	1	
Gardening	5	1	
Seeing friends, visiting, being visited	4	1	
Boyfriend, girlfriend	4	1	
Writing, editing	3	1	
CB Radio	2	nil	
Ham Radio	2	nil	
Studying, library work	2	nil	
Walking	2	nil	
Sitting and watching, sunning	2	nil	
Retreats	2	nil	
Photography	2	nil	
Electrical hobby	1	nil	
Cooking	1	nil	
Baby-sitting	1	nil	
Model Building	1	nil	
Other, unclear description	9	2	
<u>Classification of "Other" Activities</u>	<u>No.</u>	<u>% of N.</u>	<u>% of R.</u>
<u>Social</u>			69(Social)
Active(sports, travel, etc.)	60	15	32
Sedentary(games,visiting, etc.)	33	8	18
Other(clubs, job, volunteer)	35	9	19
<u>Solitary</u>			25(Solitary)
Active(arts&crafts,hobbies)	36	9	19
Sedentary	7	2	4
Other	5	1	3
<u>Other</u>			5(Other)
Unclassifiable	9	2	
<u>Sum</u> <u>Active</u>	96	24	52
<u>Sedentary</u>	40	10	22
<u>Other</u>	49	12	26

Table 21. Classification of "Other Important Activities"  
By Proportion of Interviewees(N=401) and Those  
Responding to Question (R=185)

"file and forget," a reliance upon face-to-face contact really means a reliance upon trusted and trusting faces: family, friends, physicians. The telephone, as studies have demonstrated repeatedly, is most useful as a subsequent contact. One important area of agreement at the Workshop was the need for the Disabled to use the telephone to enhance their primary contact capabilities; telephone workshop sessions were recommended.

### 3.3.3 Communication Indices

In order to analyze interpersonal communication further, three indices were computed: the Interpersonal Index (II), the Helper/Client Index (HCI) and the Spectator Index (SI). As previously mentioned, frequency estimates were converted to events/year (with some simplifications; for instance, one per day became 300/year) and subsequently aggregated according to the Table 22. Because our sample included a wide variety of skills, personality types, ages, and living statuses, distributions were often skewed: both means and medians must be examined to get a true picture.

The indices can be used at best as that; absolute values cannot be totally trusted. However, within the bounds of human judgment (we asked respondents to estimate their own frequency of engagement in activities), the figures can be used as rough guides. Under this proviso, we can say that our respondents were well-connected: there were five interpersonal contacts on the average daily. Only one in fifty experienced the isolation of fewer than a contact a day, while one in five had eight a day or more. Considering that the contacts ranged from the highly personal (speaking to friends) to the highly impersonal (reading a letter), this number of five contacts per day might provide from 5 to as many as 25

Interpersonal Index (Mean: 5.02/day; Median: 4.78/day)

- Speak to friends
- Attend classes
- Attend sports event as spectator
- Participate in sports
- Go to a film
- Receive a phone call
- Send a phone call
- Attend civic meeting
- Interact with other Disabled persons
- Speak to Clergy
- Send a letter
- Receive a letter
- Do volunteer work
- See physician
- See physiotherapist
- Attend play or concert
- See counsellor
- Interact with club members

Helper/Client Index (Mean: 77.44/yr.; Median: 45.45/yr.)

- Speak to Clergy
- See physician
- See physiotherapist
- See counsellor

Spectator Index (Mean: 31.65/yr.; Median: 11.22/yr.)

- Attend sports event as spectator
- Go to a film
- Attend play or concert

Table 22. Composition of Communication  
Indices Based on Daily Activities.

Total Interpersonal Contacts Daily		Helping Context Interpersonal Contacts/Yr.		Spectating Context Interpersonal Contacts/Yr.	
	%		%		%
Less than 1	2	Fewer than 10	7	Fewer than 10	35
1	14	10-20	16	10-20	25
2	11	20-30	7	20-30	7
3	12	30-40	10	30-40	11
4	9	40-50	10	40-50	4
5	14	50-60	6	50-60	2
6	10	60-70	13	60-70	2
7	10	70-100	5	70-100	nil
8	7	100-150	9	100-150	
9	6	150-200	7	over 150	
10	2	200-350	5		
more than 10	6	over 350	6		
Mean:	5/day	Mean:	77.4/yr.	Mean:	31.7/yr.
Median:	4.7/day	Median:	45.5/yr.	Median:	11.2/yr.
Std.:	3.2	Std.:	92.6	Std.:	49.7

Table 23. Distributions of Interpersonal Contacts for All, Helping Context, and Spectating Context Indices by % of Respondants

opportunities to speak, share, and commune. This does not seem like isolation. Furthermore, interaction is composed of many of the highly involving, satisfying contacts (such as speaking to friends, receiving and placing phone calls, and interacting with other disabled persons). The HCI accounts for only a small proportion of these contacts--fewer than one every four days! Little of the II is due to spectating either; these account for fewer than one contact a week. In other words, those five contacts each day are largely contacts in which participants are relatively equal in status and power.

Taken as a whole, the interpersonal contact profile of the Disabled appears frequent but tightly controlled. With little opportunity for making new contacts, our sample communicated with a relatively small circle of well-known individuals--many of them disabled themselves--in a variety of circumstances. The circumstances themselves, however, were limited geographically to an immediate or accessible vicinity. Stated another way, there is nothing wrong with the powers of the Disabled to communicate, IF ONLY THEY CAN FIND THE PEOPLE TO COMMUNICATE WITH! Making that "finding" easier is a task telecommunications can aid.

The correlation coefficients in Table 24 illustrate that MM is independent on II and CD; the mass media cannot be considered to be isolating the Disabled. In fact, the small but significant correlation of a positive nature between MM and Frequency of Getting Out of Dwelling (Activity #16) of 0.091 indicates that mass media consumption might be slightly stimulated by getting out but not by the kinds of interpersonal contact the Disabled engage in. (One could not easily infer that mass media consumption stimulates getting out of one's dwelling!)

The analysis of variance reported in Table 25 relates the social interconnection/communication indices of Mass Media consumption (MM), II, and Frequency of Contact with the Disabled (CD) with three independent influences: Frequency of getting out of Dwelling (FO), Frequency of Telephoning (FT) and Living Status (LS). The scales FO and FT have been collapsed into three points: "Less than Weekly," "Weekly to less than Daily" (indicated in Table 25 as "Weekly-Daily" because of lack of space), and "At least Daily." Living Status consists of "Alone or Sharing," "With Family," and both classes of "Institutionalized."

Interpersonal contact as measured by the II is sensitive to each of the influences: daily excursion from one's dwelling, daily telephoning, and the presence of others in an institution each increase interpersonal contact. However, II is more under control of the individual with increase in getting out and telephoning; the quality of II is probably more under control of others in institutions where the increase in II is perhaps accompanied by a decrease in privacy. THE TELEPHONE INCREASES INTERPERSONAL CONTACT, even more effectively than increased mobility! Those who use the phone a lot (half our sample) have twice the interpersonal contact of the others, while the gain from a similar increase in mobility prowess for a little less than half our sample produced only a 25% increase in interpersonal contact. We did not produce a profile similar to that of Table 20 for the three telephone use classes, but one suspects that a great deal of the increase comes from calls to friends and relatives, since the phone is primarily a tool for maintaining contacts, not making them.

Mass Media consumption is sensitive only to Living Status: those in institutions consume less, perhaps because of lack of privacy for



	Interpersonal Index	Disabled Contact	Getting Out	Phone Utilization	
Mass Media Consumption	.041 (n.s.)	.026 (n.s.)	.091*	.062 (n.s.)	
Interpersonal Index	-	.587**	.257**	.696**	
Disabled Contact	-	-	.100*	.108*	*--p < .05 **--p < .001
Getting Out	-	-		.188**	

Table 24. Pearson R Correlation Coefficients  
among Five Communication and Mobility  
Variables

<u>Variable</u>	<u>N</u>	(MM) Mass Media Consumption (Hrs./day)	(II) Interpersonal Index (Contacts/day)	(CD) Contact with the Disabled (Contacts/yr.)	
<u>Getting Out (FO)</u>					
Less than weekly	88	8.85	4.65	346.45	
Weekly-Daily	156	9.33	4.52	253.48	
At least Daily	160	9.69	5.70	300.59	
F		0.875 (n.s.)	6.46**	2.63 (n.s.)	* p < .01 ** p < .001
<u>Telephoning (FT)</u>					
Less than weekly	87	8.30	2.76	276.87	
Weekly-Daily	120	9.60	3.43	245.08	
At least Daily	194	9.69	7.01	329.21	
F		2.756 (n.s.)	122.60**	2.907 (n.s.)	
<u>Living Status (LS)</u>					
Alone, sharing	85	10.16	5.32	274.16	
With family	224	9.68	4.54	299.66	
Institutionalized	87	8.01	6.07	558.16	
F		4.17*	6.223**	35.90**	

Table 25. Analysis of Variance: The Effects of Getting out of Dwelling, Telephoning and Living Status on Mass Media Consumption, Interpersonal Contact Index and Contact with the Disabled

tv and radio use. The relationship between Telephoning and MM was almost significant ( $p=.065$ ). An increased sample size probably would have allowed us to call this a significant relationship. One can only speculate at the nature of this influence. Contact with the Disabled (CD) again is sensitive only to LS, for obvious reasons; again, a larger sample might have demonstrated a significant relationship with telephoning. This relationship is easy to speculate about, however; the telephone increases the chance to make contact with everyone. Mobility, reflected in FO surely must also increase contact with other disabled persons; however, lack of mobility is associated with institutionalization and, as can be seen in Table 24, it is the relatively immobile who have the most contact--with other immobile, disabled persons. When the Disabled step out, they don't necessarily step out to see each other.

### 3.4 Summary

To sum up the communication of the Disabled, several prominent facts stand out:

1. The Disabled hear and speak better than they read and write; they do all reasonably well and few are poor or unable to do these--except writing;
2. The Disabled own and utilize simple and relatively inexpensive, sharable communication devices to an overwhelmingly greater extent than they own and utilize complex, expensive or private devices. Of the latter, they are to a great extent unaware or have little access;
3. Interpersonal interaction is most frequent with persons known and trusted by the respondents; the difficulty is not communicating but making contacts, possibly because of age and living status, but also primarily because of lack of mobility.

4. Once contacts have been established, the telephone is an effective, but quite under-utilized, means of maintaining--and presumably improving the quality of--the contacts;
5. The Disabled are not isolated in terms of interpersonal communication; contacts are frequent and their quality is essentially active, rather than passive;
6. Nor are the Disabled cut off from each other. In a variety of ways they have access to one another on a daily basis;
7. Mass media consumption is not an isolating agent in the lives of our respondents; while use of the mass media accounts for about half their waking hours, such use neither precludes nor encourages interpersonal contact. The mass media must be seen as just another way to fill time;
8. While the Disabled may need assistance from time to time, they don't often encounter those of higher status or expertise who professionally dispense that help;
9. Being a spectator means watching other people rather than attending a formal performance; the members of our sample don't go to them. The same could be said of clubs;
10. Lack of mobility doesn't directly decrease interpersonal communication--that's compensated for by increased frequency of contact with those available. Reduced mobility does, however, reduce the variety of such contacts and the skills that are required to handle them;
11. These relationships "conspire" to reduce social contact in quantity as well as quality. The ideal communication aid increases the scope as well as the power of a disabled person--it helps him make contacts with people not ordinarily available because of the problems of decreased mobility.

With decreased contact variety and decreased skills goes a kind of conservatism and fear which the September workshop addressed. We might therefore add that initially, at least, the ideal communication aid decreases threats and equalizes the apparent power of all communicators. New contacts must appear attractive no matter what the aid.

### 3.5. Communication Problems and Solutions

#### 3.5.1 Problems with Media and Devices

In addition to the problems mentioned in Section 3.3, respondents voiced some more specific problems with communication media and interpersonal communication. Tables 26 and 27 indicate respectively conditions considered to limit mass media consumption (for tv, radio, newspapers, and combined books and magazines) and more device-oriented problems which appear with those media as well as the telephone. All limitations and problems were classified into categories; therefore, no specific medium-related situations are described.

Only 43% of our respondents considered their tv viewing "limited," and of these only 15% (a mere 6% of the sample) relate this limitation to a physical condition. The same proportion expressed physical limitations for radio. Since these are passive media, these low figures are to be expected. TV is limited, in their estimate, by lack of time; radio, by the attractiveness of television! About one in five complain about the content (Poor taste, bad quality, uninterested).

On the other hand, half our respondents felt limited in their newspaper consumption; and, of these, two of five (20% of the sample) experienced a physical limitation. One in five finds some fault with content and one in twenty felt they could not afford to read newspapers. However, time is no limitation. Obviously the medium is not so easily dispensed with as tv--better reasons are needed for not using newspapers than ignoring tv and radio--and the other media do not serve the same purposes. Books and magazines, too, have physical and fiscal limitations placed on their use. Few of our respondents use any aids or special procedures; electronic aids are

<u>Limitations</u>	<u>← M E D I U M →</u>			
	<u>TV</u>	<u>Radio</u>	<u>Newspapers</u>	<u>Books, Mags</u>
Weakness, Tired- ness, Sickness	2	2	7	7
No Access	3	2	1	5
Poor Taste, Bad Quality	6	7	4	3
No Time to Use	46	22	4	1
Can't Afford	-	-	5	9
Uninterested	15	12	21	21
Can't See/Hear	13	12	32	24
Uses Other Medium	9	38	5	4
Other	6	5	21	26
R's Expressing Limitations	171(43%)	127(32%)	202(50%)	143(36%)
Number of Limita- tions	179	130	219	153
R's Using Aids	14(3%)	17(4%)	41(10%)	24(6%)
Number of Aids	27	19	51	29

Table 26 Limitations on Media Use by % of Respondants Reporting Limitations

<u>Use Problem</u>	<u>← D E V I C E →</u>				
	<u>TV</u>	<u>Radio</u>	<u>Newspapers</u>	<u>Books, Mags</u>	<u>Phone</u>
None	71	91	68	70	80
Physical/Mechanical	10	5	5	3	10
Visual/Aural (Sensory)	17	4	21	21	6
Tiredness	nil	-	1	1	3
Endurance	1	-	1	2	1
No Access (Don't Use)*	1	-	-	-	-
Other	1	-	4	2	1

\*--Could be con-  
sidered part  
of "None"

Table 27 Problems with Medium Device Usage  
by % of Respondants

Mass Media Consumption (Hrs./Day;  
Index Based on TV-Radio-HiFi-Books  
& Mags-Newspapers)

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u> (N)
15 & - yrs.	*	*	8.40 (5)
16-24 yrs.	9.75	9.30	9.56 (56)
25-39 yrs.	8.85	9.75	9.35 (90)
40-64 yrs.	10.05	9.45	9.74 (171)
65 & + yrs.	6.15	6.90	6.71 (66)
Total (N)	9.05(170)	9.12(218)	9.09 (388)

$F_{age} (4,386) = 7.432$   $p < 0.01$

$F_{sex} (1,386) = 0.571$  n.s.

$F_{age \times sex} (4,386) = 0.348$  n.s.

Table 28. Effects of Age and Sex  
on Mass Media Consumption

Interpersonal Contact (Contacts/day;  
Index Based on computation from Daily  
Activities)

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u> (N)
15 & - yrs.	*	*	2.0 (5)
16-24 yrs.	4.89	5.35	5.13 (56)
25-39 yrs.	5.33	4.73	5.03 (90)
40-64 yrs.	4.71	5.07	4.92 (171)
65 & + yrs.	5.48	5.00	5.20 (66)
Total	5.02(171)	4.97(223)	5.00 (394)

$F_{age} (4,392) = 1.176$  n.s.

$F_{sex} (1,392) = 0.007$  n.s.

$F_{age \times sex} (4,392) = 0.419$  n.s.

Table 29. Effects of Age and Sex  
on Interpersonal Contact  
Level

\*--cell size under 10



practically unknown except to some of the blind.

In terms of more device-related problems, newspapers, books, and magazines are limited by reading abilities; TV viewing also suffers because of eyesight problems. When the blind and near-blind are removed from the sample, however, these problems are reduced and physical and mechanical ones become relatively more important, but PHYSICAL AND MECHANICAL PROBLEMS ARE NOT PARAMOUNT IN THE USE OF ANY MEDIUM. The more complex the skills required for use, the more problems show up, but none of the devices are physically inappropriate for the members of the sample. The television has only three major controls to use; radio, only two. With the possible exception of the dial telephone (for which a lot of work has already been done--see Sullivan, Frieden and Cordery, 1968), the other media are essentially sit-down experiences. IT IS THE CONTENT THAT LIMITS CONSUMPTION for non-print media.

### 3.5.2 Some Possible Causes

Variations in mass media consumption might be due to other factors. Tables 28 and 29 report the analysis of variance for differences in mass media and interpersonal communication due to age and sex. Except for the most elderly there seems to be little difference across ages in mass media consumption; the elderly, however, use the mass media less. Interpersonal communication, however, is insensitive to the effects of age or sex.

Table 30 indicates similar analyses of variance for differences in mass media usage, interpersonal contact, and helper/client interaction due to handicap and extent of disability. The nature of the handicap affects all three indices with sensory handicaps and the lack of energy attendant lung problems limiting mass media consumption

and, presumably, the general debilitating effects of M.S. and M.D. contributing to mass media usage. This is reasonable, since M.S. and M.D. reduce the ability to effect choices of activities in otherwise typical people. Lung problems afflict primarily the elderly who might object to the content of the mass media.

Strangely, however, the greater the extent of the disability the lower the mass media consumption. This cannot be easily explained. Perhaps those only slightly disabled use the media strongly to stay in touch; those severely disabled can do so little that even listening to the radio is a strain. In an institutional setting, there is probably a decreased access (see Table 24) to television and loss of privacy for radio listening, too. For II and HCI, the effects of Handicap and Extent are more difficult to explain. Those with CP and lung problems have a lower frequency of interpersonal contact; the arthritic and the blind have the most. The predominately institutionalized blind and the congenitally afflicted CPers seek out helping relationships less frequently; the hearing-impaired and those with limb dysfunctions (Labeled "Paralysis") require this at a rate twice as high. Why this is so is not clear. The certain effect of self-reported extent of disability on the frequency of interpersonal contact is even less clear. The relationship is certainly not linear; perhaps there is a threshold (represented by "a lot") beyond which interpersonal contact becomes rapidly very difficult with increasing extent of disability. This relationship remains to be explored.

As discussed in Section 3.3, the mass media index is independent of the interpersonal index. Table 32 indicates that all the media indices are independent of all the interpersonal indices. All the latter are interrelated, while radio and television seem to

Variable (Value)	Derived Communication Indices		
	Mass Media	Interpersonal	Helper/Client
<u>Handicap</u>	(Hrs./Day)	(Cont./Day)	(Cont./Yr.)
M.S.	10.66	5.15	94.92
C.P.	9.37	4.29	62.93
Paralysis	8.65	5.27	159.26
Arthr./Rh.	9.50	5.86	90.48
Lung	5.83	2.22	77.78
Blindness	7.28	5.49	43.45
Hearing	6.67	4.89	144.45
M.D.	11.81	5.25	75.00
Other	9.67	4.80	80.46
F	4.551*	2.902*	2.616*
* p < .01			
<u>Extent</u>			
None	11.50	4.43	85.50
A Little	9.83	5.42	96.92
To an Extent	8.90	5.58	78.92
A Lot	8.98	3.81	91.61
Totally	8.37	4.38	90.38
F	3.980*	3.707*	0.231(n.s.)
<u>Extent x Handicap</u>			
F	0.647(n.s.)	1.300(n.s.)	0.701(n.s.)
Grand Mean =	9.11	5.02	87.60

Table 30. Means and Analysis of Variance for  
Three Measures of Communication Behaviour  
by Handicap and Extent of Disability

	<u>Level of</u> <u>Education</u>	<u>Freq.<sup>1</sup> of</u> <u>Employment</u>	<u>Family</u> <u>Income</u>	<u>Length of</u> <u>Disability</u>	<u>Extent of</u> <u>Disability</u>	
Age	.085*	-.200**	-.022	-.405**	.228**	*-- p < .05
Education		.163**	.254**	-.158**	.077	**-- p < .01
Employment			.151**	.050	-.237**	
Income				-.050	.108*	<sup>1</sup> This scale has been
Length					-.105*	inverted to increasing
						frequency to correspond
						to the other orders.

Table 31. Correlation (Pearson's R) between  
Disability and Vocational Demographics

	<u>Radio</u> <u>Listening</u>	<u>Mass Media</u> <u>Index</u>	<u>Interpersonal</u> <u>Index</u>	<u>Clienting</u> <u>Index</u>	<u>Spectating</u> <u>Index</u>	
TV	-.062	.513**	-.052	-.035	-.001	
Radio		.709**	-.009	.047	-.033	
Mass Media		.041	.041	.034	.005	**-- p < .01
Interpersonal				.246**	.190**	
Client					.131**	

Table 32. Correlation (Pearson's R) between  
Mass Media Consumption and Several  
Communication Indices

be independent contributors to MM. TV AND RADIO ARE NOT MUTUALLY EXCLUSIVE activities. Otherwise there would have been a significant negative correlation.

The complex interaction of reported Extent of Disability, II, and HCI becomes somewhat clarified when examined in Table 31. Extent of disability is an increasing function of age (Pearson  $r=.228$ ) but a decreasing function of length of disability (probably the congenitally disabled regard their disabilities as less extensive than those disabled later in life). Those who regard themselves as more disabled are less likely to be working full-time ( $r=-.237$ ), yet those who are more disabled have access to more money ( $r=+.108$ ). At the extreme ends of disability, therefore, we might have, on the one hand, the congenitally disabled, who are really more disabled in the eyes of potential contacts than they think themselves to be (i.e., unlikely to be communicated with); and at the other end of the scale, the unemployed and unemployable, severely disabled who are likely to be institutionalized and who might be over-estimating their degree of disability (unable to locate people to communicate to). In between, interpersonal communication is subject to the effects of personality and situation.

Education is a key variable in Table 31. Employment frequency decreases with age and increases with education. Education causes, and is caused by, greater family income. The longer one has been disabled, the lower the level of education (perhaps due in part to a lack of education for those who are now elderly, reflecting past poor performance in educational opportunities for the Disabled in Canada).

It is worthwhile to note, however, that the extent of the disability is negatively correlated with the length (perhaps again

reflecting the history of rehabilitation?). The last two relationships hint at an independence of extent of disability and education --this is borne out ( $r=.077, ns.$ ). The old myth of a sick mind in a sick body is just not reflected in our sample! Being disabled might "mean" being old; it might imply being unemployed; but it certainly has no strong relationship with being uneducated. To repeat the words of one Workshop participant, "The Disabled are one of the best-educated groups of unemployed individuals in Canada."

### 3.5.3. Film--A Special Case

Film viewing was treated in a separate battery of interview questions, since film is one medium in which impressions of the Disabled can be selectively distributed in a non-electronic format. Our sample hardly attended film. Once a year was more often than most of our respondents went. Transportation, access, and "no one to go with" predominates the citations with a total of 29% of those expressing difficulties (this accounted for 20% of all respondents). The expense was second; over one in seven of the responses referred to this; films are expensive and this medium has the greatest proportion of citations of price. Poor taste was third with 13% of those expressing difficulties. Physical problems also account for 13% of the difficulties; it requires some stamina to get to a film and sit through it and some of our respondents experience problems with continence and fatigue, two difficulties hard to cope with in a crowd. There seems to be less difficulty with content, however; one imagines that it is easier to reject poor content in a medium one can neither afford nor access, while poor content on the passive media can become an annoyance.

<u>Difficulty in</u> <u>Attending Films</u>	<u>%</u>	<u>Possible Aids in</u> <u>Attending Films</u>	<u>%</u>
Weakness, tiredness, illness	13	Transportation	25
No access to cinema	7	Architectural improvements	7
Poor taste, bad quality	13	Help in Seeing	2
Can't afford	15	More relevant content	8
No time	2	Lower prices	15
No transportation	15	Companions	10
No one to go with	7	Other	14
TV is good enough	6	DK/NA	19
<u>Other</u>	22		
R's Expressing Difficulties	274(68%)		
Number of Difficulties	347		

Table 33. Expressed Difficulties in Cinema Viewing  
and Possible Aids by % of Respondants  
Expressing Difficulties



<u>Opinion on Films about the Handicapped</u>	<u>%</u>
Helpful to the Disabled	18
Gets the Message across	47
Total Positive Opinions = 65%	
No Opinion, Indifferent	4
Harmful to the Disabled	1
Implies a False Message, Impression	3
Should be more Realistic	11
Depressing to the Disabled	3
Total Negative Opinions = 18%	
Other, diverse	3
DK/NA (possibly "No Opinion")	10
Proportion of Respondants having viewed a film about Handicapped	74

Table 34. Attitudes towards Film about  
Disability or the Disabled

<u>Film Title or Topic</u>	<u>No.</u>
"Les Exclus" (in French only)	27
Handicapped Olympics (Toronto, 1976)	28
"The Other Side of the Mountain"	14
"Walk A While in My Shoes" (NFB)	11
Films on Specific Disabilities	13
"The Miracle Worker"	5
"This Is Sondra Diamond" (NFB)	4
"A Patch of Blue"	2
"The Men"	3
"Jules le Magnifique"	5
On Sexuality and Disability	3
Other (1 each)	20
Total Reported (R)	135

Table 35. Films Reported by Respondants  
as Viewed, Concerning Disability  
or about Disabled People

These complaints are mirrored in suggestions for aids. 32% of the recommendations relate to access and 10% to companions (the latter both for assistance as well as to complete the social event; it's no fun going to a film alone). Content complaints are few.

We also asked our respondents what they felt about films that concerned the Disabled or had disabled main characters. Seventy-four percent (296) of them had seen such a film. We were less successful in getting them to remember the titles of these films. Table 35 lists the titles or subjects of those remembered. The two specials (the Quebec series "Les Exclus" shown on Radio-Canada TV and the film of the Handicapped Olympics) were, if not the most often viewed, the most memorable. The rest of the list is short; last year a fourth-year Communication student compiled a list of 150 feature films with disabled main or primary characters made since 1945; many are still shown on television ("The Men" and "Butterflies are Free" are among the most often shown). Table 34 indicates how our respondents felt about these films. The response was overwhelmingly favourable by a ratio of over three to one. They see film as a way to get their message across--but not to the Disabled; the message is to the general public. More about that message will be said in Chapter 4.

## 4.0 COMMUNICATION AND DISABILITY

### 4.1 The Role of Communication in the Lives of the Disabled

In our research we were seeking evidence verging on a set of relatively specific hypotheses concerning the role of communication --and by extension, the mass media--in the lives of our respondents. First, we suspected that the media were being used as time fillers, rather than to meet any "need for communication." Second, we wondered if the media were an isolating agent in our respondents' lives, cutting them off from other people. Implicit in this is the thesis that the Disabled are isolated to begin with or are isolable by an agent which, like the mass media, has little active power. Third, we surmised that since the Disabled lack the measure of control over their communication environment that the so-called "normal" population does, they would be more likely to be receivers than senders in communication situations. This led to a fourth hypothesis, that in terms of communication diet, the Disabled consumed a lot, but not a wide variety. As corollary, our fifth hypothesis was that the media do not serve well the special needs that the Disabled do have: access, employment, information, community development.

These hypotheses can be summed up in key phrases thusly:

1. The media are time fillers;
2. The Disabled are isolated by the media;
3. The Disabled receive more than send;
4. The Disabled have a limited variety of contacts;
5. The Media do not serve the Disabled well.

The data presented so far seem to support all the hypotheses except the second; in fact, the high media consumption of the Disabled represents the filling of the extra time they have on their hands rather than a replacement of more valuable activities. The true problems seem to be access, employment, and housing and these and the media have no interaction.

Let's examine these five hypotheses in turn to see why they do hold or not and what the implications are for policy development vis-a-vis communications.

#### 4.1.1 The Media are Time Fillers

The typical adult Canadian is in one of two circumstances, even in 1978: either he (and increasingly "she") is at work during the day or she (and still rarely "he") is at home doing housework and taking care of children. According to Overs and Healy (1973), these two values form the core of a set of five values which seem to "define" the life-style of a typical North American. The others are that one should maintain the rigidity of one's values under all circumstances, that keeping up appearances is more important than solving problems and that dependence on others is undesirable "even in a reciprocal arrangement." (Overs and Healy, 1973, pg. 102). Their claim is that adherence to this set is often detrimental to the ability of those they interviewed (stroke victims) to adapt to a situation of lessened strength, loss of job, and dependence upon others. One might add to this list of five a sixth, from Marcella Z. Davis (1973) the following:

Identity...is considered to be the individual's sense of who he thinks and feels himself to be ...[I]dentity is shaped, re-shaped, sustained and maintained through one's continued involvement

in and association with a multitude of social experiences in one's daily life. Some of these experiences would be those in one's job, its tasks and associations with others, relationships with family and friends and the taken-for-granted expectation that our bodies will perform in the manner to which we are accustomed.

(Davis, 1973, pg. 11)

That is, our values include having a "well" body and a "multitude of social experiences", roughly forever.

Davis explains that middle-aged M.S. patients have an easier time adjusting to lack of mobility and faculties than their younger fellow-sufferers, if only because they have realized that their bodies will naturally grow weaker as they grow older--they see this, after all, in their friends and neighbours. The younger M.S. patients have to suffer the enormous disparity between their bodies' abilities and those of their friends. Others see this too and it is not uncommon, judging from Davis's accounts and our own research, for M.S. victims to find themselves without an education, without jobs, and without spouses. Victims of accidents who become para- and quadriplegic can be, even more quickly, similarly removed from the familiar world of involving activities to one composed, in the main, of long stretches of nothing between therapy hours. Davis points out, too, that the diagnosis of M.S. is often followed by great upheavals in geography, as victims and their families seek more suitable housing, often in suburbia, where steps don't have to be climbed. Old friends disappear behind the barrier of expressways. Overs and Healy indicate, too, that, at least for stroke victims, the mirror-image process takes place:

[I]t is not so much the family that is dying as the neighbourhood. Eighty percent of the interaction the Overs and Healy patients had was with

family or relatives. Their sample found 28 percent living with an adult child. Another half of the patients are supposed to live within walking distance or a short ride's distance from a child...Help is usually available if needed...The difficulty arises from the fact that as our cities decay, the children no longer live in geographical proximity to the patients. Visiting...can be a major expedition. (pg. 95)

Lack of access to friends or family, loss of job or spouse, these imply a great deal of free time. A typical job takes 10 hours each day, including travel time and preparation; housework can easily take that and more. Job-related friendships and neighbourhood- and child-related contacts can comprise a great deal of the remainder of the day. All this time is available. With decreased power, decreased self-esteem (remembering the values listed several pages ago), and decreased social interaction, it is likely that passively-consumed mass media can form the bulk of daily activities.

#### 4.1.2 The Disabled Are Not Isolated by the Media--But...

First, the Disabled are not isolated; our research has shown that they are well-connected, just not varied in the type and degree of connection. Nor can it be said that the media, through their messages or because of a difficulty in using the devices, form a barrier between the Disabled and others, including others of the Disabled.

What can be said, however, is that the media, by default, do nothing to connect the Disabled to anything other than the typical fantasy-related environment of radio and television.

How can the media be required to perform this function? If Wilbur Schramm (1973) is correct--and there are strong intuitive reasons to suspect he is--a primary function of the media is to

become a kind of "social radar," a device for detecting what's "out there" in an environment which is not directly experienced, but which must be adjusted to on a daily basis. Where is the Disabled social radar? Quite simply, it isn't there. The kind of information the typical social radar source gives a Disabled person is not aimed at the kind of environment he must survive in. All the people met there can enter any building, for instance; they don't have to wait for someone to open a door for them; even when they resort to physical violence--well, those sick minds have healthy bodies!

The special-purpose media are hardly consumed and special-purpose programming is so rare as to evade the awareness of our sample--who should know about it--to the tune of 16 to 77% (the former figure is so low only because of the publicity surrounding "Les Exclus", a series which included the Disabled as content filmed for Radio-Canada in Quebec). By avoiding specialized programming, the mass media by default isolate the Disabled from quite essential information. By making input access difficult or unrewarding or complex, the media prevent the Disabled from getting their messages out not only to the "Normals" but also to each other, effectively blocking community development on a large scale. The print media are a possible exception; however, costs are high, both for the offerer as well as the reader. In addition, as we've pointed out, print offers the least in terms of getting to the whole population as reading skills are the first of the sensory-related skills to be decreased.

A special case is the telephone. Hardly a mass-communication device, it presents a universe of special problems. As Sullivan, Frieden, and Cordery (1968) have stated,

[T]here was little correlation between diagnostic categories and the types of equipment found useful for any one person within each group. The variations in physical function--even among several persons with the same diagnosis--showed that each person must be evaluated individually for his need for telephone equipment. (pg. 7).

They do not doubt that every telephone-usage deficiency can be corrected, but stress the amount of individual need that must be taken into account. And their research involved only patients with upper extremity disfunction!

As Davis points out, however, the phone presents an additional problem. It requires two agents and one relationship; the radio requires only one agent and no relationship: one only has to turn it on--no promises are made! Davis describes one patient who

commented that when her friends and relatives phoned at the beginning of her illness, she and they never knew what to say about the illness other than that her legs were stiff and there was no pain. (pg. 21)

Later, as the available content decreased, the relationships suffered, and one of the agents disappeared:

Within a year's time her friends who had once phoned and those few who had visited stopped, except for her married brother who continues to phone occasionally...According to her, neither she nor her friend made any attempts to break through the increasing silence and withdrawal. Her concern if she were ever to go outdoors for being mistaken for a "drunk" reflects how strange and odd she finds her situation and herself to be. (pg. 22)

But the telephone is still important, although in an unusual way:

She never leaves her home and stays in her sleeping garments and robe all day. Her only ventures out are to go by taxi to the clinic



once a week. It often occurs to her to commit suicide. However, she manages to hold this act in abeyance by keeping two phone numbers available, one to the Suicide Center, the other of a radio announcer who broadcasts through the night and receives calls from the "lonely." (pg. 22).

This basic skill, asking for help, is all that at least some of the Disabled have left with the telephone. There is a great need for disabled persons to learn to use the telephone to replace face-to-face communication and to enhance their own communicative powers through telephone networks. For without the initial contacts, the chances to form relationships which nurture conversation disappear. One is then in danger of being defined by one's disability:

In most instances, it was the patient who was unable to sustain reciprocities in the relationship sufficient to maintain a viable undertaking. In some instances when the patient's other redefined the relationship with the focus placed on the patient's illness and disability to the exclusion of all other characteristics, it was not uncommon for the patient to reject the relationship. (pg. 37)

In this regard, one cannot see the phone as a neutral device. Some can use it better, it fits their needs better. As a tool of secondary contact and relationship maintenance it is fine, but it cannot "grow" a relationship without a lot of help. Otherwise relationships will wither under the twin guns of decline in shared experience and unfulfilled expectations. To counteract this, Davis recommends the fostering of "informal supportive social networks." These include self-help groups; patient-patient phone networks; informal registries of who needs help, who will visit, etc.; clubs and recreation centres; respite care networks for the relief of other family members; and neighbourhood and tenant associations.

Except for recreational facilities, none of these need be restricted by architectural barriers...The Disabled might find that active phoning provides as good a social radar as passive radio listening.

Radio listening deserves one extra look--at openline programs. One might suspect that the Disabled would have strong feelings about them, since they allow participation without travel. Table 37 indicates that opinion is sharply divided; 35% like and enjoy them and 27% dislike them. Reasons for this run the gamut from "It's nice to hear what people say" to "It's depressing to hear all those complaints." Obviously open-line radio is not overwhelmingly attractive to the Disabled. Nor, in fact, is any one kind of radio programming. MOR (Middle-of-the-Road) with an easy-to-take mixture of some pop, some rock, and some talk, with few features or documentaries, forms the overwhelming bulk of the offerings of the stations labeled as "favourite" by our respondents. On the other hand, MOR is the bulk of what's offered on radio generally. If the media isolate the Disabled, they do so no more than they do so with the rest of the population--but the price of any extra isolation is amplified.

#### 4.1.3 The Disabled Receive More than Send

Quite obviously the Disabled are not a potent force in the mass media. Although daily there are articles in newspapers in Canada about the Disabled, their problems and their pursuits, these articles generally serve the human-interest needs of the newspapers, not those of the Disabled. There are, of course, exceptions. When a new or interesting service begins, newspapers often run an article about it, but, to this reader, the articles are seldom easy to follow up. Reporters are not always available, the services discussed are often shoe-string operations relying upon volunteers not used to

## O T T A W A

## M O N T R E A L

<u>Station</u>	<u>Description</u>	<u>%</u>	<u>Rank</u>	<u>Station</u>	<u>Description</u>	<u>%</u>	<u>Rank</u>
CBO, CB	CBC	17	6	CMB	CBC (Eng.)	10	13
CFRA	MOR	19	1	CJMS	MOR	13	1
CFMO	"Easy Listen"	3	4	CKAC	MOR	13	2
CFGO	MOR	5	5	CFCF	MOR	7	11
CKOY	MOR	3	7	CBF	CBC (French)	7	6
CJRC	MOR	7	3	CJAD	MOR	3	3
FM (CHEZ,CKCU,CKBY,CKO)		13		CKGM	Contemporary	3	5
CBO-FM (E,FR)	CBC	4	11	CKVL	MOR	8	9
Other AM		14		Other, FM		14	
DK/NA		15		DK/NA		13	

("MOR"= Middle of the Road; Other formats include "Easy Listening", "Progressive"--over 50% rock music--"Country"--and "News". These designations are from CRTC)

Table 36. Favourite Radio Stations by City  
by % of Respondants in Each City

<u>Opinion</u>	<u>%</u>
Like, Enjoy	35
Indifferent	13
Dislike	27
No Opinion	14
DK/NA	11
Respondants who listen	39

Table 37. Respondant Opinion and Listening  
Behaviour Concerning "Open-Line"  
Radio Programming

answering lots of questions or the story depicts a desperate situation. Besides, the newspaper is often the last to know about something; often the service needs clients badly before the newspapers publicize it.

Another means is publications by and for the Disabled themselves. There aren't many in Canada. Several are connected to organizations; few are "general purpose" in that they serve non-members. In Canada, any list would include these:

Feux Verts -- monthly (Montreal)

Paraquad -- monthly (Montreal) published by l'Association  
Canadienne des Paraplegiques, Division du Quebec

Le Lien -- news bulletin (Montreal) Comite de Liason des  
Handicapes Physiques du Quebec

Bulletin -- monthly (Montreal, bilingual) published by  
the Rehabilitation Institute of Montreal

Presence -- monthly (Montreal) Association de Paralysie  
Cerebral de Montreal

Le Cristallin -- monthly (Montreal) CNIB

Caliper -- monthly (Toronto) Canadian Paraplegic Assn'

Mainstream - (Kingston)

The Canadian Sunshine Friend --(Toronto)

Our Future -- (Windsor)

ALPHA Action Reporter --(London)ALPHA

New Stand -- monthly (Ottawa)

Reporter -- (Toronto)

To this list could be added publications about the Disabled, but they are not our concern here. Since the list was compiled unsystematically, there are undoubtedly others, including organization newsletters, that "get the message out." None of them approach the slick and effective journalism of Accent on Living (P.O. Box 700 Gillum Rd.

and High Dr., Bloomington III. 61701). Small, concise, upbeat, well laid-out and packed with information, the magazine appeals to all age groups with first-hand accounts, a "legal beat", advertisements and advice; it's rather a TV Guide and Readers' Digest of Disability, with that size and pitch. The cost is nominal, the feel is professional. One gets the idea that Accent on Living is precisely that, and conducive to living as a disabled person; the image is "alive". To repeat the words of Overs and Healy (1973):

A person's self-concept is based both upon his perception of the roles he can and should perform vis-a-vis the others in his environment and his estimation of the roles these others will wish to play towards him. His mental health and adjustment will depend upon how accurately he has gauged his own ability and the expectation of others.  
(Pg. 88, emphasis mine)

If the reader identifies with Accent on Living, he can't help but feel alive!

The number of regular television and radio programs offered by the Disabled to themselves and others is quite small; we know of exactly one (DisAbility, in Ottawa...now defunct), although there may be others) with that description. Given the opportunity to access community cable channel facilities (often with donated or lent equipment and personnel) there is NO reason why the Disabled cannot produce their own content. The September Workshop vividly underlined, however, the problems: lack of organizational protection, with a built-in bag of resources and audience, lack of skills--especially organizational, and lack of personnel. The first guarantees disorganization and lack of "ratings", implying that only the most dedicated will see the endeavour through. The second guarantees further disorganization and difficulty in obtaining and training skilled people; the third just guarantees that the group doing the work will

remain small. If any one fact came through well in the workshop it was that it's always the same faces one sees on boards and in committees. The same well-motivated and well-equipped individuals do all the work and they often end up discouraged and overworked.

On an interpersonal level, a glance at Table 20 will verify that the Disabled are placed in the receiver role more often than in the sender role. The single tool they have to initiate contact with those not immediately near them, the phone, places about a call a day (in the mean); about half place a call daily or more. Reception of a call occurs marginally more often. Yet both figures are quite low. All the other interpersonal contacts require some planning and coordination to a greater or lesser extent. All the helping relationships are receiver roles for the Disabled; none listed sender-role activities as "another important activity."

The picture that emerges supports our hypothesis; the Disabled are receivers more than senders. And, to an extent, they might be considered "natural" receivers; that is, they have natural receiver roles to play: receiving care, receiving assistance, receiving visitors. It would be instructive to imagine what would happen if the naturalness of those roles was negated by telecommunication. For it hasn't proven profitable to be in that position. THE DISABLED MIGHT BE RECEIVERS, BUT THEY DON'T RECEIVE MUCH.

Many handicapped persons are not receiving the services they require because of the frustration experienced in having to contact a number of different agencies in an effort to locate one which provides the kind of help they are seeking. Often the individual will give up before finding the appropriate agency. (Brown, 1977, pg. 412. Quotation is attributed to "The Kinsmen Rehabilitation Foundation of Canada in their report from the Advisory Committee on the Needs of the Physically Handicapped", Vancouver 1973, pp. 33-34).

There is, in bibliographic circles, the concept of SDI (Selective Dissemination of Information). Under this concept one supplies key words or phrases concerning what one is looking for and a computer regularly (usually monthly) scans its files for information described by those words and phrases. WITHOUT APPEARING TO BE SEEKING INFORMATION, SDI CLIENTS ARE KEPT UP-TO-DATE, EFFORTLESSLY, EFFICIENTLY, AND POWERFULLY. In this regard, one should point out the work of CARED (now the responsibility of the CRCDD, Toronto) to set up a computerized data bank of information about disability and aids. Also, interestingly, Accent on Living has recently begun a computerized information retrieval service. Although the SDI concept is not employed here, the existence of two-way cable tv and cable-plus-phone information retrieval (such an experiment is now being carried out by Carleton University over a commercial cable system) promises that the technical feasibility depends mostly upon economics for SDI and other equally as powerful "aids" to remove some of the naturalness from the receiver role of the Disabled.

#### 4.1.4 The Disabled Have a Limited Variety of Contacts

Few of our respondents (2%) see a day go by without speaking to someone else. Few are as isolated as those characterized by Marcella Davis as "withdrawn":

Withdrawal...conferred protection from encounters they viewed as threatening...When withdrawal became mutual, it was the patient who became enveloped in social isolation...[a]nd interventions by the patient or others to alter the mutuality of the withdrawal were generally not made. It is this separation and isolation from easy association with others which carries the most poignant message of worth pertaining to the disabled and sick which is prevalent in our society. (Davis, 1973, pg. 25, emphasis ours).

But easy association is hard to come by for the majority of our respondents, for mobility is highly restricted. The previously-mentioned problem of finding others to interact with is underscored by Tables 38 and 39. Seven of ten of our respondents feel restricted in terms of mobility. Only one in seven drives; six in seven must be driven. Entertainment and friends top the list of activities waiting to be done once they get out. About half of the 71% who want to get out more often will be making contacts of a wide variety: close friends, job and volunteer work, the relative impersonal contact in shopping and the highly variable "entertainment" kinds of contact (remember that for many, "entertainment" entails someone to go with).

Our respondents cite the familiar trinity of transportation, companionship and cost. THE DISABLED DO NOT ATTRIBUTE THEIR IMMOBILITY TO THEIR DISABILITIES. The problem is everyone else! "I'd go if I had the money to call a cab. If I didn't have the money, I'd need a transportation service. Anyway, I'd need someone to go with me." They rarely blame the disability per se.

Activities that require mobility, and especially those requiring transportation are obviously restricted; Table 39 just repeats that. "Getting out of Dwelling" therefore means visiting friends, clubs, or recreation. In a sense all these activities are supervised. That is, there is someone else there at the other end. Few would characterize our sample as "footloose and fancy free." The demeaning aspect, of course, is the necessity to find one's own "sitter." That implies known and trusted "others" to use Overs's and Healy's terminology. For a lot of our respondents, interaction is severely limited in terms of time, place, and cast of characters merely by these mobility "handicaps."



Desire to Get Out  
More Often(%of R)

Yes 71  
No 27  
DK/NA 2

Do You Drive?(%of R)

Yes 13  
No 84  
DK/NA 3

What to Do If Got  
Out More Often(% of "Yes")

Visit Friends 13  
Entertainment 28  
Shopping 6  
Travel 6  
Volunteer Work 4  
Paid Employment 2  
Exercise 10  
Other 13  
DK/NA 18

What Prevents Getting  
Out More Often(% of "Yes")

Lack of Transportation 35  
Lack of Companion(s) 16  
Few Places to Go to 2  
Expense 14  
Weather 2  
Architectural Barriers 4  
Limited Strength, lack of 6  
Energy, pain  
Other 9  
DK/NA 12

Table 38 . Limitations on Mobility

Activity	← F R E Q U E N C Y →									DK/NA
	Never	Yearly	Sev./ Year	Monthly	Sev./ Month	Weekly	Sev./ Week	Daily	Sev./ Day	
Get out of Dwelling	2	1	2	3	12	11	<u>27</u>	23	17	2
See Counsellor	<u>68</u>	5	9	4	5	3	3	1	-	4
See Physiotherapist	<u>61</u>	3	7	1	5	5	9	4	nil	6
See Physician	<u>5</u>	14	<u>40</u>	19	10	6	2	1	nil	3
Speak to Clergy	22	4	11	<u>10</u>	<u>19</u>	19	12	1	1	2
Do Volunteer Work	<u>56</u>	<u>1</u>	6	<u>4</u>	<u>12</u>	3	8	6	4	2
Sports Participation	<u>66</u>	1	5	1	9	7	7	1	1	5
Attend Classes	<u>65</u>	2	1	1	4	6	11	6	3	2
Spectator at Sports	<u>55</u>	5	10	3	10	2	12	1	nil	4
Attend Civic Meetings	<u>66</u>	4	9	6	4	3	3	1	1	6
Attend Play, Concert	<u>44</u>	8	30	6	4	1	1	-	-	6

Table 39. Activities Requiring Mobility  
by % of Respondants Reporting  
Frequency of Engagement  
(Approximate Median Underlined)

#### 4.1.5 The Media Do Not Serve the Disabled Well

Despite their relatively high consumption of the content offered by the unspecialized broadcast media, there is little there to meet their needs. What are these needs? We asked our respondents to what is the "Most Important Problem Facing the Disabled?" Our technique allowed a more threat-free assessment of problems than a more direct question of "What is your most important problem?" We received 460 responses, arrayed in Table 40 by city; we expected that with different social services available in Ottawa and Montreal, there would be a difference in perceived most important problems. This was true. While unemployment (with poverty) was the greatest perceived problem in Montreal, this problem was outranked by the public's attitude and lack of mobility in Ottawa. Integration was seen as the second greatest important problem in Montreal. The reasons for this disparity are not obvious--perhaps the disability mix differences can account for some of that. Overall, however, the unholy trinity reappears: money comes first; mobility, second; and "others", third. The "others" are a problem because of their attitude towards the Disabled and because of the difficulty the Disabled experience in integrating with those others in society. This compares favourably with the results from last year. Isolation came first with 20%, but the overall distribution differs only by a few percent here and there. We suspect that this distribution will remain stable over several studies: money, mobility, mankind.

Given these three horsemen of the Apocalypse of the Disabled, can the media address them and redress them? For the broadcast media, the answer is no--for now. The mass media are not isolating, but they cannot bridge interpersonal distance. The mass media do not represent a way to create money or jobs, at least for now. The

"Most Important Problem Facing the Disabled"	Ottawa	Montreal	Total
Isolation, Lack of Interaction	26(10)	34(12)	60(13)
Lack of Mobility	41(15)	43(15)	84(18)
Poverty, Money, Unemployment	32(12)	63(22)	95(21)
Attitude, Reaction of Public	49(18)	32(11)	81(18)
Integration into Society	22( 8)	45(16)	67(15)
Self-Image	32(12)	15( 5)	47(10)
Building and Service Access	18( 7)	11( 4)	29( 6)
Dependence upon Others	21( 8)	26( 9)	47(10)
Other Problems	<u>30(11)</u>	<u>20( 7)</u>	<u>50(11)</u>
R =	171	289	460

Table 40. Most Important Problems Facing the Disabled, by City and by Proportion of Total Responses

Device, Aid, or Service	Ottawa	Montreal	Total
Sports Activities	1(nil)	31(14)	32( 7)
Extended Special Bus Service	45(18)	15( 7)	60(13)
More Volunteer Services	27(11)	24(11)	51(11)
Greater Comm'n Among Handicapped	18( 7)	25(11)	43( 9)
Using the Media			
Medical Cure for Disability	6( 2)	10( 5)	16( 3)
More Money	20( 8)	56(25)	76(16)
Mechanical (Electrical) Aids	46(18)	8( 4)	54(11)
Improved Architecture, Housing	46(18)	-	46(10)
Other	<u>42(17)</u>	<u>52(24)</u>	<u>94(20)</u>
R =	251	221	472

Table 41. Reported Devices, Aids and Services to Address the "Most Important Problems"

Communications Media and Devices	Ottawa	Montreal	Total
Public Service Announcements (TV)	31(14)	19(10)	50(12)
Telephone Services (eg. Open Line)	15( 7)	-	15( 4)
Public Service Announcements (Rad)	24(11)	11( 6)	35( 8)
Improvements in Education	25(11)	22(11)	47(11)
Better Technology	10( 5)	8( 4)	18( 4)
More Films, TV programs on Handicapped	56(25)	78(39)	134(32)
Community Animation	8( 4)	8( 4)	16( 4)
Other, special projects, Research	<u>52(24)</u>	<u>53(27)</u>	<u>105(25)</u>
R =	221	199	420

Table 42. Suggestions about How to Get More of Better Information to Disabled People About Their Disabilities

Note: Numbers in parentheses represent % of Responses (R)

mass media can, and often do, affect attitudes. Yet studies have shown that the general public show the effects of the mass media primarily through reinforcement of existing values and attitudes (See Klapper, 1960). And the "file-and-forget" attitude of the public reflecting the "sick-mind-in-a-sick-body" value is difficult to change by the kind of mass media advertising and programming the majority of our population seek and obtain. UNTIL A MAJOR CHANGE IN MEDIA DIET IS EFFECTED IN CANADA, THE DISABLED CANNOT EXPECT THE BROADCAST MEDIA TO GET THEIR MESSAGE OUT EFFECTIVELY.

On the other hand, newer, more personalized and more specialized content-forms might be dispensed through the more compact and flexible media of the future. Video-cassette and disk, cable converter service, closed captioning, video teleconference, information-retrieval television, tailored newspapers, slow-scan TV, and dedicated SCMO services promise a lot, if at a relatively high price now.

The medio-communication media offer far more immediate benefit, for they enable several profitable relationships to be established and flourish:

1. The Disabled can have access to information banks in an instant;
2. They can communicate more effectively with each other, establishing more easily working groups about something they can work on while physically apart;
3. They can establish self-help projects (such as Tel-Aide in Montreal);
4. They can prepare and disseminate information far more quickly.

Discussion of the usefulness of the telephone dominated much of the September Workshop and the reader is referred to Appendix IV for more on this. In brief, the telephone can aid self-image while reducing a begging-sort of dependence; whether it will remain in the

hands of technologists and the Disabled themselves.

Our respondents recommended many uses for communications media and devices (see Tables 41 and 42). While no single set of recommendations for devices, aids and services dominate a general list, the Handicapped seem to be demanding more salient content from the mass media: 32% want films and regular programming on TV and 20% want more public service announcements. This mix of education/entertainment with information overwhelms more specialized suggestions such as special projects, research projects, better technology, community animation or even better education. This lack is probably due more to a lack of information about what technology and the media can offer than lack of a desire to have the true benefits. Since mass media offerings promise little in the way of addressing the three major expressed problems, one can only speculate on what would and hope that future surveys of the Disabled do not find them so ill-informed.

It's not even clear that the Disabled are aware of the fairly simple, non-technical systems and services available to them. Overs and Healy found that knowledge about community resources among stroke victims was rather poor. In various categories, knowledge about associations, centres and clubs and clinics run between 82% and 42%. Government service awareness was 62% and 38% for two such services. Library services fared a little worse at 55% and 38%. These things you read about in the newspaper, or hear about in the clinic. For special projects and a telephone service for the Disabled, awareness ran between 29% and 21%.

When we asked our respondents about their use of special services, the responses given in Table 43 resulted. Only about half

<u>Service Awareness</u>	<u>Publications</u>			<u>TV Programming</u>			<u>Library Services</u>			<u>Transpo</u>
	<u>Ottawa</u>	<u>Montreal</u>	<u>Total</u>	<u>Ottawa</u>	<u>Montreal</u>	<u>Total</u>	<u>Ottawa</u>	<u>Montreal</u>	<u>Total</u>	<u>Total</u>
Unaware	31	53	43	53	16	33	21	67	46	17
Heard of & Don't Use	18	11	14	20	5	12	61	14	35	38
Used at least once	16	4	10	17	17	17	6	3	4	7
Use Regularly	33	32	32	10	57	35	12	12	12	28
DK/NA	1	1	1	-	6	3	2	4	3	10

Table 43. Use of Special Services for the Disabled  
by City by Percentage of Respondants

<u>Source of Info About Transpo Service</u>	<u>%</u>	<u>Kind of Contact with Other Disabled Individuals</u>	<u>%</u>
Friend	14	None at all	3
Relative	11	Friends and Relatives	13
Organization of Disabled	31	Organization Meetings	41
Media	11	At School	3
At Work	nil	By Phone	2
Therapist	13	Daily at Home (Prob. Relatives)	6
Researcher, survey	2	In Institution or Residence	22
In Residence	4	Volunteer Work	2
Other	6	Other	5
DK/NA	8	DK/NA	3

Table 44. Source of Information on Transpo  
Service by % of Aware Respondants

Table 45. Kind of Contact with other  
Disabled Individuals by % of  
Respondants

our respondents are users, at any level, of special publications and a little over half of special broadcast offerings (although watching "Les Exclus" on Radio Canada in Montreal resulted in an abnormally high awareness there--one suspects that a third would be a more general figure). Awareness of and use of library services (Books for the Homebound) was worse than for the mass media services. About a third of our sample had used a transportation service. A lot of PR work has to be done on publicizing these things; one suspects that the Disabled are only marginally more aware of them than the general public. It's almost unforgivable that for any given special service, one could expect to find from a third to a half of the Disabled unaware!

How do they become aware? Friends and relatives account for a quarter of the sources (See Table 44). Therapists account for another 13% and organizations for the Disabled the bulk of the rest. The media come in a poor 4th (tied with relatives) at 11%. Considering that the Disabled are relatively limited in the kinds of contacts they have and quite heavy media users, this figure seems low. Perhaps transportation services are something that tv and radio don't cover; perhaps friends, relatives, organizations and the therapists get in their first. In any case, the media don't serve the Disabled.

#### 4.2 Some Specific Roles for the Media

In making recommendations for what the media should do for the Disabled ("for" is, naturally, the wrong word here; it emphasizes again the receiving aspects. "With" is a better, if somewhat vaguer term), it's important to list some values which can be treated as criteria and then compare the current situation with the desired. Here is a list gathered from our two years' of listening to the

Disabled, their agents and helpers and others:

1. Receiver roles should be lessened, in intensity as well as importance;
2. The Disabled do not need extra barriers, either physical (such as stairs) or psychological (such as the phenomenon of "spread" or automatic "clienting") between themselves and the services they require ;
3. The primary value is to be reduction of restriction on choice; to control rather than be controlled is the goal;
4. Where lack of communicative power cannot be corrected anatomically, it should be enhanced electronically;
5. The Disabled will benefit even more than members of society-at-large from technology; they should be the first to know about advances, not the last.

This section briefly discusses each of these five values in relation to the media. Section 4.3 makes some specific recommendations about where the media can be made or remade to serve the Disabled.

#### 4.2.1 Lessening Receiver Roles

Making television and radio more available, without making the content more relevant and the programming more accessible would merely result in overemphasizing the attractiveness of precisely those things the rest of society hardly has need of: action, variety, and fantasy. This is not to say that Canadian television and radio should not be available to all Canadians--that's taken as a given. But making "The Plug-in Drug", to cite the title of Marie Winn's (1976) stunning analysis of what television viewing does to the viewer, more available will only increase the likelihood of passive reception, without making these powerful media do more work. The demand from the disabled is loud and clear: "We want relevant programming."



The need is as obvious: give the Disabled access to the media in active roles: producers, critics, reviewers, actors, directors, creative managers, camerapersons, and script-writers. There are roles other than as receivers. There are those sender and facilitator roles just mentioned. There are animator and developer and organizer roles, too. With the appearance of personalized media, the telephone can become a powerful tool to initiate content production and dissemination.

All of this requires organization. One could not expect more than a few individuals to overcome bureaucratic indifferences and money barriers to insinuate themselves into these roles without organizational help.

#### 4.2.2 Removing Barriers

The physical barriers will come down when legal statutes require them removed. Naturally communication among the Disabled can build the kind of community needed to muster the forces of change. The psychological barriers come down with even more difficulty, for basic attitudes in this society do not change easily. Although limited successes have been achieved in Europe (See Lippman, 1972), the Disabled have not been accepted generally as full members of this Western culture (See Mills's treatment of this subject in our Preliminary Report, Chapter 5.). The emphasis has always been on rehabilitation or institutionalization, roughly equivalent to our treatment of criminals. It has never been thought that the Disabled are barred from normal participation in society by the "Normals," that they possess otherwise normal characteristics--except insofar as these characteristics have been created or warped by prior treatment, such as denial of education, jobs, entertainment. Thus our

treatment of the Disabled could never be "enhancement" rather than "correction."

The media--especially given broadcast access and the very personal medium of the telephone--can remove many of the psycho-social barriers the Disabled encounter, if they can be trained to use them and demand the kinds of enhancements they need and would profit from. Barriers to jobs, services, and each other could be greatly diminished.

#### 4.2.3 Increased Control

The most attractive thing about telecommunications is being able to be at two places simultaneously. This is not a "normal" human situation, when one compares it to reality. As "bionic" as the Six Million Dollar Man, Woman and Child, this ability enhances; it does more than correct. In addition, it increases the realm of experience of the participant. Television and radio bring in vicarious experiences, the telephone, teletype, and two-way cable create momentary societies--societies of equals. Granted there may often be little to speak of--especially if the "normals" continue to foreground handicaps--but the possibility of control is there. By one phone call, one can request information; by another, arrange a visit; by a third, purchase an article; and by a fourth, "attend" a meeting. Considering that the caller is unable to leave the dwelling, that's not a bad record for an hour's activity.

#### 4.2.4 Electronic Enhancement

Continuing in this vein, there is no reason why electronic media might not "bionize" the Disabled even further. Closed captioning for the deaf is an example. After all, why should captions be limited to literal or liberal lexical transliterations? The captions are

digital information, every bit as storable and transmittable as the best that the telecommunications operators can produce. Cannot other information appear? Cannot other formats be used than sub- or super-titles? Considering that very powerful digital games and home computers are now on the market from \$100 to \$2000, the near-term future promises that captions are only the tip of the iceberg. Digital telephony promises almost unlimited conferencing, store-and-forward message services, repertoire dialing, and ultimately remote sensing. These services do more than compensate, they enhance.

#### 4.2.5 "Techno-Crips"

The sum total lesson of this is that the Disabled will profit more than any group in society from technological advancement in the media. Analogous to the "technocrat", there should be a group of "technocrips" - disabled individuals with specialized in-depth knowledge of technology as it pertains to themselves. This will not be, however, so long as the Disabled remain the last to know about things they can profit from. Even when they know, they are rarely in a position to contribute to research and development. The Disabled end up on page 87 under "Special features for the Handicapped," often a few bitterly-fought-for after-the-fact considerations (this is not to deny the enormous and invaluable contributions of individuals and groups such as the Telephone Pioneers, for instance; we just wish to point out the fact that these are exceptions) rather than consultation and consideration from Day 1. Since much of Canadian telecommunications and broadcast advancement is really imported technology--and under international agreement--the Disabled toil under a double burden of delay and frustration, often having to

apologize for being special cases where design would have made them ideal users. The image of "Techno-crips" leading the way to development of new technologies for the Disabled AS FULL-FLEDGED MEMBERS OF A SOCIETY OF MEDIA USERS is appealing, if only a trifle overdrawn. Where are tomorrow's handicapped media experts?

#### 4.3 The DOC and the Disabled: Some Recommendations

We performed a statistical operation known as Factor analysis on the data collected on the twenty-six Daily Activities, in an attempt to get a better profile of the life of a disabled person. Factor analysis attempts to replace a complex description (in this case, a 26-item one) with a simpler, although vaguer, profile. Activities which relate strongly--ones which imply each other or deny each other--are tied into a created "factor." Factor analysis is essentially an exploratory technique, for the derived factors have no names and the technician using Factor analysis must use his intuition and knowledge of the respondents to name the new factors.

Our twenty-six items were reduced to seven groups, listed in Table 46, which we named according to the attributes of the major contributors to the group. The numbers in parentheses refer to a "loading" or, less formally, how much the item relates to the created factor. Thus, the action of receiving letters relates at a level of 0.56 to factor 1, which we named "Formal Interpersonal." As an exploratory technique, the technician is free to set the minimum acceptable loading at any level; we chose 0.20, which is not atypical. The reader should understand that loadings are like correlation coefficients; that is, the "value" or "explanatory power" of a loading is proportional to its square. Thus receiving letters "explains" our "Formal Interpersonal" activity at a  $0.56 \times 0.56$  or 31% level, while

sending letters explains it at a 74% level. Those loadings near 0.20 have an explanatory power of only 4% on this scale.

The amount of the total variance in all twenty-six activities explained by each factor is given. This is the explanatory power of each factor in characterizing an individual's behaviour, averaged over all individuals. Thus, "Formal Interpersonal" is twice as powerful as a characterizer of the typical respondent as "Informal Interpersonal." These seven factors accounted for almost nine-tenths of the non-job and non-household-related activities of our respondents.

What does this analysis show? It shows that interpersonal communication is quite important in predicting the activities of our sample. It shows that getting information, in one mode or another is next important. And it shows that the client and disabled aspects of their lives are relatively poor predictors of what they do. Interpersonal communication habits are  $2\frac{1}{2}$  times as powerful predictors of what our respondents said they did as anything related to asking for help or being disabled.

The implications are many. For one, the Disabled report themselves to be concerned and affected by the amount (and from other data, the quality) of interpersonal contact, not by the mass media. Second, obtaining information is important to distinguishing between individuals' activity profiles. In this, attending classes is opposed to mass-media news consumption. Third, those aspects traditionally associated with institutionalized disabled persons are (1) independent of all other activities and (2) unimportant in characterizing individuals. Thus "Being Disabled" is a label the Normals apply to the Disabled; there is no evidence in this factor analysis that the Disabled observe such distinctions themselves!

Factor 1 (27.6% of Variance) "Formal Interpersonal"

Send letter (.86)  
Receiver letter (.56)  
Do volunteer work (.31)  
Interact with club members (.30)

Factor 2 (14.5% of Variance) "Informal Interpersonal"

Receive phone call (.88)  
Place phone call (.86)  
Do volunteer work (.23)  
Speak to friends (.23)  
Pick up book to read (.21)

Factor 3 (12.1% of Variance) "Informing"

Listen to radio news (.67)  
Attend classes (-.47)  
Watch TV news (.45)

Factor 4 (10.2% of Variance) "Print media"

Pick up book to read (.69)  
Pick up magazine to read (.58)  
See physician (.22)  
Send letter (.21)

Factor 5 (8.9% of Variance) "Being a client"

See counsellor (.62)  
See physiotherapist (.51)  
See physician (.31)  
Attend civic meeting (.21)

Factor 6 (8.5% of Variance) "Being Disabled"

Interact with disabled (.59)  
Speak to friends (.56)  
Do volunteer work (.41)  
Interact with club members (.40)  
Speak to clergy (.31)  
Do crafts or sewing (.29)  
Sculpt, paint, draw (.23)

Factor 7 (7.5% of Variance) "Planned Activities"

Participate in sports (.68)  
Go to film (.49)  
Do crafts or sewing (.20)

Table 46. Results of Factor Analysis on Twenty-six Activities (Seven Factors Account for 89.4% of the Total Sample Variance on the Twenty-six Activities)

Finally, the classes or factors derived are easy to distinguish and have relatively natural labels. The process guarantees that they are independent, as we've been able to verify with other data. Interpersonal communication is independent of informing activities and both are independent of aspects of disability. These are whole people performing a complete diet of activities; they are not tightly-bound, predictable automata.

Consequently, we feel confident in making the following recommendations concerning television, radio, telephony, and the cornucopia of communication goodness expected in the next decade and the kinds of persons that we interviewed.

4.3.1 THE DISABLED THEMSELVES MUST BE INCLUDED IN EVERY MAJOR DECISION WHICH COULD AFFECT THEIR USE OF ONE OF THE MEDIA UNDER DOC (AND CRTC) PURVIEW.

This will require additional media awareness on the part of the Disabled and Organization for Media Exploitation, as discussed in the Workshop. With no national grass-roots organization cutting across all Disabilities operating in Canada, we recommend that DOC operate closely with groups such as COPOH and create a continuing working committee to disseminate information on technology and issues to and receive information on needs and opportunities from the Disabled.

4.3.2 THE DISABLED MUST BECOME SENDERS AS WELL AS RECEIVERS; THE PRIORITY SHOULD BE PLACED NOT ON PASSIVE RECEPTION BUT ALSO ON ACTIVE PARTICIPATION IN THE CREATION, DISTRIBUTION, AND PROMOTING OF CONTENT THROUGH THE BROADCAST MEDIA.

Short of creating "techno-crips," the DOC should foster, and the CRTC should require, the removal of economic and technical barriers to media usage by the Disabled. Media workshops should be funded and

ultimately they should be made ongoing, staffed by the Disabled themselves. These workshops should not confine themselves to the more elite and specialized broadcast techniques but should include such topics as these:

1. Public relations and publicity;
2. Advertising;
3. Phone technique;
4. Organization for media production;
5. Letter-writing;
6. Critique and content analysis;
7. Review writing.

In addition, the DOC should foster the development of those media that require active participation without requiring mobility: two-way cable, certain telephone services, digital-memory-based job experiments, communication-based job-sharing schemes. DOC should carefully weigh the benefits of schemes which would place the Disabled at a disadvantage because of increased dependence or isolation (such as more entertainment). Thus a technology which would provide new computer-communications-based jobs (See Turoff and Gage, 1976) and increased access to education (and not necessarily in the form that is traditional, i.e., lectures at an institution) are to be stressed because it promotes the learning and exercise of enhanced skills and powers. A device with a keyboard, for instance, is better than one which uses an abbreviated set of preformed messages (assuming that they both require the same manual dexterity) because the first trains a valuable communication skill and the second trains a specific and limited ability. Thus the next recommendation:



4.3.3 DOC SHOULD FAVOUR EXPERIMENTS WHICH ENHANCE RATHER THAN COMPENSATE FOR THE SKILLS OF THE DISABLED AND SHOULD ENTERTAIN PROPOSALS THAT COMBINE COMMUNICATION WITH EDUCATION, VOCATION, AND COMMUNITY DEVELOPMENT OR WHICH WOULD TEND TO PROMOTE THESE.

The question of self-help is vital. Devices which make the Disabled dependent can only ultimately imprison them. Then, too, the device might be seen as neutral; what becomes the jail-guard is the procedure, the service or system offered. A service in which the Disabled participate and a system which they maintain, individually or as groups, is far more valuable than one which is merely applied to the Disabled. Thus every system, service or device (SSD) must carry within it the seed of its own ultimate handlability by the Disabled.

This implies a new way of treating an SSD for the Disabled. With every SSD there goes an organizational imperative: can this SSD be maintained by the Disabled themselves? To be answered in the affirmative, many of the capabilities of an organization like the DOC must be made available to the Disabled and this, in turn, requires that the DOC be prepared to do more than react, on an ad-hoc basis, to the needs of the Disabled.

Therefore, at the risk of adding bureaucracy to bureaucracy, we propose the following:

4.3.4 DOC MUST ACCEPT THE RESPONSIBILITY OF SEEING THAT TECHNOLOGY IS USED TO THE ADVANTAGE OF THE DISABLED. THIS IMPLIES TWO ACTIVITIES: (1) TO DESIGNATE AN INDIVIDUAL TO BE A PERMANENT ENTRY-POINT FOR IDEAS, CONCERNS, AND PROPOSALS FROM THE DISABLED AND (2) TO PROVIDE ORGANIZATIONAL EXPERTISE TO CHANNEL THESE IDEAS, CONCERNS, AND PROPOSALS TO THOSE WITHIN DOC -- AND ELSEWHERE IN THE GOVERNMENT--FOR FURTHER ACTION, BACKED BY THE TECHNICAL EXPERTISE OF THE DOC IN TELECOMMUNICATIONS.

We must be aware, too, that many of the needs which the Disabled have can be met through existing SSDs. The problems with using them

lie in organizational inaction, lack of information, and lack of communication. We therefore recommend that:

4.3.5 DOC UNDERTAKE TO ACT AS BROKER BETWEEN EXISTING SYSTEM, SERVICE, AND DEVICE OFFERERS AND THE DISABLED TO THE EXTENT OF MATCHING SUPPLIER TO POTENTIAL USER GROUPS.

This responsibility could be integrated with those of the person designated in Recommendation 4.3.4. The term "broker" is used in the same sense as in section 4.2.1 of the Preliminary Report, April 1977 and does not imply that DOC should market, sell, or promote any specific SSDs. This responsibility should also be carried forth in an active rather than re-active fashion. As we recommended last year, some appropriate formats for this activity might be seminars, newsletters, and informal meetings.

4.3.6 DOC SHOULD UNDERTAKE TO COMPLETE AND SHOULD SUPPORT THE EFFORTS OF OTHERS TO COMPLETE OUR KNOWLEDGE OF THE USE OF THE MEDIA AND THE ROLE OF AND CAPABILITIES FOR INTERPERSONAL COMMUNICATION BY THE DISABLED GENERALLY AND FOR SPECIFIC GROUPS OF THE DISABLED, FOR THE PURPOSES OF INTELLIGENT PLANNING.

Three studies come to mind immediately. There is an urgent need to obtain summary statistics on the incidence, severity, and effects of disability in Canada. The 1981 Census would seem a logical place to find this data and at this time several groups are attempting to improve the coverage of disability in that and later censuses. More important is the Canada Health Survey (See Abelson, 1977) which is ongoing and which will "operate continually in all provinces on a monthly basis" according to Thomas Stephens, Director. While it is probably impossible to influence the content of the survey at this late date, it is urgent that DOC be prepared to analyze and utilize.

the data on disability and leisure pursuits coming from the survey, beginning in June of this year.

A second study is an indepth study of the communication needs and SSDs available for the deaf and hard-of-hearing in Canada. DOC has several projects concerned with the deaf going or completed; presumably more will have to be done, since the Deaf represent a portion of the population defined by its inability to communicate. Our study has not investigated the deaf in any detail--a "sample" of 20 cannot be considered for planning purposes as a valid group. The Deaf are difficult to locate and nearly impossible for untrained individuals to interview. Since they are nearly as mobile as the general population, they are far more difficult to characterize demographically, yet their communication habits are probably quite restricted in nature (especially the profoundly deaf and the pre-lingual deaf).

A third study would look at the opportunities which recent and near-future-projected technology would offer the disabled, especially in regard to vocation and informing. The first is a crucial consideration for the Disabled; a little creative thought applied to technical expertise will shed a lot of light on vocational opportunities brought about by communications technology; there is more than work-at-home here. An SSD such as VDETS (Voice Data Entry Terminal System), marketed by Scope Electronics in Reston, Virginia (Glenn, Miller, and Broman, 1976), merely recognizes speech, but its capabilities, when coupled with organizations willing to pay for and use it (certainly we'd expect the price to fall in constant 1978 dollars) are enormous. It could be used as part of an information service, to create jobs, as an answering service, as part of an environmental control system, and the like. A classification of the possible uses

of digital equipment, such as might be expected to become available with the coming home computing boom, seems justified.

#### 4.4 Summary

We have made six recommendations: formal inclusion of the Disabled in decision-making, fostering of sender-role technology and SSDs, a development emphasis on enhancement and skill development, a formal interface function, a broker role within DOC, and several studies. The primary value in prioritizing these recommendations is self-help. Since, in addition, DOC has a mandate to make telecommunication available to all Canadians, several of the recommendations are but shifts in emphasis for already well-recognized responsibilities. We think that information comes first: studies are necessary. Next is the inclusion of the Disabled into the research, development, offering, evaluation cycle: the interface and broker roles come next. We would be surprised if these recommendations were at all difficult to implement.

Altering of the decision-making process and the fostering of sender-role technology development with emphasis on skill-development for enhancement will require turning some people and policies on their ears, not without resistance from all sides. There seems, however, to be little choice. If the goal is to be to make telecommunications--in all its ramified manifestations today and tomorrow--available to all Canadians without regard to present bionic status, then those who will profit the most must be able to communicate and influence.

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APPENDIX I

Survey Interview Form

Name \_\_\_\_\_

City \_\_\_\_\_ Sequence Number \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ Interv. \_\_\_\_\_

I. Devices/Items:

No. Location(s)

TVs in household  
 Radios in household  
 Hi-fis, tapes, etc.  
 Telephones in household  
 Newspaper titles read  
 Magazine titles read  
 Cable connections  
 Books begun each month

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12


Time: About how much time do you spend each day?

	Watching TV			Hearing Radio			Newsp.	Mags& Books	HiFi& Tapes
	Morn	Aft	Eve	Morn	Aft	Eve	23	26	29
	13	14	15	18	19	20	Day	Day	Day
(1) None									
(2) ½ hr.									
(3) 1 hour									
(4) 1½ hrs.									
(5) 2 hrs.									
(6) 2½ hrs.									
(7) 3 hrs.									
(8) Always									

If answer is  
 ½ hr./day or  
 less, ask...

Why so little  
 use of ...

What can or  
 could help  
 in the use  
 of ...

16	21	24	27
17	22	25	28

Consider the following devices. We'd like to know if you have or can use them.

	Type- Writer	Cam- era	Tape Recd.	Port. Calc.	Ham Radio	CB Radio	Comp. Term.
Possession	120	122	124	126	128	130	132
(1) Have							
(2) Don't Have							
Ability to Use	121	123	125	127	129	131	133
(1) Unable							
(2) Poor							
(3) Fair							
(4) Good							

## II. Activities

How Often do You....

check one column per row

Nev Yr- Sev Mon Sev Wk- Sev Dai Sev  
er ly /Yr thly /Mo ly /Wk ly /Day

30. Watch TV News
31. Speak to friends, etc.
32. Attend Classes
33. Listen to radio news
34. Do crafts or sewing
35. Attend a sporting event as a spectator
36. Participate in a sporting event
37. Go to a film
38. Receive a phone call
39. Place a phone call
40. Attend a civic meeting
41. Meet with or speak with disabled individuals
42. Speak to a clergyman

[illegible]

RETURN TO THESE QUESTIONS (43-56) AS INDICATED LATER

How Often do You.....

CHECK ONE column per row

nev	Yr-	Sev	Mon	Sev	Wk-	Sev	Dai	Sev
er	ly	/Yr	thly	/Mo	ly	/Wk	ly	/Day

43. Send a personal letter
44. Receive a personal letter
45. Get out of your dwelling
46. Pick up a book to read
47. Do volunteer work
48. See personal physician
49. Sculpt, paint or draw
50. Pick up a mag to read
51. Play a musical instrum.
52. See a physiotherapist
53. See a counsellor
54. See or talk to club  
members (Church, social)
55. Go to a concert or play
56. Another important ac-  
tivity

[illegible]

III. Specials. Do you...

Not heard of (1)	No, but heard of (2)	At least once (3)	All or reg'lr (4)

57. Read NEW STAND  
58. Watch "Disability"  
59. Use Mobile Libr. Service

[illegible]



IV. Content      What is (are) your favourite ...

60. TV show(s) \_\_\_\_\_
61. Radio station(s) \_\_\_\_\_
62. Newspaper feature(s) \_\_\_\_\_
63. Book (title(s)) \_\_\_\_\_
64. Magazine (title(s)) \_\_\_\_\_
65. Film (Title(s)) \_\_\_\_\_

V. Difficulties

	TV	Radio	Newsp.	Books	Phone
What Difficulties do you experience in using... "N"=none "X"=DK/NA	67	70	73	76	79
What aids do you use in helping you use...	68	71	74	77	80
What aids do you need or could you use to help you use...	69	72	75	78	81

\*\*\*\*\* QUESTIONS 43 THROUGH 56 ARE ASKED HERE \*\*\*\*\*

VI. Films

82. If never go to films, why?

83. What would help in attending films, if that's the problem?

84. What films have you seen about or concerning handicapped people?

85. What do you think about films about people who are handicapped?

86. Do you listen to radio "open-line" shows? (1) Yes (2) No

87. How do you feel about such programs? (1) Like, enjoy \_\_\_  
 (2) Indifferent \_\_\_  
 (3) Dislike \_\_\_  
 (4) No Opinion \_\_\_

VII. Mobility

88. Would you like to get out more Often? (1) Yes (2) No

89. If yes, what would you do if you got out more often?

90. If yes, what prevents your getting out more often? (If "disability" is answer, what about the disability is preventing getting out--eg. lack of transportation, lack of place to go, pain, fear, etc.)

91. Do you use a transportation service? \_\_\_ (1) Not heard of  
 92. If you have used it or know of it, how \_\_\_ (2) No, but heard of  
 did you find out about this service? \_\_\_ (3) At least once  
 \_\_\_ (4) Use regularly

93. Do you drive a car? (1) Yes (2) No

94. What kind of contact do you have with other disabled individuals? (If in institution, substitute "with non-disabled individuals")

VIII. Skills

How Good are you at the following

	Unable (1)	Poor (2)	Fair (3)	Good (4)
95. Reading (including braille)				
96. Handwriting				
98. Eyesight (include corrections)				
99. Hearing (including aids)				
100. Speaking				

IX. Demographics

103. Age ☐ (1) Under 15
104. Living arrangements ☐ (2) 16-24
- ☐ (1) Live alone ☐ (3) 25-39
- ☐ (2) With family ☐ (4) 40-64
- ☐ (3) Share Accommodations ☐ (5) 65 and over
- ☐ (4) Institution, alone
- ☐ (5) Institution, share
- ☐ (6) Other
105. Are you the head of the household? ☐ (1) Yes ☐ (2) No
106. Education level ☐ (1) None
- last attained: (if ☐ (2) Elementary or less
- student, check ☐ (3) Some high school
- current level) ☐ (4) Completed high school
- ☐ (5) Some post-secondary
- ☐ (6) Tech/vocational degree
- ☐ (7) University degree
- ☐ (8) Advanced degree(s)
107. Frequency of paid ☐ (1) Full-time
- Employment ☐ (2) Part-time
- ☐ (3) Occasional, irregular
- ☐ (4) None
108. Type of employ- ☐ (1) Clerical, secretarial
- ment, whether ☐ (2) Skilled manual
- currently employed ☐ (3) Unskilled manual
- or not. If not, ☐ (4) Professional
- indicate previous ☐ (5) Other white collar
- employment ☐ (6) Farmer
- ☐ (7) Student
- ☐ (8) Never employed
- ☐ (9) Other \_\_\_\_\_
109. Family income range. ☐ (1) Less than \$2,000 per year
- Data will be kept ☐ (2) \$2,000 to \$5,999 per year
- strictly CONFIDENTIAL ☐ (3) \$6,000 to \$9,999 per year
- and is for statis- ☐ (4) \$10,000 to \$14,999 per year
- tical purposes only. ☐ (5) Greater than \$15,000 yearly
110. Languages spoken
111. Sex: ☐ (1) Male ☐ (2) Female
112. Nature of disability: ☐ (1) Multiple sclerosis
- If more than one, indi- ☐ (2) Cerebral palsy
- cate major disability ☐ (3) Paralysis ("-plegia")
- with a "plus" sign (+) ☐ (4) Arthritis, rheumatism
- and check off other(s) ☐ (5) Lung problems
- ☐ (6) Blindness
- ☐ (7) Deafness, hard-of-hearing
- ☐ (8) Muscular dystrophy
- ☐ (9) Other \_\_\_\_\_

X. Opinions

113. How long have you been disabled? \_\_\_\_\_ years or whole life \_\_\_\_\_
114. To what extent would you say \_\_\_\_\_ (1) Not at all  
your disability affects your \_\_\_\_\_ (2) A little  
daily life activities? \_\_\_\_\_ (3) To an extent  
\_\_\_\_\_ (4) A lot  
\_\_\_\_\_ (5) Totally
115. In what specific ways  
is your life and daily living activity affected by your disability?
116. What do you feel is the most important problem facing the disabled in  
their lives?
117. What kinds of devices, aids, or services do you think would help you  
or others like you overcome the problem(s) you just mentioned?
118. What would you recommend in the way of tv, radio, telephone or other  
communications media and devices as a way of getting more or better  
information to disabled people about their disabilities?
119. Any general comments? About the interview, interviewer, the research,  
disability, communication, etc.

INTERVIEWER COMMENTS:

APPENDIX II

Deaf Mail Questionnaire

I. How many of each of the following do you have use of?

- |                     |                                    |
|---------------------|------------------------------------|
| 1. TV sets _____    | 3. Hi fis and tape recorders _____ |
| 2. Radio sets _____ | 4. Telephones _____                |

II. How many .....

5. Newspapers do you read each day? \_\_\_\_\_
6. Magazines do you subscribe to? \_\_\_\_\_
7. Books do you start reading each month? \_\_\_\_\_

III. How much time do you spend each day .....

8. Watching tv? \_\_\_\_\_ hrs. 11. Reading books and magazines? \_\_\_\_\_ hrs.
9. Listening to radio? \_\_\_\_\_ hrs. 12. Listening to music? \_\_\_\_\_ hrs.
10. Reading newspapers? \_\_\_\_\_ hrs.

IV. For each of the following, choose and circle one answer.

13. NEWSTAND is a monthly magazine published in Ottawa by and for the Disabled. Which of these is true for you?
  - a. I've never heard of NEWSTAND
  - b. I've heard of NEWSTAND, but I've never read it.
  - c. I've read a few copies of NEWSTAND.
  - d. I read every issue of NEWSTAND.
14. "Disability" is a tv program shown on cable channel 12 which is about the Disabled. Which is true of you?
  - a. I've never heard of the tv show "Disability"
  - b. I've heard of "Disability" but I don't or can't watch it.
  - c. I've seen a few shows of "Disability"
  - d. I watch every show.
15. The Ottawa Public Library has a Books for the Homebound service. Which of the following is true of you?
  - a. I've never heard of this service.
  - b. I've heard of this service but I don't use it.
  - c. I've used this service a few times.
  - d. I'm a regular user of this service.
16. There is a teletype network for communication among individuals, some of whom are deaf. Which of these is true of you?
  - a. I've never heard of this network.
  - b. I've heard of the network, but I can't or don't use it.
  - c. I've used the teletype network on occasion.
  - d. I'm a regular user of the teletype network.

V. Please rate your abilities at the following by circling one answer for each of the skills listed.

17. Reading.....	Unable	Poor	Fair	Good
18. Handwriting.....	Unable	Poor	Fair	Good
19. Typing.....	Unable	Poor	Fair	Good
20. Eyesight.....	Unable	Poor	Fair	Good
21. Hearing.....	Unable	Poor	Fair	Good
22. Speaking.....	Unable	Poor	Fair	Good
23. Use of Camera.....	Unable	Poor	Fair	Good
24. Use of Tape Recorder..	Unable	Poor	Fair	Good
25. Use of Teletype.....	Unable	Poor	Fair	Good
26. Lipreading.....	Unable	Poor	Fair	Good
27. Signing.....	Unable	Poor	Fair	Good

VI. The following list mentions a number of activities. Try to estimate how often you have done each one during the past year. For instance if you think that over the past year you've gone shopping several times per week, put an X in the SEV/WK column, as in the example. Try to give the best estimate you can, but don't worry about being absolutely correct. Please use only one "X" in each row.

	NEVER	SEV/YEAR	SEV/MONTH	SEV/WK	SEV/DAY
	↓	↓	↓	↓	↓
xx Go Shopping →				X	
28. Watch news on TV →					
29. Converse with friends →					
30. Attend classes →					
31. Listen to radio news →					
32. Do crafts or sewing →					
33. Attend sporting event →					
34. Participate in sports →					
35. Go to a film →					
36. Receive a telephone call →					
37. Place a telephone call →					
38. Attend a civic meeting →					
39. Converse with Disabled individuals →					
40. Converse with clergyman →					
41. Get out of your dwelling →					
42. Pick up a book to read →					
43. Do volunteer work →					
44. See personal physician →					
45. Sculpt, paint or draw →					
46. Read a magazine →					
47. Play a musical instrument →					
48. See a physiotherapist, audiologist or speech therapist →					
49. See a counsellor or social worker →					
50. Attend club meetings →					
51. Go to concert or play →					

VII. Personal Information. All information you supply us is CONFIDENTIAL. It will be revealed to no one; but we need it to understand the importance of the data you've already given. Thanks for cooperating.

52. What is your age? \_\_\_\_\_
53. Are you the head of your household? \_\_\_\_\_
54. What was your last year of education? \_\_\_\_\_
55. Are you employed...full time \_\_\_\_\_ part-time \_\_\_\_\_  
occasionally \_\_\_\_\_ not employed \_\_\_\_\_
56. Your current or most recent employment can best be described as
- |                                |                         |
|--------------------------------|-------------------------|
| a. Clerical, secretarial _____ | e. White collar _____   |
| b. Manual, skilled _____       | f. Farmer _____         |
| c. Manual, unskilled _____     | g. Student _____        |
| d. Professional _____          | h. Never employed _____ |
57. Which languages do you speak or understand? \_\_\_\_\_  
\_\_\_\_\_
58. Which income class does your family income fall into?
- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| a. Less than \$2,000 per year _____  | d. \$10,000 to \$15,000 yearly _____ |
| b. \$2,000 to \$6,000 per year _____ | e. More than \$15,000 yearly _____   |
| c. \$6,000 to \$10,000 yearly _____  |                                      |
59. What is the nature of your disability? \_\_\_\_\_
60. How long have you been disabled? \_\_\_\_\_ years
61. If you wish to be interviewed in person rather than complete this questionnaire, please send this form back with your name and address (and telephone number) and we will contact you to arrange an interview.



APPENDIX III

Workshop Logo



APPENDIX IV

COMMUNICATIONS AND THE HANDICAPPED

INFORMATION PROJECT

WORKSHOP

(Sept. 17-18, 1977)

SUMMARY

Prepared by: Paul Licker  
St. Paul University

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## 1. Background

The Communications and the Disabled Workshop was held at the University of Ottawa September 17 and 18, 1977. This convocation was sponsored by St. Paul University and was Phase 2 of a three-phase study (CHIP: Communications and the Handicapped Information Project) commissioned by the federal Department of Communications to look at the communication needs of the Disabled in Canada.

The first part of the study (a pilot research project done during 1976-77 under a previous contract with DOC is documented in the CHIP report for 1976, available from DOC upon request) consisted of about 500 interviews and questionnaires obtained from disabled individuals in Ottawa and Montreal during the summer of 1977. The results of this study will shed light on individuals' activities vis-a-vis the media and interpersonal communication as well as social contact and daily activities.

However, merely interviewing individuals (commonly relying upon self-report in which an individual estimates the kind and degree of his own activities) is insufficient for proper interpretation of the data. Consequently a workshop was convened to bring together experts and the Disabled to

discuss what communication does and can do for the Disabled as individuals as well as in groups.

A second purpose served by the workshop was to provide a forum within which experts in various disciplines dealing with the Disabled, disability, or communication could meet and share information and experience, perhaps leading to future contacts outside the milieu of the CHIP research.

Finally, a third purpose was served by bringing the Disabled themselves into contact with experts not commonly concerned with disability, within an atmosphere of mutual concern-- in this case a concern with communication.

## 2. Workshop Operation

### 2.1 Participants

Invitations to this closed workshop were sent to individuals from government, business, academia and organizations for and of the Disabled. Many, if not most, of these individuals had been contacted first through the CHIP research and we felt that these individuals would be helpful to the purposes of the workshop. Despite the fact that many attendees complained that the apparently low attendance was due to apathy, in fact almost half those invited were able to attend and many -- perhaps one-third -- of the non-attendees were prevented from attending by previously-scheduled engagements. It should be stressed

that individuals were invited rather than having the workshop thrown open to the General Public. Thus the representativeness of the attendees is not asserted -- as indeed such representativeness could never be assured. Nor was the workshop convened to be in any sense a "legally" constituted body of representatives of anything more than interested persons. What the body of attendees does represent is the seventy or so individuals and their diverse, well-versed viewpoints on a number of issues. No attempt was made to bring the attendees to a consensus and no assertion of general agreement is made for any statement made in this summary unless explicitly stated.

## 2.2 Sessions

The workshop consisted of an opening speech by Paul Licker, director of the CHIP project, five topic-oriented sessions (see below) and a summary meeting. Several of the sessions consisted of two groups, while the rest consisted of three groups. The fifth session was conducted by a round-table discussion group. Each session was led by an individual who has had some experience in the topic area, although not necessarily directly with the Disabled; several groups were led by individuals whose primary vocational concern is disability, however.

The sessions and discussion leaders are listed on the following page.

Session I: Locating and Organizing the Disabled.

- A. Janet Ableson, Canada Health Survey
- B. Charlie Sheppey, S.T.A.N.D.<sup>1.</sup>

Session II: Informing the Disabled

- A. Fernande Arcand, Ottawa Public Library
- B. Sandy Siggner, Information Services for the Disabled<sup>2.</sup>
- C. Bruce MacCallum, Ottawa Handicapped Association

Session III: Policies for Communications and the Disabled

- A. Bob Lucyk, Social Policy and Programs Branch (DOC)
- B. Sue Paquette, Rehabilitation Services (H&W)

Session IV:

- A. Ross Hotson, Division for the Visually and Physically Handicapped(National Library)
- B. Paul Licker, Director CHIP
- C. Elizabeth Taylor, Montreal Coordinator CHIP

Session V: The Disabled as Creators of Communication

- A. Round-table Discussion
  - Don Walls, Editor NEW STAND<sup>3.</sup>
  - Claire Hystek, Producer of "DisAbility"<sup>4.</sup>
  - Bob Black, Skyline Cablevision, Ltd.

### 2.3 Reporting

Sessions were not recorded mechanically; however, recorders were appointed for each session and this summary was prepared from their notes. Some additional thoughts emerging from subsequent discussion with some session leaders have been used in organizing this material for publication.

- 
- 1. Serving The Aims and Needs of the Disabled.
  - 2. Operated by the Rehabilitation Institute of Ottawa
  - 3. Published in Ottawa by the Disabled.
  - 4. Shown 1975-1977 biweekly on Skyline and Ottawa Cablevision community programming channel.



### 3. Summary of Sessions

#### 3.1 Session I

For this opening session, the first and most appropriate question was this: Who are the Disabled? This became a question of definition. Many felt that handicaps are environmentally imposed. The need for a definition is related to the need for numbers. In order to act, numbers must be large enough to warrant action, since the provision of services and facilities is often an economic consideration. Census questions, such as on the Canada Health Survey, are a must in regard to disability.

A second, related question is this :Where are the Disabled? A feeling among the participants was that there were a large number of "silent" or "lost" disabled individuals, perhaps even more than those who are known of. Many don't like to talk or dwell on their disabilities because they don't want to become depressed or exposed or because they don't want their families involved. There are at least five physical and social reasons why many disabled persons remain "lost":

1. Since the Disabled are in general under- or un-employed, they do not appear in the workforce in relative numbers to the general population and thus don't benefit from the social interactions involved. Jobs don't seem to be adaptable with respect to the special needs of the Disabled.

2. The Disabled are less likely to be present together in the same physical space owing to transportation difficulties (obvious exceptions are highly-motivated involved individuals, group residences and clinics.).
3. The Disabled make markedly lighter use of the telephone, thus further increasing social isolation.
4. In Ontario, many Francophone disabled individuals are cut off by language barriers from access to essentially Anglophone services and organizations.
5. Splinter groups and special interest groups (usually created along specific disability lines) tend to fractionate the social interaction among the Disabled.

Organization seems a key element in locating the Disabled.

The benefits of better organization include all those coming from self-help efforts -- greater sensitivity to a range of problems, more- and better-involved individuals, better planning, better supply of human resources, more effective action, better communication with outsiders--especially with professionals concerned with housing, access, transport and employment planning and policies.

Several alternative ways of locating and organizing the Disabled were mentioned. Workshops of the sort of this one help to bring professionals together with the more highly motivated disabled persons. Systematic professional contact is a possibility, especially since such contact makes key professionals (builders, designers, city planners, politicians) aware of the pressing problems of the Disabled. A "concept" or "issue" strike force can act as a committee of the Disabled across disabilities to supply human resources to attack particu-

lar problems or timely issues as they occur. Such a group would work with groups of the Disabled as well as with the general society. Finally, the media can be used to contact the Disabled and hold their attention through tv, cable, radio and print, forming (perhaps issue-oriented) groups.

One large problem with contacting and organizing the Disabled is the apparently overly-large reliance on the part of the Disabled on face-to-face as opposed to mediated (tv, telephone, print) communication. This could result from any of the following influences:

1. Fear or lack of information about media, including the use of the telephone, leads to lack of use;
2. Lack of information about how to organize and the use of the media in organizational activities leaves only the interpersonal (face-to-face) mode available;
3. Habitual adjustment to care status as client (receiver) of physical services tends to create trust in in-person visits;
4. Lack of mobility tends to increase the value of personal contact, as in face-to-face communication;
5. Interlocking boards of directors and the prevalence of the same few well-motivated individuals in positions of authority and coordination tends to decrease the number of contacts available to the typical disabled individual who might be open to being located or organized. The unmotivated are not involved;
6. Lack of corporate links to the media in the form of money, human resources, or moral support tends to reinforce the lack of information about technique, opportunity, and new developments in media usage.

This heavy reliance on and trust of face-to-face communication is in a sense unfortunate owing to the difficulties the Disabled experience in mobility.

### 3.2 Session II:

In these sessions, five major problems with attempting to "inform" the disabled were expressed. There is no list of individuals to be informed. Although there is an information service in Ottawa, for example, there is no publicity on TV, radio, or even in the telephone book about this service. The information that is available is rarely in bilingual form or even translated. It is hard to find out what exists in terms of services for disabled people. Finally, in light of recent attempts to educate disabled children, the Disabled are becoming perhaps the most well-informed unemployable group in Canada!

These problems are perhaps also compounded rather than relieved by the large number of sources of information available by telephone, newsletters, radio public service announcements, various workshops, TV specials and programs such as "DisAbility," periodicals such as NewStand, and the information available from therapists and government agencies. Another difficulty is the large number of areas for which information is needed, since the fact of disability affects large areas of daily living. As a sample, consider this list of information pertinent, even vital, to an information service for the Disabled: education, transportation, building access, recreation, financial and legal aid, communication aids, organizations and associations, homemaker services, rehabilitation, social work, psychiatric services. These are areas rarely of such overwhelming vital interest to the general public; few people have one problem creating dif-

difficulties in all these areas simultaneously. Add to this the need to get information about disabilities to the general public and the problem of information services looms large as one of the central difficulties concerning communication and the Disabled.

Four alternative vehicles of information service were discussed. The existence and usefulness of telephone information services could be made part of the information available through hospital or clinic visits. Publications such as Saturday newspapers and entertainment guides like What's On in Ottawa could indicate accessibility of buildings, events, and services by the handicapped logo. More PS announcements initiated by the Disabled were recommended.

Summary recommendations in these groups included the following:

1. Listing of telephone numbers for services such as Information Services for the Disabled should be given priority in the telephone directory, similar to that given for ambulance or police--inside the cover.
2. Someone -- perhaps Information Services for the Disabled -- should create and disseminate a list of accessible telephone booths;
3. Stats Canada should initiate a survey of the Disabled to determine their numbers and distribution;
4. Bell Canada should have one or more pages included in the directory listing the special devices (and prices) available for the Disabled in telephone use;
5. Health and Welfare Canada should institute an information service for disabled persons;
6. The mailing list from this workshop should be circulated;

7. There should be a computerized information service for the Disabled.

The above recommendations, while worthwhile if achieved, attack the problems in the area of information dissemination in a piecemeal fashion. In addition, recommendations 1,3,4,5, and 7 seem to require fairly large bureaucracies to act in ways consistent with the desires of the Disabled without providing for ways of getting them to do so. That is to say, there aren't mechanisms within Bell Canada, Stats Canada, Health and Welfare Canada or even DOC for generating and executing policies vis-a-vis the Disabled specifically (with the exception of Health and Welfare's existing "information" service available by phone to all Canadians). Only recommendations 2 and 6 can be effected without moving a massive organization of the non-Disabled. As with many other areas, the question of information services for the Disabled is usually answered with the Disabled on the client, receiving side, usually at a disadvantage against large, entrenched organizations set up to handle the problems of the general public. Obviously major support from these organizations is a necessity, but not the whole solution. Self-help, organization, and "community" action is an essential ingredient towards support from other organizations.

### 3.3 Session III

The themes voiced in the first two sessions continued through this one: how does one change the policies of large organization dedicated to services pegged to the "average" able-bodied citizen? The effect of this denial of consideration is that the Disabled receive the "tail-end" of policies; the services resulting from this tail-ending are therefore generally ad-hoc and patch-up in nature rather than consistent, coherent policies.

The problem has three aspects. On the side of the policy-making institutions (such as the Dept. of Communication), there are few individuals with mandates to interface directly with the Disabled on a continuing, official basis. This merely reflects the lack of policy consideration given the Disabled -- a problem little different from that experienced by other, non-recognized minority groups. There either aren't policies or those that do exist are never really spelled out.

The second problem has to do with the nature of policy-making itself. Most large organizations do not initiate things; instead they respond to requests; the purpose of the bureaucracy is to see that correct decisions are made. This in turn tends to favour the vocal majority (the "squeaky wheel") since quick changes are discouraged. Bureaucracy responds to rationally presented "loud" arguments, presented often and through the correct channels.



This enhances the third problem. There is no national organization, functioning at the grass-roots level, of the Disabled. As seen from a bureaucratic viewpoint, without concerted effort there isn't a loud enough voice and without constituency, there aren't valid voices. The question of why it is so hard for the Disabled to get action becomes translated into Who speaks for the Disabled and Why aren't they speaking loudly enough?

While there is thus a lot of emphasis on the need for strong leaders, it is equally desirable to have strong followers. Too often the burden of speaking for and to the Disabled falls on the shoulders of few well-motivated, but overworked, individuals who become identified with a problem or issue and who might later become frustrated. When they quit, the issue dies, still unsolved. Seemingly one conceptual solution is to provide for constituents and strong followers through a national organization with the expertise to present arguments with one loud voice to the proper ears. This doesn't require a change in the government or the media but rather the development of matching organizations to handle bureaucracies from the Disabled point-of-view.



### 3.4 Session IV

Beyond the information available in the CHIP report about media usage and interpersonal contact (not to be reviewed here), four other roles for the media -- not all positive -- were discussed in these groups.

Primarily the media were seen as information sources (or to be fairer to them, information channels). However, the conflict between integration and specialization -- representing two sides of a philosophical issue touching all the problems of the disabled -- dictates two different activities within this information function: general informing of things of interest to the disabled about the world vs. specialized information about disability. Each side of the issue will, of course, see the other in a negative light. A fourth role of the media, seen in a negative fashion by all, was the contribution to the problems of the Disabled, particularly on the part of the newspapers, by acting in a condescending fashion and showing false sympathy thus again emphasizing the help-receiving client-status position of the Disabled.

Other roles for the media, however, are implied by the needs and resources of the Disabled. The media might act to expose content issues to the public's attention, such as the isolation of the Disabled or their needs for employment, mobility, access, self-confidence and physical contact just like everyone else. The media can be used to cover real or created events, the latter category including news conferences and workshops.

The following are four "media" solutions to the problems which the Disabled face:

1. A media workshop could train individuals and representatives of groups in the techniques of the media, including the use of the telephone, letter campaigns and other organizationally-oriented media-use techniques;
2. Media coverage of events in which the Disabled are participating with a positive image is always desirable.
3. The Disabled, dependent to a greater extent upon technology for equal access to the functions of modern society, should be more aware of the technological developments and their implications than the average individual. Sadly, the opposite is usually the case.
4. Finally, the Disabled should be at the leading edge of the development of technology. Solutions to (communications as well as other) problems which help the Disabled are frequently of great use to the general public. The Disabled should demand rather than await development of applications of high technology (eg., computers, miniaturization, robotics, fibre optics) for their own benefit. The emphasis should be on "enhancement" rather than "fixing."

### 3.5 Session V

A panel of resource persons related their experiences in the use of two media (cable TV community channel and NEW STAND, a local newspaper published by the Disabled). The major expressed problem has been in finding human resources in the form of volunteers to staff and produce regular media offerings. These endeavours have had similar histories. Each began with a small group of motivated individuals working as volunteers, relying upon the goodwill of others for resources (in one case the local cablevision operator; in the other, a LIP grant).

The show "DisAbility" was produced for three years and will probably not be continued for lack of staff. The two producers have been interested media-oriented persons who were able-bodied. NEW STAND began on a LIP grant and is now distributed through the March of Dimes Ability Centre. Throughout Canada there are a number of such offerings, some linked to specific organizations and some independent, the majority infrequent newsletters rather than TV or radio programs. The ultimate--independence with strong financial and human resources support from major, grass-roots organizations -- has not been achieved. The situation about "Coming of Age," another local cablevision program provides instructive contrast. This show is produced by the Ottawa Senior Citizens' Council. The strong corporate links limit independence, with a benefit, however, in continuity and broad support.

Organizational support and media efforts thus mutually interact. NEW STAND, for instance, relies heavily upon face-to-face contact to build readership and staff. "Disability" was twice a one-person effort. In neither case have efforts been supported by organizations or by other media efforts. In neither case were resources for community action through the media fully exploited. Local cablevision company efforts were justifiably limited to technical help; resources available at the CRTC, community colleges and the NFB weren't tapped.

Possibly because the Disabled are typically seen in a client role rather than as helpers, experience on the part of the Disabled to use the media to get their messages out have proven

mixed at best. An effective media effort usually revolves about events worth covering (eg. a demonstration). Merely requesting results in little media activity because corporate pressure is lacking and perhaps because the competition for media attention leaves the Disabled at the starting line in terms of newsworthiness (the trend, happily, seems to be changing). Attempts to use the media should be (1) appropriate and (2) well-placed. An appropriate request is an attractive, well-defined and well-sponsored one. A well-placed request comes from a credible source to an appropriate receiver. In non-technical terms, a well-placed request comes from someone with the authority to speak for the Disabled to someone with the interest and ability to respond to the request. Isolated attempts to get media coverage by individuals through un"conditioned" channels for inappropriate events will go unheeded. Material which is appropriate for the medium and its resources, directed from an apparently trusted, legitimate representative or spokesman through the correct channels to a receptive individual will achieve consideration.

As with the other areas in this workshop, a media workshop could focus on the problems inherent in originating messages through the mass media in order to raise skill levels. Perhaps specific, located key individuals could be trained or apprenticed in the media. Again, media awareness is so low in the Disabled community that even locating such key personnel is a large or-

ganizational job. Perhaps such an effort could be a first step towards organization for media usage.

Some desired goals might include the following:

1. Increased awareness of media opportunities;
2. A media resource information centre, booklet, or periodical;
3. A media skills workshop;
4. Key, media-oriented individuals within the Disabled community;
5. Media specials on film for TV, community organization, or national distribution; on videotape for the same uses; or on audio tape for wide, easy distribution in mass quantities; or live radio, including open-line shows.
6. Media offerings on a regular basis.

#### 4. Conclusion

##### 4.1 General Summary of the Workshop

Following a presentation by Dal Brodhead, Director-General of the Social Policy and Programs Branch of the Department of Communications, Paul Licker summed up the workshop sessions (as in Section 3 above) and made a number of general recommendations based upon the discussions at the sessions and his experience over the past 15 months on the CHIP project. These recommendations are based on the following assumptions and principles, which came out of the workshop:

1. There is no general definition available for the term "disability", nor is one necessary to begin looking at the interplay of communications and the Disabled;

- 
1. The content might include interpersonal communication practice, use of the telephone, letter writing, poster production, article and news release writing, taping, interviewing, film and video techniques and technology, and media organization, management, and budgeting.

2. The integration/specialization ideological split should not be allowed to impede first efforts at use of the media by and for the Disabled;
3. The Disabled rely too heavily on "expensive" face-to-face communication, considering the effort necessary to achieve in-person situations;
4. The Disabled are ill-organized, fragmented into mutually competitive groups, subject to splintering;
5. Because of (2) - (4) above, too much of the work necessary in solving the pressing problems of the Disabled either falls on the shoulders of a few well-motivated individuals or else depends upon the goodwill of individuals who are themselves non-disabled and often subject to the whims of large bureaucracies or heavy burdens of responsibilities;
6. There is little continuity to and few acquired skills in the use of the media by the Disabled community (with several notable exceptions);
7. The Disabled can ill-afford to be ignorant of and await developments in modern telecommunication technology;
8. Any solution to the problems of the Disabled involving the media must in addition not create another problem, but should be part of a program of steps leading to greater independence and a higher skill level among the Disabled;
9. Thus, solutions relating to and requiring self-help and skills development among the Disabled are to be preferred over those requiring others to act for the Disabled in the traditional helper-client relationship.

The recommendations presented in section 4.2 are therefore a PROGRAM OF ACTIVITIES WHICH ANY DISABLED "COMMUNITY-IN-THE-MAKING COULD PUT INTO EFFECT NOW. They are not, however, a set of resolutions, since for such resolutions to be valid, they must come from a formally constituted organization of the Disabled themselves.



#### 4.2 Recommendations for Action

The following recommendations are presented in no specific order of priority, complexity, or feasibility: they can all be done now (except recommendation (5) which relates to a national organization of the Disabled and recommendation (4) which relates to a future effort by Statistics Canada).

1. CB radio (General Service Radio is the Canadian term) can be used to "network" those Disabled individuals who can afford the units. This provides some media awareness, interaction, mutual interests and bridges the mobility gap;
2. The TTY network for the Deaf should be opened to other, non-deaf, disabled individuals. This provides media and technology awareness, mutual interest, and bridges the mobility gap;
3. A workshop in phone technique for organization and media effectiveness should be provided. This creates media awareness, media skills, and mutual interest, as well as increasing organizational abilities;
4. An effort to influence the content of censuses after 1981 (for instance, the 1986 mini-census) vis-a-vis the Disabled should begin now with initial organizational contact among the Disabled, Health and Welfare and Stats Canada, possibly through the Canada Health Survey. This would best be done through a national organization (see the next recommendation);
5. A national organization of the Disabled which operates at the level of the individual (or "grass-roots") must be formed to provide proper and appropriate voice from the Disabled to federal and provincial agencies which provide services;
6. A task-force on cablevision uses for the Disabled should be formed immediately across disabilities. This will provide media awareness, interaction among organizations, mutual interests and a community resource.

7. An umbrella group on media applications (separate from the cablevision uses group in recommendation (6)) should be formed with representatives from major organizations to synchronize efforts, raise skill and awareness levels, and create a media resource handbook for the Disabled. This provides media and technology awareness, organizational interaction, mutual interest and community resources;
8. Media workshops will complement recommendations (3), (5), (6), and (7) and are key elements in stimulating and assuring continuity of skills in the Disabled community;
9. Organizational support of media efforts by members will also achieve some of the goals of the umbrella group on media applications;
10. Organizations should adopt an issue orientation to provide for raw material for media efforts. While not reducing the effectiveness of a broad-interest basis necessary for organizational survival and while not condoning a shift from essential values to momentary issues, this recommendation asserts that organizations must become aware of and capitalize upon the general issue orientation of the mass media, especially TV. To this end, publicity should have an important role in the organizational life of the Disabled.

#### 4.2 Resolutions Introduced

Following the general recommendations, a number of resolutions were introduced by the participants for consideration. These contrast with the recommendations which came out of the workshop in that they are directed from the Disabled by specific individuals or groups to specific organizations. In that sense they have the force of individual and group opinion behind them. They are, in no certain order, the following:

1. ((1)-(4) are from the Hearing Impaired at the workshop)  
Special aid and facilities required by the handicapped to gain information should not be restricted by copyright laws;



2. The Department of Communications should establish a project researching the special communication needs of the hearing impaired;
3. Urge Statistics Canada and the Department of Health and Welfare to add questions on hearing impairment to their ongoing health survey;
4. Urge DOC to implement regulations for closed captioned television;
5. A workshop on "red tape" should be planned and executed by the Disabled, perhaps involving resource persons familiar with bureaucratic functioning;
6. Another workshop on communications and disability with wider attendance (perhaps open invitation) should be held, perhaps in February of 1978.

APPENDIX V

S P S S Program Listing

## S P S S Program Listing

This program was run using SPSS on an IBM System/370. Several versions were used. Note that the TASKS section and control cards are missing from this listing. The tasks used were the following:

1. FREQUENCIES
2. BREAKDOWN
3. CROSSTABS
4. ANOVA
5. PEARSON R
6. FACTOR

Certain variable names are not explained in the VAR LABELS section. These relate to number of and location of devices (eg. NTVS,LTV1,LTV2), problems with and aids used with media (eg. TVT1,TVT2,TVA1,TVA2), possession of and ability to use equipment (eg. TYPEPOS, TYPEUSE), major difficulties with (TVDIF1), aids used with (TVDIF2,TVDIF3) and other aids that would be useful (TVDIF4,TVDIF5) several media (TV,RADIO, NEWSPAPERS,BOOKS and mags, and telePHONES).

The program is available only in listing form. The data for the 401 individuals analyzed in the report is available in a minitape. For copies of the data, inquire from the author (you will have to send a tape to be copied) as to availability and timing.

```
*****
*                                     *
*   S P S S           Program       *
*                                     *
*****
```

```
RUN NAME      CHIP SURVEY ANALYSIS AND PRESENTATION
VARIABLE LIST TYPE,CITY,SEQNO,NTVS,LTV1,LTV2,NRADS,LRAD1,LRAD2,
              NHIFI,LHIFI1,LHIFI2,NTELPHS,LTEL1,LTEL2,
              NNEWSP,NMAGS,NCABLES,NBOOKS,
              TVMORN,TVAFT,TVEVE,TVTOTAL,TVT1,TVT2,TVA1,TVA2,
              RADMORN,RADAFT,RADEVE,RADTOTAL,RADT1,RADT2,RADA1,RADA2,
              HRSNEWSP,NEWST1,NEWST2,NEWSA1,NEWSA2,HRSREAD,READT1,
              READT2,READA1,READA2,HIFITIME,
              TYPEPOS,TYPEUSE,CAMPOS,CAMUSE,TAPEPOS,TAPEUSE,
              CALCPOS,CALCUSE,HAMPOS,HAMUSE,CBPOS,CBUSE,COMPOS,
              COMPOSE,ACTIV1 TO ACTIV26,WC0,NEWSTAND,DISABIL,MOBILIB,
              WC1,FAVTV,FAVRAD,FAVNEWSP,FAVBOOK,FAVMAG,FAVFILM,
              WC2,TVDIF1 TO TVDIF5,RADDIF1 TO RADDIF5,NEWSDIF1 TO
              NEWSDIF5,BOOKDIF1 TO BOOKDIF5,PHONDIF1 TO PHONDIF5,
              NOFILM1,NOFILM2,FILMDIF,NFILMS,FILMOPIN,
              WC3,WC4,OPENLINE,OPENOPIN,GETOUT,DOOUT,OUTOBST,
              TRANSP0,TRANINFO,DRIVE,CONTACT,READING,WRITING,EYESIGHT,
```

INPUT MEDIUM  
N OF CASES  
INPUT FORMAT  
MISSING VALUES  
VAR LABELS

HEARING, SPEAKING, WC5 TO WC8,  
AGE, LIVING, HEADOFH, EDUCATE, EMPLOY, VOCATION, INCOME,  
LANG1, LANG2, SEX, HANDICAP, LENGTH, EXTENT,  
EFFECT1 TO EFFECT2  
DISK  
401  
FIXED (2F1.0, F3.0, 160F1.0)  
ALL (' ')  
ACTIV1 WATCH TV NEW/ACTIV2 SPEAK TO FRIENDS, ETC./  
ACTIV3 ATTEND CLASSES /ACTIV4 LISTEN TO RADIO NEWS/  
ACTIV5 DO CRAFTS OR SEWING/ACTIV6 ATTEND SPORTS EVENT AS SPI  
ACTIV7 PARTICIPATE IN SPORTS/ACTIV8 GO TO FILM/  
ACTIV9 RECEIVE PHONE CALL/ACTIV10 PLACE PHONE CALL  
ACTIV11 ATTEND CIVIC MEETING/ACTIV12 INTERACT W.DISABLED/  
ACTIV13 SPEAK TO CLERGY/ACTIV14 SEND LETTER/  
ACTIV15 RECEIVE LETTER/ACTIV16 GET OUT OF DWELLING/  
ACTIV17 PICK UP BOOK TO READ/ACTIV18 DO VOLUNTEER WORK/  
ACTIV19 SEE PHYSICIAN/ACTIV20 SCLUPT, PAINT, DRAW/  
ACTIV21 PICK UP MAG TO READ/ACTIV22 PLAY MUSICAL INSTRUMENT/  
ACTIV23 SEE PHYSIOTHERAPIST/ACTIV24 SEE COUNSELLOR/  
ACTIV25 INTERACT W. CLUB MEMBERS/ACTIV26 ATTEND PLAY, CONCERT/  
NEWSTAND PUBLICATIONS FOR THE DISABLED/  
DISABIL SPECIAL TV PROGRAMS FOR THE DISABLED/  
MOBILIB SPECIAL LIBRARY SERVICES FOR THE D\*ED/  
TVTOTAL DAILY TV VIEWING/RADTOTAL DAILY RADIO LISTENING/  
FAVTV FAVORITE TV SHOW TYPE/FAVRAD FAVORITE RADIO STATION/  
FAVNEWSP FAVOURITE NEWSPAPER FEATURE/  
LIVING LIVING ARRANGEMENTS/  
EDUCATE LAST LEVEL OF EDUCATION COMPLETED/  
NFILMS NUMBER OF FILMS ABOUT HANDICAPPED SEEN/  
OPENOPIN OPINION OF OPEN-LINE RADIO PROGRAMS/  
GETOUT WOULD YOU LIKE TO GET OUT MORE OFTEN?/  
DOOUT WHAT WOULD YOU DO IF YOU GOT OUT MORE?/  
OUTOBST WHAT PREVENTS YOUR GETTING OUT MORE?/  
CONTACT KIND OF CONTACT WITH OTHER D\*S/  
HEADOFH ARE YOU THE HEAD OF THE HOUSEHOLD?/  
FILMDIF WHAT WOULD HELP IN ATTENDING FILMS?/  
FILMOPIN OPINION ON FILMS ABOUT HANDICAPPED/  
TRANSPDO DO YOU USE A TRANSPORTATION SERVICE?/  
TRANINFO SOURCE OF INFO ABOUT TRANSPDO SERVICE/  
EMPLOY FREQUENCY OF PAID EMPLOYMENT/  
WC5 MASS MEDIA TOTALS<1.5 HR UNITS>/  
WC6 INTERPERSONAL CONTACT<UNITS OF 350 PER YR>/  
WC7 INTERPERSONAL HELP <UNITS OF 50 PER YR>/  
WC8 SPECTATOR INDEX <UNITS OF 50 PER YR>/  
EXTENT EXTENT OF DISABILITY  
TYPEPOS, CAMPOS, TAPEPOS, CALCPOS, HAMPOS, CBPOS, COMPPPOS,  
OPENLINE, GETOUT, DRIVE, HEADOFH (1) YES (2) NO/  
CITY (1) OTTAWA (2) MONTREAL/  
ACTIV1 TO ACTIV26 (0) DK-NA (1) NEVER (2) YEARLY  
(3) SEVERAL PER YEAR (4) MONTHLY (5) SEVERAL PER MONTH  
(6) WEEKLY (7) SEVERAL PER WEEK (8) DAILY  
(9) SEVERAL PER DAY/  
OPENOPIN (1) LIKE, ENJOY (2) INDIFF. (3) DISLIKE (4) NO OPINION/  
NEWSTAND, DISABIL, MOBILIB, TRANSPDO (1) NOT HEARD OF

VALUE LABELS

(2) NO, BUT HEARD OF (3) AT LEAST ONCE (4) ALL OR REGULAR/  
 TYPEUSE, CAMUSE, TAPEUSE, CALCUSE, HAMUSE, CBUSE, COMPUSE,  
 READING, WRITING, EYESIGHT, HEARING, SPEAKING  
 (1) UNABLE (2) POOR (3) FAIR (4) GOOD/  
 AGE (1) 15&- (2) 16-24 (3) 25-39 (4) 40-64 (5) 65&+/  
 LIVING (1) ALONE (2) WITH FAMILY (3) SHARE  
 (4) INSTITUTION-ALONE (5) INSTITUTION-SHARE (6) OTHER/  
 EDUCATE (1) NONE (2) ELEM&- (3) SOME H.S. (4) H.S.  
 (5) SOME POST-SECONDARY (6) TECH-VOC DEGREE  
 (7) UNIVERSITY (8) ADVANCED DEGREE/  
 EMPLOY (1) FULL-TIME (2) PART-TIME (3) OCCASIONAL  
 (4) NONE/  
 VOCATION (1) CLERK-SEC'Y (2) SKILLED MANUAL  
 (3) UNSKILLED MANUAL (4) PROFESSIONAL (5) OTHER WHITECOLLAR  
 (6) FARMER (7) STUDENT (8) NEVER EMPLOYED (9) OTHER/  
 INCOME (1) <\$2000 (2) \$2000-5999 (3) \$6000-9999  
 (4) 10000-14999 (5) 15000&+/  
 SEX (1) MALE (2) FEMALE/  
 HANDICAP (1) M.S. (2) C.P. (3) "-PLEGIA"  
 (4) ARTHRITIS, RHEUMATISM (5) LUNG PROBLEMS (6) BLINDNESS  
 (7) HEARING IMPAIRMENT (8) MUSCULAR DYSTROPHY (9) OTHER/  
 EXTENT (1) NONE (2) A LITTLE (3) TO AN EXTENT (4) A LOT  
 (5) TOTALLY  
 COMMENT Recode mass media times to eliminate 0 (DK/NA) and change  
 the "continuously" code from 8 (approximately equal to  
 3 1/2 hours) to 10 (approximately equal to 4 1/2 hrs.).  
 RECODE TVMORN, TVAFT, TVEVE, RADMORN, RADAFT, RADEVE, HRSNEWSP,  
 HRSREAD, HIFITIME (0=1) (8=10)  
 COMMENT Recode the activities to convert ordinal to approximate  
 interval scale (ex.: 1/day = 300 times/yr). These esti-  
 mates do not correspond to the actual ratios (eg. using  
 300 instead of 350, 50 instead of 52).  
 RECODE ACTIV1 TO ACTIV26 (9=750) (8=300) (7=125) (6=50) (5=25)  
 (4=10) (3=5) (2=1) (1=0)  
 COMPUTE TVTOTAL=(TVMORN+TVAFT+TVEVE-3)/3  
 COMPUTE RADTOTAL=(RADMORN+RADAFT+RADEVE-3)/3  
 COMMENT Compute the mass media index  
 COMPUTE WC5=RND(TVTOTAL+RADTOTAL+(HRSNEWSP+HRSREAD+HIFITIME-3)/3)  
 COMPUTE TVTOTAL=RND(TVTOTAL\*3/2)  
 COMPUTE RADTOTAL=RND(RADTOTAL\*3/2)  
 COMMENT Compute the interpersonal communication situation index  
 COMPUTE WC6=RND((ACTIV2+ACTIV3+ACTIV6+ACTIV7+ACTIV8+ACTIV9+  
 ACTIV10+ACTIV11+ACTIV12+ACTIV13+ACTIV14+ACTIV15+ACTIV18+  
 ACTIV19+ACTIV23+ACTIV24+ACTIV25+ACTIV26)/350)  
 << tasks go in here >>  
 READ INPUT DATA  
 FINISH

APPENDIX VI

The Special Communication  
Problems of the Deaf

THE SPECIAL COMMUNICATION  
PROBLEMS OF THE DEAF

Our research was a general study of the communication patterns of the Disabled in the two cities we worked in. By definition "being deaf " is a communication problem, while "being disabled" has a rather complex relationship with communication problems. Yet doing research to determine the communication needs of the Deaf is a difficult task.

Consider, for a moment, the complexities of conducting research in the form of interviews. Since the Deaf have had unpredictable educational opportunities, one might converse in a spoken or written language, by gestures, through lipreading, or by an interpreter. In the case of the prelingual deaf, the level or grasp of language might be limited or specialized, necessitating careful rewording of the questions, especially any open-ended ones. Signing is not a perfect translation, either. In response, one might hear spoken language, gestures, sign language, or written language, again with varying degrees of skill and translation going on.

Then, too, different questions would have to be asked. Since one is fairly sure that mobility is a major problem with all the other groups (including the blind), those questions can form the basis for others, and a framework for interpretation of the answers. "Access" becomes a key word, along with "contact." If interpersonal contact is low, one can interpret this to mean less opportunity for communication, rather than less ability to communicate. But with the Deaf, such an interpretation is not possible: a "contact" does not mean a satisfying or even mutually intelligible exchange has occurred. Fewer might even mean better, if it means fewer confusing, embarrassing sessions (See Beatrice Wright's moving account of

a girl's tactics to avoid being labelled as "Deaf" in her book The Psychology of Disability, cited in last year's report). Therefore, questions about quality become far more crucial for the deaf than for the others of the Disabled.

Then, too, mobility is not a problem, except where sound might be crucial -- for instance, as in driving a car. Also the invisibility of deafness and the stigma that usually accompanies early undiagnosed hearing problems leads to awkward social situations where interaction is avoided, although still possible.

Even mass media consumption is difficult to interpret, for television can be watched without being heard, newspapers can be read without being understood, and a telephone can be present for the non-hearing-impaired in the household to use. Again, questions of quality, functions, and gratifications become paramount -- and these are difficult for non-specialized interviewers to probe. For not only might the question be difficult to ask and often as difficult to comprehend in the answering, but considerations such as personality, family background, and the support of friends and spouses become the overriding factors in interpreting answers in the area of quality. A fundamental principle in perception is that people can always "understand" better things they find interesting or useful; where "understanding" is the key mediating variable, one must carefully include these social and personality factors into the analysis.

Our survey was performed under less-than-ideal circumstances and the data must not be taken as reflecting anything more than the responses of twenty individuals who happen also to be deaf to a mail questionnaire. Fifty such questionnaires were mailed out to randomly-selected members of the National Capital Association of the Deaf



(coordinated by the local office of the Canadian Hearing Society) in Ottawa and twenty were returned; a 40% return rate is typical of such surveys, but a sample size of 20 is too small to make any inferences from. We present the data, therefore, merely as a model and a pilot study of the technique in order to refine a potentially more useful interview schedule. We used the questionnaire rather than the interview-with-interpreter because we were not equipped to train interpreters over the short period the interviewing was performed. WE STRONGLY RECOMMEND A LARGER-SCALE INTERVIEW WITH INTERPRETERS OF A VARIED POPULATION OR DEAF AND HEARING-IMPAIRED INDIVIDUALS OBTAINED IN A VARIETY OF WAYS as a follow-up study to this, perhaps organized along the lines of questions we used, plus those relating to QUALITY OF INTERACTION both with the mass media as well as with other people.

The questions asked parallel those used in the general interview schedule; a number were dropped in the interest of time and space. One question, education level, was misinterpreted by the majority of respondents, thus this very important variable is not available for analysis. In addition, a large number of other responses were omitted; we could interpret these as DK/NA, but in some cases they might also mean "none" or "not applicable" or that the respondent forgot. This is the danger of a mail questionnaire.

#### The Respondants

The median age of respondents was 40 years. About half were heads of household. Four in five were employed full time; one suspects this is a lot higher than would be expected in general. Those employed were relatively highly skilled, twelve were or had been white-collar workers and five, skilled manual laborers. This is reflected in the

income levels: family income levels over \$15,000 occurred for 6 of our respondents and 5 have family income in the \$10,000-\$15,000 range. Only three have an annual income below \$6,000. These figures are obviously far higher than expected and can only reflect the sample bias and the peculiarities of employment in Ottawa.

Three quarters of our respondents are deaf from birth. All but two of the rest have sixteen years or more of deafness or hearing-impairment.

#### Communication

Tables 1 through 5 outline the communication behaviour, resources, and skills of our twenty respondents. The large number of omitted responses makes interpretation of the number of devices quite difficult. However, as would be expected, the "sound" equipment is relatively lightly used and relatively unavailable (five have no radios, six have no hi-fis, eleven, don't listen at all to radio). Almost all have access to the telephone, almost all read magazines and newspapers regularly, and only one never watches television. Oddly, listening to music takes up about an hour each day for half our respondents, although the form of this music is not known (maybe radio).

In terms of special services, our respondents are relatively unconnected to special disability services (three in four are unaware of New Stand, three in five of "Disability," and about half of home reader services of the Ottawa Public Library). But half our respondents have used teletypes and six are regular users. We neglected to query concerning the viewing of captioned news (The American PBS network rebroadcasts ABC news with captions and this is available over cable) -- any further study should include awareness and use of this service.

<u>No.</u>	<u>TVs</u>	<u>Rads</u>	<u>HiFis</u>	<u>Tels</u>	<u>Newsp<sup>1</sup></u>	<u>Mags<sup>1</sup></u>	<u>Books<sup>2</sup></u>	
None	-	5	6	1	-	5	6	
One	8	4	2	13	8	4	5	1. Regularly read
Two	8	1	-	-	5	3	2	or subscribed
Three & +	-	-	1	-	1	3	-	to.
DK/NA	4	10	11	6	6	5	7	2. Begun each
								month.

Table 1. Number of Devices Available  
(by Number of Respondants)

<u>Time</u> (hrs.)	<u>TV</u>	<u>Rad</u>	<u>Newsp</u>	<u>Mags &amp; Books</u>	<u>Music</u>
0	1	11	1	-	1
1	-	1	1	4	11
2	6	-	6	6	-
3	1	-	4	4	1
4	2	-	1	1	-
5	3	2	3	1	-
6	3	-	-	-	-
DK/NA	4	6	4	4	8

Table 2. Daily Consumption of Five Media in Hrs./Day  
(by Number of Respondants)

<u>Awareness or</u> <u>Usage Level</u>	<u>New Stand</u>	<u>"Disability"</u>	<u>OPLibr.</u> <u>Services</u>	<u>TTY</u>
Unaware	15	12	9	3
Just Heard of	-	2	3	4
Used at least once	1	3	-	3
Regular user	-	1	-	6
DK/NA (probably unaware)	4	2	8	4

Table 3. Awareness and Usage Level for Special  
Media Services  
(by Number of Respondants)

<u>Level of</u> <u>Ability</u>	<u>Read-</u> <u>ing</u>	<u>Writ-</u> <u>ing</u>	<u>Typ-</u> <u>ing</u>	<u>Eye-</u> <u>Sight</u>	<u>Hear-</u> <u>ing</u>	<u>Spk-</u> <u>ing</u>	<u>Cam-</u> <u>era</u>	<u>Tape</u> <u>Rcd.</u>	<u>Tele-</u> <u>type</u>	<u>Lip-</u> <u>Rdng</u>	<u>Sign-</u> <u>ing</u>
Unable	-	1	2	-	9	3	3	11	5	2	-
Poor	-	2	4	4	4	3	1	1	-	3	-
Fair	9	3	2	3	4	7	2	1	2	8	-
Good	6	10	7	7	1	-	9	1	6	3	16
DK/NA	5	4	5	6	2	7	5	6	7	4	4

Table 4. Skill Level for Communication and Device Use  
(by Number of Respondants)

Table 4 outlines the skill profiles of the respondents. Reading, writing, and typing skills can best be characterized as "fair" rather than "good" for this group. Eyesight is also somewhat impaired (only seven rated their eyesight as "good"); hearing is quite impaired, only five rating it as able as "fair" or better. None speak-well, half those who responded indicating poor or worse speaking abilities.

Our respondents rate their use of cameras as good -- but three of our sample have other impairments, perhaps limiting use of mechanical equipment. The teletype is a capability of about half the respondents, while the tape recorder is rated as "unable to use" by half, probably because they can't hear to turn it on or off. The benefits of taping are many, if a good amplifying tape recorder is used, especially since a recording can later be interpreted from. Our respondents seem well-versed in signing and about "fair" at lipreading. In terms of skills, the sample has about what one would expect.

Interpersonal communication for this group is difficult to characterize. Our composite index (II) -- see Section 3.3 -- gives an index of about  $2\frac{1}{2}$  "contacts" each day, about half of the larger, non-deaf, Disabled sample. This is intriguing and worthy of inspection in more detail. One obvious lack is the use of the telephone (we did not include post in our mail questionnaire; use of post is so infrequent in the general population, that we doubt the II would increase anyway by much with its inclusion). Interaction with friends and relatives is also far lower for the deaf. The HCI is also lower (16.2 contacts/yr. vs. 77.4 contact/yr. for the others); the spectating index is about the same (40.8 events/yr. vs. 31.7 events/yr. for the others). The major difference between the groups must lie in contact with friends and the restricted use of the phone.

<u>Activity</u>	<u>Never</u>	<u>Yearly</u>	<u>Sev./ Yr.</u>	<u>Monthly</u>	<u>Sev./ Month</u>	<u>Weekly</u>	<u>Sev./ Week</u>	<u>Daily</u>	<u>Sev./ Day</u>	<u>DK/NA</u>
<u>INTERPERSONAL</u>										
Speak to Friends	1	-	-	-	1	-	4	10	4	-
Spk. with Disabled	3	-	1	1	1	1	1	6	3	3
Spk. to Club Members	2	1	2	5	6	4	-	-	-	-
Participate in Sports	9	3	3	1	-	1	3	-	-	-
Attend Sports Event	8	3	4	1	-	2	2	-	-	-
Attend Classes	13	-	2	1	1	-	-	1	-	2
Attend Civic Meetings	18	-	-	-	2	-	-	-	-	-
See Counsellor	15	1	2	-	-	-	-	-	-	2
See Physician	6	3	4	3	-	-	-	-	-	1
See Physiotherapist	3	8	5	-	-	-	-	-	-	2
Speak to Clergyman	6	3	4	3	-	-	-	-	-	1
Do Volunteer Work	7	3	1	1	-	-	-	-	-	1
<u>MEDIO COMMUNICATION</u>										
Place Phone Call	4	-	-	1	1	1	3	3	1	3
Receive Phone Call	4	-	1	1	1	1	6	3	1	1
<u>MASS COMMUNICATION</u>										
Hear Radio News	19	-	-	-	-	-	1	-	-	-
Watch TV News	1	1	-	-	-	1	3	11	1	2
Read a Magazine	4	-	1	2	4	3	3	2	1	-
Read a Book	4	-	1	3	1	2	4	4	1	-
See a Film	3	5	4	4	2	-	-	1	-	1
Attend a Concert/Play	16	2	1	-	1	-	-	-	-	-
<u>SOLITARY ACTIVITIES</u>										
Play musical Instrument	14	-	1	1	1	-	-	1	-	2
Sculpt/Paint/Draw	8	5	3	-	2	-	-	1	-	1
Crafts/Sewing	8	2	-	3	-	1	4	1	-	1
<u>MOBILITY</u>	1	-	1	3	-	1	3	7	3	1

Table 5. Daily Activities for Deaf Respondants  
(by Frequency of Engagement)

Summary

Our sample interacted less frequently, especially with friends and on the phone, interpersonally and, as well, seemed to utilize the mass media differently (less radio, more reading, but the same quantity of television) from the other disabled persons in our study. They, too, are relatively unaware of special services and, it seems, are indeed less capable of communicating, if their self-judged level of skills can be trusted. Except for a relative lack of radio sets and hifis (two items which might reappear with non-deaf family members) the usual set of communication equipment is available, in some instances augmented by a teletype.

We recommend a larger-scale well-designed statistically-valid sample survey of the Deaf in Canada, perhaps along the lines of that reported in Schein and Delk (Schein, Jerome D. and Marcus T. Delk, Jr. The Deaf Population of the United States. Silver Spring, Md.: The National Association of the Deaf (1974)). We would add questions concerning the uses and quality of communication in social settings beyond the vocational aspects so thoroughly covered in their census. In addition, skill questions relating to potential future technology (typing for Visual Ear type devices, reading, scanning, computer programming, and perhaps others) should be included, as well as a thorough profile of the other people in the communication environment of the deaf.



LICKER, PAUL S.  
--Communications and the handicapped:  
final report.

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