Stigma and self-concept: A social-psychological analysis of representations of self in people with learning difficulties

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Abstract

This thesis explores the relationship between social category membership and self-concept in one particular stigmatized group - people with learning difficulties. A working model of the self-concept is proposed which guided the collection and interpretation of the data. This model is an integration of ideas from various social psychological approaches to categorical identity and the self-concept. It emphasises that the self-concept is the product of selection from multiple possibilities, and aspects of the self can be properly understood only in the context of the unified constructions in which they appear with other aspects of identity. The model places particular emphasis on the socially constructed nature of the self-concept and the tendency towards favourable representations of the self.

The empirical work comprises four studies. Two studies involving interviews with people with learning difficulties examined the salience of the learning disabled identity, the selves and social contexts that were constructed, and the characterisations of the learning disabled category that were offered. It was found that the learning disabled identity was not salient for most participants in contexts in which it was predicted to be important, that the comparative contexts that were presented suggested different social categorizations, that participants tended to favour positive representations of themselves, and that the characterizations of the learning disabled identity offered by participants placed themselves on the boundaries of this category. The third study examined the discursive practices of carers and the ways in which local patterns of discourse were involved in the constructions found in the first two studies. It was found that carers tended not to refer to learning difficulties in everyday interactions with the people they support, and that tendencies towards positive representations of the self were supported by other discursive practices and by the organisation of supportive environments. A final study attempted to test some of the interpretations offered through an experimental study with a student population, which showed that categorical identities, particularly those that have negative implications for the self, can only be properly understood in the context of the multiple identities available to people.
The thesis concludes that when an explicit model of the self-concept is used to carry
out research into the implications of membership of low status groups, it cannot be
assumed that any particular categorical identity is problematic for the person, or that
particular negatively-evaluated identities bring forth self-protecting responses. Such an
interpretation assumes that the social world, social categories and identities
constructed by the research participant are the same as those constructed by the
researcher, an assumption which is likely not to be the case. The findings are also
discussed in relation to the concepts of perceiver readiness and comparative and
normative fit in self-categorization theory.
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Chapter one - Introduction

The link between social categorization and the self has been at the centre of social psychological study of the group. This thesis is an investigation into self-concept in members of one of the most stigmatized social categories in western society, people with learning difficulties. It aims both to answer substantive questions of interest to researchers and practitioners interested in people with learning difficulties, and to examine the applicability of certain theoretical perspectives in social psychology for this 'real-world' social category. These include theories of self-categorization and social identity, stigma, social constructionism and reflected appraisals. The research concerns the ways in which membership in this category is implicated in the ways in which people represent themselves and their social contexts, and the extent to which negative implications for the self, which might be presumed to result from knowledge of this identity, are included in these representations. Explanations at both the social-contextual and intrapsychic levels will be suggested for the representations found.

In contrast to many studies of this question, both in the general stigma literature and in the field of learning difficulties, the research will be grounded in a working model of the self-concept developed from an integration of various perspectives in social psychology. This has an advantage in that it does not assume that the self-concept in members of stigmatized groups is simply determined by a motivation to protect the self from the unfavourable implications of that category membership, but recognises that social category membership is only one part of a complex set of representations and processes which make up the self-concept, and its effects can only be understood in this context. In integrating different perspectives on identity and the self-concept in order to carry out this investigation, it is also suggested that theories which fragment the self-concept into separate aspects or processes are unable to answer many substantive questions such as the ones posed in this thesis. Deaux (1993) calls for more work to be done examining the 'boundary conditions' of social psychological theories, that is to find support for such theories in context. The integration of perspectives, and their application to a real social category where the contextual and behavioural...
restraints found in experimental work are reduced, allows for suggestions to be made as to how existing theories need to be elaborated in order to carry out research in more realistic settings.

1.1 Chapter summaries

Evidence that people with learning difficulties are members of a stigmatized social category is offered in chapter two, and examples are taken from the media, language use, and institutional practices. Research into the self-concept and awareness of the label in this population is then summarised. It is suggested that whilst many authors assume the learning disabled identity to be problematic for people with learning difficulties, leading to problems of self-esteem and to certain responses, the evidence offered for this assumption is selective and contains problems in interpretation.

Chapter three reviews literature concerning the self-concept and its relation to categorical membership. Separate sections address stigma, reflected appraisals, social comparisons, social identity and self-categorization theories. In each of these sections the major theoretical positions are described, and their implications for the present study are elucidated. Criticisms of the assumptions and the ability of these perspectives to account for 'real-world' phenomena are offered where applicable. It is suggested in both chapters two and three that much theorising and research about the effects of social categorical membership in general, and the learning disabled identity in particular, is not based on an explicit model of the self-concept, and that this creates problems in accounting for data outside controlled experimental settings. Chapter four therefore describes a working model of the self-concept, which represents a synthesis of certain ideas on the self and includes explanations at both the social and intrapsychic levels. This model is the main theoretical contribution of the thesis, and is used to guide the research and the interpretation of data.

Chapter five outlines the main research questions and summarises the studies. Due to difficulties in communication and/or comprehension, on the part of both the researcher and some people with learning difficulties, there are many methodological
considerations involved in this research. These are described in \textit{chapter six}, where it is concluded that qualitative methods and open-ended questions should be used.

The four studies are described in chapters seven, eight, nine and ten. These studies examine constructions of self and context by people with learning difficulties (chapter 7), constructions of the learning disabled category (chapter 8), the everyday discursive contexts of the participants (chapter 9) and selective processes involved in categorical identity (chapter 10). \textbf{Chapter seven} describes an interview study in which people with learning difficulties are asked to describe themselves and others in a range of situations, and to offer explanations for events the researcher believed to be related to their having learning difficulties. Explanations for the patterns found are offered which refer to general psychological phenomena found elsewhere, such as attributional biases and self-enhancement tendencies. The categorical identity was found to be generally not salient, and the construction of the comparative context was not that expected by the researcher. The remaining three studies offer evidence supporting alternative explanations for the findings of this study, namely the low salience of the learning disabled identity and the emphasis on positive self-representations.

\textbf{Chapter eight} examines the construction of the category ‘people with learning difficulties’ by the participants. It describes a second set of interviews in which definitions of the concept were requested, and the participants asked whether they considered themselves as having learning difficulties and who else in their environment might be labelled in this way. This study found that participants constructed a prototypical category member who was more disabled than themselves, thus implying that they were located on the boundaries of the category. Explanations offered for this finding refer to general processes of prototype construction, and a further explanation for low category salience is therefore offered.

\textbf{Chapter nine} explores the discursive environments of the participants. Carers (parents and residential keyworkers) were interviewed as to their discursive practices when they are with the person with learning difficulties. This study found that many carers do not
refer to the identity, and the role carers play in constructing a positive identity for the person when they are with them is discussed.

Chapter ten describes the final study. This was an experimental study which demonstrated an important aspect of the overall argument of this thesis - that the effects of any one categorical identity cannot be understood in isolation from the multiple sources of identity that a person has available to them. The study showed that people stress positive sources of categorical identity, and that this does not necessarily involve denying other less positive sources - the self-concept must be understood in terms of selection from multiple possibilities. The results of this study provide evidence from outside the learning disabled population for both the model and the overall argument of the thesis, and illustrate that the implications of a stigmatized identity can only be understood when an explicit model of the self-concept is used.

Chapter eleven summarises the findings of the four studies, and offers suggestions for theoretical developments in studies of minority group membership and self-categorization theory. The chapter ends with discussion of some problems with the research, practical implications for people with learning difficulties, and suggestions for further research.
Chapter two - People with learning difficulties

‘People with learning difficulties/learning disabilities’ is the term used most often by service staff and family members to describe the population which is the focus of this thesis. This does not refer to particular educational difficulties, such as dyslexia, but refers to what in Britain was previously called mental handicap or mental retardation. It is the term used here because organisations of people with learning difficulties have indicated that it is their term of preference (People First, 1992; Simons, 1992). According to the Mental Health Foundation (1993) people are classified in this way if they have an IQ of 70 or below. Although it is a heterogeneous category, the biggest single identifiable cause of learning difficulties is Down’s Syndrome. Some people with Down’s Syndrome, however, score higher than 70 in measures of IQ. Other causes include adverse reactions to vaccines, birth trauma, antenatal factors and other genetic factors. For about a third of people with learning difficulties, no specific cause can be identified (Mental Health Foundation, 1993).

2.1 Learning difficulties as a stigmatized social category

People with learning difficulties are members of a stigmatized social category (Kurtz, 1981; Hastings & Remington, 1993; Edgerton, 1993; Bogdan & Taylor, 1994), and evidence of this can be seen in both the value systems of western culture and in the reactions of people and institutions. That it is a stigmatized condition is implied by the lack of achievement of socially-valued adult statuses by people with learning difficulties, the reactions of parents to the birth of a child with learning difficulties as a tragedy, a history of segregated and often degrading services, the selective termination of foetuses with Down’s Syndrome, and the use of labels for this group as terms of insult. Many sources of stigma are the subject of discussion and action by People First, the national self-advocacy organisation run by and for people with learning difficulties. For a variety of reasons, people with learning difficulties are less likely than the general population to achieve socially-valued goals such as becoming employed, having
children, living independently, passing exams, or living with their partners. People often do not learn to read or write, drive, or handle their own money. This is due to both lack of abilities in certain areas, restrictive attitudes and institutional constraints. Commonly they are depicted as sick, eternal children, menaces or objects of ridicule (Kurtz, 1981; Wertheimer, 1987) and studies show the many people hold negative evaluations of people with learning difficulties, not just with respect to ability levels, but for moral and social traits as well (Eayrs, Ellis & Jones, 1993; Hastings & Remington, 1993; Mittler, 1984).

Evidence of negative evaluations of this category by the wider society can also be seen in the policies and practices of health and social services. Until fairly recently, women with learning difficulties were sterilised in a number of western countries, including Germany, Sweden (until 1976), Norway (into the 1970s), Denmark, Switzerland, Canada and the United States. Recently it has been reported that compulsory sterilisation is still carried out on women with learning difficulties in Austria (The Times, Aug 28, 1997, p9). In Britain the NHS offers screening and termination of pregnancies if the foetus has Down’s Syndrome. When a child with learning difficulties is born, counsellors use a bereavement model for parents (Ditchfield, 1992). The following are quotes from mothers whose children had Down’s Syndrome:

"You, society at large, have condemned my daughter to life. I would have killed her there and then, when they told me she was a mongol. Urged by the vehement instinct of a mother to protect her from a harsh, unfriendly world where she would be a stranger always and everywhere." (Mussett, 1975, quoted in Thomas, 1982).

"Elizabeth was a mongol. Our daughter made with so much love ... was a freak, a not-quite, a runt, useless and pointless. Any other animal would let its weakling die or deliberately destroy it. That is taboo for human animals. We had to care for and cherish her like a normal child ... We were morally bound to rear this runt, this peculiarity, who would always be a burden to someone." (Green, 1966, quoted in Thomas, 1982).
In Britain, the history of labels for this category is marked by their use as terms of insult in the general population (see Goffman, 1963). Thus at various points in history terms such as idiot, cretin, imbecile and moron were used officially as terms for people with learning difficulties (Sinason, 1992). Now it is not unusual to hear children call each other “retard” or “mong”. References to having learning difficulties as a negative state are common in everyday communication. The following are examples from the press which use such representations:

Review of a TV programme - “... Eric Feeble is a hopeless, flame-haired single parent with permanently throbbing temples, two children (Brian, a gormless retard and Claire, an allergy-stricken girl whose tongues swells up a lot) and a vomiting Portuguese au-pair” (Guardian TV Guide, April 18-24, 1998, p83)

Advice to women on their bedrooms - “Cut back on cuddly toys. One or two is fine, more seems retarded.” (The Times, April 15, 1998, p16).

Article on a New Age community - “I was greeted by dozens of adults and children smiling in the gormless way normally reserved for Christians, social workers and the educationally subnormal.” (GQ magazine, April 1998, p130).


As a result of the way they are represented by the wider society, people with learning difficulties have traditionally been subject to a range of social situations to which the rest of society are not subject. These have included their isolation in large hospitals with appalling living conditions, institutional rules which prevent their marrying or having sexual relations, and not being consulted over decisions about their own lives. Whilst these situations have been slowly changing (Mittler & Sinason, 1996), there are still reports of people objecting to having people with learning difficulties coming to
live in their streets. A recent court case ordered a pub landlady to pay compensation for refusing to serve a group of people with learning difficulties who had booked a table for a Christmas dinner (The Guardian, January 23, 1998).

Having learning difficulties, then, is evaluated negatively in many Western societies, and this can be seen in a number of different areas of life. The message that cultural practices give is that having learning difficulties renders a person less than fully human (there is a taboo against marriage or sexual relations between a person who has learning difficulties and the wider community) and as unable to achieve the most basic things that society values. It is referred to as both a joke and a tragedy, and the implication of selective termination of pregnancies is that it would be better if people with learning difficulties did not exist. The question that this thesis seeks to address is how people with learning difficulties deal with their place in our cultural value system.

2.2 Awareness of learning difficulties

Identification as learning disabled

The general conclusions in the literature are that people with learning difficulties are aware of, and share, the negative evaluations of their category, and that they may deny their category membership (eg Edgerton, 1993; Gibbons, 1985a & b; Jahoda et al, 1988; Reiss & Benson, 1984; Szivos-Bach, 1993). When people do not accept the appropriateness of the label, this is often interpreted as denial, as defence against the trauma of the label, which leads to lowered self-esteem (eg Castles, 1996; Edgerton, 1993; Koegel & Edgerton, 1982, Harris, 1995; Stokes & Sinason, 1992; Szivos & Griffiths, 1990). This need for defence is thought to produce a range of responses in social behaviour which might involve hostility, avoidance of situations likely to highlight lack of competence, avoidance of others with learning difficulties, manufacture of alternative explanations, and the management of conversational competence (eg Edgerton, 1993; Sinason, 1992; Szivos & Griffiths, 1992; Yearley & Brewer, 1989). It is assumed that people really do know that they have the condition, this is traumatic for them, and that therapeutic situations will bring this out. Examples of this include the psychotherapy of Sinason (1992) and the consciousness raising
groups of Szivos & Griffiths (1990, 1992) and Hollins and Evered (1990). However, whilst many researchers adopt this position, there are some who do not make such assumptions (eg Bogdan & Taylor, 1994; Finlay & Lyons, 1998; Mest, 1988). This dispute will form a major focus of the research and discussion in this thesis.

The "group concept problem"
A series of studies by Gibbons and colleagues (1980, 1982, 1985a & b, 1986) is the most often cited evidence of the "group concept problem." Gibbons' position was that people with learning difficulties have negative evaluations of their group, and that this stands in the way of friendships and co-operation between peers. His studies involved evaluations of labelled and unlabelled people, and samples included both people from state institutions and those living in community facilities. However, it will be argued below that Gibbons' interpretations go further than his evidence allows and clear evidence of a general negative group evaluation is not provided by his studies. This issue is important because his conclusions are often cited by other researchers who stress the traumatic effects of this identity for people with learning difficulties (eg Castles, 1996; Crocker & Major, 1989; Szivos-Bach, 1993; Szivos & Griffiths, 1992).

Gibbons and Gibbons (1980) found that people with learning difficulties preferred a person who was not from an institution to one who was, when asked who they would like to live with, work with, and have as a friend. However, no significant differences in evaluation were found when participants were asked to rate targets on how smart, friendly, hard-working, likeable, happy or kind they were. In a second study, Gibbons and Kassin (1982) asked young adults with learning difficulties to rate on a number of dimensions a person labelled 'mentally retarded' and as having lived in an institution like their own. Compared with an unlabelled target, the person was rated as less smart and less likely to succeed socially (get a job, get married and have a family). However, no significant differences were found for ratings of friendliness, success on a puzzle, attributions of success and failure, or possible reactions of the teacher to the person.

In a further study, using photos of people that either were or were not described as 'mentally retarded', Gibbons (1985b) asked adults with learning difficulties for ratings
on a number of dimensions including social distance items. No significant differences in ratings of smart and friendly were found. However, on social behaviour items (number of friends and dates, and likelihood of getting married), "retarded" targets were rated significantly less positively, as they were on physical attractiveness. Social distance was measured by two questions assessing how desirable the target was as a friend or a date, and here again "retarded" targets were rated as less desirable. Self-ratings were significantly higher than both targets for friendliness, but not significantly different for "smart". Participants also rated themselves as significantly more successful than targets in terms of number of friends, but less successful for dating and marriage. Gibbons concluded that the participants, by imagining a person who was less able than themselves, were engaging in downward comparison, and that this is evidence of a "group-concept problem", a negative evaluation of the social desirability of one's own group. Gibbons (1985a) suggests that this will have effects on the relationships that people with learning difficulties have with each other, that as they see themselves as superior they will avoid forming relationships with peers. The room-mate and social distance findings described above would seem to support this suggestion, since non-labelled people were preferred in both cases.

There are two main problems with this research. One concerns the interpretation of the results and the other concerns how participants represented the target. The measure of likelihood of success in social behaviour confounds social preferences with the practical obstacles to social behaviour that people may perceive. In this population, opportunities for dating or marriage are likely to be much restricted by factors such as limited opportunities for privacy, the attitudes of carers, limitations in independent travel and finance, and the rules that may apply in institutions and other residences. The implication of this is that negative self and other evaluations on this factor might be explained by participants' perceptions of external constraints rather than any lack of social skills. This is an important issue since, as Gibbons states in his review paper (1986) and as can be seen above, negative group evaluations occur not so much for cognitive performance but for social factors in particular (Gibbons, 1985a). This explanation is actually suggested by Gibbons and Kassin (1982), but is neglected in future papers in favour of the group concept problem proposal.
Gibbons and Gibbons (1980) also point out that the participants in that study did not have a low opinion of their peers, but rather did not want to be associated with them. This cannot be taken as evidence of a group concept problem, as Gibbons goes on to claim in later papers. Nor is it evidence that people with learning difficulties are aware of the negative evaluations of their category by the wider society, as Gibbons and Kassin (1982) claim, or that they think their peers lack social skills (Gibbons, 1985b). This may be the case, but the results of these studies are not evidence of this.

Alternative explanations, which account for the evidence better, include a perception of institutional constraints, or a desire to maintain a distance from the type of institutional services that provide for the group, or to at least be given a wider choice than the type of services they had been used to. Another possible explanation is that since in institutions for people with learning difficulties there is usually a subgroup of people with challenging behaviour, who can be frightening and unpredictable to the other residents, the social avoidance found might reflect the participants avoiding the risk that the person will be like this, rather than reflecting an avoidance of the group as a whole. Participants might therefore favour a person who did not have the institutional label attached to them not because they thought the target was a worse person, but because they are reflecting the social situation in which the group and themselves exist.

The conclusion that people with learning difficulties will avoid relationships with others with this label (Gibbons, 1985b; Gibbons, 1986), or that co-operation between them in community settings is likely to be hindered by their group evaluations (Gibbons & Kassin, 1982), must also be challenged. This criticism concerns the way in which the target person was represented by the participants. Whilst some studies do find evidence of avoidance of others with this label (Edgerton, 1993), others find that friendships with peers are valued (Mest, 1988; Neumeyer et al, 1993; Flynn & Saleem, 1986; Simons, 1992). A study using repertory grid techniques with 28 adults with learning difficulties, found that those with at least one friend in their day centre rated themselves significantly more positively throughout, and were less likely to rate themselves as disabled (Clegg & Standen, 1991). As described above, one explanation
for Gibbons' findings, that participants preferred a non-labelled person for interaction, might be in situational terms. A further explanation is that, as Gibbons suggests, the participant imagines a target who is much more severely disabled than themselves, rather than conjuring up someone who is like themselves. This does not mean that they evaluate all their peers negatively - only that the prototypical "mentally retarded person" that they have imagined for this task is less able than themselves. The participants may well have close and valued relationships with others who also have learning difficulties, but these are not the people they conjure up for this particular task. The issue here is that researchers cannot assume that the groups, and therefore the prototypes, they perceive are the same as those that the participants perceive. People with learning difficulties may often position themselves on the edges of a "fuzzy" group (Harris, 1995), with the prototype of this group being someone more disabled than themselves. In this way, the social distance findings of Gibbons might be explained not by an avoidance of peers in general, but by a preference for people who do not have severe and multiple handicaps. Had the target person been presented as a particular person with similar abilities who the participant actually knew, rather than as a labelled, unknown person, then such avoidance might not be found. The question of which prototypes people with learning difficulties use to represent the group will be investigated in study two.

Edgerton's "Cloak of Competence"

Edgerton (1993) carried out ethnographic studies of people who had left a state institution and were surviving unsupported in the community. The original edition of his book, "The Cloak of Competence", published in 1967, stressed the idea that the label of 'mental retardation' had such a detrimental effect on self-esteem that the participants' central concern was passing and denial of their label. This is seen in the following three quotes:

"Such a realisation is potentially devastating to their self-esteem, and if the integrity of the self is to be maintained, imputations of stupidity must be denied" (Edgerton, 1993 p152)
"... for the former patient, to be labelled as a mental retardate is the ultimate horror. They reject it with all their will." (Edgerton, 1993 p182)

"... their lives are directed towards the fundamental purpose of denying that they are in fact mentally incompetent. These former patients must at all times attend to the practical problems of seeming to others to be competent and of convincing themselves that this is so." (Edgerton, 1993, p132).

Edgerton provided many examples of attributions and behaviour which he suggested served to deny or cover the label of the participants. These include explaining specific lack of competence in terms of physical disabilities (eg eyesight, nerves), as due to the experience of institutionalisation, and as lack of education.

The original edition of Edgerton's book has been influential in research into self-concept in people with learning difficulties, as can be seen by the regularity it is cited by other authors, including Gibbons. It seems to have set in train the assumption that people with learning difficulties are chronically concerned with their label, and suffer from lowered self-evaluations as a result. It is a shame that this original work is cited more often than evidence from his follow-up studies of the same people, after they had been living in the community for over 10 years, since these show a different pattern of findings. Edgerton describes these studies in both the revised edition of the Cloak of Competence (1993) and in his book of 1979. In these studies, Edgerton reports that denial and passing were no longer central concerns of the participants - rather than being preoccupied with work and stigma, as the original study found, participants were now more concerned with their personal relationships, with leisure, and with their other interests. This crucial finding is rarely acknowledged by those who stress trauma and defence (eg Castles, 1996; Jahoda et al, 1988; Reiss & Benson; 1984, Szivos-Bach, 1993; Szivos & Griffiths, 1992). However, it is central to an understanding of self-concept in the people studied in this thesis, who have been living in the community for much, if not all, of their lives.
This change can be understood by considering the research carried out by Bogdan and Taylor (1994). They present the autobiographies of two people who had left state hospitals to live in the community, and it can clearly be seen in these that the events associated with institutionalisation (which Goffman (1963) described as mortifications of the self) present particular problems for the self-concept, and that their subsequent release into the community is a situation where identity must be renegotiated, and where people feel highly visible, and marked by their connection with the institution. It is clear from these accounts that the local communities have stories and strong stereotypes about the local asylums, which the two people whose stories are presented are aware of and share.

"Everybody thinks that Cornerstone is for really crazy people. That really hurts. I tell them that there are people there that need more help than others, but it doesn't sink in." (p166)

"If I said that I was going to open up a house tomorrow and put in it people from the state school, people would be up in arms. That's what it was like in Newton" (p65)

"Being in a state school or having been in a state school isn't fashionable and never will be. Deep down you want to avoid the identification." (p61)

To admit having been committed to the local asylum implies the characteristics which are suggested by the mythology of the asylum found in the local community. In these cases it seems that it is the asylum which creates the problematic identity (ie asylum patient), rather than what the ex-patient might think about him/herself. The asylum is local, specific, and clear. Edgerton's original study involved people who had recently left a local state institution, and thus might be expected to share the local ideas of the place. It is argued here that evidence from people who have recently left a local asylum cannot be assumed to be relevant to the experience of people with learning difficulties living in the community. The most important difference is that the label “learning difficulties” is vague (this issue will be addressed in study two), and not localised for
the latter. For the former, being an asylum patient is specific and there are clear evaluations and images associated with it in the discourses of the local community.

There are other problems with relying on Edgerton’s findings in order to interpret the experience of people with learning difficulties. One is that, whilst giving a central role to self-esteem, Edgerton neither conceptualised nor measured it. It was inferred that participants had lowered self-esteem associated with their label. However, simple connections between socio-structural variables and self-esteem have been shown to be not as straightforward as they might seem (Rosenberg, 1979), therefore this inference requires more evidence than is given. Despite the rich and vivid descriptions of people’s lives, Edgerton’s stress on self-esteem and denial/passing gives the impression that participants are rather homogenous in their reaction to their label. This is not found in a later study of people with learning difficulties, which found considerable variation in the extent to which they admitted their label (Koegel & Edgerton, 1982), nor is it found in other research (e.g. Jahoda et al, 1988; Simons, 1992; Zetlin & Turner, 1985).

**Further studies of identification in people with learning difficulties**

There is now a lot of evidence that indicates that people with learning difficulties vary, both in terms of their patterns of self-evaluations (e.g. Tymchuk, 1991; Sonnander et al, 1993) and the extent to which they conceptualise their disabilities. With respect to the latter, studies have found that some people deny being ‘handicapped’ or ‘retarded’ although admitting specific limitations (e.g. Bercovici, 1981; Bogdan & Taylor, 1994; Hollins & Evered, 1990), some do not refer to it (Atkinson, 1988; Mest, 1988), some people acknowledge both the label and the implications of it in some detail (e.g. Flynn & Knussen, 1986, Reiss & Benson, 1984), and some studies show differing patterns within a sample (e.g. Jahoda et al, 1988; Simons, 1992; Zetlin & Turner, 1985). The differences found in these studies are due to the selection of cases that authors report and the contexts in which the research was based.

A study by Jahoda et al (1988) which involved interviews with twelve people with mild learning difficulties identified three patterns of identification - some saw themselves as
having a disability and as different from the non-handicapped, some felt they had specific difficulties rather than a general deficit, and were different from their more disabled peers, and some felt less disabled than others but believed the stigma to be wrong and showed solidarity with other people with learning difficulties. The authors report that all participants showed awareness of stigma, such as rejection, abuse from children, or restrictions that did not apply to others. However the extent to which the participants linked this to having learning difficulties is not reported, a crucial issue in determining the extent to which the label or condition is felt to be implicated in events.

Zetlin and Turner (1985) found that 10 of their sample of 25 adults with learning difficulties assigned little importance to their label, and showed no preoccupation with their limitations. Similarly, Mest (1988) found that people did not refer to the ways they were different spontaneously when talking about their lives, but did admit particular difficulties when asked directly, such as being slow, less educated or unable to do certain things as well as others. These findings are similar to the findings of Edgerton’s follow-up studies, which showed that people were not preoccupied with their label or the stigma.

One study that has investigated the connection between self-esteem and perceptions of stigma was carried out by Szivos-Bach (1993), who interviewed 50 students at further education colleges. The stigma measure involved follow-up questions to check participants’ understanding. The self-esteem measure was developed for the study, and although it was found to have acceptable internal reliability, test-retest measures were not made. This study found that participants with greater perception of stigma had lower self-esteem. Although there are numerous methodological difficulties with measures of self-esteem in this population, as will be seen in chapter six, this study therefore provided some evidence of construct validity for the measure used (as did Finlay & Lyons 1998), and illustrated the importance of recognising the variability in people’s perceptions of the stigma associated with their lives and/or label.

Studies have found that people are able to focus on aspects of their lives which are sources of positive self-evaluation (eg Dykens & Cohen, 1996). Edgerton and Sabagh (1962) describe a number of ways that people who have been put in state institutions
might achieve a positive sense of self, such as downward comparisons, peer relations, and “flights of fancy”. In interviews with 54 people involved in self-advocacy organisations, Simons (1992) found that although people admitted difficulties in certain areas, they presented a positive sense of self through such things as making a contribution to their environments (e.g., household chores), by focusing on abilities rather than disabilities, belonging to networks of people, and other statuses. Some negative aspects found were linked to rejection, abuse and not coping in particular situations. People with learning difficulties have reported being teased/called names in other studies (e.g., Jahoda et al., 1988; Jones, 1972; Szivos & Griffiths, 1992; Zetlin & Turner, 1985).

In terms of the meanings that people assigned to the label and the classification of individuals, it has been found that people with mild learning difficulties may differentiate themselves from those who have severe or multiple disabilities (e.g., Jahoda et al., 1988). Bogdan and Taylor (1994) show this vividly with quotes in which the two people whose autobiographies are reported distinguish themselves from the “low grades” at the hospital, and locate themselves in a group of others who were more able, and who ended up in the state institution for reasons other than mental retardation (e.g., family crises, other personal difficulties). Simons (1992) found that the participants in his sample tended to define ‘mental handicap’ and ‘learning difficulties’ in terms of physical or sensory handicap.

In summary, the research to date into identity in people with learning difficulties has found that people accept their label as appropriate to varying degrees. Given that having learning difficulties is usually a major determinant of the life of a person, affecting their likelihood of getting a job, raising a family, getting their own home, and making their own decisions, as well as often resulting in the use of segregated day and residential services, an important question is how people are able to discount their label when explaining themselves or their lives. Some authors interpret this as self-presentation or denial, as a motivated ignoring of a traumatic truth which would otherwise have implications for self-esteem. A recent example of this is found in Castles (1996):
"In summary, among adolescents and adults with mild and moderate mental retardation .... awareness of stigma is almost overwhelming. Coping with the stigma of mental retardation may be the most painful problem in the lives of these individuals." (p101). She suggests that people with stigmatized conditions must develop strategies to deal with both rejection and low self-esteem, such as denial. “Because the stigma of their handicapping condition is so pervasive, individuals with mental retardation have a particular need for such strategies.” (p101). Because of this assumption, Castles explains why people with learning difficulties may not agree with being labelled mentally retarded, or conceptualise their difficulties as limited and specific rather than general, in terms of their awareness of the stigma - “The great majority of individuals with mental retardation refuse to admit that this label applies to them.... The stigma is simply too devastating.” (p102).

Rather than accepting their description of themselves and their worlds as valid from their own perspective she interprets them in terms of how they are classified by others. As will be seen in this thesis, there are many alternative explanations, which do not involve motivated repression, which can account for the way in which people with learning difficulties conceptualise themselves and their disabilities. Whilst many authors adopt a similar viewpoint to Castles, others do not make this assumption (eg Simons, 1992; Bogdan & Taylor, 1994). However, despite some general suggestions, alternative explanations for these varying patterns of identification have not been fully elucidated. An important reason for this assumption of denial and of necessary effects of this category membership on self-evaluation and behaviour, as well as the lack of exploration of alternative explanations for patterns of identification found, is that researchers in this field do not base their interpretations on an explicit model of the self-concept. The implicit model that drives trauma-based assumptions involves a simple process of threat to self-evaluation leading to response. The complexity of the self-concept, and the involvement of the social environment in it's possibilities, is not given its proper place in such analyses. The self-concept needs to be recognised as involving the selection from multiple possibilities, and then explanations can be offered in terms of what determines this selective process and what possibilities are available.
This broader focus avoids narrow assumptions that the stigmatized identity is the driving force behind whatever patterns might be found in research. This thesis attempts to investigate alternative explanations for patterns of identification found in people with learning difficulties, using a working model of the self-concept and group membership based on social-psychological concepts.

The self-advocacy movement
A consideration of the self-advocacy movement offers some suggestions regarding the conditions under which this category membership becomes salient to people with learning difficulties. People First, an organisation run by people with learning difficulties to campaign to improve conditions for the group and encourage people to speak up for themselves, began in London in 1984. It had developed before this in North America and Sweden. The reports and consultations provided by People First show an acute awareness of people with learning difficulties being evaluated negatively, as well as a vision of how things should change. Conference reports discuss, for example, educational issues, housing, the nature and assumptions of services, and relationships with parents (People First, 1987; Paige-Smith & Etherington, 1993). Local groups have campaigned to have the terminology used to describe them changed (Whittaker, 1996; Simons, 1992). People First London have carried out service evaluations which they have published, participate in staff training, and campaigned, with partial success, to get the largest charity in Britain for people with learning difficulties (MENCAP) to change its image.

Articles by, and quotations of, self-advocates in the United States reveal constant reference to the concept of people with learning difficulties as a group or category (Heller et al, 1996; Ward, 1996; Pacht, 1996; Monroe, 1996). An examination of British People First literature reveals an explicit acknowledgement of the label, in contrast to the studies described above which find people not accepting or using it. The following are quotes from conference reports:

"People First is an organisation run by and for people with learning difficulties"
(People First, 1994).
"A voice for people with learning difficulties" (Paige-Smith & Etherington, 1993).
"We should teach children with Down's Syndrome to be proud. Having Down's Syndrome is an important part of our lives." (People First, 1996).

Although the People First organisation is based around the explicit acknowledgement of the identity, the name of the organisation also appeals to a higher order of classification -"The name People First means that we are people first, learning difficulty second" (People First, 1994).

The difference between local self-advocacy groups based in services, such as client committees, and the People First groups (the national campaigning organisation for people with learning difficulties) is the level of group identification, and the use of the concept as an explanatory tool. Articles by staff enablers report that service-based groups tend to deal with everyday issues, such as leisure and meals, rather than discussing issues relating to the category membership, and analysis of problems does not include such concepts (see Finlay & Lyons 1998, for a review). People First, on the other hand, is based on such an analysis (as evidenced in conference reports and their other publications). The importance of this distinction is that it shows that people with learning difficulties living in the community might not use this membership to describe themselves or to explain their experiences, even when the conditions which should supposedly make this salient are set up. It is more likely, then, that it is for people who are politicised that the group concept is salient in this way.

From the literature described so far, then, the learning disabled identity can be seen as salient in 2 situations:
1) After institutionalisation, when identity has to be re-established and there is a local mythology about the institution.
2) In the context of politicisation.
Apart from these, no other contexts in which the identity might be expected to be salient have been identified.
2.3 Learning difficulties and self-esteem

Contradictory findings are the norm in studies of self-esteem in this population. Some studies find that people with learning difficulties do not have lower self-esteem than the general population, whilst others present low self-esteem as a particular problem for this group. A lot of studies have compared self-esteem in students in integrated versus segregated classrooms, but again the results are equivocal (for reviews see Silon & Harter, 1985; Zigler & Hodapp, 1986).

The problem with studies using measures of self-esteem is that the instruments used have not been shown to be valid and reliable for the population (Schurr et al, 1970; Gowans & Hulbert, 1983). Researchers either use standard instruments, unmodified for the population, modified instruments, or develop their own without properly reporting their development. For the latter studies, samples have been too small, factor structures have not been reported, validity has not been investigated, and care has not been taken to use items of salience to the population - researchers assume they know what are salient domains of self-evaluation. However, it has been found that people with learning difficulties may show a different factor structure in self-evaluation, and may focus on different domains to the general population (Silon & Harter, 1985; Zetlin & Turner, 1988). In view of this and the numerous methodological problems associated with research with this group (see chapter six), results of self-esteem studies must be viewed with scepticism.
2.4 Conclusion

A number of questions emerge from this review, which form the substantive interest of this thesis:

- Under what contexts does having learning difficulties become a salient aspect of the self-concept and an explanatory concept?
- To what extent is having learning difficulties involved in self-evaluation?
- What evidence is there for denial (i.e., motivated non-acceptance of the label)?
- What alternative explanations can be offered for variations in the extent to which people identify as having learning difficulties?
- What are the sources of positive self-evaluation for people with learning difficulties?

In contrast to previous work in this field, these questions will be addressed using a framework derived from social psychological theories regarding the self-concept and group identity.
Chapter three - Theories of category membership and self-concept

The following five sections review research into aspects of the self-concept and group/category membership which are relevant for studying self-concept in people with learning difficulties. These sections cover the areas of stigma, reflected appraisals, social comparisons and social identity/self-categorization theory. In each section, considerations arising from the literature which are important for the current study are highlighted, and criticisms of theories in these different areas are offered. Chapter four suggests a working model of the self-concept to guide the research in this thesis. This model is based on ideas from a range of theories of the self-concept and identity.

3.1 Stigma
This section will provide an overview of research into stigma, and will focus in particular on the importance of a stigmatized identity for the self-concept. It will argue that there is an undue emphasis on individuals’ responses to a stigmatized identity, and that the importance of a stigma to a person’s self-concept is often minimal. For a stigmatized identity to become salient depends on either the individual being aware of, and sharing, negative cultural evaluations of the stigma, and applying these to themselves, or their attending to the reactions of others, interpreting these in terms of the stigma, and incorporating these negative evaluations into their self-concept.

3.1.1 Stigma as a social phenomenon
Stigma is defined by Goffman (1963) as “an attribute that is deeply discrediting...” (p13) and which acts as a master status, tending to be viewed as a central aspect of the person’s identity. Many different types of stigma have been studied, such as epilepsy (Scambler & Hopkins, 1986; Schneider & Conrad, 1980), deafness (Becker, 1981), facial disfigurement (Knudson-Cooper, 1981), leprosy (Gussow & Tracy, 1968), dwarfism (Ablon, 1981), diabetes (Hopper, 1981), mental illness (O’Mahony, 1982), stuttering (Fransella, 1968), physical disabilities (Fichten et al, 1991; Braithwaite, 1990), and learning difficulties (Edgerton, 1993). Rather than being concerned with the attribute itself, stigma is seen as originating in the reactions of others to the attribute.
For Goffman, features of all stigma are that “an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention, and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us.” (p15). Ainlay and Crosby (1986) further suggest that “Stigma involves situations where one individual or group treats another individual or group as less than fully human.” (p17), and for Jones et al (1984) the concept of stigma describes “outcomes of a discrediting process, where the target person is viewed as morally flawed and arouses revulsion” (p297). If stigma is defined by the reactions of others, it can be seen as being created in the eye of the beholder, and is fundamentally, therefore, a social phenomenon (Gibbons, 1986). Discussion of the characteristics of the trait itself (eg visibility, prognosis, responsibility) is usually carried out for what they can predict about the reactions of others to it (eg Jones et al, 1984).

This emphasis on the social nature of stigma can be seen in many discussions of stigma, and can be crudely classified into two types:

1) The social construction of stigma in the wider society, with reference to stereotypes, classification systems and the social functions of stigma (Becker & Arnold, 1986; Jones et al, 1984).

2) The reactions of people in interaction with the person once the stigma has been noticed. Reactions may include withdrawal, disgust, anxiety, pity, discomfort, admiration, or ambivalence (eg Jones et al, 1984; Fichten & Amsel, 1988; Fichten et al, 1989; Gibbons, 1986; Katz & Glass, 1979), and are influenced by shared representations.

The implications for the stigmatized person and their self-concept are seen to flow from these concerns, so that a person is likely to be negatively affected, is likely to have lowered self-esteem, to the extent that he or she:

a) shares the cultural belief systems that stigmatize his/her condition (Goffman, 1963), or

b) is concerned with what other people think of him/her in interactions, and interprets their behaviour as a reaction to their stigma. Jones et al (1984) suggest that
stigmatized people may be especially aware of others’ perceptions of them because they occupy a position of less power and the feelings they create in others are likely to be homogeneous and less easily disguised. Crocker and Major (1994) offer a similar suggestion “A stigma assumes a central role in the way a stigmatized individual construes his or her social world. The stigmatized often take it for granted that their stigma affects all behaviours of those who interact with them” (p291). Goffman (1963) sums these 2 ideas up: “a stigmatized person is first of all like anyone else, trained first of all (sic) in others’ views of persons like himself.” (p160).

Discussions of the perceptions of the stigmatized themselves follow from these preliminary ideas, and tend to emphasise the reactions of the stigmatized to their stigma. For example, Becker and Arnold (1986) state “Stigmatized individuals find themselves in a continual struggle with negative attitudes and with the devalued status that accompanies them, and must constantly develop strategies for dealing with the stigma.” (p49). Goffman suggests that a stigmatized person may be unsure how “normals” will receive him/her, and may engage in strategies such as avoidance, immediate friendliness, bravado and passing. Passing involves concealing the trait from other people, and is a major focus of discussion for Edgerton (1993) in his study of people with learning difficulties who had left state institutions. The effect of this is to make the person vigilant to signs of the trait becoming apparent, and it is presumed to be carried out because the person fears revelation of the trait. The importance of information management is increased where a stigma is less visible, such as when a person has epilepsy (Scambler & Hopkins, 1986; Schneider & Conrad, 1980).

### 3.1.2 Stigma and self-esteem

The effects on a person’s evaluation of themselves are similarly seen as fairly straightforward responses to the trait, and it tends to be suggested that possession of a stigmatized identity leads to lowered self-esteem. This relationship between membership of low status groups and low self-esteem is one that is often suggested in social psychology (eg Allport, 1954; Tajfel & Turner, 1979; see Crocker & Major, 1989, for a review). Conversely, for those who overcome their misfortune, the result
may be higher self-esteem (eg Ainlay, Coleman & Becker, 1986). In either case, and although there is much variation in the ways people are affected, the power of stigma is seen as so great that it is difficult to avoid some kind of consequences for affect and self-concept (eg Charmaz, 1987; Jones et al, 1984). In a study of 200 elderly deaf people, Becker (1981) suggested that many deaf people have feelings of inferiority as a result of their deafness, and "... being deaf is the single most important factor in their lives" (p23). Goffman (1963), sums this idea up "Given that the stigmatized individual in our society acquires identity standards which he applies to himself in spite of failing to conform to them, it is inevitable that he will feel some ambivalence about his own self" (p130).

Despite the belief in the power of stigma to affect the self-concept, there is surprisingly little evidence in support of the idea that stigmatized individuals have low self-esteem. Many studies with a wide range of low status or stigmatized groups show that people have levels equal to, or higher than, non-stigmatized groups (for reviews see Hogg & Abrams, 1990; Crocker & Major, 1989; Wright, 1960). A number of reasons have been advanced for these findings, such as the existence of strategies which protect self-esteem, such as the use of selective social comparisons, attributions of prejudice to the higher status group (Crocker & Major, 1994), and the selection of different values on which to base evaluations (Crocker & Major, 1989). Tajfel (1978) suggested a number of strategies at both the individual and group level that people may adopt in the face of a negative social identity, which would protect against negative implications for self-esteem (see section four, this chapter). Other reasons for the lack of effects on self-esteem that have been advanced include that the identity is not central to the self-concept and variability in the way that self-esteem is measured (Crocker & Major, 1989; Abrams & Hogg, 1988)

Jones et al (1984) point out that self-concepts depend on what information is selected as diagnostic and important for the self, since people cannot attend to all the information that might be relevant. For some people the stigma will be important to the self, whilst for others it will not be. For example, Crandall and Biernat (1990) found that for overweight women, low self-esteem was related to negative attitudes towards
overweight people. This relationship was not found in overweight men - there was no significant relationship between attitudes and self-esteem. They suggested this was because weight was less important to the self-concept in the men they studied.

Two further examples of situations in which the importance of the stigma for a person's self-concept are reduced are suggested in the literature. In settings where other people with a similar stigma are present the salience of the stigma is reduced, and therefore people focus on other characteristics of the person. In these cases, it is the more extreme forms of the stigma which may attract attention, and lesser forms recede into the background. That such environments can be beneficial for stigmatized people has been suggested elsewhere. For example, Becker (1981) suggested that increasing interactions with other deaf people is a coping mechanism which can boost self-esteem through avoidance of awkward mixed interactions. Ablon (1981), in a study of dwarfism and the "Little People of America" organisation, suggested that participation led to acceptance of the condition, and a reduction of patterns of avoidance and denial. This was achieved not through any formal discussion or consciousness-raising sessions, but simply through viewing others with the same condition. It is important to note that the effects of such settings on the self-concepts of the participants will vary, depending on whether such settings lead to social comparisons, political activity, reduction or increase in the salience of the condition, enhanced or restricted opportunities etc. This issue is important for people with learning difficulties, who often attend specialised day services and social clubs, and may also live with other people with learning difficulties. The relevance of the social context for the self-concept will be explored in studies one, two and three.

The second situation is where the person has lived with the stigma for a long time. Whilst initial reactions to a new stigma (eg paralysis following a car accident, becoming unemployed) may result in the stigma assuming a central importance in the person's self-concept, adaptations over time may lead to this ultimately assuming little importance (Jones et al, 1984). This process of long-term adaptation is stressed by Wright (1960) in her discussion of physical disability. While people may suffer from feelings of inferiority and shame in the early years of their disability, these feelings
disappear over time due to changes in the person's values and aspirations, and the learning of ways of coping with the reactions of other people.

A further reason that stigmatized conditions may not have the kind of adverse effects on a person's self-evaluation that are expected is that a lot of research into stigma focuses on short-term interactions between strangers or acquaintances, one of whom does not have the condition (e.g., Goffman, 1963; Jones et al., 1984). However, both Frank (1988) and Thomas (1982) point out that the most significant interactions and relationships for a person are more likely to be with friends, family or others with a similar condition. Since these relationships are long-term, the stigma is less likely to be salient, and interactions based more on other characteristics of the people involved. Since these contacts are more important to the person, the impact of the condition on the way they feel about themselves is likely to be correspondingly reduced. This issue is explored in study three, the carer study.

3.1.3 Stigma and the negative evaluations of others
When studying the effects of stigma on stigmatized individuals, attention should be focused on their perceptions of, and focus on, the two social aspects of stigma identified above, the reactions of other people towards them (and the reasons for these reactions) and widely held representations of the stigma.

a) Reflected appraisals
In order to identify contexts in which a stigmatized identity is likely to be salient, it is important to look at reflected appraisals, which is how individuals think they are perceived by others (this will be discussed in detail in section two, this chapter). The link between reflected appraisals and stigma was pointed out by Crocker and Major (1989) and this relationship will be further developed in this thesis. Examples of where this is found are people's understandings of the reasons for others' behaviour towards them and their knowledge of how others refer to them. Thus, Barbarin (1986) describes adolescents with cancer as sensitive to the awkward reactions of others to them, and of being aware that others do not know what to say to them and may avoid them. Similarly, Braithwaite (1990) found that people with physical disabilities report
noticing signs of unease in able-bodied people, and engage in strategies to direct attention away from their disability and towards others aspects of themselves. In Becker's (1981) study of deaf people, she suggested that the perceived awkwardness of interactions with hearing people, linked to perceptions that deaf people were judged negatively, led people to reduce contact with hearing people, and to increase their social interaction with other deaf people. Jones et al (1984) suggest that reflected appraisals are more likely to affect a stigmatized person's self-concept to the extent that reactions are negative, consistent and extreme. This might occur if the stigma was non-concealable, aesthetically displeasing, socially disruptive and/or the person was blamed for their stigma.

In discussing reflected appraisals, stigma research has generally assumed that it is a given, that people are concerned about, and relatively accurate in their estimations of, the reactions of others. However, if the idea of reflected appraisals is elaborated, it can be seen to be a more complex phenomenon than this suggests. It will be seen in the next section that not only do people often conceal their negative reactions of others, resulting in reflected appraisals often being inaccurate, but people may also differ in the extent to which they consider reflected appraisals - people may vary in how much they think about what others think of them. If the salience of a stigmatized identity is partly dependent on people's perceptions of the reactions of others towards them, then a lack of salience might be found where people conceal their negative responses, or where stigmatized individuals are either not attending to or accepting the appraisals of others. That is, salience of a stigmatized identity through reflected appraisals depends on attention to reflected appraisals, accurate judgement of them, and accepting them as having implications for the self.

b) Cultural representations
Researchers also need to look at peoples' awareness of the negative stereotypes held about their group, and whether they agree with them. Rosenberg (1979) found that children from minority groups (ethnic and religious) thought their own group was judged more positively than it was by the wider society. That this reflects a lack of awareness rather than denial is suggested by the fact that they became more accurate as they got older, and those in segregated schools were less accurate than those in
mixed schools. Rosenberg also reviewed evidence showing that minority group members do not agree with negative evaluations of their group, which he attributes to the communication environment, where significant others are likely also to be members of the minority group, and thus unlikely to reproduce negative stereotypes (see also Porter & Washington, 1979, 1993). In a review, Crocker and Major (1989) found that little research had addressed the question of whether stigmatized groups share the evaluations of their group held by the wider society. One study that did look at these factors was carried out by Chassin and Stager (1984), who studied identification, group evaluation and self-esteem in a group of incarcerated male teenagers. They found that being labelled as a delinquent did not lower self-esteem, but that self-labelling was associated with lowered self-esteem, as was holding negative evaluations of the identity. It was also found that low self-esteem was associated with greater centrality of the identity to the person. A similar study was carried out with adolescents with learning difficulties (Stager & Young, 1983), where it was found that low self-esteem was associated with regarding the label (“special education student”) as relevant to the self in combination with holding a negative evaluation of the label. However, this study has a major methodological problem. The personal relevance variable was measured by comparing each persons' semantic differential score of “me in this class” with their score for “a special education student”, thus confounding similarity scores with evaluation scores. Since overall ratings of the label were negative, those seen as identifying with the label were also those who scored lower on the self-ratings. The important point, however, is that it should not be assumed that people share the negative evaluations of their group that the wider society holds. If they do not share these evaluations, then it would be unlikely that self-concept would be negatively affected. An example of this is provided by the study of Frank (1988) of three people with congenital limb deficiencies. Each participant, while being aware of the negative reactions of other people towards them, chose to confront and challenge such views rather than accept them and feel bad about themselves - engagement in political activity was associated with rejecting the values that rejected them. The development of alternative ideologies within stigmatized groups is further discussed by Gussow and Tracy (1968) in their study of a leprosy hospital.
Several studies have suggested that people with learning difficulties are aware of and share the negative evaluations of their group. These were described in some length in chapter two, where it was concluded that evidence of a ‘group concept problem’ (Gibbons, 1985a & b) is lacking.

Even when the person can be shown to produce the same negative evaluations of his/her group as do the wider society, however, this does not necessarily mean that this evaluation is then applied to the self. This was shown in a study of stutterers by Fransella (1968). Using semantic differentials and repertory grids, she found that although stutterers stereotyped stutterers in the same way as did non-stutterers, they did not apply this to themselves. There was no relationship between the way they saw the group and the way they saw themselves. Similar findings have been reported for psychiatric patients (O’Mahony, 1982), overweight men (Crandall & Biernat, 1990) and for people with physical disabilities (Beail, 1983).

Studies that discuss the information management practices of people in stigmatized groups indicate the importance of understanding how people with stigmas perceive others’ reactions to them. Both Scambler & Hopkins (1986) and Schneider & Conrad (1980), in their studies of people with epilepsy, found that their respondents recognised that people viewed epilepsy with ignorance and often fear, and for this reason engaged in information management practices in order to avoid adverse reactions from others. Scambler and Hopkins make the important distinction between ‘enacted’ and ‘felt’ stigma in their analysis. Enacted stigma, which refers to instances of discrimination, was found to be much less frequent than felt stigma, which refers to respondents’ fears of potential enacted stigma as well as their feelings of shame as a result of sharing society’s norms. Felt stigma, then, refers to both sources of negative evaluations described here, perceptions of the reactions of others, and shared norms and stereotypes. They argue that felt stigma is a more potent source of unhappiness and self-doubt than enacted stigma, and that felt stigma was more the result of the “stigma coaching” of families than of direct experience of discrimination. When epilepsy was first diagnosed, some respondents reported that parents would encourage
them to conceal this information and warned about the potentially negative reactions of others. The concept of felt stigma clearly illustrates that the effects of stigma on a person's self-concept must then be understood through their perceptions of these two aspects of the condition, and it is this focus in the present study which represents an important addition to analyses of negative social identity and low status groups often offered in social psychology. Identifying negative group identities means identifying one of these two perceptions as being salient at some time/in some situation for the group members.

3.1.4 Responses to a stigmatized identity

Many analyses tend to assume reactions to stigma in such a way that phenomena which could be explained in any number of ways are only explained with reference to the stigma. This is often the result of the assumption that stigma leads to problems of low self-esteem, and therefore responses develop in order to protect self-esteem. Thus, Gussow and Tracy (1968) suggest that the development of an alternative ideology to explain societal reactions to leprosy among patients in a leprosy hospital is "a means of reconciling their own lowered self-esteem" (p 322) rather than a legitimate perception of widespread misunderstanding of the condition. Similarly, Charmaz (1987) suggests that the 'preferred selves' of people with chronic illnesses can be explained in terms of "the struggles of chronically ill people in the United States for a valued self", which are "often invisible and implicit" (p 318), rather than being explained by any other factors in the person's life, such as their preferred selves before their illness, their interests, or the type of people they usually interact with.

Ablon (1981) presents evidence that some people of short stature, before they become involved with Little People of America, avoid looking at themselves in the mirror and at other dwarfs, which she interprets as a strategy of avoidance. After involvement, they are able to identify themselves more easily as a dwarf. For those not involved, Ablon states "Some persons will never attempt the challenge of this confrontation; others cannot tolerate it and drop out of the group for this reason." The alternative explanation for non-involvement, such as the person having other interests or friends
which are more important to them, is not considered. Ablon does present quotes showing people describing this avoidance and the effects on their identification from joining, but it should also be noted that for some people, their stature may simply not be that important - indeed Jones et al (1984) present a quote making just this point, that the only time their height becomes salient is when they can't reach something in the kitchen. Ablon does not, unfortunately, indicate how widespread this avoidance pattern is, a difficulty with much qualitative research (Silverman, 1993). The suggestion that stigmatized conditions are central to people's sense of themselves and their feelings of self-worth, is due in part to the way in which qualitative research is often reported. Several quotes are often given which support the author's main assertion, without any indication of how widespread this sentiment is among the participants. Since the evidence has been found for some informants, it is assumed that it applies to others who do not voice the sentiment. This applies to studies with people with learning difficulties such as Edgerton (1993) and Zetlin and Turner (1985). One reason that quantitative studies have failed to find consistent evidence of low self-esteem in stigmatized populations, in contradiction to the suggestions of many qualitative researchers, is perhaps that the findings reported in such qualitative studies are not actually applicable to a large number of the sample population - they are perhaps the best or most striking quotes, or else are selected as evidence for a presupposed theory of the researcher. The problem caused by not reporting how widespread themes are in the sample population is that the reader cannot judge.

One possible reason for the tendency to over-attribute to stigma is the use of concepts relating to role in analyses of stigma (eg Thomas 1982), which leads to the conclusion that people see themselves as institutions see them, that people's views of themselves are reflections of their positions in institutional arrangements. Whilst this is certainly a useful concept, it does not recognise the multiple identities and roles that are available to a person with which to represent themselves, and leads to the assumption that the stigmatized condition is the crucial determinant of a person's behaviour, emotions and self-conceptions.
Jones et al (1984) suggested that the reason people assume that stigmatized people are unhappy, when many studies find this not to be the case, is that it is easier to imagine initial reactions to misfortune than to imagine long-term adaptations. With respect to disability, Wright (1960) suggests that people perceive disability as a permanent tragedy, from which there is no relief. The behaviour of a person with a disability is then interpreted through this belief, such that evidence that the person is not unhappy and finds life satisfactory is overlooked or interpreted as pretence or denial (the 'expectancy of mourning'). In the long-term, however, people find new satisfactions in life. As Cameron et al (1971) suggested, one's contentment with life is based on "the way things are and reasonably could be" (p641) for someone with a similar condition. People reach the same general levels of contentment because their aspirations are brought more into line with their possibilities. Thus, in their study, happiness levels were the same for people with and without disabilities, and similar findings were reported for elderly people (Cameron, 1972).

"Naturally I wished I could walk, but it didn't make me particularly unhappy. When well-meaning adults shook their heads and sighed over me and said "It's a thousand pities. I wish you could run like about like other little boys", I agreed with them as a matter of course, but privately I thought they were making rather a lot of fuss."

(Battye, 1966 - in Thomas, 1982)

As in the literature on people with learning difficulties, studies of other stigmatized groups are not usually based on models of the self-concept which recognise that people have multiple identities and may represent the context differently from the observer. A better understanding of the effects of stigma on the self-concept requires a clearer conceptualisation of the self-concept than is usually offered. This thesis will argue that a stigmatized identity only becomes salient once a number of other psychological and social phenomena are present. Identity is not a simple mass which reacts to a force such as stigma. It is made up of a large number of perhaps contradictory ways of seeing the self, and these ways may take precedence over the stigma in determining how a person sees themselves. When people in threatening social positions represent themselves positively, then, it should not be assumed that this is a reaction to
perceptions of occupying a threatening position. It is suggested here that people usually represent themselves positively through adopting a number of perspectives on themselves and other people, and this occurs irrespective of the presence of a stigma. Self-esteem is protected by tendencies towards positive self-evaluation found in the general population as well as tendencies that are specific responses to stigma (Crocker & Major, 1989).

A further point, suggested by Jones et al (1984), is that the self-concept is not usually built up of theories about what a person is not, but is built around what a person is. As they point out “it is difficult to construct a concept around a void” (p140). The self-concept reflects more a person’s abilities rather than their abilities. Wright (1960) makes a similar point. She differentiates between comparative and asset values. Comparative values refer to evaluations which are based on comparison with a standard, and it is these which lead to feelings of deficiency in a person with disabilities. Asset values, on the other hand, are when evaluations are based on the inherent qualities of something - and in the case of disability is found when people focus on what they can do, rather than what they cannot. For Wright, then, individual dignity is achieved when a normal physique is seen as an asset value, “a good thing to have when present, but not a disturbance when absent” (p35). To pursue this point, it will be suggested here that self-esteem is an additive construct, not a subtractive one, and that the finding of high self-esteem in people in stigmatized positions reflects this fact - the stigma does not necessarily subtract from self-evaluation (although of course it does in some cases). Self-evaluation is built up from what a person has and what they can do, it is not necessarily reduced by what they cannot do.

Thus, whilst an observer may focus on what a person does not have or cannot do, the stigmatized person may be focusing on what they do have and can do. This is another reason why observers may assume a stigma is more traumatic for the person than it actually is, and illustrates the importance of recognising the importance of focus and selection of information in the self-concept (this will be discussed in detail in chapter four). Such focus is not a given and can create misunderstanding when discussing identity.
The purpose of this discussion is to illustrate that the importance of stigma in a person’s self-concept should not be assumed, and it is likely to be important only when a number of conditions are shown to be present. Responses should only be imputed once these conditions, and therefore the importance of the stigma to the person, are established. This thesis evaluates the extent to which these conditions exist for people with learning difficulties, and explores how they represent themselves and the social environment. “Relatively little research has focused on the subjective experience of members of stigmatized groups. We believe that a full understanding of social stigma requires an understanding of the phenomenology of being stigmatized” (Major & Crocker, 1993, p366).

3.1.5 Summary
The subjective importance of a stigmatized condition to the self-concept cannot be assumed. It can be identified as important where:

a) the person interprets the responses of other people as due to their perceptions of the stigmatized condition, and is influenced by such perceptions, and/or
b) the person is aware of negative attitudes to the stigmatized condition, and
c) the condition is important in the way the person sees themselves.

None of these conditions should be assumed - people may not see the condition as central to their representations of themselves, they may be shielded from negative stereotypes, or they may attribute others’ reactions to other reasons. However, even when subjective importance is present, this does not imply low self-esteem. People can reject the ideologies which judge them negatively. In addition, analysis should focus on the long-term and significant relationships which provide the majority of interactions for the person, since these are the contexts in which the salience of identities are importantly determined.

Analyses of stigma should be based on an explicit model of the self-concept, which should be seen as being built around what the person has more than what they have not. People have multiple sources of identity and it should not be assumed that
behaviours and aspects of identity are reactions to a stigmatized condition without further evidence of the subjective importance of that condition.

3.2 Reflected Appraisals
Reflected appraisals refer to the ways a person perceives other people’s evaluations/representations of him/her. It was suggested in the previous section that this concept is important to understanding the effects of a stigmatized identity - that attention to others’ judgements of the self is one context in which the stigmatized identity would become salient. The importance to the self-concept of a person’s ideas of how others see and judge him/her was stressed by both Cooley (1902/1964), who referred to the looking glass self, and Mead (1934), who referred to taking the attitude of the other. In light of the importance to these theorists of the concept, it is surprising how little attention is paid to it by current social psychological theories which deal with group membership and the self-concept. This section will review the ways in which Cooley and Mead have conceptualised the idea, research into the development of a theory of mind in children, and research which more directly relates reflected appraisals to self-concept. It will be argued that symbolic interactionists have over-emphasised the importance of the reflected appraisal process in the self-concept, in particular because not only do individuals differ in the extent to which they attend to other’s appraisals of themselves, but people also may not communicate openly about how they view other people. If it is true that this process is not as important a determinant of self-concept, then the importance of stigma to the self-concept is correspondingly reduced.

3.2.1 Cooley and Mead
Cooley (1902/1964) approached the idea through first describing the importance of “sympathy” to social life. Sympathy, for Cooley, referred to the sharing of a mental state with another, or an understanding of the experience of another. Social effectiveness depends on a sympathetic insight into the minds of others because this allows understanding. So important did Cooley think sympathy was to human existence that he asserted “...the less he has of it the more he is an animal, not truly in
contact with human life." (p 140-1) and "There is nothing more practical than social imagination .... to lack it is to lack everything." (p 141). Writers in the symbolic interaction tradition describe this ability as 'role-taking' and similarly stress its importance for all forms of social interaction (Blumer, 1969; Charon, 1995; McCall & Simmons, 1966).

This idea of sympathy, taken one step further, helps to explain why the self is fundamentally social. Put simply, the looking glass self is one's imagination of how one appears and is judged by some other person. Cooley stresses the importance of this imagination in everyday adult life, and points out individual differences in people's sensitivity. He suggests that whilst some people are not concerned with how they seem to others, due to their lacking a vivid imagination, others continually pay attention to this. For most people, though, this concern only becomes apparent when they fail at something, are treated with contempt or some other such event occurs. Lack of sensitivity means the person feels little shame, remorse, vanity or pride. Excessive sensitivity makes a person uneasy, and others feel unable to relax in their company. Cooley did not imply that the looking glass self was the only aspect or determinant of the self-concept, but focused on its effects and differences among people in their sensitivity to this idea.

Mead (1934) also saw this sensitivity to the attitude of another person to oneself as important to the self-concept, but stressed this instead in a developmental and evolutionary sense. Mead's discussion did not, like Cooley, stress the everyday effects of this, except in terms of the maintenance of social control, but rather used the concept to explain how the self develops as an object to itself, both as distinct from animals and throughout childhood. A link between Mead and the discussion of stigma above is most clearly seen when he states that people do not experience themselves directly but either from the standpoints of particular others or from the generalised standpoint of the group. This is clearly analogous to the assertion above that stigma is experienced only to the extent that the person either interprets the reactions of particular others as due to this, or shares negative social stereotypes of the group.
Mead does not suggest, as Cooley does, that the perceived attitudes of others are an ongoing preoccupation in the experience of the self. Whilst he does suggest that we see ourselves as others see us, he admits that this can be more or less unconscious—thus we do not need to be concerned about the impression we are making to still be seeing ourselves as others do.

He does, however, suggest that their perception is crucial to the development of self-consciousness. The individual can then go and live in isolation with a developed self-concept because he/she has learnt to become an object to himself through this vital step. Mead describes two steps in the development of self-consciousness, the first being learnt in play, when the child experiments with being other roles, and pretends to interact with him/herself, and then in organised games, where the child learns the expectations of the 'generalised other'. The generalised other might be seen as general cultural values which are used to conceive of and judge people. Children learn to judge themselves as they are judged in their culture. This concept is a clear divergence from Cooley's looking glass self. Whilst Cooley discussed self-conscious preoccupations with the views of others in interaction, Mead discussed internalised value systems which do not require preoccupation with what others think from moment to moment—one thinks how they think without necessarily thinking about what they think. The difference in focus between these two theorists is clearly reflected in the way the experience of stigma is dichotomised in the above discussion.

The generalised other can be best described with a quote: “... the result of the given individual taking the attitudes of others towards himself, and of his finally crystallising all these particular attitudes into a single attitude or standpoint which may be called the 'generalised other'” (p90). In this quote the generalised other is clearly developed from taking the attitudes of other people, although its subsequent operation can be self-sufficient. However, it is rather difficult to specify what Mead meant by taking the attitude of the other, in particular the extent to which this is the same thing as learning a language and conceptual system with which to refer to the self. If it is the same as Cooley's idea of sympathy, where one actually shares the experience of the other
person, then one might conceive of the self-concept developing independently of this, through language and conceptual learning. However, if Mead is interpreted as suggesting that all language learning is through this process of taking the attitude of the other, then his conceptualisation of this process is much more general than that of Cooley, but it becomes rather difficult to specify. It seems reasonable to suppose that taking the attitudes of others to the self is involved in the self-concept in many cases, but this is a rather difficult task, and surely a primary and more important influence is the learning of a language of the self. The “generalised other”, then, can be achieved without amalgamating the attitudes of specific others to the self, but by language and conceptual learning.

3.2.2 Theory of mind
A concept similar to Cooley’s idea of sympathy is that of “theory of mind”. This refers to the ability to explain and predict people’s actions by referring to their mental states (e.g., hopes, memories, beliefs, desires), and is only gradually developed over childhood. The development of a mature theory of mind is traced from infancy, when the child begins to use social referencing and joint attention, to pretending and the use of words such as “want” and “think” in the 2-year old, and the understanding of false beliefs in self and others in the 4-year old (for reviews see Astington, 1994; Leekam, 1993). Whilst there is debate about the extent to which a child is using a theory of mind in many of the abilities held up as evidence, an important step is thought to have been reached at about 4 years of age, when the child becomes able to understand that a person acts on the basis of their beliefs, which may not reflect reality as the child knows it. This ability is shown in the false belief tests, and appears to reflect the development of a representational theory of mind (Astington, 1994). The mind is then treated as something that constructs and interprets the world. After this age, more subtlety and abilities are gradually developed throughout childhood, such as understanding of irony, sarcasm, metaphor and white lies. Although not an important focus in theory of mind research, reflected appraisals might be seen to depend on this representational theory of mind - considering that a person thinks of you in a particular
way or as a particular type of person depends on the ability to construe people as interpreting the world independently of oneself.

An important perspective that this research provides, and which is relevant for discussion of reflected appraisals, is that theory of mind involves not the holding of an explicit set of formulations of the human mind, but the ability to use certain concepts to explain and predict other people's actions. It is the practice which implies the theory that is studied. When looking at reflected appraisals in people with learning difficulties, then, one should examine not just how people think they are perceived in general, but the use of reflected appraisals to explain others' behaviours. In addition, Astington (1994) suggests that children discover the mind as they acquire the language and social practices of their culture. Acquiring a "theory of mind", then, does not refer in the literature to experiencing the world from the perspective of another person. All it entails is the use of a set of rules and concepts to explain behaviour. If this is accepted, then it should also not be assumed that reflected appraisals involve seeing the self from another's perspective, as Mead suggested, but simply that one can describe what one thinks are the attitudes of another to oneself, as an aid to explaining their behaviour. Whilst this may seem like splitting hairs it is actually a crucial distinction, because the belief that people come to see themselves as others see them seems based on the assumption that people in some way experience themselves as others experience them. The "looking glass self" is less likely if reflected appraisals are simply theories to explain others' actions. That is, the self-concept is less likely to be determined by others' appraisals when these are not shared but simply understood. When reflected appraisals are understood as beliefs held by other people, then they hold the same status as any other belief, and they might be seen as wrong. This is clearly found in the stigma section above, where people were seen to be aware of how others viewed them but challenged these views.

The final point of note is that since a "theory of mind" is only fully achieved at the age of four normally, and even then continues to develop, it is possible that reflected appraisals are also only developed gradually, and would be reflected in their use in an
increasing number of contexts and in increasing complexity over this development. This idea will be reflected in the analysis of study one.

It is suggested in the literature that one of the reasons that people with autism have difficulties in social interactions is that they lack a theory of mind. Baron-Cohen (1995) stresses the importance of a theory of mind to successful social interaction, and reviews evidence that most people with autism do not show a range of the standard theory of mind indicators and their precursors, such as joint attention behaviour, deception, recognition of complex emotion and false belief understanding (see also Hobson, 1993; Loveland, 1993). Studies often included control groups of people with learning difficulties who did not have autism, often children with Down’s Syndrome who had a “mental age” of at least 4 years, the age at which children are usually able to do such tasks. Most people in these groups were found to be able to succeed on the false belief tests. This indicates that this level of understanding of theory of mind has not been identified as particularly problematic for people with learning difficulties in general.

Baron-Cohen, however, overemphasises the importance of this understanding for social behaviour. People are not constantly considering the emotions and beliefs of others - much social action might be determined more by habit, social scripts (Hudson, 1993) and social affordances (Neisser, 1993), that is, by responding to cues in other’s behaviours without reflection on their mental states. Furthermore, people are able to function adequately a lot of the time on the basis of these factors. To be sure, a consideration of others’ mental states may help social interaction in many situations, but this does not mean people habitually consider this, nor does it mean that those who have a less developed ability to use such concepts or who simply do not tend to pay attention to this, are unable to function. Just as it is argued here that a sense of self may not require constant preoccupation with what other people think, social interaction may not depend on a continual focus on other’s mental states.

The importance of the development of a theory of mind, or sympathy, is that it is a logical prerequisite of the ability to appreciate reflected appraisals. One must first of all
appreciate that others have perspectives, emotions or attitudes before one can represent the self as the target of those psychological states. Discussions of the development of the self-concept assume that this ability must be achieved in order to allow the development of a mature self-concept (eg Hobson, 1993; Tomasello, 1993). However, both Hobson and Tomasello, whilst stressing the importance of taking the role of the other in the development of reflective self-awareness, also note that it is only when children have acquired the concept of people with minds that they can then step back from their own immediate perception of the world and reflect upon their own feelings and thoughts. Tomasello further points out that as the child learns new “concepts of person”, then they begin to place themselves in new categories. It is this idea which is stressed here, in order to counter a traditional overemphasis in the symbolic interactionist literature of the importance of taking the perspective of the other towards oneself in explaining the self-concept.

3.2.3 Reflected appraisals research
The idea that reflected appraisals are important to the self-concept, both in terms of self-evaluations and the attributes one defines oneself in terms of, is widely assumed (eg Bartusch & Matsueda, 1996; Coopersmith, 1967; Franks & Marolla, 1976; Gergen, 1971; Goffman, 1963; Kinch, 1963; McCall & Simmons, 1966; Rosenberg, 1979). Self-esteem scales often include items which refer to reflected appraisals. Examples include the Coopersmith scale (1967), the Piers-Harris Children’s Self-Concept Scale (Piers & Harris, 1969) and the Tennessee Self-Concept Scale (Fitts, 1964).

Rosenberg (1979), in his extensive study of self-esteem, proposed four principles which help to explain the effect of social variables on self-evaluation - reflected appraisals, social comparisons, self-attributions and psychological centrality. However, he suggested that “there is probably no more critical and significant source of information about ourselves than other peoples’ views of us.” (p64), and “... the very sense of self arises through the process of adopting the attitudes of others toward the self” (p64). The reason advanced is that it is essential to know this in order to act in
Rosenberg also suggested that the significance of the relationship with the other person was important to the reflected appraisal process, and he provided evidence which showed that the relationship was stronger if the opinion of the other person was valued and/or respected. Therefore, when no relationship is found it may be that the other’s opinion is either not valued or not seen as credible (see also Gergen, 1971). The lack of a relationship in his study between social class or minority group status and self-esteem in children was explained in terms of significant others (mostly family members and peers) being unlikely to use these attributes as a basis for evaluation. Those who do evaluate the child’s group negatively are unlikely to be significant. Rosenberg also suggested that, in order to maximise self-esteem, people will attribute more significance to those they think evaluate them positively, and to ignore the opinions of those who think badly of them. In addition they will tend to interact more with those who value them and ascribe more positive attitudes to others when they are ambiguous. The importance of selection to the self-concept was thus stressed by Rosenberg with respect to reflected appraisals. This will be discussed in more detail in chapter four.

That the importance of taking the attitude of the other to the self may have been theoretically overemphasised by symbolic interactionists is indicated by studies which attempt to provide empirical support for the relationship. In 1979, Shrauger and Schoenemann published a review of studies which explored the relationship between self-concept and reflected appraisals. In naturalistic studies, modest to strong correlations were usually found between self-perceptions and reflected appraisals (usually using global measures of self-concept), although this was found less often for
minority and negatively evaluated groups. However, there was much less agreement between actual and reflected appraisals, and between self-concept and actual appraisals, and the relationships which were found were correlations rather than indicating causality. Shrauger and Schoeneman suggest people often do not know what others think of them, and the relationship between reflected appraisals and self-concept may simply reflect a tendency to assume a greater similarity between one's own and others attitudes in general. Experimental studies reviewed tended to show that feedback led people to change their self-evaluations on a range of attributes (eg public speaking, personality, physical skills). However, the changes measured were usually short-term, and it was impossible to rule out the demand characteristics of the test. This review was unable, then, to provide good evidence that reflected appraisals affect self-concept. Shrauger and Schoeneman suggest that communication of appraisals may actually be ambiguous and infrequent, due to cultural sanctions. This will be discussed further in study three, in which the communication contexts people with learning difficulties are explored. Shrauger and Schoenemann also point out, like Rosenberg (1979), that people have agency in how they interpret feedback and in what cues they attend to, and the character of the evaluator may affect how feedback is interpreted.

A lot of research on this topic has been carried out by Felson (for reviews see Felson, 1985, 1989). Felson carried out studies looking at the relationships between children's' self-appraisals, reflected appraisals and actual others' appraisals of physical attractiveness, academic ability and athletic ability, where the significant others were parents and peers (Felson, 1980, 1985, 1989; Felson & Reed 1986). Felson & Reed (1986) carried out a cross-sectional study looking at the relationship between children's' appraisals and the appraisals of parents and found significant relationships for academic ability and athletic performance, but not for attractiveness. However there was a problem with the effectiveness of the control variables used in their study. Actual ability might obviously affect both appraisals and therefore account for the relationship, so the researchers tried to remove this effect by using test grades and performance on a physical test. However, it is likely that parents have a more accurate appraisal of ability than provided by such tests since they are aware of the effort their children put in, a major determinant of test grades, as well as their child's performance.
in team or informal sporting occasions. Another important factor is reference group. While the ability measures used reflect performance measured against all other schoolchildren, both parents and children may be using more restricted comparison groups - for example within families, school classes or ethnic groups. It is impossible to say, therefore, that the relationship found is a direct one between parents’ and children’s appraisals, or whether it is explained by other ability indicators in comparison with particular others. A further study (Felson, 1985), looking at physical attractiveness, found stronger relationships between reflected and self-appraisals than between actual peer appraisals and self-appraisals. However, the problem of projection is evident here - it is impossible to know whether reflected appraisals determine self-appraisals or vice-versa, particularly since it cannot be assumed, given the results of a later study (Felson, 1989), that actual appraisals effect self-appraisals through reflected appraisals. This latter assumption was built into the model used to estimate the magnitude of the relationships.

In order to get over these problems, a longitudinal analysis (Felson, 1989), looking at self-appraisals and those of parents, teachers and peers, over one year, found strong predictive relationships between reflected appraisals and self-appraisals of academic ability, popularity and athletic ability when self-appraisals at time one were controlled for. A significant relationship was also found between actual appraisals of others and self-appraisals, but this effect was not mediated by reflected appraisals. A projection effect was also found - self-appraisals at time one were predictive of reflected appraisals at time two. Felson suggested that the lack of the predicted effect of the evaluations of others was because children have only a vague impression of what others think of them - children were found to be unable to distinguish between the appraisals of particular others. A study of football players’ and coaches’ appraisals (Felson, 1981), which was also longitudinal, found no significant relationship between coach appraisals and either self or reflected appraisals, for game performance. After a feedback session the relationships actually decreased. Felson explained this also as a function of communication - better players were no more likely to receive positive comments than players with less skill, and coaches were perceived to give evaluations
for reasons such as motivation. Thus coaches' communications were not seen to represent overall evaluations of performance.

Despite the problems in interpreting Felson's data, some conclusions are possible. Little evidence for the proposed pathway of actual appraisals affecting reflected appraisals affecting self-appraisals was found. There is more evidence for a relationship between reflected appraisals and self-appraisals although direction of causality is difficult to establish. Felson does highlight some important issues throughout his work, such as lack of open communication, which will vary as a function of the attribute in question and the relationship of the other (see Felson, 1980, 1981 in particular). It should be noted, however, that positive and negative evaluations can be indicated by a range of cues other than verbal content, such as eye contact, body posture, length of interaction, use of reinforcement and choice of words (Jones, 1977). This means that the reflected appraisal model may be more relevant to certain attributes and relationships than others, and that some people may read or attend to such cues more than others. It has been found that the ability to make inferences from body language and other social cues is positively correlated with IQ in people with learning difficulties (DeJung et al, 1973). In trying to explain why people are better at estimating how they are judged by people in general rather than by specific others, Felson (1993) suggests that the learning of shared standards and comparison points may be a more important mediator of the relationship between the actual appraisals of others and self-appraisals than are reflected appraisals. This is clearly analogous to the idea of the generalised other, and of the stereotype factor identified in the stigma section which mediates between stigma and self-concept.

3.2.4 Implications for stigma
It was suggested in the last section that the impact of stigma on a person's self-concept would be mediated partly by the reactions of other people, and in particular, the extent to which the stigmatized person attends to, or is affected by, negative appraisals of others. The importance of communication as a factor in the relationship between other's appraisals and self-appraisals, and the significance of the relationship with the
other, emerge from the literature on reflected appraisals and can therefore be seen as crucial to an understanding of the relationship between stigma and self-concept. It should be noted that this communication can either involve descriptions and evaluations of the person (factor one in the stigma/self-concept relationship) or general standards or stereotypes (factor two). As a result of this, study three will involve an exploration of communication and attitudes in carers of people with learning difficulties.

A third factor is also highlighted by Rosenberg (1979) and Gecas (1982) in their discussions of the role of reflected appraisals - that the same influence on information selection and interpretation that is imposed by such processes as the self-esteem motivation operate on the selection, interpretation and memory of cues about ourselves that we receive from other people. A final point of relevance to stigma is that there may be individual differences in the importance of reflected appraisals, a point emphasised by Cooley (1902/1964). This has led to the development of scales such as the Fear of Negative Evaluation scale (Watson & Friend, 1969) and the Public and Private Self-Consciousness Scale (Fenigstein et al, 1975).

3.2.5 Summary
It was suggested in this review that the development and everyday operation of the self-concept does not have to depend on reflected appraisals. Certainly they can be importantly involved, but they are not necessary. More important is that a person learns the language and concepts with which to describe the self and the social context. Similarly, the ability to interact socially does not depend on the ability to take the perspective of the other. However, when people do attend to reflected appraisals, then this is likely to be important in the experience of a stigmatized identity. The impact of the reflected appraisal process on the experience of a stigmatized identity depends on a number of factors:
a) the openness of communication of either personal evaluations/descriptions or cultural standards and stereotypes,
b) the significance of the other (their value and credibility),
c) individual differences in attention to, or ability to interpret, evaluations of others, and
c) the selection and interpretation of cues as to the attitudes of others.
However, it must also be recognised that if reflected appraisals are theories used to
explain others behaviour, then even when the individual perceives them accurately they
can reject their validity in the same way that they can reject the validity of any beliefs
that others hold.

3.3 Social Comparisons
Social comparisons are likely to be particularly important for an understanding of self-
concept in people with learning difficulties, since the condition is characterised by a
relative lack of success in life goals, and there would appear to be much opportunity
for unfavourable representations of the self on this basis. As described in section one,
people with learning difficulties are less likely than the general population to achieve a
range of adult goals, such as becoming employed, leaving home and having children.
Comparisons with other family members, then, might yield many sources of negative
self-evaluation. Similarly, in any integrated setting where people are pursuing an
activity, such as in a football match or an integrated classroom, people with learning
difficulties are likely to fare worse than others. This section will review research into
social comparisons, and will stress in particular the active and flexible nature of social
comparison processes.

3.3.1 Selection of others for comparison
Festinger's (1954) theory of social comparisons proposed that people have a drive to
obtain accurate evaluations of their opinions and abilities, and that since objective
standards usually do not exist against which to judge oneself, they compare themselves
to others. The drive exists because, according to Festinger, it would often be too
dangerous to self-evaluate inaccurately. People prefer to compare themselves to people
who are nearer to themselves in opinion or ability rather than those who are more
distant, since this allows more accurate self-evaluation, and they will stop comparing
themselves with those who are too distant from themselves. Festinger thus emphasised
people's choice in their targets for social comparison, and suggested that it was in the
interest of low status groups to maintain boundaries with higher-status groups and avoid comparison since this would allow more accurate self-evaluation. Festinger also emphasised the importance of the ability or opinion to the person - the more important, the greater the drive to evaluate it accurately.

Since Festinger's original paper, there has been a lot of research into social comparisons, and the theory has been extended on several fronts. In particular, it has been shown that social comparison serves other functions than accuracy in self-evaluation, that selection of comparison others might not be based simply on the dimension under evaluation, and that people may ignore or distort information when they make social comparisons (for a review see Wood, 1989). Hakmiller (1966) pointed out that comparison might allow modelling or self-aggrandizement as well as accurate self-knowledge. In an experiment, Hakmiller found that under conditions of threat (when a negative personality assessment was given) participants chose to know the score of an inferior target more often than the score of a superior, and that this led to them feeling less upset. The selection of others for comparison who are inferior to oneself on the dimension in question (downward comparison), and the association of this with positive self-esteem, has been shown in numerous studies since. Wills (1981) reviewed fear affiliation and threat derogation studies, which showed, respectively, that people prefer to associate with others who are more afraid than themselves, and will provide negative assessments of others, when exposed to a threat in an experimental situation. This finding has been extended to non-experimental situations - Wood, Taylor and Lichtman (1985) interviewed 78 women who had breast cancer, and found that 63 of them made more spontaneous downward than upward comparisons with fellow sufferers (in terms of coping, symptoms and situations).

People have been shown to select and rule out others for comparison based on characteristics that are relevant to the one under evaluation and based on overall similarity, rather than simply using the one being judged. For example, a swimmer might choose to compare themselves to others who train a similar amount or who are the same age, since these are relevant to swimming ability. An assessment of ability needs to take into account the factors that determine performance, since these...
determine attributions for that ability. Several studies show that not only do people prefer to compare themselves to others who are similar on related attributes, but that these comparisons have greater impact than those with dissimilar others (Wood, 1989). People also select others for comparison based on similarities that are not directly related to the evaluation dimension (e.g., sex, race, age) and evidence show that these comparisons also have a greater effect on affect than comparison with dissimilar others (Tesser, 1986; Brickman & Bulman, 1977). The implication of this is that people will be less likely to compare themselves to others who they define as different in other ways, and the effects on self-esteem of such comparisons are likely to be less.

Brickman and Bulman (1977) suggested that members of low status minority groups might restrict their social comparisons and this could account for the findings that members of such groups do not suffer from low self-esteem.

3.3.2 Flexibility of comparisons
A number of different characteristics of comparison, in addition to simple downward comparison, have been found in people who face a threat of some kind, and this has led to the recognition of the active part people play (both in cognition and behaviour) in the comparisons that they make. Thus people may change their perceptions of the similarity of others on relevant characteristics for self-enhancement motives (e.g., to perceive inferior others as more similar in relevant characteristics, and superior others as having more advantages - Goethals and Darley, 1977). This is recognised by Tesser in his self-evaluation model (1986). Two conflicting processes of self-esteem maintenance that are important in social comparison are described in this model - reflection (i.e., association), which is self-enhancing, and comparison, which is only self-enhancing if the other is less successful than the self. If a dimension is central to one's self-definition, then a good performance by someone who is close will lead to comparison, and will have a negative effect on self-esteem. If the dimension is not central, then reflection will occur and there will be a positive effect on self-esteem. That is, one will feel enhanced through association with a successful person. However, since people are motivated to maintain a positive self-evaluation, this comparison process is not passive, and perceptions of the three dimensions are not constant. He
reviews studies that show that people vary their perceptions of the closeness of others, their performance, and the significance of the dimension to self-definition, in ways predicted by the model. Behaviour may also be varied in order to enhance or reduce these factors. For example, if another person performs well on an important dimension, people may perceive them as less close to themselves, or make some efforts to actually distance themselves. When someone who is close performs well on a dimension, people may perceive this dimension as less important to themselves.

The flexible, self-enhancing nature of social comparisons was also illustrated by Wood et al (1985) in their study of women who had had breast cancer. They found several different types of comparison that the participants made spontaneously, and which they suggested were self-enhancing ways of coping with victimisation (see also Taylor, Wood and Lichtman, 1983). As well as downward comparison with other women (of symptoms, coping and situation), the women made dimensional comparisons (selecting attributes for comparison which favour oneself rather than those for which one is less well off), referred to hypothetical worse worlds (eg I could have died), and manufactured normative standards of adjustment whereby their own coping was relatively good. An example of the latter was found with the husbands of the women. Over 30% of the husbands interviewed referred to other husbands leaving their wives as a result of the illness, when in fact this was a rare occurrence (only 4% of the sample). These men were comparing themselves against a "mythical man" (Taylor et al, 1983). The active nature of comparison is emphasised by these researchers, whose findings are valuable in that they refer to a group who have experienced a real threat rather than a laboratory-induced one. The active and selective use of downward comparisons has also been found in people with rheumatoid arthritis, impaired fertility, and mothers of children who had been in intensive care (for a review see Affleck & Tennen, 1991). Self-esteem is implicated theoretically in these papers, as a motive, although it is not actually measured.

Similar findings have been reported in health-related risk behaviours. Klein (1996) found that people tended to believe they engaged in risky behaviours less often than the average person. When they were given information which implied that their own
risk behaviours (diet, alcohol consumption, sunbathing and listening to loud music) were more frequent, compared to peers, than they had thought, they responded by altering their estimates of how often they engaged in these behaviours and the relevance of these behaviours for health outcomes.

Tajfel (1978) suggested that social comparisons at a group level could also be important to self-esteem. Thus, if a group membership was salient, then favourable comparisons with other groups were desired for their contributions to positive self-esteem (this will be described in section four, this chapter). An experiment by Crocker et al (1987) showed how people might respond to a threat by the way they represented the comparative group context. Groups were formed on the basis of performance on a task, and the relationship between trait self-esteem, threat and ingroup favouritism was explored. In this study it was found that people who had low self-esteem gave lower ratings of both ingroup and outgroup, showing no increased favouritism in response to threat, whereas those high in self-esteem who had received a threat (negative feedback) showed ingroup favouritism - not by derogating the out-group but by enhancing the ingroup (the low scoring group). Thus people responded to the threat by altering the comparative group context. The implications of this study are that self-enhancing comparisons may involve group as well as individual comparisons, and that people may be more likely to engage in self-enhancing social comparisons if they are high in self-esteem. This finding supports those finding lower use of self-serving biases in people with depression (see chapter four).

The implications for self-esteem of the social comparisons found in many studies can only be suggested. Direct evidence for the effect of self-enhancing comparisons on self-esteem or affect is difficult to find in real-world groups (Tesser, 1986), but a number of experimental studies have found such evidence in the laboratory (eg Brickman & Bulman, 1977; Hakmiller, 1966; Morse & Gergen, 1970, for a review of other studies see Wills, 1981). A study by Gibbons (1986) found that people who were depressed felt better about themselves after reading a statement expressing negative self-evaluations written by another participant with whom they did not expect to interact. There was no change in affect for participants who were not depressed. In
addition, when given a choice of statements to read, depressed people chose the most negative, although only when they had had a negative mood induced beforehand. This study showed, then, both selection of targets for downward comparison, and positive affect as a result.

3.3.3 Ambivalence in social comparison
Brickman and Bulman (1977) suggest that there is a cultural norm against blatant social comparison, and describe an experiment in which people are found to avoid interaction with others if they expect this to involve mutual disclosure of test scores. This effect is independent of their relative performance. They also provide anecdotal evidence to support the suggestion that people often find covert methods of getting information about others, or of revealing their own performance. The overt boosting of oneself at the expense of others is not usually a culturally sanctioned thing to do, and so downward comparison may occur through less obvious channels. Wills (1981) also points out that people are often ambivalent about downward comparison, and suggests that there might exist mechanisms which keep it implicit, so that the psychological benefits might occur without the associated negative presentation of the self. For these reasons, evidence of social comparison in interviews should be sought not only through solicited and unsolicited direct comparisons, but also as implied in the world that participants point out to the interviewer, where certain groups and behaviours are highlighted in such a way that the self is presented in a relatively positive light without direct comparisons being made.

3.3.4 Temporal comparisons
Temporal comparison theory (Albert, 1977) describes the comparison of a person with him/herself in the past, and is a development of social comparison theory. In this theory, the motivation for such comparisons is not accurate assessment, as in Festinger's formulation (1954), but the need to maintain an enduring and coherent sense of identity over time. This motivation will lead the person to focus on past self-descriptions that are similar to current ones in preference to those that are divergent. Although Albert does allow that one may emphasise negative elements of one's past in
order to show how much one has changed, and that evidence of growth will be preferred to evidence of decay, self-enhancing temporal comparisons are not the focus of this theory.

Affleck and Tennen (1991) review evidence from their own studies of spontaneous downward temporal comparison with respect to medical problems. These studies found that people presented themselves as better in the present than in the past, in terms of coping ability and illness severity. Although it is difficult to separate this from actual improvements in coping, which might be expected to occur as a matter of course, they suggest that over time temporal comparisons may be used more and downward social comparisons less (the latter was found by Wood et al, 1985).

In summary, it has been suggested that in the face of a threat to positive self-evaluation, people might maintain self-esteem by a range of comparison patterns. These include the selection of inferior targets (downward comparison), association with superior others (reflection), the avoidance of comparison, selection of alternative dimensions, and temporal comparisons. In addition people may use selective interpretations of the characteristics of the other, their performance, and the norms against which they evaluate themselves.

### 3.3.5 Social comparisons and people with learning difficulties

In investigating the ways in which people with learning difficulties might construct a positive sense of self, the studies reported above provide a number of possible patterns of social comparisons that might be found:

1) People may maintain positive self-evaluations by downward comparisons with those who are less able than themselves, or with generalised others portrayed in some negative way.

2) Upward comparisons on dimensions related to people's disabilities (eg achievement and independence) may simply not occur because people outside the category are not selected as relevant targets for social comparisons. Damaging effects on self-evaluation due to stigma may not, therefore, be a great problem.
3) Comparisons may simply be ignored, or traits not pointed out, in cases where comparison is likely to have negative implications.

4) Comparison dimensions may be selected when the results are more likely to be positive.

5) Portraying oneself as better now than in the past may be a salient comparison.

6) People may describe the achievements of others who are connected to them but are not competitors.

Study one of this thesis attempts to find whether such patterns exist in the descriptions given by people with learning difficulties of themselves and their worlds. The experimental evidence of downward comparisons in people with learning difficulties (Gibbons, 1985a) has been reviewed in chapter two. Gibbons found that when people were asked to make a series of judgements about a labelled target, they represented a person who was less able than themselves. He interpreted this as evidence of downward comparison. Despite the criticisms of these studies, this does give some support to the idea that people with learning difficulties engage in ingroup downward comparisons. However, an alternative explanation is possible, which explains the results in terms of categorization processes. This will be elaborated in study two. It should also be noted, however, that Gibbons' idea that people with learning difficulties will avoid contact with others with this label is not only not clearly supported by his data, as discussed in chapter two, but it can be seen that it is also not obviously predicted from social comparison theories either, since it might equally be suggested that contact with more disabled others would promote self-esteem because it would provide more opportunities for downward comparison.

In addition, Festinger (1954) referred to social comparison to explain group behaviour and the selection of others with whom to compare oneself. Hakmiller (1965) similarly used the notion of downward comparison to explain how people selected comparison others. Gibbon's experiments provide the targets and ask the participants to evaluate. In day-to-day life, however, people are not directed to certain categories of people in this way. The selection of targets is a further crucial element in the way that social comparison operates outside of the laboratory. Whilst the Gibbons studies do show
positive self-evaluation (in social success) relative to others with learning difficulties, they do not show that people actually choose these others for comparison (the same methodological problem is found in Szivos-Bach, 1993). This is the distinction between social comparison conclusions and processes (Affleck & Tennen, 1991).

Unfortunately there are few studies which address the question of social comparison selection and use in people with learning difficulties. Evidence that people with learning difficulties describe their disability as a relative one, as not being as bad as those with more severe difficulties, has been provided in a number of qualitative studies (Edgerton, 1993; Jahoda et al, 1988; Szivos & Griffiths, 1990; Hollins & Evered; 1990). Edgerton and Sabagh (1962), in describing how people who had been institutionalised might maintain an acceptable self-concept, suggested that comparing oneself with those with more severe disabilities is common, and that the use of terms such as "high-grades" and "low-grades" by staff facilitated this. This is also seen in the autobiographies described by Bogdan and Taylor (1994). One study with schoolchildren (aged 9 to 12) with learning difficulties (Silon & Harter, 1985) found that in integrated classrooms, the children still chose peers who also had learning difficulties as relevant comparisons. The researchers simply asked the participants who they were thinking about when they were making judgements on a self-assessment scale that they had previously carried out. This finding was used to explain why no significant difference was found in self-evaluations between children from segregated schools and those from integrated schools. Further evidence that people may refer to less able others is provided by the interview-based study of Jahoda et al (1988) and the analysis of a consciousness-raising group by Szivos and Griffiths (1990), however it is not clear in these papers how these comparisons were elicited (ie whether the researchers asked the participants to compare themselves or whether they did it spontaneously). The first study in this thesis will examine the use of social comparisons in people with learning difficulties when they are describing themselves and their social environments.
3.4 Social identities

The extent to which people with learning difficulties are thought to form a group depends on the criteria adopted. The position taken here is derived from Campbell’s (1958) analysis of group entitativity. Since the definition of entitativity is “the degree of having the nature of an entity” (p17), it is immediately apparent that any aggregate of people, or any social category, has the characteristics of being a group to a degree. For most social categories, it does not make sense to talk of them as either being or not being a group, but that they can be thought of as a group in varying degrees according to different criteria. Campbell suggested several principles which would lead aggregates to be perceived as entities, such as common fate (co-variability in time for some selected parameter), similarity (again on some selected parameter), proximity, resistance to intrusion, and internal communication. Other theorists have suggested other criteria for deciding on what is a group, such as that members define themselves as members of this group, that others define them as a group, and the presence of shared norms, interdependent goals and internal structure (see Cartwright & Zander, 1968; Turner, 1984, for reviews). The larger the number of such criteria which are fulfilled, the more the aggregate will be seen as a group. However, given the fact that there are many possible criteria, Campbell points out that entitativity might be confirmed differentially from the different principles. Even within the principle of common fate, the judgement depends on which parameters one selects.

People with learning difficulties might therefore be seen as a group to various degrees according to different criteria. They often use segregated day and residential services, and adults with learning difficulties are likely to have attended segregated schools. The services they use define them as people with learning difficulties and this also entails restrictions across a range of areas of their lives. Potential for educational success, earnings and reproduction are lower than the wider population. Sexual relations between someone with and someone without learning difficulties are considered wrong, if not illegal. Thus in many ways, such as common fate, physical proximity, boundaries to entrance and exit, and external definitions, they might be seen to be a group. On other criteria, such as internal organisation and self-definition, entitativity
might be low (Finlay & Lyons, 1998). For this thesis, the important criterion is that members identify as members (Cartwright and Zander, 1968; Tajfel, 1978; Turner, 1984), since it is here that the crucial link with self-concept is to be found. The degree to which this is true, and the determinants of such identifications in people with learning difficulties, will be investigated.

The variables described above, which have been suggested as criteria for the definition of a group, might lead to individuals identifying themselves as group members (Turner & Bourhis, 1996). Particularly important for people with learning difficulties is that people in some social categories may come to define themselves as such, and take on the other criteria of groups such as internal organisation, because others have treated them as a group (Cartwright & Zander, 1968; Turner, 1984). However, a number of writers (eg Breakwell, 1978, 1979; Tajfel, 1978; Tajfel & Turner, 1979; Hogg & Abrams, 1988; Deaux, 1992) also point out that self-categorization may not necessarily follow from being designated a member of a social category. This is the distinction between a psychological group and a sociological group (see Cartwright & Zander, 1968; Tajfel, 1978; Turner & Bourhis, 1996).

Since it cannot be assumed that any externally defined/conceived group is also a psychological group, membership of a low status or stigmatized social category might not, in some cases, have the type of implications for the self-concept and for behaviour that is often suggested.

3.4.1 Social Identity Theory
Tajfel (1978) defined social identity as that part of the self-concept deriving from group memberships, together with the value and emotional significance attached to them. He distinguished it from personal identity, which includes beliefs about one's abilities and attributes. The group is defined as a cognitive entity that is meaningful to the individual at a point in time, thus social identity requires that people define themselves in some way on the basis of the group membership (ie it refers to a psychological group) (Tajfel & Turner, 1979). The salience of memberships is likely to
vary, therefore, both over time and place and between individuals. Some contexts are more likely to make a social identity salient, and some individuals are more likely to have particular social identities becoming salient than other individuals. Rather than focusing on the definition of identity, the determinants of social identity, or the ways in which it interacts with other aspects of the self-concept, Tajfel used the concept to explain intergroup behaviour such as discrimination and ingroup favouritism. Where he did elaborate the role it plays in the self-concept was in terms of what Abrams and Hogg (1988; Hogg & Abrams, 1990) refer to as the 'self-esteem hypothesis'. Tajfel suggested that people strive for positive social identities in order to maintain or achieve positive self-esteem (Tajfel, 1978; Tajfel & Turner, 1979). When a group membership is unable to satisfy a person's need for a positive social identity, the person could engage in a range of responses, such as leaving the group, trying to change the group's position in society, or re-evaluating the characteristics of the group.

The series of minimal group experiments carried out by Tajfel and his colleagues (see Tajfel, 1978 for a review) are offered as evidence for the premises of social identity theory. These purported to show that simply telling people they were in a group led to intergroup behaviour, even when these groups were based on random assignments. The intergroup behaviour was chosen in preference to other behaviours which would have led to greater monetary rewards for the participants. However, these experiments might be misleading when extrapolating to group identifications and group behaviour in real life. In one sense the experiments might be described as maximal group experiments rather than minimal, since the experiments removed all characteristics of the other person the participants were acting towards, leaving only a single group membership. The experiments confound group membership with absence of other characteristics. Although this distinction appears trivial, in real life individuals possess both multiple group memberships and other personal characteristics. By removing all other characteristics, the participant is left with little else on which to base their behaviour. The behaviour found in minimal group experiments, then, should not be seen as suggesting a powerful motivation to act on the basis of group memberships, since the motivation might actually be easily overcome when any other basis for action is present. This point is made in order to suggest that one should not assume a
tendency to categorise and act on the basis of group memberships simply because the membership is present. Even when the group is a psychological group, as noted above, its importance to the person may vary depending on the other aspects of self-definition that are available. This is crucial to understanding identity in people in stigmatized social categories. It should be noted that Tajfel (1978) recognised the limits of the theory - that not only is the self-concept much more complex than social identity, but that the concept also only explains limited aspects of social behaviour. The latter implies, of course, that social identities are often not salient.

In a review, Abrams and Hogg (1988; Hogg & Abrams, 1990), found only moderate support for the self-esteem hypothesis. They suggest that measures of global self-esteem, which are usually used in such studies, are not able to reflect transitory fluctuations in self-esteem related to particular self-images. Experimental studies often use such short term fluctuations, either as a manipulation due to a threat, or as an outcome. Luhtanen and Crocker (1990) explain the inconsistent evidence for the self-esteem hypothesis by suggesting that measures of self-esteem used in these studies are based on personal attributes, and therefore are not appropriate when a person is conceiving of themselves as a group member. In order to measure esteem based on group membership, they constructed a collective self-esteem scale, which consisted of subscales measuring how one evaluates one's groups, how strongly one identifies with them, how one evaluates one's membership in them, and how one thinks others' evaluate the group (a concept similar to reflected appraisals). There are several major problems with this approach, both theoretical and methodological:

1) The scale confounds a number of variables, and the same total score can be produced by people who vary on, for example, identification and evaluation. The use of only one subscale (eg Crocker & Luhtanen, 1990; Long & Spears, 1997) measures only one aspect of the concept, such as group evaluation, or group identification. It is not clear in what sense a score reflecting, for example, how favourable one thinks one's group is, is supposed to represent self-esteem.

2) The criticism that existing measures reflect 'personal' self-esteem is not entirely valid. Whilst this may be true for such instruments as the Coopersmith and Tennessee scales, which sample items over a range of personal attributes, the Rosenberg
instrument, which is the most widely used, does not. Rosenberg’s scale purports to measure a global attitude to the self (Rosenberg, 1979). Examples of the 10 items are:

- I take a positive attitude to myself.
- On the whole I am satisfied with myself.
- At times I think I am no good at all.

There is no reason to suggest that the items on the scale cannot be based on evaluation of oneself as a group member, if that happens to be salient. The items do not require the person to conceive of themselves as a unique individual.

3) The more important problems are at the theoretical level. The items on the collective self-esteem scale address mainly group evaluation and identification, which in effect is social identity. Tajfel suggested that people strive for positive social identities in order to maintain or enhance self-esteem. He did not say people strive for positive social identities in order to achieve positive social identities. Self-esteem must be seen in this case as a global attitude based on social identity, not as social identity itself. For this reason, the reformulation of self-esteem as simply an amalgam of group evaluation and identification is rejected. Since Crocker and Luhtanen (1990) actually use the concept as a moderating variable to predict how different individuals will respond to a threat to their group identity, the appropriateness of the variable for the self-esteem hypothesis is in any case questionable. The criticism of Abrams and Hogg, however, remains valid, and the alternative measures that they suggest, such as adjective or affective ratings may be a better way of dealing with this problem.

With respect to individual mobility, Tajfel and Turner (1979) state that “Tendencies to dissociate oneself psychologically from fellow members of low-prestige categories are known to many of us from everyday experience” (p43). This might be seen as a rephrasing of the idea of motivated denial which is seen in the literature on learning difficulties and stigma - since both involve a reaction of disidentification with one’s negatively evaluated category because of the potential damaging implications for self-esteem. Whilst the potential of this process cannot be denied, a danger is created in the overuse of this formulation when researching real-world groups. This is that whenever low group identification is found in low status groups, such a motivated subjective exit can be offered as an explanation. Low identification is seen as a response to negative
group evaluation. The alternative, that the identity is not, and perhaps never was, central or salient for reasons which either do not place group factors as central, or do not refer to intrapsychic processes at all, is not as attractive to the psychologist. Such reasons might involve the selective processes of the self-concept centred around other aspects of a person, the content of discourses in the person's immediate social environment, or misperceptions by observers of the experience of occupying certain positions in the social matrix. Indeed, Tajfel (1981) suggested that there was a danger of exaggerating the potential problems of self-esteem in minority group-members. The most important determinants of self-esteem, as Coopersmith (1967) and Rosenberg (1979) also stressed, are those found in daily interactions, in the individual's immediate environment. Effects of minority group membership might be found if they can be seen to work through these local environments, but it cannot be assumed that they do.

When considering the relationship between social identity and self-esteem it must always be remembered that Tajfel was not talking about group membership per se, but about group memberships that are salient to the individual. Individual differences in salience in a given context, according to the theory, are dependent on the individual's awareness of the group membership, their evaluation of it, and their emotional investment in it. Researchers should not make the mistake of looking for effects of negatively evaluated group memberships on self-esteem or on behaviour without consideration of their importance to the person. As seen in the review of stigma above, aspects of the self which observers may assume to be central to a person's self-concept may not be so.

This is an example of the distinction between sociological groups and psychological groups described above. Simply because a social category is identified as a group by others does not mean that the members will identify it as a group. However, even when a psychological group may be found to exist this still does not imply such a group membership is salient or central to a person's self-conception. These will necessarily vary in centrality both over individuals and over time and context. Study two will examine the internal criteria for group membership in people with learning difficulties, and will look at the extent to which there is a consensus among members as to who is
and is not a member. Tajfel (1978) pointed out the importance of these internal criteria and the ways individuals segment their social environments, in describing social identity.

The difficulties in distinguishing between social and personal identity (Deaux, 1992; Simon, 1997) are not considered important in this thesis, since having learning difficulties might be seen as either a group membership or a personal trait. In the research described here, it is treated in both ways. Learning difficulties as personal identity might be seen in an individual’s need for support in particular domains, the restrictions on their lives imposed by parents, or their use of particular services. As social identity, it might be seen in recognition of them being teased for being “backward” or a “mongol”, as themselves as a client with less authority than the staff, or in the context of self-advocacy in the struggle for better services. Thus having learning difficulties might become salient in either sense. It has been acknowledged that the same attribute, in different contexts, can serve as the basis for identifying either as a group member or as a unique individual (Simon, 1997; Spears & Haslam, 1997). A similar point was made by Thoits and Virshup (1997) in discussing the difference between social identity theories and sociological role-based theories of identity. They point out that the same aspect of identity (eg mother) might be conceptualised in terms of role, and as an aspect of personal identity, in some contexts (eg within the family) whilst in other contexts it may be the basis of a collective identity (eg a mothers’ support group). In the former case, the identity is an individual trait, defined with respect to complementary others, such as father or child, whereas in the latter the identity is a collective identification, as self identified with other mothers.

The position adopted here is that the concept of social identity is one of degree, and although researchers often present social identity as the person acting in terms of their group membership, involving phenomena such as de-individuation and self-stereotyping (Turner et al, 1987), this is in fact very rare. It may occur in such contexts as crowd behaviour, but is actually quite difficult to imagine otherwise. Condor (1996) makes this point with respect to uniformity of action by members of social categories, suggesting that when this is found it usually involves ritual displays created more
through forms of social organisation rather than through some kind of "unitary consciousness". Tajfel (1978) described a continuum of interpersonal and intergroup behaviour and thus personal and social identity. In most cases, individuals do not lie at the extreme points, but in between, where there are varying degrees and expressions of self-categorization. It is expected here, then, that the learning disabled identity will be seen in varying degrees, in some cases as an individual difference variable, (eg when explaining aspects of the self in terms of having learning difficulties as a physical or personality factor), in some cases as a social identity (where the self is seen as part of a collectivity), and in some cases as somewhere in between.

The research described here seeks to address issues that social identity research has not adequately dealt with. Skevington and Baker (1989) suggest that experimental research cannot explain the meanings of different group memberships in the real world, such as how people conceptualise their group memberships, and what accounts for different levels of identification (see also Deaux, 1992). The latter question has been answered in only a limited fashion by self-categorisation theory (see below), but is a main focus of this thesis. In addition, Thoits and Virshup (1997) point out that little research has been done regarding how different identities influence each other, although most theorists acknowledge that people do have multiple identities. This question will be addressed both in the theoretical model of the self described in chapter four, and in the analysis of the data in study one.

3.4.2 Self-Categorization Theory
The question of when a category membership becomes salient is addressed by self-categorization theory (SCT). SCT (Turner, 1985; Turner et al, 1987) stresses that individuals are members of multiple categories and their importance to perception and behaviour at any one time depends on their salience (ie their psychological significance). The theory provides a framework in which variations in salience can be described. In this framework, the salience of social and self-categorisations is determined by an interaction of characteristics of the context and of the perceiver (Turner et al, 1987), which covers all possibilities. In particular, salience is determined
by an interaction between perceiver readiness, comparative fit and normative fit (Oakes, 1987; Oakes et al, 1991; Oakes et al, 1994). Perceiver readiness refers to the accessibility of the particular category for the perceiver, based on past experience and current expectations, values and needs. A major determinant of accessibility is the centrality of the particular group membership to the person’s self-definition (Turner, 1987; Oakes, 1987). Turner (1991) gives the example of feminists and chauvinists being predisposed to think in terms of gender. SCT, then, recognises something akin to the idea of self-schemas (see below), that individuals vary in their predisposition to identify with particular group memberships - for some people, particular group identities will be more easily triggered by the context (although this issue becomes confused, as will be seen below). This aspect of self-categorization has received little subsequent attention in the literature, the emphasis being more on variations in context as determinants of social and self-categorizations, and thus intergroup behaviour (Turner et al, 1994).

Turner (1985) uses Bruner’s definition of accessibility as: “the readiness with which a stimulus input with given properties will be coded or identified in terms of a category” (Bruner, 1957 p133). Whilst there is some room for interpretation here, the concept tends to be used to refer to the propensity to use a particular category once the stimuli have been selected, rather than the selection of stimuli or comparison dimensions in the first place. Thus “the more accessible the category the less input required to invoke the relevant categorization, the wider range of stimulus characteristics that will be perceived as congruent with category specifications, and the more likely that other less accessible categories which also fit stimulus input will be masked” (Turner, 1985 p102).

Comparative fit refers to the perceived differences between members of the same category compared to those between individuals who are members of different categories in the particular context in question (Turner, 1985). As the latter increases compared to the former, then the categorization becomes more salient (the meta-contrast principle). Normative fit refers to the extent to which perceived similarities and differences correlate with the stereotypical or normative content of such
categories. In this formulation, then, categorization is a product, in part, of the current stimuli in the social environment. However, the frame of reference in which the meta-contrast principle is proposed to operate is defined as the “pool of psychologically relevant stimuli” (Turner et al, 1987, p47), and Oakes et al (1994) acknowledge that “of the practically infinite potential bases for categorization available we actively select and attend to a limited sample” (p 112). Although it is not stated explicitly, then, the involvement of accessibility in which stimuli become “psychologically relevant” is implicit in the writings of self-categorization theorists. Thus, whilst social identity theory begins its analysis once a salient group membership is given, SCT tends to begin its analysis once a set of salient stimuli, or comparison dimensions, in the context are given. The neglect of the accessibility part of the salience equation becomes important in this context.

In their analyses of the discursive construction of social categories in political rhetoric, Reicher & Hopkins (1996 a&b, and see also Reicher et al, 1997; Reicher, 1996) point out that often there is no consensus over the nature of the comparative context, and it may actually be a major point of dispute. Their studies show how characterisations of the context serve strategic purposes, and therefore change in order to support the political position of the speaker as the discursive context changes. Thus Reicher and his colleagues show how the context can be problematic because of the variable way in which it can be described by the same speaker within a speech or discussion.

However, there is another way in which the context can be problematic, and this refers to more chronic differences between people and groups. The way in which a person characterises the context is likely to depend on their position in the social structure, since this will influence the stimuli to which they attend and the meanings these hold. For example, Millward (1995) found that there were differences in the frame of reference in which nurses characterised “being a nurse” which were related to status within the profession. Higher status nurses were more likely to use a specifically intergroup context (with outgroups being other healthcare professionals) in their representations of nursing than were lower status nurses, who were more likely to refer to patient care. This has implications for theorising and research with low status
groups, such as people with learning difficulties, where the researcher might assume the context is characterised in a certain way (i.e., one that makes certain comparison dimensions and therefore category memberships salient), whilst the members of that group may represent the context in a different way. The variability of a person's representations of the context will be constrained by social structural factors.

The use of experimental studies to look at aspects of social categorization, where the comparative context is relatively controlled, has tended to obscure the fact that in many situations there is a choice of stimuli on which perceivers can base judgements of similarity and difference, and the selection of stimuli for attention will determine which categorizations are more likely to become salient. Perceiver readiness is therefore involved not only in the relative accessibility of the categories themselves as resources for understanding the world, but also in the selection of stimuli for attention in the social environment (i.e., the stimuli on which to base judgements of comparative and normative fit).

It should be noted that the social identity tradition includes the idea of accentuation, that when a categorization becomes salient there will be an increase in both perceived similarities between members of the same category and perceived differences between members of different categories - therefore judgements of fit will also depend on the accessibility of social categories (Oakes, 1996; Turner et al., 1994). To this extent, then, accessibility is acknowledged to determine the metacontrast ratio. This implies, however, the further acknowledgement that a predisposition to use particular categories will prime certain dimensions of comparison. Yzerbyt et al. (1997) point out that any two objects can be judged similar or different depending on which dimensions of comparison are selected, and that this selection is dependent on the theoretical structures held by the individual. Rather than simply increasing perceived similarity on a given dimension, accessibility of certain categories will lead to the selection of certain dimensions upon which to compare. The determination of fit, then, is both a top-down (Yzerbyt et al., 1997) and a bottom-up process (Spears & Haslam, 1997).
It can be seen, then, that the perceiver is involved in determining the comparative context both through readiness to use certain dimensions of comparison (which may or may not be related to category accessibility) and through readiness to use certain categorizations (which determines both selection of dimensions and judgements of similarity and difference on those dimensions). In order to study real-world self categorizations, outside the controlled context of the laboratory, this acknowledgement is crucial.

Recently, authors in the social identity tradition have been recognising the need for elaboration of socially shared representations and concepts in order to fully explain social behaviour. Stangor and Jost (1997) and Haslam (1997) both stress that stereotypes need to be explained not only in terms of needs for positive social identity, but also in terms of factors in the wider social system. Indeed, Tajfel did not intend his concept of social identity to be a complete explanation of social behaviour, explanations at other levels were recognised as equally important (Tajfel, 1981). In an article in 1980, Tajfel shows that the process of self-categorization, and indeed the selection of stimuli for attention in the environment, is a process of social construction, involving perspectives and interpretations chosen from the wider cultural context, particular group memberships, and individual perspectives. Study three in this thesis will look for explanations in terms of the perspectives available in people’s social environments for patterns of identification found in study one.

The accessibility/fit formulation does not make reference to the idea of reflected appraisals. It was suggested in section two that the importance of this concept has been overemphasised in explaining the development and everyday experience of the self-concept, because the self-concept is dependent on other sources of information, and because people may not attend to the appraisals of others or they may not judge them accurately. However, in situations when an individual does attend accurately to other’s appraisals, it is potentially a crucial factor in making certain identities salient, such as in stigma. Reflected appraisals are particularly important where there is a strong evaluative component, either positive or negative, involved in such a judgement (Major & Crocker, 1993). The concept of accessibility is so loose that reflected
appraisals might be included in it, in terms of a person's propensity to interpret others actions in terms of their own category membership. This may be particularly important if understanding the other person's perspective helped to achieve a need or goal in the interaction, one of the determinants of accessibility. Similarly, it might also be included in the concept of normative fit, in that awareness of the stereotype of one's own group might make the other's behaviour understandable in these terms. Turner et al (1994), however, explicitly reject the importance of reflected appraisals in the salience of self-categories: "...the perceiver appraises self in relation to others, not from the perspective of others." (p460). Their objection to this idea is the lack of specification of the psychological aspects of the process. In this way, self-categorization theory is clearly separate from symbolic interactionism (Thoits & Virshup, 1997). However, given that the reactions of others to oneself are a potentially salient element of that 'pool of psychologically relevant stimuli', and that stigma research has shown how attention to, or interpretation of, the reactions of others might be important in making salient aspects of one's identities, avoiding the issue of reflected appraisals in self-categorization is an important oversight. The differential reactions of others towards oneself and fellow group members must surely be a possible source of similarity in the comparative context, and indeed sometimes individuals may be primed to notice such differential reactions. This is a crucial feature of politicisation. Given the ability of reflected appraisals to make certain memberships salient, further consideration of this concept is needed in SCT.

In conclusion, then, the analysis provided by SCT needs to be extended in several ways in order to provide a framework for investigating identity in people with learning difficulties:

- The part played by the perceiver in the determination of the context (in particular the selection of comparison dimensions and relevant others) should be acknowledged. Without knowledge of what aspects of the context the person is attending to, SCT can offer no predictions.
- The determinants of accessibility need elaboration.
- The socially constructed nature of self-categories should be recognised.
The importance of reflected appraisals in the salience of self-categories needs to be included in the formulation - this is particularly important in social categories which have strong evaluative connotations (both positive and negative).

3.4.3 Self schemas and the accessibility of self categories
Self-schemas were described by Markus in 1977 as cognitive generalisations about the self which organise and guide information processing. They function as selective mechanisms, guiding attention, weighting, storing, retrieval and interpretation of information. Aspects of identity, then, are seen as essential for interpreting experience. Markus proposed that people varied in the degree to which they were schematic for different self-relevant dimensions. People may share a characteristic but differ in the extent that they are schematic for it. Thus in the studies of her 1977 paper, people were classified as being schematic or aschematic for independence/dependence. Those who were aschematic rated themselves as equally independent or dependent but did not think about this dimension as much. Those who were schematic, whether they saw themselves as dependent or independent, were more able to make judgements about themselves on these dimensions, retrieve relevant events, and were more resistant to counter-schematic information. Markus suggested that schemas and their effects are dependent not on having a particular attribute, but on a person's readiness to construe events with reference to this dimension - attention to a particular dimension is crucial for a self-schema.

Gurin and Markus (1989), studying gender schemas, point out that an identity, such as gender, might be cognitively central but not associated with political beliefs unless it is also linked to feelings of common fate and interdependence. In such cases, a gender identity can be treated as more like a physical trait. That an aspect of identity can be either the basis of a collective identification (a social identity) or an individual difference variable was also described above, where it was suggested that the learning disabled identity might be salient whilst ranging from either a more social or a more personal identity. The case at any point in time can only be determined by an examination of the content, or meaning, of the identity in that context or for that
individual. The importance of studying the meanings associated with particular social categories, which may vary widely, was also stressed by Deaux (1992).

That particular aspects of identity may be more central to the way a person construes themselves than others, and that this will be reflected in their becoming salient in a wider range of situations, is an idea found in many perspectives on identity and the self-concept. In his study of self-esteem, Rosenberg (1979), following James (1890), suggested, and provided evidence, that the relevance of any aspect of a person’s identity for self-esteem depends on how important that aspect is for the person. Aspects of the self thus vary in centrality, those that are more central being more important determinants of global self-esteem. In sociology, theorists such as McCall and Simmons (1966) and Stryker (1987) suggest identity hierarchies in which people’s multiple identities might be organised. Stryker agrees that when an identity is prominent the individual will be more likely to attend to information relevant to that identity. Tajfel (1981) also recognised that some social identities were more chronically salient than others.

In SCT, the concept of accessibility allows for certain self-categories to be primed, and therefore to be more likely to become activated. Turner et al (1994), however, seem to retreat from this position when they suggest that there are no stable self-categorizations, except those which arise from stable social contexts, norms, values or motives - “We doubt whether the idea of self as a relatively fixed mental structure is meaningful or necessary. If self-categories are contextual definitions of the individual, how can they be stored prior to use?” (p458) and “the notion of self-concepts as stored, invariant structures and the associated model of category use as a process of activating an already existing representation (or some subset of such representations) are both being rejected” (p459). These propositions seem inconsistent with the earlier statement in the same paper that accessibility “reflects the active selectivity of the perceiver in being ready to use categories that are central, relevant, useful or likely to be confirmed by the evidence of reality” (p455). The authors deal with this seeming inconsistency with the statement “If a stored set of self-concepts is adjusted in some way for new contexts, then theoretically what is needed is an explanation of how the
adjustment occurs, a principle of the *generation* of the concepts used, and once we have one (as in the fit hypothesis, for example), it is not clear that the notion of prior concepts waiting to be activated plays any further useful explanatory role." (p459). The cognitive resources that are deployed to create a self-category are “long-term knowledge, implicit theories, cultural beliefs, social representations, and so forth” (p459). Whilst it is reasonable to suggest, as they do, that the self-concept is not a separate and invariant cognitive structure, it is surely implausible to suggest that knowledge that the individual draws on in constructing contextually relevant self-categories does not include knowledge of self-attributes or categories (Thoits & Virshup, 1997). The content of self-categories are not created anew for each situation - there are limits to the content of categories, and there are also, as in the notion of social representations, features which are more likely to be included in the definition of any one self-category. The category of alien abductee is more likely to include concepts of alien contact than the category of market trader. The recognition that the contents of self-categorizations are flexible and dependent on the context can co-exist with the recognition that some aspects of the self are more likely to be invoked by the individual, and there are limits to how any particular self-categorization will be represented. What is required, in Blumer’s (1969) terms, is a recognition of the ‘obdurate character’ of self-categories - that is, the resistance they offer to certain conceptualisations of them.

The position adopted here is that people do represent themselves with some identities more than others, and that this is not only determined by the context but by individual and cultural predispositions to refer to particular aspects of the self. One reason for this is that the linguistic and conceptual systems of particular cultures and subcultures determine which modes of self-construal are possible, meaning that a person’s culture will offer them some ways of construing themselves, and will not provide others. The possibilities for self-construal are not limitless, but are partly determined by the concepts available to individuals (see chapter four). This will be seen to be particularly important in study three, the carer study, where the discourses surrounding people with learning difficulties will be investigated.
Chapter four - A working model of the self-concept

An investigation of the implications of having learning difficulties for the way people represent themselves requires a working model of the self-concept to structure the investigation and analysis. Existing research into identity in people with learning difficulties and other stigmatized groups, and in the social identity tradition, have not been based on specified models of the self-concept, and thus have not been able to deal adequately with the complexity of identifications in such real-world groups. The result is often conclusions based on assumptions which might not be valid, for example concerning the centrality of the identity, the mediation of broad cultural stereotypes to the person, the agreement with such representations and self-stereotyping. For these reasons, the model on which the research in this thesis is based will be described. This working model, which is focused on carrying out research into the implications of such group memberships for the construction of the self, represents the main theoretical contribution of this thesis.

The following topics will be discussed in this section:
1) An operational definition of the self-concept based on meaning.
2) The socially constructed nature of the self-concept.
3) A model of the self-concept which emphasises selective processes.

A range of ideas from both traditional social psychology and more recent approaches will be drawn on in each case. Whilst the elements of such a model are not, therefore, original, the overall model is an original way of conceptualising the self-concept with the explicit purpose of allowing an exploratory investigation into self-concept in stigmatized groups. The model integrates these different perspectives in order to provide a description at both the social and the intrapsychic levels. That is, processes of both social construction and cognition will be discussed. This model is not intended to answer all questions concerning the self-concept that could be asked, or at identifying all processes, but to provide a model to structure the investigation.
4.1 The self-concept: a definition
The definition of the self-concept adopted here is similar to those offered by Gergen (1971) - "the system of concepts available to the person in attempting to define himself" (p23) and Rosenberg (1979) - "the totality of the individual's thoughts and feelings with reference to himself as an object" (pxi) (see also the definitions of Turner, 1985; Hogg & Abrams, 1988). The self-concept, then, is simply the total of representations of the self which a person might express or imagine, which involves either the self as directly represented or as implied. Although these may also involve visual imagery or emotions, the self-concept analysed in this research involves that which is presented verbally to the interviewer. No research can describe the totality of what might be the self-concept. It is inevitable that the methods used determine the self-concept that is investigated. More specifically, this research investigates the self-concept as it is found in self-descriptions, as it is implied in descriptions of the social world, and as it is implied in the meanings and understandings that people express of themselves and their social worlds. The focus of the research, then, can be seen to be influenced by symbolic interactionism's emphasis on the meanings and perspectives of the participants (Blumer, 1969; Charon, 1995; McCall & Simmons, 1966).

4.2 The self-concept in meaning
Writers in the symbolic interactionist tradition place the meanings and definitions of actors at the centre of the research enterprise (Blumer, 1969; Charon, 1995). In order to understand the behaviour of people in interaction, one must understand how they conceive of the situation and themselves. Blumer criticises research which isolates independent variables (such as social structural or personality factors) as causing dependent variables, since the intervening process of interpretation is ignored. He stresses that variables do not come with a given meaning to people, but that the meaning of any object or event is conferred by the individual. This is an important idea, and one which might temper the enthusiasm of those who assume certain stigmatized or social categorical variables will be salient for a person simply because the identity looms large for the observer. The investigation of the implications of a learning disabled identity must be based on a study of the way the person with learning
difficulties understands their world, how they categorize it, and how they understand having learning difficulties.

Looking at the understandings and characterisations that the person presents allows the researcher to see both the ways the self is described, the ways in which the self is placed relative to the environment, the dimensions and traits that are seen to be relevant, and the ways in which aspects of the self are used to explain phenomena in the world. The self-concept, then, is here taken as revealed in people’s understandings - rather than being a latent factor, it is located in meaning.

Like any aspect of the self, group memberships might be seen as explanations. Since social identity cannot be measured directly (Hogg, 1992), one way of investigating the salience of a group membership is to see how it is employed as an explanation for situations and events (Oakes et al, 1991). Although attribution theories usually focus on individual (internal) as opposed to environmental (external) attributions, Oakes (1987) points out that they are also made to people’s category memberships, and her experiments (see also Oakes et al, 1991) use attributions as indicators of the salience of social categorizations. This idea is endorsed here. When aspects of identity are used as explanations, one can assume that they are salient at that time.

4.3 The self as a social construction
There are many different forms of social constructionism (Danziger, 1997), which have different aims and background assumptions. The main assumptions relevant to the current study are based on the classic text by Berger and Luckman (1966). They proposed that when a child is socialised, the understandings and definitions of socialising agents are presented as if they were objective reality - the child is socialised into a system of meanings which structures his/her experience. The way a person understands the world is therefore mediated by the conceptual systems of their culture and time, although the constructed nature of this understanding is masked to varying degrees. Thus the terms, values, and type of information used to understand and define people and the self are also social products, which vary across cultures and time.
(Gergen, 1985; Anderson, 1987). For Berger and Luckman "the organism, and even more, the self, cannot be adequately understood apart from the particular social context in which they were shaped" (p68). Similarly, for Harre (1987), the mind is a cultural artefact, and the self is a learned theoretical concept used to organise experience. Since the self-concept in this study is seen as located in people's understandings, and is found in their verbal descriptions, the issue of the social construction of meaning is crucial. At its simplest level this is seen in the use of language to describe the self - one's culture provides a certain vocabulary to describe social categories and the self (Gergen, 1971; Shotter, 1989). Thus self-description is limited to that which can be expressed in this vocabulary. An example of the importance of learned conceptual systems in the self-concept might be seen in the context of minority group politics or class consciousness. Interpreting events in terms of one's group membership might come more readily to a person who has been exposed to minority group politics than to a person who has not.

The importance of these ideas will be explored in study three, where carers are interviewed about the types of explanations given to participants, and the ways in which support is structured. Berger and Luckman point out that within societies are found sub-universes of meaning, which arise within more localised groupings. Thus a variety of perspectives on social phenomena and social actors can be found in any one society, and the more of these there are, the less recognisable they might be to outsiders. When individuals are socialised, the socialising agents not only mediate the more localised versions of reality, but in the process also modify these in various ways - "The social world is filtered to the individual" (p151). It will be noted that this is very similar to the three-stage process of social construction that Tajfel (1980) identified for the selection of criteria and social categories, involving perspectives supplied by the wider cultural context, the different groups within that, and the choices made by individuals. The importance of this for members of social categories is that the content of the identity may be defined differently by people who share the membership and those that are close to them compared to the wider society (eg Breakwell, 1978; Coyle, 1992; Gussow & Tracy, 1968). Another possibility is that this identity is less used as a resource for understanding within these cultures compared to outside them.
In either case, an understanding of identity in real world groups must include consideration of the discourses that are found in member’s everyday environments.

The stronger position, as found in discursive psychology (eg Potter & Wetherell, 1987; Potter, 1996) is not the one adopted here. This position goes further than Berger and Luckman, and focuses on the use of language in the performance of social actions. The analysis seeks to identify the ‘work’ that particular utterances perform in a discourse, and some writers (eg Potter, 1996) purport to make no reference to the cognitions of the actors. Whilst it is acknowledged that constructions produced in interviews will have been doing some “work” in the discourse, it is important also to acknowledge that, without further evidence, a discursive analysis represents as much a leap of faith, if not a greater one than assuming that the data approximate the understandings of the participants (see also Condor 1997). To suggest that a particular piece of discourse is doing a particular piece of “work” relies on leaving unstated a series of assumptions regarding shared meaning systems, needs and intentions of the actors. For example, to suggest that a particular identity, when invoked at a particular time, adds credibility to a person with learning difficulties’ position assumes that the actors share some meaning about the identity, that the speaker requires extra credibility at some point and for some reason, that this identity does have some effect on the other person for some reason. To posit that an utterance does a piece of ‘work’ makes no sense if there is no trigger for that work, that is, no need for it. Unless one assumes a need for some piece of work, then there is no basis to judge whether an utterance is doing one piece or work or another. The particular need for the work is implied in the type of work that is suggested. Nor does it make sense if the work does not achieve anything - and it cannot achieve anything if the other person does not react to it. It surely involves fewer interpretative steps to assume utterances approximate the understandings of people in certain situations, than to assume that utterances reflect some other phenomena (social action), since these other phenomena rely on also assuming a range of cognitions which are not even stated by the participants. The two interpretative steps found in this form of discursive psychology are therefore that:

1) An utterance is carrying out a piece of work other than representing the understandings of the actor (explicit interpretation by the analyst).
2) The work is done for some reason and the effectiveness of the work requires particular shared meanings. Both of these rely on assuming certain cognitions (implicit assumption by the analyst).

A discursive analysis, then, involves cognitive and motivational assumptions and is therefore as speculative as assuming that what people say represent what they think. Since the author felt uncomfortable about imputing these assumptions and motivations to the participants, the interview data presented in studies one and two are assumed to represent ways available to people with learning difficulties to represent themselves and their social worlds to themselves as well as others. However, elements of social desirability and other discursive ‘work’ will have been going on in these interviews, and it is not assumed that the participants will represent themselves in these ways all the time. But the limits of this research, and the perspectives adopted, do not allow such analyses. The data shows resources that are available to the participants, and thus it shows understandings that are available to them. After all, one type of ‘work’ carried out by an utterance might be to state one’s understanding. This is no more a cognitive assumption than the work of warranting a claim. Studies two, three and four provide possible explanations for the data found in study one, and therefore indicate that such resources may be deployed in a rather chronic fashion.

To endorse a weak form of social constructionism allows one to endorse also the assumption that people do not construct meanings afresh in each interaction they enter. People carry concepts, categories and predispositions for certain kinds of information with them as they move about, and these are brought to bear in varying degrees in each of their interactions. The working model described below, then, is based on a definition of the self-concept in terms of meaning, which is recognised to be socially constructed. However, the model also concerns the ways in which individuals attend to and select information in their representations of themselves.
4.4 Working model of the self-concept

4.4.1 Selective processes
It is recognised in a wide range of perspectives that the self-concept consists of multiple aspects, such as roles, social categories, individual characteristics and future selves, and that these aspects vary in salience (e.g., Breakwell, 1986; Deaux, 1992; Gergen, 1971; James, 1890; Linville, 1987; McCall & Simmons, 1966; Neisser, 1988; Rosenberg & Gara, 1985; Stryker, 1987; Thoits & Virshup, 1997; Turner et al., 1987). The way in which these different aspects are conceived to co-exist, however, is described differently in the various theories. Thus McCall and Simmons' role identity model posits multiple identities based on a person’s imaginations of themselves as occupants of various social positions. These form a prominence hierarchy, which is determined by factors such as commitment, social support and gratifications. Salience of any particular identity depends on its prominence, the current situation, and the current needs of the person. As can be seen, this is similar to the discussion of salience in SCT. Stryker's model also proposes a hierarchy of identities, their salience depending on commitment, which is based on the extent to which social relationships are dependent on that role.

Given that both chronically and in any one situation there are multiple ways in which a person might conceive of themselves, the importance of selection becomes apparent. Selection as the central process in social comparison was described in section 3.3, and it is conceived of here as the central process in the self-concept. William James (1890) pointed out that both perception and thought involve selective attention, along with accentuation and emphasis. A person may be presented with something hundreds of times but it will not enter their experience if they fail to take notice of it - “the mind is at every stage a theatre of simultaneous possibilities. Consciousness consists in the comparison of these with each other, the selection of some, and the suppression of the rest by the reinforcing and inhibiting agency of attention.” (p288). Both Blumer (1969) and Mead (1934) also point out that the meaning or definition of something for a person depends on what aspect of it they indicate, or point out, to themselves, and how they construe this. This applies to both the self and other objects in the world.
That the self-concept at any one time depends on what the individual attends to is pointed out by various other writers (e.g., Berger & Luckman, 1966; Gergen, 1971; Markus, 1977; Tajfel, 1980). James described the outcome of this selective process as due largely to culture, which accounts for similarities between people in their thought and perception. However, when discussing the self-concept he also described something similar to the motivation for positive self-esteem in accounting for what aspects of themselves people attend to - that people attach importance to aspects of themselves which are more favourable, and attach little importance to aspects where they do not fare so well. James, therefore, suggested both the influence of culture and need for positive self-evaluation in the ways in which people represent themselves. In the model presented here, the self-concept is found in what the individual attends to in themselves and in the social environment.

4.4.2 Perspectives on the self as unified representations
Selective attention does not mean that only one aspect of the self is ever present at any one time.Thoits and Virshup (1997) point out that whilst theorists agree that people have multiple available self-concepts, the question of how these various identities influence each other is not often addressed. They propose two ways in which this might occur - through one identity modifying another (e.g., a working mother), and through two identities merging and becoming inseparable (e.g., a breadwinner).

A third way of conceptualising the influence of identities on each other is suggested in this thesis. An idea is taken here from Neisser (1993), who described the self as a "whole person considered from a particular point of view" (p4). Different aspects of the self-concept will be referred to here as perspectives on the self. The advantage of this is that it allows the self-concept to be expressed not only as a list of features or identities, but as implied in reflected appraisals, patterns of attributions, social comparisons or in a temporal framework. Thus whenever the person describes themselves in a particular way, they are taking a particular perspective on themselves. Theorists, when investigating the self-concept, tend to focus on one perspective on the self (e.g., social identity, self-efficacy, temporal comparisons, reflected appraisals, roles)
and vital interactions between perspectives, which might offer better explanations of real life patterns of self-concept, are not examined. To quote William James again "The traditional psychology talks like one who should say a river consists of nothing but pailsful, spoonsful, quartpotsful, barrelsful, and other moulded forms of water" (p255). James's point was that the mind cannot be treated as consisting of separate ideas and images, but that in the 'single pulse of subjectivity' (p278) thoughts cannot so easily be separated.

This insight of James suggests that different types of perspectives should be seen as they combine or form unified representations, which is a different conceptualisation of interaction from those of Thoits and Virshup. In Social Identity Theory (Tajfel, 1978; Tajfel & Turner, 1979), social comparisons and group memberships interact in the process of conferring an evaluative judgement on one's social identity. The unified nature of these two perspectives has been acknowledged by Turner (1985) - "self-categorization and social comparison are mutually dependent and complementary processes in that neither can exist without the other" (p95 or p96). This is explicitly found in the notion of comparative fit, in which categorization is based on comparative relations between stimuli. In addition, as described above, Oakes (1987) describes categorisation and attribution as part of the same process.

Thus a social comparison dimension implies a particular social categorisation and vice versa, and the question of which perspective is primary often cannot be answered. To elaborate this point, other perspectives can be seen as similarly enmeshed. Patterns of self-attribute which result in a positive representation of self will preclude certain personal traits and suggest others. A focus on reflected appraisals by a stigmatized person may suggest the stigmatized identity, whilst lack of attention to reflected appraisals will make that identity less salient. Representations of possible selves may imply current aspects of the self or they may be free of these. Self-evaluative processes are clearly seen to be involved in social comparisons, attributions, social identities and reflected appraisals. Perspectives must therefore be seen as merged in the understandings of people that are their self-concepts, and only when this complexity is acknowledged can there be an understanding of self-concept processes outside the
laboratory. This is not to deny that it can be useful to study one perspective in isolation, but that in order to explain self-concept outside controlled settings they need to be seen as integrated.

In the model adopted here, then, processes such as reflected appraisals and social comparisons are not examined for their importance in the development of the self-concept, as they are conceptualised by writers such as Gergen (1971), Gecas (1982) and Rosenberg (1979), but instead are here seen as perspectives on the self. That is, reflected appraisals and social comparisons are aspects of the self as much as any other self-concept aspect, such as personal traits and group memberships. They are not taken here only as causal factors in the self-concept, but also as the self-concept itself.

The relevance of this observation to the current study is that the ways in which the learning disabled identity is implied in different perspectives on the self that the participants take, such as reflected appraisals, attributions and social comparisons, will be examined. It is within such perspectives that self-categorization is sought. In addition, processes of self-evaluation as they are seen in a range of perspectives will also be identified.

4.4.3 Self-Enhancement
A further assumption of this research is that people are usually inclined to represent themselves positively, both to themselves and other people, and this is therefore one of the determinants of the selective process described above. Gergen (1971) stated “the scanning of both the environment and memory is biased toward self-gratification” (p54). Many writers in psychology on the self-concept make a similar assumption (for a review see Gecas 1982). These include Breakwell (1986), Greenwald (1980), James (1890), Tajfel (1978), Rosenberg (1979), Tesser (1986), and literature in social comparison (eg Affleck & Tennen, 1991; Hakmiller, 1966; Wood & Taylor, 1991) and self-serving biases (for review of the latter see Suls & Marco, 1990).
As was seen in chapter three, social comparison literature shows that selection and interpretation of targets and comparison dimensions is often in the direction of self-enhancement. This is formalised in Tesser’s self-evaluation maintenance model (1986). For Rosenberg (1979), positive self-esteem is maintained through selective processes involved in interpretation, attribution, attention to stimuli in the environment, values, the credibility and importance of other people, comparison groups, memory and centrality of identity elements. In Breakwell’s identity process model (1986), self-esteem is one of the major principles, along with distinctiveness and continuity, which guide the processes of identity (assimilation/accommodation and evaluation). In social identity theory as well, self-esteem is the motivation for people’s strivings for positive social identities (Tajfel 1981).

Research into biases in information processing have also found evidence of self-serving processes in perception, interpretation and recall across a wide range of behaviours and characteristics, such that favourable information about the self is more easily remembered, judged more characteristic, and judged less common in the general population than is unfavourable information (for reviews see Fiske & Taylor, 1991; Taylor & Brown, 1988; Wylie, 1979). Ross and Conway (1986), in a review of research concerning the role of theories of change and consistency as determinants of memory, suggest “the main reconstructions of the past probably serve to enhance self-esteem.” (p140). Greenwald (1980) reviews studies which suggest that people tend to take credit for successes and avoid the blame for failures, and also remember their successes better than their failures. In experiments that compare depressed with non-depressed people, it has been found that non-depressed people overestimate their social skills, as judged by observers (Lewinsohn et al, 1980), and their degree of control over positive outcomes, while underestimating their control over negatively-evaluated outcomes (Alloy & Abramson, 1979). This finding, that people are more likely to attribute successes to their own efforts and failures to situational factors, has been found in a range of situations (eg Reiss et al, 1981; Schlenker et al, 1983; for a review see Bradley 1978), although there are a range of factors which may render this motivation ineffective, such as when modesty is important or when one is being carefully observed (Bradley, 1978; Fiske & Taylor, 1991). This ‘self-serving bias’ has
been found to be more marked in people with higher compared to lower levels of self-esteem (Tennen & Herzberger, 1987). One important result of this bias is that actor/observer effects are observed - actors are more likely to attribute positive outcomes to their own positive motives or characteristics than are observers, who place more emphasis on external factors (Schlenker et al, 1983).

The suggestion that self-enhancement is an important tendency in the selective processes of the self-concept has implications for the experience of a stigmatized identity. The relationship between such tendencies in people with learning difficulties and the negatively-evaluated aspects of this categorical identity are explored in study one of this thesis.

4.5 Summary
The self-concept is understood here as located in people’s meanings, rather than being a latent factor. The working model of the self-concept proposed, on which the research is based, recognises that the self-concept at any one time is the result of the selection of particular perspectives and contexts from a multitude of possibilities. Important determinants of that selective process include a tendency towards favourable representations and a predisposition to construe oneself in particular ways due to localised patterns of discourse. Selection is also determined by aspects of the current context and the needs of the person, as well as numerous other factors which have been identified by other authors, but these are not dealt with in detail here. The focus of the research described in this thesis is on the extent to which a stigmatized identity features in the self-concept of individuals, and the implications of such an identity for processes of self-evaluation. The model also specifies that perspectives on the self are often presented simultaneously in unified representations, and that therefore an understanding of the importance of one identity element to the self-concept requires a recognition of how one perspective on the self constrains the possibilities of other perspectives. The main focus in this thesis is on both category membership and self-evaluation. Perspectives in which these are implicated include attributional styles, social comparisons, temporal comparisons, future selves and reflected appraisals.
Chapter five - Research questions and outline of the studies

5.1 Research questions
This thesis aims to explore both substantive and theoretical questions. The substantive questions concern the extent to which the learning disabled identity is salient for people who are labelled in this way, and the circumstances under which this identity does or does not become salient. In addition, sources of positive and negative self-evaluation which are drawn upon in people's representations of themselves will be examined. These questions address issues raised in the therapeutic literature concerning this population, and in particular the assumptions that people with mild and moderate learning difficulties suffer problems of self-esteem which are linked to their experience and acknowledgement of being members of this social category. It will be argued that whilst such assumptions might be found in particular individuals with learning difficulties, such patterns are not widespread.

In addition, in exploring the socially constructed nature of the self-concept, issues surrounding carers' discourse are examined. Sources of social support for individuals' positive representations of themselves are illustrated, and the dilemma facing carers with respect to the labelling issue is made explicit.

The theoretical issues that are addressed concern both the application of existing theoretical models to 'real-world' social categories, and the need for a model of self-concept which recognises the multiple identities available to a person, the integrated nature of perspectives on the self, and the importance of considering both social contextual and intrapsychic factors when accounting for people's representations of themselves and their social contexts. The research will therefore investigate the ways in which the following are implicated in people with learning difficulties' representations of themselves:

- The unified nature of different perspectives on the self.
- The categorization process and the content of the learning disabled category.
- Aspects of the social environment (the discourses of carers and the organisation of support).
- General selective processes involved in the self-concept.

The widespread assumption that membership of negatively-evaluated social categories or minority groups implies a corresponding threat to self-evaluation, which is found in research on stigma and social identity, will also be examined. It will be argued that such assumptions can only be upheld if the identity is important to the person, if they are aware of and share other people's negative evaluations of the category, and if they also apply this evaluation to themselves. Finding that a person does not present the identity as salient, or does not share the wider society's negative evaluations does not necessarily imply that such phenomena are a response to the initial threat to self-evaluation. Such interpretations assume that the theorist's construction of context and the person (in terms of the importance and negativity of that identity) is the same as the research participant. This thesis will demonstrate a range of alternative explanations for such phenomena, which involve basic processes in the construction of the self-concept, such as factors in the discursive environment, tendencies to select positive information, and the processes involved in constructing category definitions. Whilst the interpretation that anything a person says is a response to an earlier acknowledged threat, of which the person may not be currently aware, is impossible to disprove, this thesis aims to provide an alternative that is based more on general processes and less on those specific to membership of a stigmatized group. Although it is difficult to prove that an aspect of a person's identity is simply not important to them, this thesis will provide both evidence for a lack of use of the identity in explanation and description, and explanations for this which do not entail the assumption that the lack of salience is a response to the initial threat of the stigmatized identity.

In exploring these questions, it is apparent that to understand the impact of a category membership on the self, a model of the self-concept is needed which attempts to understand just where such identities figure in relation to other sources of representation of the self. It is stressed throughout the thesis, therefore, that social category membership can only be understood as it is implicated in other perspectives
available for the self. Thus, self-evaluations are located in social comparisons, as are social categories. The ways in which people with learning difficulties construct comparative contexts are therefore explored for the implications this has for the salience of social categories. This allows an examination of the ability of self-categorization theory to account for the patterns found. In addition, following from the discussion of the stigma literature, negative implications of the learning disabled identity is expected to be found in the context of reflected appraisals and social comparisons.

The importance of the ways in which people construct the category in question is also addressed, since this allows the extent to which people present themselves as typical or non-typical members to be assessed. Seeing oneself as a less prototypical category member might be expected to have implications for category salience. Whilst some theories of group membership assume that category content is a given (eg the concept of normative fit in self-categorization theory), this is unlikely to be the case, and the particular definitions offered might determine the extent to which the identity is important. That the definition of a social category might be variable is recognised in writings on the construction of womanhood (Breakwell, 1979; Condor, 1989), and in recent acknowledgements of the context-dependent nature of stereotypes (Spears et al, 1997). Whilst the tendency in social identity theory is to assume that definitions change to allow a positive social identity, the reverse relationship is also plausible - that definitions determine the relevance of a category for the self.

In keeping with the working model, this thesis will also explore the discursive environment, and the extent to which this might operate to promote certain identities and keep others silent. Finally, the acknowledgement that people possess multiple sources of information on the self, including multiple category memberships, implies that the assertion that any one of them is more important than the others must be supported by further evidence or argument. Simply because it looms large for the researcher, or for the non-disabled person does not make it so. A final question that this thesis seeks to ask is whether selection of identities might occur so as to stress those which reflect positively on the self with no corresponding denial of, or
disidentification with, those that do not. This possibility is not offered in many
experimental studies which involve a threat to categorical identity.

5.2 Outline of the research
The research consists of the following four studies:

1) Study one: Interview study with people with learning difficulties to investigate the
salience of the learning disabled identity, sources of positive and negative self-
evaluation, and their characterisations of the social context. In this study the
interviewer did not raise the issue of learning difficulties unless the participant raised it
first. Questions assumed to be relevant to that identity were asked to examine the
extent to which the concept was invoked. Questions also focused on a number of
perspectives on the self and the unified nature of such perspectives were explored. The
following three studies examined possible explanations for the findings of study one.

2) Study two: Second interviews with the participants of the above study, asking
specifically about the concept of learning difficulties - whether people thought they had
learning difficulties, how they defined it, and who else they thought had it. This
explored categorization processes with particular reference to prototypicality and
content.

3) Study three: Interviews with carers of the participants asking about how they
explained situations relevant to the identity to participants, the extent to which they
used the concept, and patterns of social comparisons. This explored the social
environment in which the patterns found in studies one and two are developed.

4) Study four: Experimental study with a sample of students. This study demonstrated
the importance of a self-concept process which is central to the model used to interpret
the results of study one. The process involves the selection of categorical identities,
and indicates how people might select alternative identities to make salient because
they are positive, without necessarily denying or reducing their identification with
negatively-evaluated categories.
Chapter six - Methodological issues in research with people with learning difficulties

Having learning difficulties is often associated with problems of communication. The types of difficulties that people have in both the production of communication and in social interaction are well documented (Beveridge et al, 1988). These range from problems in the basic production of symbols, to the content of language (eg the omission of necessary detail), to infringements of social conventions (eg lack of interest in the interlocutor resulting in lack of rewardingness). However, there are also problems which originate on the side of the other person, concerning the provision of statements or questions that the person with learning difficulties can both relate to and understand. This issue is of central importance when conducting interviews with people with learning difficulties, and will be examined in this section. This will be described first of all in the context of the measurement of self-esteem, as an example of the problems of using scales which have been developed for the wider population. Issues identified will be applied to the more general area of interviewing people with learning difficulties, and implications for the design of the current research will be described.

6.1 Measuring self-esteem

Reviews of self-concept research in people with learning difficulties by Schurr et al (1970) and Gowans and Hulbert (1983) point out many of the problems of using traditional instruments. Both of these reviews conclude that traditional instruments for the assessment of self-esteem are inappropriate for people with learning difficulties, and studies usually use them without demonstrating their validity for this group. Studies which use these well-known scales often report reliability and validity statistics that have been found for the general population, which may have little relevance for the population they study (eg Calhoun et al, 1978). Schurr et al recommend the use of open-ended methods that allow people to produce their own self-descriptions, whilst Gowans & Hulbert recommend both the use of repertory grid techniques and the development of new instruments that use self-referential statements in different areas.
of life. This latter article in 1983 laments the lack of progress in this area since the 1970 review by Schurr et al. The situation in 1998 is no better unfortunately, and researchers continue to use methods which have not been validated.

The problems fall into two main areas. The first is that the items and factor structures found to be appropriate for the general population may not be appropriate for people with learning difficulties. The second is the issue of response formats, of finding formats that are as free as possible from biases such as acquiescence, choosing the last option and saying no to questions with taboo contents.

The methodological difficulties involved in the measurement of self-esteem apply also to the assessment of other emotional states and in the use of interviewing in general in this population. That this remains a problem in conducting research and assessment, in developing services, and in promoting self-advocacy has been noted in the literature (eg Atkinson, 1988; McVilly, 1995; Sigelman & Budd, 1986; Wadsworth & Harper, 1991; Benson & Ives, 1992; Rojahn et al, 1994). Any research which helps to improve the interviewing process in this population would be beneficial for clinicians, research, service evaluation, advocacy and individual planning.

6.1.1 Item content and factorial structure
The use of scales developed on the general population is inadvisable because it has been shown that different factor structures may be found in people with learning difficulties compared to the general population. Rich et al (1979) used the Piers Harris Children’s Self-Concept Scale (PHCSCS) with children with learning difficulties and found some of same factors as those found in the general population but also additional factors. Silon & Harter (1985) used the Perceived Competence Scale with a sample of children with learning difficulties and found that instead of the four factors around which the scale was developed, only two factors were present, and that there was no general self-worth factor. Despite this finding, Riggen and Ulrich (1993) modified the same scale for use with adults with learning difficulties, using 3 domains, one of which was a general self-worth domain. The factor structure of this modified version was not
investigated (the study used a pilot sample of 21 and a main sample of 75). In addition, no validity statistics are given for this modified scale.

Zetlin et al (1985) administered the PHCSCS and the Coopersmith Self-Esteem Scale to adults with learning difficulties and found that the majority of responses were ambiguous and not readily scorable. They suggested that participants' conceptions may not fit into the response categories provided by the instruments. Schurr et al (1970) point out that instruments used and the responses permitted may often reflect the concerns of the researcher rather than of the respondent. In this way, self-concept scales may force people to consider themselves in novel ways, rather than using areas that are important to the participant (Gowans & Hulbert, 1983). The development of scales must therefore take care to use items that actually reflect the concerns and the self-perspectives of the population, through careful pilot work and open-ended interviewing. Scales developed for the general population, such as the PHCSCS, may not contain items that reflect the self-perceptions of people with learning difficulties.

6.1.2 Response Format
Problems which arise from the response format are due to a number of factors which may be accentuated in this population. These include social desirability, misunderstandings, defensiveness, acquiescence, language difficulties, and a lack of adequate generalisation from particular instances (Zetlin et al, 1985).

Acquiescence has been shown to be a potential difficulty in research with people with learning difficulties (Rosen et al, 1974; Sigelman et al, 1980; Sigelman et al, 1981 a & b; Sigelman et al, 1982 a & b; Sigelman & Budd, 1986; Heal & Sigelman, 1995). This is linked to research suggesting that people with learning difficulties are more outerdirected (ie more responsive to external cues when giving answers) than the general population (for reviews see Wong, 1980; Zigler & Hodapp, 1986). In a series of studies using item reversal and alternative formats, Sigelman and her colleagues found that for factual as well as subjective questions, yes/no questions were found to be subject to a systematic acquiescence bias, even when the answer was absurd (eg
"does it usually snow in the summer?"). They recommended that researchers do not use this format at all. Acquiescence might be used when the question is not understood, the answer is not known, as an automatic response strategy, or as a means of getting social approval. Either/or questions were found to be less prone to systematic response bias, although there was a tendency in these cases for last-choice responding (see also Loper & Reeve, 1983). These papers stress that the validity of answers given by people with learning difficulties must never be assumed, but must always be demonstrated.

The results of the Sigelman studies have not been fully supported by other researchers, who find that acquiescence is not as common in people with learning difficulties as Sigelman had found (eg Matikka & Vesala, 1997; Booth & Booth, 1994). Booth and Booth point out that Sigelman's research was with adults who lived in state institutions, and children, and that similar results may not be found for adults who live in the community. They suggested that acquiescence may be more a function of living situation than having learning disabilities per se. However, research reported by Heal & Sigelman (1995) with a sample of adults living in the community also found marked acquiescence. This paper also reports that the wording of questions was found to be important in producing acquiescence in quality of life interviews. Their evidence included the following:

a) Two pairs of questions designed to detect acquiescence bias (happy vs unhappy and like vs wish different) were affirmed in both versions by about half of the respondents - a 50% acquiescence rate.

b) When people were asked “Do you wish you were happier with ...” there was considerable acquiescence, often followed by the person saying “Yes, I’m happy (with ...)

The interpretation of the Sigelman studies is disputed by Rapley and Antaki (1996) who suggest that the appearance of acquiescence is not necessarily due to the disposition or competence of the interviewee (ie an eagerness to please or a lack of understanding). They present extracts from quality of life interviews which illustrate how apparent acquiescence can arise in such interviews as a result of behaviours such
as the interviewer trying to offer multiple response options and trying to fit the answer into predetermined response categories. In their interpretation, apparent acquiescence can be created because of the position the interviewee is put in during the interview. A further paper (Antaki & Rapley, 1996) gives many examples from transcripts of the administration of the same quality of life questionnaire which show vividly how difficult it is to use multiple choice formats and predetermined response formats when interviewing people with learning difficulties. Whether one interprets the results as acquiescence or not, these examples show that assigning responses to one of the options given in such questionnaires is often a haphazard and extremely subjective process.

6.1.3 Self-esteem scales used with people with learning difficulties
Response formats used on the Coopersmith, Tennessee Self-Concept Scale and PHCSCS are dichotomous, and on the PCS there is an either/or format. On the Rosenberg Self-Esteem Scale there is a 4-point scale of agreement. These are all scales that have been used with people with learning difficulties. Scales which use the dichotomous format therefore carry the dangers of asquiescence bias. Zetlin et al (1985), when using the Coopersmith and PHCSC, also suggested that the format was inappropriate because of the ambiguity of many of the responses given. The either/or format of the PCS might be subject to recency effects and the 4 point scale of the Rosenberg is susceptible to the difficulties illustrated by Antaki & Rapley (see also McVilly, 1995, for problems with Likert scales). The main scales used in research with people with learning difficulties, then, cannot be assumed to be valid or reliable.

Szivos-Bach (1993) developed a new self-esteem scale by adapting items from other scales, and using a response format involving a 5 rung ladder with a counter. While reliability coefficients were reported, the scale was only administered to a group of 50 people, and the factor structure was assumed to be as Coopersmith reported. However, this factor structure may not be relevant to people with learning difficulties. In addition, the items were adapted from existing scales and it is unclear the extent to which they actually represent the concerns of the population under study. The
questioning problems described below will also be involved in the items used. Despite these problems, there is some evidence of construct validity, in the predicted relationship found between self-esteem and perceptions of stigma in the Szivos-Bach study, and in further relationships between the self-efficacy subscale, group identification and group definitions found by Finlay and Lyons (1998). Bearing in mind the numerous methodological difficulties discussed here, however, this scale needs further validation and its factor structure should be determined in a larger sample.

The Laurelton Self-Attitude Scale (LSAS - Guthrie et al, 1961) was perhaps the most systematic attempt to develop a scale that was psychometrically sound for a population of American women with learning difficulties living in an institution, in that it developed and refined its item pool using fairly large samples drawn from this population. Test-retest statistics were found to be good for the developed scale. However there are a number of methodological problems with this instrument. These are that the item pool was not shown to be relevant to the participants, since it was put together by the researchers, the scale uses a dichotomous response format, which the authors themselves say is vulnerable to response bias (Guthrie et al, 1963), and the factor structure could not be replicated by the same team in a further sample (Gorlow et al, 1963). In addition to these problems, the scale is unlikely to be relevant to a British population of people of both sexes with learning difficulties, most of which do not live in hospitals.

Given these problems with the types of instruments used to measure self-esteem, it is hardly surprising that different studies of such issues as mainstreaming vs segregated schooling show inconsistent results (Schurr et al, 1970; Zigler & Hodapp, 1986). Without a reliable and valid self-esteem measure for this population, it is difficult to assess the effects of different types of education, social support or therapy. Researchers continue to use invalid scales which can only cause confusion. A new scale needs to be constructed which uses items which reflect the concerns and language of the participants, which has had its factor structure investigated on a sample of people with learning difficulties, and which uses a response format that has been shown to produce valid responses.
Some scales have been constructed bearing in mind some of these considerations. These include the Castles and Glass (1986) social self-efficacy scale, which used problem vignettes generated by people with learning difficulties and their supporters. Similarly, Nooe (1977) used statements collected from the sample, thus using their own language and concerns. Szivos-Bach (1993) carried out a pilot study when developing her scale and as a result excluded socially reflexive items which were found to be difficult. Finally, Nooe (1977) and Kniss (1962) used a sorting task instead of a verbal format, thus reducing chances of response bias. However no scale has attended to all these areas of difficulty.

6.2 Question phrasing and content

In addition to the difficulties described above concerning the use of multiple choice and yes/no questions, studies using a variety of different types of interviews have found the following questioning strategies to be problematic for some people with learning difficulties:

- Negatively-worded questions. Reversing the polarity of yes/no questions to compensate for acquiescence is therefore not an adequate strategy (Wehmeyer, 1994).

- Questions about time, or requiring a judgement of frequency (Heal & Sigelman, 1995). Sigelman et al (1981c), and Wyngaarden (1981) also found that multiple choice questions requiring a quantitative judgement, or estimation of degree, created reliability and validity problems.

- Socially reflexive questions (ie asking people what they think others think of them) (Szivos-Bach, 1993).

- Concepts involving "wish" or "prefer" are too difficult for some people (Wyngaarden, 1981).

- Questions about emotions are harder than those about concrete situations (McVilly, 1995). In general it is found that questions about specifics rather than abstracts are easier for people with learning difficulties (Booth & Booth, 1994).
• Requests for direct comparisons are often difficult, and it is better to ask about one element at a time (Biklen & Moseley, 1988, Heal & Sigelman, 1985).

• Sigelman et al (1982a) also found that giving people examples is problematic since people tend to give these back as answers.

• People may be preoccupied with certain concerns or problems and may therefore keep returning to these as topics (Biklen & Moseley, 1988).

6.3 Summary

It can be seen then, that there are many considerations to be taken into account in conducting research with people with learning difficulties. In particular, the use of yes/no, either/or and multiple choice questions should be kept to a minimum, as should the provision of fixed response categories. In addition, the difficulties some people with learning difficulties have with the question types described above (eg judgements of frequency, degree, comparisons, abstracts etc) draw attention to difficulties that people may have with certain lines of enquiry the researcher may take. Obtaining quantitative data in interview based research with people with learning difficulties can be seen, therefore, to be highly problematic. For these reasons, the use of existing scales is judged to be inappropriate, and until well-validated scales have been developed for this population a qualitative approach is indicated. This entails the use of more open-ended questions and a more conversational style (as recommended by Atkinson, 1988; Booth & Booth, 1994; Taylor & Bogdan, 1981), and rephrasing questions where necessary (Wyngaarden, 1981). The purpose of such research, then, is to gain insight into how the participants understand their situation from their perspective, rather than to test specific hypotheses (Biklen & Moseley, 1988).

Due to these methodological problems, certain lines of enquiry cannot be tackled at present. These include comparisons of self-esteem in people with learning difficulties with particular other groups or with people who do not have learning difficulties in general. In addition, comparisons of self-esteem within the learning disabled population are difficult. Scales valid in the general population cannot be assumed to be valid with people with learning difficulties, and there is as yet no satisfactorily valid self-esteem
measure for this population, with the possible exception of that designed by Szivos-Bach (1993), although this requires further validation.

Since one of the foci of this research is self-evaluations in people with learning difficulties, this must be tackled by alternative, mostly qualitative, methods. The research therefore involved semi-structured interviews, with open-ended and flexible question formats. Rather than investigating levels of self-esteem, as are implied by standardised scales, the focus here will be on processes of self-evaluation, and the resources available for these processes, within a number of domains or perspectives that are available for the self (such as social comparisons, attributions and reflected appraisals). Within each perspective, simple content analysis will be carried out to ascertain the relative number of positive, negative and neutral self-presentations. This will provide a picture of the extent to which the participants are able to achieve positive or negative representations of themselves relative to their social environments. Whilst not psychometrically as satisfactory as a validated scale, this does at least provide an indication of self-evaluation whilst avoiding the pitfalls described above.

Of course, the less rigid the interview structure, the more certain types of problem become important. The less quantitative data are available, the more difficult becomes the illustration of relationships, interviews from different people become less comparable, and the influence of the researcher in the interview process and the selection and analysis of data becomes more problematic. As questions become more simple and transparent, the opportunities for socially desirable responding or concealment become greater. In addition, the use of open-ended questions leads to lowered responsiveness in general in this population (Sigelman et al, 1982a & b) and can produce answers that are difficult to interpret (Biklen & Moseley, 1988). However, as can be seen above, there is little choice for the research but to use these strategies. Useful data can be achieved from these methods, and while validity can never be proved, supportive evidence for validity can be provided from a number of sources. Booth and Booth (1994) use three sources in their study of parents with learning difficulties - looking for consistencies across interviews with the same person, checking information with other informants, and looking for consistencies across
different people in similar social situations. Booth and Booth also read back their findings to participants to give them a chance to respond. While none of these sources are free from difficulties in interpretation, the strategy must be to build up evidence in favour of a certain interpretation/finding. No study can ever gain a complete understanding of its subject, and so it is acknowledged that a limited understanding is the best that can be achieved, one that is supported by evidence from several different areas of the data. Validity checks will be referred to at points throughout the thesis.
Chapter seven - Presentations of self and social context: Interviews with people with learning difficulties

Study one

7.1 Introduction
The purpose of this study was to examine:

• The ways in which having learning difficulties was involved in the ways participants described themselves and their environments.
• The ways in which participants presented a positive picture of themselves.

The interviewer did not introduce the concept of learning difficulties, and only asked about it if the participant made reference to it. The interview schedule was designed to provoke discussion around key themes identified in the self-concept literature, and to examine how participants talked about issues and situations which were predicted to be relevant to their having learning difficulties. The latter was important since many theories of the self-concept acknowledge that aspects of the self are differentially salient across contexts (eg Gergen, 1971; McCall & Simmons, 1966; Turner et al, 1987). Thus the interview was aimed at illustrating the way in which having learning difficulties was implicated in the way participants described themselves, their situation, and other people, without them being prompted to use the concept by the interviewer. The data therefore allow a more phenomenological interpretation, whereby themes and characteristics which participants thought were relevant when talking about themselves and their social worlds could be identified.

The theoretical issues which this study address involve the relationship between self-categorization and other perspectives on the self, in this case social comparisons, attributional styles and reflected appraisals, and the importance of selection in the self-concept. The ways in which participants constructed the comparative context, and the implications this has for which categories are made salient, are explored. Attributions for certain negatively-evaluated characteristics of the self and others are also explored for the implications this has for both category salience and self-evaluations.
importance of reflected appraisals in the experience of a stigmatized identity was discussed in chapter three, and the extent to which this can be identified in this population will be explored. The interpretations given will not be based on the assumption that participants are reacting to a stigmatized identity, rather the focus will be on discovering the ways in which the participants select and construct, and the implications this has for self-evaluation and self-categorization. Although parts of the interview are focused on situations and characteristics the researcher believed to be relevant to the learning disabled identity, it is not assumed that the participants perceive such situations in the same way. The emphasis, then, is on exploring both the unified nature of perspectives on the self and the selectivity of aspects of both the self and the comparative context.

7.2 Method

7.2.1 Participants
Participants were recruited from three services for adults with learning difficulties (one day centre and two social clubs), in London and Surrey. These services are similar to many others in Great Britain. The clubs were part of a national network of such clubs supported by Mencap, and the day centre was organised on the same principles as many adult training centres (e.g., in terms of heterogeneous client group, industrial-type buildings and a sessional programme of activities). This day centre was due to be re-organised in line with new government recommendations in order to provide a more work-like experience and less large-group activities. All users of these facilities were classified by the local authority and the workers as having learning difficulties. All members of these services who could communicate verbally were invited to take part by the workers. As a result, the sample did not include people with severe and/or multiple disabilities. A small number of people did not wish to participate, and therefore the final sample may exclude people with important characteristics to whom the findings might not be applicable. These might be those with a more anti-establishment point of view, those with challenging behaviour, those with depression, or those who are nervous or shy. These are speculations, however, but should be considered with respect to the applicability of the findings for the population.
Of a total of 38 people interviewed, two transcripts were not used because of communication difficulties between the interviewer and participant. Of the remaining 36 transcripts, the number used for each analysis will be stated separately, since some interviews were terminated by the participant before certain questions could be asked. It was decided not to discard any of the data, and so these were included wherever possible. In addition, tape failure occurred twice, and notes were taken after the interview instead. Whilst these two interviews could be used for most of the research questions, they were not used for the analyses requiring verbatim notes.

Fourteen of these 36 participants had Down’s Syndrome. The participants lived either with their families, in group homes or in hostels. One person lived alone in a flat. Of those who did not live with their parents or siblings, all received support from paid staff. Independence in terms of such things as travel and cooking varied, some participants carrying out these things alone, others needing support. Daytime activities ranged from attendance at segregated day centres, college courses (mostly segregated), staying at home, and doing voluntary work. Two people had full-time jobs. Fourteen men and 22 women took part in the study. Ages ranged from 18 to 65, with a mean of 36.5 years. In order to preserve anonymity all initials have been changed.

7.2.2 Procedure
Interviews were carried out individually in the service settings. Before each interview, the purpose of the research, the role of the interviewer, and issues of confidentiality were explained to the participant. This is described in more detail below. Participants were told that they could stop whenever they wanted. All interviews were recorded and transcribed at a later date. The length of time participants were willing to be interviewed varied up to a maximum of one and half hours, with two interviews lasting only 5-10 minutes.
It is recognised that the researcher might have been seen as a person with some influence or authority, or as connected in some way to the service, and so every effort was made to explain that this was not the case. The purpose of the research was described to the participants as being part of a course that the researcher was doing at the university, and that he was interested in what people at that service thought about themselves and other people. It was explained that the research was confidential, and that the researcher would not tell anyone, not the staff or the person's parents, what they had said. The researcher explained that he worked at the university, and had nothing to do with the service or the council. It was explained that the researcher would write about the results of the interviews for his course and possibly for articles, but that if he mentioned something they said no one would know it was them because he would not use their names. If, during the course of the interview, the participant asked the researcher to do something that might be expected of a staff member (eg to arrange an activity), the researcher stressed that he worked at the university and had nothing to do with that service, but that the person should ask a staff member. Whilst participants' perceptions of differences in status could not be completely overcome, themes that some participants raised indicated that this was not an overwhelming problem - these included criticisms of parents, staff or the council, and taboo subjects such as sex.

7.2.3 Interview
The interview schedule (see appendix one) consisted of a series of open-ended questions designed to elicit different aspects of people's descriptions of themselves and their social worlds. The questions were designed to focus on a number of constructs/domains of the self-concept which have been discussed in the psychological literature, and to enquire about participants' understandings of a range of contexts assumed to be relevant to a learning disabled identity.
Questions addressed the following:

- Self-descriptions and descriptions of other people.
- Reflected appraisals - how participants thought others viewed them.
- Affect - what made the participants feel angry, upset and happy.
- Social comparisons - whether the participants thought they were the same or different from other people in various settings, and in what ways they thought they were better or worse than others.
- Temporal comparisons - descriptions of self in the past.
- Possible selves - hopes/expectations for the future.
- Good and bad things about the self.
- Abilities and inabilities.
- Attributions for situations/behaviours/characteristics related to having learning difficulties (eg use of services, rules imposed by carers, reasons for not doing particular activities, need for help).
- Positively and negatively evaluated characteristics/behaviours of others.
- Self-consciousness - whether people think about themselves much, get embarrassed, or worry about what others think of them.

Some of the question types had been used in a previous study (Finlay & Lyons, 1998). A pilot study of five participants was carried out for the current study, which resulted in some questions being dropped. No questions were added at this stage. As a result of the minimal changes to the interview schedule, the data from these participants were used in the final analysis.

The interviews were made as informal as possible, the questions being asked wherever possible within the stories or situations that the participant was describing at the time. For example, if someone was describing their job, the interviewer would ask them to describe what the other people there were like, or what the other workers thought about them. However, it was not always possible to embed questions in this way, and so some questions were introduced by the interviewer as in a more structured interview.
As recommended by Lowe and de Paiva (1988), a number of questions had alternative phrasings provided in the interview schedule in the event that a participant misunderstood or did not answer the original question. This facility proved very useful and was used a lot during the study. Table 1 shows questions where the alternative phrasing was often found to be easier to answer for the participants.

Table 1. Alternative questions used when rephrasing was necessary.

<table>
<thead>
<tr>
<th>Original question</th>
<th>Rephrased question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you changed much?</td>
<td>What were you like when you were younger?</td>
</tr>
<tr>
<td></td>
<td>..... Are you different now?</td>
</tr>
<tr>
<td>What do you like about yourself?</td>
<td>What are the good things about you?</td>
</tr>
<tr>
<td>Is there anything you would like</td>
<td>Are there any bad things about you?</td>
</tr>
<tr>
<td>to change about yourself?</td>
<td></td>
</tr>
<tr>
<td>What makes you like someone?</td>
<td>What do you like about (name of a friend)?</td>
</tr>
<tr>
<td>Are your parents proud of you?</td>
<td>Are your parents pleased with you? Why?</td>
</tr>
<tr>
<td>What things are you good at doing?</td>
<td>What things can you do by yourself?</td>
</tr>
<tr>
<td>What things do you find a bit</td>
<td>What do you need help with?</td>
</tr>
<tr>
<td>hard/difficult to do?</td>
<td></td>
</tr>
</tbody>
</table>

It is recognised that the rephrased questions do not represent exact variants of the originals, but the variable understandings of the participants made such rephrasing necessary.

7.2.4 Analysis

The analysis focused on two central issues, the salience of the learning disabled identity and the positivity or negativity of self-representations. These were situated in people's descriptions and explanations. Content analysis was carried out on the transcripts, and frequencies recorded. Statistical tests were not carried out on the data because the requirements of tests of categorical data for independence of scores were not fulfilled in the frequency counts. The concepts were operationalised as follows:

Salience of the identity

The learning disabled identity was identified as salient to the extent that it was used as

a) a descriptor of the self, others or services
b) a reflected appraisal - a name one is called by others, or an opinion others hold of the participant

c) an explanation for - others' reactions (based on reflected appraisal),
   - one's position in the social structure and one's use of certain services,
   - one's personal characteristics (e.g., needing help, not being able to go out alone).

A less explicit acknowledgement of the implications of having learning difficulties is also seen when participants talk about issues such as receiving support, others having authority and restricted aspirations. These issues are also investigated.

**Self-representations - positivity/negativity**

The ways in which participants presented themselves positively or negatively were examined through content analysis. Counts of positive self-representations were compared to negative self-representations under a number of the themes described above. Whilst it is acknowledged that this does not represent a measure of self-esteem (the difficulties of which were described in chapter six), it does indicate some of the sources available, and the processes involved, in constructing positive or negative views of the self. The main problem with this method is that the relative weighting of different characteristics are not taken into account when a simple count is taken. Whilst it might be possible to assess subjective importance of different characteristics in other, non-learning disabled populations by asking them directly (e.g., Rosenberg, 1979), this is impossible given the methodological difficulties described above. However, one justification for the simple count is that it is based on a wide-ranging and open-ended interview in which it might be expected that the participant would draw on descriptions and concepts that were subjectively more important to them.

In order to investigate these two issues, the data was analysed under separate headings based on the themes listed below. Where perspectives on the self were found to interact these were noted.

Themes from the social psychological literature:

- Social comparisons. This might be expected to reflect the learning disabled identity since the participants are less likely to achieve a range of usual adult goals and statuses. Comparisons with siblings, staff, or family friends might be expected to
reflects unfavourably on the self and be explained by the person's learning difficulties.

- Temporal comparisons. This theme is less concerned with the learning disabled identity, but concerned with self-evaluation processes involving the trajectory of oneself over time.

- Possible selves. The aspirations a person has for the future might be expected to reflect acknowledgement of the learning disabled identity, since this condition tends make a range of statuses unlikely for many of this population. This may be due to the attitudes of others, institutional arrangements, or characteristics of the individual.

- Attributions for negative characteristics both in self and others. The attributions made for one's lack of independence might be expected to reflect acknowledgement of the learning disabled identity. In addition, self-evaluation processes can be seen in the type of attributions (internal/external, stable/unstable) suggested for certain negatively evaluated characteristics.

- Reflected appraisals. It was suggested above that reflected appraisals are important in the experience of stigma, therefore this theme is relevant for both the salience of the learning disabled identity, as well as the implications it might have for self-evaluation processes. The extent to which the participants perceive, are concerned with, and agree with unfavourable public representations of the label are explored.

Contexts in which the learning disabled identity was predicted to be salient:

- Descriptions of services and staff.
- References to authority.
- References to help/support.
- Use of labels related to learning difficulties.
Quality of the data

Qualitative analyses were carried out on the data to answer specific questions. The methods used involved content analysis and the use of presentation tables as described by Miles & Huberman (1994). The quality of the data and analysis were checked in various ways.

- Clear operational definitions of each coding category are reported in the results sections, and were used to ensure a good fit between the data and the coding schemas (Henwood & Pidgeon, 1992).
- Inter-rater reliability checks using these definitions were carried out on the analysis to check the assignment of codes to extracts.
- When important themes or tendencies were identified, content analysis was carried out to determine the extent to which the findings were applicable to the participants, and the number of people for whom the findings applied are reported (Miles & Huberman, 1994; Silverman, 1993). This is an important procedure which helps to overcome the problems of qualitative research found in the stigma literature, where findings are often presented without reference to the proportion of the sample for which such findings were applicable.
- Triangulation (Patton, 1987; Miles & Huberman, 1994) was carried out, comparing findings of study one with those of studies two and three. Findings regarding the salience of the learning disabled identity in study one were compared to the accounts in study two, where the same participants were asked explicitly about the label. In study three carers were asked about the extent to which the person they supported talked about specific possible aspirations and referred to the label in their everyday lives. This allowed the findings of study one to be compared against the participants' discourse outside the research context.
- In study two, participants were given feedback and an opportunity to clarify the main themes they raised. In addition, points which the researcher found unclear were raised for clarification.
- The characteristics of the contexts in which recruitment took place are described above, as are possible reasons for non-participation. The role of the researcher is also discussed above.
A number of areas of enquiry were not pursued at the analysis stage due to participants' apparent inability to answer certain types of questions. These included:

- Questions designed to look at self-consciousness and embarrassment
  eg Do you ever worry about what people think of you?
  Do you think about yourself much?
  What makes you embarrassed?

- Questions designed to look at participants' perceptions of what others' think of their abilities
  eg What do other people think you’re not very good at?

- Questions designed to look at what participants thought were general properties of self-evaluation shared by everyone -
  What do think makes a person feel good/bad about themselves?”

- A general question of self-evaluation -
  How do you feel about yourself?

Results and Discussions

7.3 Social Comparisons
This analysis was carried out for its relevance to both research questions. Having learning difficulties would be expected to be salient in the context of particular social comparisons, when dimensions such as ability, independence and achievement are considered, and the targets of comparison are people who do not have learning difficulties, such as siblings, cousins or staff. The learning disabled identity might become a negative social identity in the context of such comparisons. In addition, social comparisons are an important source of self-evaluation, and those made salient by a person (ie downward or upward social comparisons) give an indication of self-evaluation processes.

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1 This analysis is partially reproduced in an article which has been accepted for publication in the British Journal of Social Psychology (Finlay & Lyons, in press).
7.3.1 Analysis
Examples of social comparisons were collected under the headings downward, lateral (i.e. same as) and upward comparisons. For the purposes of the content analysis, social comparisons were operationalized as when people presented their own and other people’s standings on some attribute so as to allow comparison. It was rare that people actually made the comparison themselves (e.g. I am better at travelling), but this is to be expected since this is not usually a culturally sanctioned thing to do (Brickman & Bulman, 1977; Wills, 1981). What was usually found was a simple presentation of the standing of self and other on some common attribute (e.g. I can travel on my own, but some of the others can’t). Negatively-evaluated characteristics/people are taken as those which are culturally defined in this way (e.g. thieves, drunks), or are identified as negative either by the participant themselves or by the participant stating that others judge it negatively (e.g. staff, parents).

Examples of comparisons are as follows:

**Downward comparisons** (when the self is presented as occupying a more favourable position).

Participant: Yeah, I mean I could go out on my own
Interviewer: Yeah.
P: I could go to the shops, I could go to work, I could go off .. but a lot of them can’t go out coz they need a lot of help
P: We have to do something about it .. we have to talk about it this week, keep the noise down
I: I see.
P: Know why?
I: Yeah.
P: At the dining hall, all the people in there shouting
I: Do they?
P: Yeah, like we go in the cafe we don’t shout
P: My sister got a boy in that place, he don’t work
I: Yeah, who doesn’t work?
P: My J’s boy
I: J’s boy
P: You know, my sister’s boy
I: He doesn’t work.
P: Don’t work
I: Why not?
Lateral comparisons (when the self is presented as the same as another person on some attribute).

Interviewer: What did your mum feel about you?
Participant: Um, I can’t remember now, she understands people
I: She does
P: Yeah, since I had this fall
I: Mm?
P: I had a blackout
I: Right, does she understand you?
P: Coz she fell down the stairs
I: Who did?
P: My mum did

I: Do you think you are the same or different from them?
P: I look different
I: You look different.
P: My hair
I: Right
P: I’m blond you see and the others aren’t, they’re not blond
I: Oh right, is there any other way that you’re different?
P: My sister’s got the same hair as me, K has, the same colour

P: He’s a Catholic
I: He is?
P: So he calls us brother
I: Does he call you brother? Oh he says you and him ..
P: Coz we both go to the same, both Catholics

Upward comparisons (when the other person or persons are presented as being in a more favourable position).

Participant: My mum, she does my washing for me
Interviewer: Who does your washing?
P: My mum does
I: Does it for you?
P: Yeah, she has to
I: Why is that?
P: I’m not very good at doing it myself

I: Do you think anyone’s better than you are?
P: I don’t know. Yeah I think there is. A lot of them can read and write and I can’t
P: One of my sisters pays my bills for me
I: She pays your bills for you
P: Yeah, used to do it, used to do it
I: Yeah
P: My brother, my brother living there now
I: Yeah
P: He (...) do it for me, he's working
I: So he moved in to live with you?
P: Yeah (...)
I: Why did he come and live with you?
P: Know why, know why, know ... I can't pay the bills properly
I: Right
P: You have to learn

Inter-rater reliability was assessed with another rater classifying a sample of approximately half of the extracts. Agreement was 97% (Cohen's kappa = 0.95).

7.3.2 Results

Table 2. Number of downward, lateral and upward comparisons in total, and number of participants making each type of comparison.

<table>
<thead>
<tr>
<th></th>
<th>Number of extracts in total</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downward comparisons</td>
<td>66</td>
<td>21</td>
</tr>
<tr>
<td>Lateral comparisons</td>
<td>66</td>
<td>22</td>
</tr>
<tr>
<td>Upward comparisons</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

It can be seen from Table 2 that upward comparisons were rarely made - people rarely focused their comments on aspects of the social world which present themselves in a less positive manner. What were far more common were comments that present the participants as either better than, or as the same as, other people. An examination of the domains used in these comparisons shows that skills and moral behaviour account for the majority of downward comparisons (Table 3). In contrast, when people made lateral comparisons, they did so on a wide range of attributes. These included such things as aspects of personal history, marital status, being sworn at, particular emotions and appearance.
Table 3. Domains of comparison.

<table>
<thead>
<tr>
<th>Domain of Comparison</th>
<th>Downward Comparison</th>
<th>Lateral Comparison</th>
<th>Upward Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills/abilities</td>
<td>27</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Good/bad behaviour</td>
<td>22</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>53</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 4 illustrates who the targets of comparison were. It can be seen that downward comparisons were made mostly with other people with learning difficulties. These were usually on dimensions of abilities and good/bad behaviour. When they were made with people without learning difficulties, it was mostly on good/bad behaviours. The reverse pattern is seen for presentations of the self as the same as others - this being done mostly with people who do not have learning difficulties.

The numbers in brackets refer to the number of times the target was a subgroup. It can be seen that comparing oneself to a particular subgroup of others was particularly relevant for downward comparisons. The groups made relevant in the downward comparisons were mostly less able people with learning difficulties (such as people with multiple disabilities), or groups who behaved in socially unacceptable ways, such as drunks, beggars and thieves. Lateral comparisons tended to involve inter-individual comparisons.

Table 4. Targets of comparison. Numbers of extracts in which the target of comparison was in-group (other people with learning difficulties) and out-group (people who do not have learning difficulties). Numbers in brackets indicate the number of occasions which involved subgroups as targets rather than individuals.

<table>
<thead>
<tr>
<th>Type of Comparison</th>
<th>Other Person or People with Learning Difficulties</th>
<th>Person or People Who Do Not Have Learning Difficulties</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downward comparisons</td>
<td>40 (29 - them)</td>
<td>14 (7 - them)</td>
<td>12</td>
</tr>
<tr>
<td>Lateral comparisons</td>
<td>16 (8 - them)</td>
<td>33 (4 - them)</td>
<td>17</td>
</tr>
<tr>
<td>Upward comparisons</td>
<td>3 (2 - them)</td>
<td>6 (4 - them)</td>
<td>3</td>
</tr>
</tbody>
</table>
Twelve people made the 29 downward comparisons involving in-group subgroups as targets, and six people made the seven downward comparisons involving out-group subgroups. Most of these comparisons involving groups place the self on one side and a subgroup on the other - a sort of mix between inter-individual and inter-group comparison. Not a single comparison was made that distinguished between people with learning difficulties and people who do not have learning difficulties, although two people did make lateral comparisons involving the category membership - one person saying that, like her, the other residents in her house were mentally handicapped, and another describing a friend as being “like me, handicapped.”

When intergroup comparisons were made (see table 5), they were made mostly in terms of a subgroup of people with learning difficulties who were less able. On the side of the participant was either a subgroup of more able people with learning difficulties, or a larger group which included the wider society. The clearest example of dividing people with learning difficulties into two groups is given here:

Interviewer: Do you think you are the same as everyone here?
Participant: Well I can talk and some of them can’t talk
I: Right in that sense there’s a difference.
P: Different to 2 levels
I: And is there any other way that you’re different?
P: We can help ourselves, like J and R they can’t .. they need help

<table>
<thead>
<tr>
<th></th>
<th>Ingroup</th>
<th>Outgroup</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downward</td>
<td>12</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Lateral</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Upward</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 5. Intergroup comparisons.

It should be noted that of these 14 occurrences, two people made 11 of them. Most comparisons which involve groups, however, place the self on one side and a subgroup on the other (the totals are given in brackets in Table 4).
7.3.3 Discussion
The results illustrate selection by people with learning difficulties of both attributes and other people, when they talk about their social worlds, which have the effect of presenting themselves in a positive light, and which also seem to entail not representing themselves as members of a category of “people with learning difficulties”. The latter occurs by the following:
1) emphasising their similarities with people who do not have learning difficulties,
2) not making intergroup comparisons based on the learning disabled categorization (see also Hinkle & Brown, 1990),
3) emphasising subgroups of people with learning difficulties who are less able, and other groups based on moral behaviour,
4) not making upward comparisons on attributes relevant to the learning difficulty categorization (e.g., independence, skills, achievement of socially valued life goals).

Thus, whilst the researcher had construed the context in a way which presumed that particular dimensions of comparison would be salient, and would thus make salient the learning disabled categorization, the participants constructed their context differently, through selection of comparisons based on good/bad behaviours, through selecting stimuli which they shared with people who did not have learning difficulties, and through focusing on ability selectively. This flexibility that people have in constructing the context, then, is an important factor in explaining social categorization.

Accessibility is not just a question of the propensity to use a category given a stimulus input, it is also a question of what parts of the context are attended to as that stimulus input.

In SCT, Oakes’ (1987) suggestion that “the concept of fit in Bruner’s hypothesis ties the categorization process to reality” (p129) may allow relatively straightforward predictions in experimental studies, but when trying to understand categorization processes in long-standing, real-world social categories it is less straightforward. In the context of the latter there are a multitude of stimuli, and thus comparison dimensions, which might be attended to in any one situation. Those which are selected, and thus form the context on which judgements of similarity and difference are made, depend to
a large extent on the perceiver. As Condor (1996) states, SCT tends to treat the social context as “a stimulus display which individual subjects view, rather than a process of which they are a part” (p289). The suggestion that the metacontrast ratio provides a “simple quantitative measure of the degree to which any subset of stimuli will tend to be perceptually categorised as an entity” (Turner, 1985, p97) obscures the massive selective process which reduces the context to that subset. Billig (1987) makes the same point in his criticism of cognitive psychology’s assumption that feature spaces are unambiguously linked to contexts.

When downward comparisons were made, certain social categorizations were used, which made salient moral behaviour and disability, but used a particular subgroup of people with learning difficulties which did not include themselves. These are equally valid ways of cutting up the world, particularly in the context of a day centre or social club in which the participants may be involved in helping those who are less able than themselves, and who are aware that there are people who need more staff assistance than they do, and whose opportunities are more restricted than it is for the participants. In such a context, the suggestion that the reason that the participants do not refer to the label because they are in denial or for social desirability reasons seems less compelling.

The other categorization that is made salient is that of people who behave in socially preferred ways, and people who break these rules. This includes both people with learning difficulties who display what is called in the services “challenging behaviour”, and people who do not have learning difficulties such as thieves, beggars and drunks. Whilst referring to ability makes salient a categorization which cuts off a subgroup and includes the self with staff and the interviewer, references to bad behaviour cut right across the learning difficulty/non-learning difficulty divide and create new groups which include both people who do and do not have learning difficulties in both. The former is as predicted by Goffman (1963), who suggested that the stigmatized individual would be likely to stratify others with a similar stigma according to the visibility of their stigma. It is also similar to the findings of Reicher and Hopkins (1996 a&b) in their analysis of political speeches, where the context was characterised in such
a way as to include the speaker with the audience. However, whilst the studies of Reicher and Hopkins look at the construction of context in speeches with the presumed intention of having some influence in matters of current public controversy, the analysis described here shows the construction of context in a different setting, where it can not be assumed that the alternative construction was a contested issue for the participants. The analysis presented here does not address how definitions of the context change throughout the interview, nor does it suggest that the participants have particular strategic goals. Participants' representations were variable, but this variability did not include reference to this label, or comparisons which would imply it, across a range of contexts where the researcher felt the learning disabled identity was salient. The problem in specifying the context arises therefore because of the differences between the comparison dimensions that the participants specified as salient and those that the interviewer (and presumably other institutional, non-learning disabled people) thought were salient. The way in which the context is defined depends on where the perceiver stands.

In conclusion, when applying SCT to a real-world social category such as this one, it becomes apparent that the nature of the comparative context, in which the principle of meta-contrast is proposed to operate, is to a large extent dependent on the perceiver. The concept of accessibility, therefore, which is usually taken to refer to categorical selection given a particular set of stimuli, should more explicitly be applied to the question of which contextual stimuli are selected for attention in the first place. In addition, this analysis also demonstrates the unified nature of perspectives on the self, in this case involving social comparisons and both social categories and self-evaluations. It was seen that the patterns of social comparisons that people presented implied certain categorizations and precluded others, in particular a general learning disabled category of which they were members. To have asked only about identification as a person with learning difficulties would have obscured the finding that this identity is rarely found in the type of comparative contexts which participants construct to explain and describe events in their lives. The unified nature of social comparisons and self-evaluation processes was similarly found, in that the patterns observed implied a positive construction of self. The data allow the sources of positive
self-evaluations to be more clearly seen than would be possible with a self-esteem scale, and illustrate how a stigmatized identity might have little effect on a person’s self-evaluation through their common emergence from the comparative context. This latter statement does not imply that constructions of comparative context are primary, but that each of these perspectives on the self are implied by the others.

7.4 Temporal comparisons

7.4.1 Analysis
Temporal comparisons were analysed for their importance in achieving a positive sense of self, as described in the introduction. This analysis is less concerned with the implications of having learning difficulties. Extracts were coded in this way only if a comparison with the present was stated spontaneously or requested by the interviewer (ie replies to the question “Do you think you have changed much?”). Participants did describe the past frequently, but this usually did not involve direct comparisons with the present, and these descriptions were not included. Extracts were further coded in terms of whether the change was an improvement, deterioration, or a neutral change.

Improve
Extracts were categorised in this way if they represented an increase in skills, improvement in behaviour, or a change in some other aspect of themselves or their situation that the participant approved of.

Participant: Because a lot of them can’t travel on their own because they need help
Interviewer: Do they?
P: Yeah
I: Can you travel on you own?
P: I used to be with a guide, now I come on my own
I: Do you think you’ve changed much?
P: Not bad
I: What were you like when you were younger?
P: Me fight ... me (?) good, me fight less now

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Do you think you’ve changed much?

Yeah, I’ve changed a lot

How have you changed?

Oh my looks gone better and that

You look better now?

Mm, look better now

Do you think you’ve changed much?

Well a friend of mine says I’ve changed a hell of a lot, yes, um, I’m not like I used to be

Really? And how have you changed?

Well just changed my, I think he means changed my nature, be more friendly to people, you know?

**Deterioration**

Extracts were categorised in this way if they represented a loss of skills, a deterioration in behaviour, or a change in some aspect of themselves or their situation that the participant regretted.

How did you change then?

Change is that.. should stay where I, how I was looking

What?

I had curly hair

Oh did you? When you were really young?

When I was a baby

Yeah, what else were you like when you were younger?

Just had it cut

Right, so you had curly hair when you were young. What else were you like when you were younger?

It was nicer

What was?

The curly hair

What else were you like when you were younger?

Feel more happier

You were happier when you were younger?

Yes but when I get bit old I get cheeky and then saucy

Cheeky and saucy?

I answer people back

Nowadays?

Yes

Yeah, do you think its good to answer people back, or bad?

Oh bad
Neutral

Extracts were categorised in this way if the value of the change to the person was unclear.

P: They pulled (name of hostel) down
I: And what’s that?
P: It’s a hostel
I: You lived in a hostel?
P: I used to live in a hostel but not anymore
I: Why did you move from the hostel?
P: Coz the councillors pulled (name of hostel) down
I: What did you think of that?
P: I didn’t mind

I: What were you like when you were younger?
P: Younger?
I: Yeah
P: Younger, young lady
I: You were a young lady?
P: Yeah
I: Yeah?
P: Different clothes I wear
I: You had different clothes.
P: Yeah
I: Ah. And was there anything else different about you when you were a young lady, besides your clothes?
P: Sometimes my hair is longer sometimes

Since the purpose of this analysis was to examine how patterns of temporal comparisons created positive or negative presentations of the self, the extracts which reflected either a simple change in the person’s situation for which no reasons were given (eg leaving college) and changes which were explained as being caused by some external factor were identified. Separate totals are provided below for all extracts and for those which reflect on the self. For example, if the cause of an improvement in behaviour was attributed to a new course of medication, this was classified as external. Similarly, a move from one residence caused by the death of a parent or the closure of the service was similarly classified as external in cause. The reason for this reduction in the data was to reveal the temporal comparisons which were not attributed to external agents, and which therefore were presented as more concerned with characteristics/agency of the self.
Approximately half of the extracts were coded by a second rater, and the agreement was 90% (Cohen's kappa = 0.86).

7.4.2 Results and discussion

Table 6. Total number of extracts and number of participants coded under temporal comparison categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total extracts</th>
<th>Number of extracts with external causes</th>
<th>Total extracts without external causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements</td>
<td>27 (18 people)</td>
<td>3</td>
<td>24 (17 people)</td>
</tr>
<tr>
<td>Deteriorations</td>
<td>13 (8 people)</td>
<td>7</td>
<td>6 (3 people)</td>
</tr>
<tr>
<td>Neutral</td>
<td>20 (15 people)</td>
<td>10</td>
<td>10 (8 people)</td>
</tr>
</tbody>
</table>

For this analysis, 31 transcripts were used. Although all participants were asked how they had changed, only 24 people made some sort of comparison with themselves in the past, either in response to the question, or spontaneously.

The results indicate that participants were much more likely to describe themselves as better rather than worse in the present compared to in the past. This pattern is even more marked when situational and external extracts are removed. Whilst 17 people described themselves at some point as better now than in the past, only three people admitted to some form of deterioration in themselves. To some extent this is only natural since much of the focus in services for people with learning difficulties is on learning skills. However, it does allow the participants here to represent themselves positively through comparisons with themselves in the past.
7.5 Attributions

Participants’ descriptions of negatively-evaluated aspects of themselves and other people were analysed for both main research questions. Having learning difficulties might be expected to be an explanation for lack of abilities in self and peers, and attributions for negative characteristics in general are also important in presentations of self. Chapter four reviewed evidence of attributional biases in favour of positive representations of the self in the general population. It was seen that negative presentations of the self can be avoided whilst admitting negative characteristics or behaviours by attributing these to external or temporary factors.

Extracts were included in this analysis if they described negatively-evaluated behaviours or characteristics of the participant or another person. These included descriptions of lack of ability, or dependence on others, and bad behaviour. Bad behaviours are taken as those which are culturally defined in this way (eg fighting, stealing, alcoholism) or are identified as negative either by the participants themselves or by the participant stating that others judge it negatively (eg staff, parents). Each extract that described such a behaviour, or an inability, was counted. Extracts which described the same event or characteristic in connection with the same person as a previous extract were not counted. Descriptions of the same characteristic in the context of a different incident and a different person were included.

Extracts which were used in this analysis came from a variety of sources, both in response to questions such as what participants thought of other people, what made them angry or upset, or what they needed help with, as well as within descriptions of situations or events in their lives. Attributions sometimes were given spontaneously and sometimes in response to being asked why the person couldn’t do something or behaved in that way. There is a bias in focus in the extracts, in that more extracts which concerned lack of ability referred to the self and more extracts that referred to bad behaviours referred to other people. This is partly due to the interview schedule and prompts, where participants were asked about their own need for support more than they were asked about others need for support (see “Help” section below), and
were asked what made them angry or upset, which often led to accounts of others' behaviours. In addition, the interviewer was more likely to ask “Why?” when participants described lack of ability in themselves than when they described it in others. For this reason, results will initially be presented separately for lack of ability and bad behaviour, and then combined to show an overall picture of attributions.

7.5.1 Lack of ability/dependence analysis
Since a defining feature of learning difficulties is a lack of competence in everyday skills, the focus in this analysis was on the extent to which participants attribute not carrying out certain behaviours to internal, competence-related characteristics, rather than due to motivation, physical difficulties, or external factors. This focus not only allows discussion of the implications of a learning disabled identity, but also allows discussion of how a positive sense of self might be achieved, since such internal attributions have more implications for self-evaluation than do motivational, physical or external attributions.

Attributions were classified as follows:

**Internal** extracts were those that explained that the person was unable to do the task (ie lacked the ability), or that it was caused by some other characteristic of the person. Since the focus of the analysis is on how people achieve a positive presentation of self, only extracts that reflected on the competence and character of the person were included as internal. Extracts that explained not doing something because of low motivation or due to health related reasons were not therefore included.

Participant: Like there’s D
Interviewer: Yeah.
P: Um ... like he has a couple of guides coz he can’t come on his own
I: He can’t come on his own?
P: D
I: Wh...
P: Because he’s not very clever on the road
I: To write your own name.
P: Yeah
I: Right, do you think there's some people who can't do that?
P: My Julie can
I: She can. But some people can't.
P: That's right
I: Why is it that they can't do it?
P: Well some people are with it and some people haven't got no brains
I: Right. Do you know some people who don't have any brains?
P: I know they do try but it's not easy when you, uh, copy things

Physical - referred to illness or physical disability.
I: Do you go there (church) on your own or with other people?
P: No, someone takes me there
I: Right, who takes you there?
P: Coz sometimes I used to have a, um, a blackout, you know what I mean?

P: I did used to help my mum
I: Right.
P: Coz my mum lost her sight in one eye, couldn't see anymore, and I had to stay on and look after her

External - either referred to others preventing the person doing something, or to possible unpleasant consequences (eg being run over, starting a fire).
I: So why don't you go back to college then?
P: I've left
I: Oh you've left.
P: Yes
I: So you can't go back
P: No
I: But you'd like to
P: Yes
I: So who's stopping you from going?
P: Mum don't like me to go on bus by myself

P: But you can't go out no more in these times can you coz everywhere you go there's muggings

Other included mainly situational attributions (eg lack of equipment, distance), motivational attributions (did or did not want to do it) or statements of what happens/happened (eg the guide tells you the number).
P: Yes, she (K) looks after me.
I: Right, I see. Why does she look after you for?
P: Right. What for?
P: She, she do come and visit me at my mother’s house, right?
I: Yeah
P: Then I moved to H with K.

Since the purpose of this analysis was to examine the extent to which participants presented themselves as responsible for dependence on others or lack of ability, extracts were also identified if the person presented the characteristics as being not permanent or as involving something that they actually could do even though they did not.

**Learning** extracts referred to the person not being able, but currently learning the skill.

P: I can’t write very well
I: Right.

P: But we’re learning
I: You’re learning.

P: We’re learning

**Can do it sometimes** - these extracts described the person as not doing something sometimes, but being able at other times.

I: What’s the calculator for?
P: To play darts, he add up the scores.
I: Oh right, and who uses the calculator?
P: M does.
I: Do you use it ever?
P: No I don’t.
I: Why’s that?
P: ... I don’t use it very often.
I: You don’t use it very often.
P: No, sometimes I do.
I: Sometimes you do. What do you do on it when you use it?
P: My sums.

I: And who makes the dinner and the tea?
P: Me and the staff.
I: Oh right. Do you make it on your own or always with the staff?
P: With the staff.
I: Right. Do you think you can make it on your own or do you.
P: Yes I can, I can do it myself.

Inter-rater reliability was calculated for approximately half the extracts, and the agreement was 96% (Cohen’s kappa = 0.95).
7.5.2 Results
The table below compares attributions of participants' own lack of ability and that of other people that they describe.

Table 7. Number of extracts suggesting different attributions for lack of ability.

<table>
<thead>
<tr>
<th>Attribution</th>
<th>Self</th>
<th>Other person/people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Physical</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Learning</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Can do it sometimes</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>External - others prevent</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>External - danger/consequences</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Other (eg situational)</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>No explanation</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>19</td>
</tr>
</tbody>
</table>

Although there are more extracts which refer to lack ability in the self, it can be seen that attributions are much more likely to be internal when other people are described. The relative percentage of internal attributions are 7.7 (references to self) compared to 63.2 (references to other people). One way that participants are able to avoid internal attributions for their own lack of ability, besides using external attributions, is by qualifying their statements by saying that they are learning the skill or that they can actually do it at some times.

7.5.3 Bad behaviour analysis
Extracts which described bad behaviour were identified and further classified in terms of what type of description or attribution, if any, they were given by the participants. Examples of the categories are as follows:

Internal - extracts are classified in this way if they are described as being caused by personality traits, desires or other antisocial habits or characteristics. Motivational attributions are counted as internal in this analysis because this is interpreted here as a negative attribution for bad behaviour.
P: And yesterday, this lady, she kept coming up, thought I was staring at them and
I wasn't, my mum said you get funny people like that
I: Right - where was this?
P: When I come out and waiting for a bus yesterday
I: Oh you were waiting for a bus, so the lady came and said something to you?
P: Mm
I: What did she say?
P: Are you staring at me, and I wasn't

P: My mum think there might have been something wrong
I: Something wrong with what?
P: Her mind

I: So what do you use to make your rug?
P: Coz last time P pulled all my stitches off the needle
I: She did what?
P: Pulled all the stitches off
I: Did she?
P: Yeah, in (name of hostel)
I: Why did she do that?
P: Coz she's spiteful, that's what

**External** - when behaviours are described as being due to some factor in the
environment that the person is reacting to. This also includes if the participant thinks
the person is reacting towards them.

P: And they gave me, she gave me a job washing up and washing these pans, and
one night she locked me outside. In the garden.
I: Why did she do that?
P: She didn’t like me at all.

I: Really. And how have you changed?
P: Well just changed my, I think he means changed my nature - be more friendly
to people, you know?
I: Right, you're more friendly nowadays
P: Last time, sometimes I got aggressive, I can be.
I: Still?
P: No.
I: No
P: No but I used to, I used to throw things against my wall.
I: Oh really?
P: Oh yeah.
I: Why did you used to do that for?
P: Coz I thought oh, you know, you lot don't care about me, this that and the
other.
Stable - when behaviours are described as being stable through time and across targets.

P: He's a bully, the centre knows about him, he comes up to me when I'm working, J, he calls me names.
I: Right.
P: When I go to work, so when I'm working he should leave me alone.
I: Sure.
P: Like every afternoon he comes up to me, he calls me names.
I: Why does he .. he comes here does he?
P: He comes here yeah, J, JT.
I: Why does J do that?
P: I don't know, he does it to everyone.

I: Do people ever say bad things about you?
P: Sometimes ... say get lost.
I: Who says get lost?
P: K.
I: K, she's your, who? K in the wheelchair?
P: Yeah.
I: When does she say get lost to you?
P: Playing darts, when I'm winning.
I: Winning?
P: Yeah, playing darts.
I: When you're winning she says get lost.
P: Yeah.
I: Oh.
P: (?) do that on me.
I: Eh?
P: She's pushing me on the floor always.
I: Doing what on the floor?
P: Pushing me.
I: Pushing you on the floor?
P: Yeah.
I: K does?
P: Yeah.
I: Why does she do that?
P: Um, she always do, in the floor.
I: Always does it.
P: Yeah, and I don't like it.

Unstable - when the behaviour is described as temporary, in particular, that the person does not behave in this way any more.

I: You have. How have you changed?
P: I change very well, change my tablets
I: Yeah.
P: And I've been all right so far
I: Yeah. Were you not all right before?
P: No I wasn't no
I: What was wrong with you?
P: I lost my temper
I: Yeah.
P: I used to go for everybody
I: Oh did you?
P: Yeah. Now I don't anymore

Inter-rater reliability was carried out for approximately half the extracts, and agreement was 95% (Cohen's kappa = 0.91).

7.5.4 Results
Descriptions of bad behaviour in other people were five times as common as descriptions of the participants' own bad behaviours (50 extracts vs 10). In the following table, positive attributions are those which are either external or unstable, indicating either that the bad behaviour is not the fault of the person or is only temporary, whilst negative attributions are those which are either internal or stable. It can be seen that when participants' own bad behaviour is described, it is attributed to either external causes, or is presented as temporary. When other people's bad behaviour is presented, however, it is more likely to be described as internally caused and stable.

Table 8. Percentage of self and other extracts with positive and negative attributions.

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of extracts</td>
<td>100</td>
<td>12</td>
</tr>
<tr>
<td>with positive attributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of extracts</td>
<td>0</td>
<td>56</td>
</tr>
<tr>
<td>with negative attributions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.5.5 Combined results
As a result of the bias in terms of total numbers of extracts in both of these analyses, either towards other people (bad behaviour) or the self (lack of ability/dependence), extracts referring to bad behaviour and lack of ability are combined in the table below,
to give an overall picture of how participants present both their own and other people's negative characteristics.

Table 9. Total number of extracts and number of negative attributions for lack of ability and bad behaviour.

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Other person/people</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of extracts</td>
<td>Total number of extracts</td>
</tr>
<tr>
<td>Lack of ability</td>
<td>52</td>
<td>19</td>
</tr>
<tr>
<td>Bad behaviour</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>69</td>
</tr>
</tbody>
</table>

It can be seen from this table that negative attributions are more likely when describing other people’s negative characteristics compared to one's own. 58% of extracts which describe other peoples' negative characteristics involve negative attributions, compared to 22.6% of extracts which describe the participants’ own negative characteristics.

Finally, participants at no point referred to having learning difficulties as an explanation for either lack of ability or for bad behaviour in themselves or other people. The only time this was mentioned was when BC said that her housemates called her names, such as mentally handicapped, and they did this because she was mentally handicapped. The concept was not invoked to explain lack of ability.

7.5.6 Discussion
It is apparent from the results that when participants describe their own negative characteristics they are able to avoid a negative presentation of self through their use of attributions. In particular, this occurs by avoiding stable and internal attributions. In addition, the fact that they are more likely to do this when describing other people indicates that they are presenting a social world which allows for downward social comparisons, which is a further source of positive self-evaluations.
Other researchers have described how people with learning difficulties often explain their difficulties or their placement in hospitals as due to a range of factors other than having learning difficulties, such as lack of education, family problems and physical disabilities (Bogdan & Taylor, 1994; Edgerton, 1993). It is seen in this study, where attributions for self and others are compared, that this should not be assumed to be a reaction to their having learning difficulties (Edgerton links this with denial), but should be seen as a general psychological process which has been found in a range of situations for the wider population. People tend to attribute their own negative characteristics to external or unstable factors, whilst attributing those of others to internal or stable factors (see chapter four). This pattern should be seen, then, as a general psychological tendency, which results in a positive sense of self, rather than as a face-saving reaction to a stigmatized identity. This is particularly important to note since the characteristics referred to in this analysis, particularly lack of ability, are defining characteristics of having learning difficulties.

7.6 References to 'learning difficulties'

7.6.1 Analysis
This analysis examined the use of labels to refer to learning difficulties. The official term (used by the Department of Health) for this population is “people with learning disabilities”, whilst the term preferred by the national organisation of self-advocates, People First, is “people with learning difficulties” (People First, 1992). The term used in schools is “children with special educational needs”. Before this, official terms included mental handicap, mental retardation, developmental disability and mongol for people with Down’s Syndrome. Colloquial terms include backward, special, retarded, handicapped and mongol. For these reasons, a range of terms was expected to be used by the participants. Because a proportion of people with learning difficulties do not accept this term as applicable to themselves (Finlay & Lyons, 1998), and because the object of the study was to explore the contexts in which participants spontaneously used terms to refer to their learning difficulties when describing or explaining themselves and their social worlds, no such term was used by the interviewer at any point, either before or during the interview, unless the participant introduced it first.
The label was only introduced as a topic for all participants in study two, where meanings and understandings of the label were further explored.

The analysis described here collected instances where participants used such terms, and explored the contexts in which these were presented. Use of terms were identified as being descriptors, reflected appraisals or explanations/implications. Thirty-six of the transcripts were used for the analysis.

7.6.2 Results
Eight people referred to relevant labels, and these are presented in some detail in order to illustrate the contexts in which they were introduced. References to the learning disabled identity were as follows:

- Two people used the label to describe themselves and other people (1 person thought it was a bad thing).
- Two people said that other people called them this but did not comment on whether they thought it was appropriate or not (1 person said he felt rotten about this).
- Two people used the label to refer to others only (1 of which said it did not apply to herself, the other made no comment on whether it applied to herself).
- Two people used the label to describe organisations.

**MN**

MN lives in a flat run by Mencap with two other people. One is a person with learning difficulties, and the other is a “support tenant” who is given free accommodation in exchange for offering minimal support. MN receives further support (eg in budgeting) from a worker who visits him in the flat. He has a full-time job in a kitchen working for social services, and comes to the club in order to help the more disabled clubmembers, although he does participate in the activities as well. He is independent in travel. MN is also involved in a self-advocacy organisation and has attended conferences with them. The extracts below are presented in order. In the first extract he talks about people not listening to what he says, because they think he talks rubbish. However, he
immediately follows this up by explaining his role in the club, which is one of authority, and taking care of other people.

Interviewer: Did you?
MN: Yeah, just bear it. And me tell, me tell me mum about it and me mum never do nothing about it, and after me tell people about it they never take no notice of it
I: Why don't people take notice of you when you tell them things?
MN: Say a stupid me talking
I: They think you're stupid?
MN: Yeah
I: Why do they think that?
MN: Say me I talk rubbish
I: They think you talk rubbish?
MN: Yeah .... they think me talk rubbish
I: Why do they think that?
MN: They say me mix up me word, answer, and I talk rubbish
I: How does that make you feel?
MN: Feel rotten
I: Yeah.
MN: ... Feel rotten ..and so ... plus me really enjoy meself at the club here
I: Right.
MN: Mix with whole of me friends and get on all right
I: Right. Do people here like you?
MN: Yeah
I: Yeah? What do they like about you?
MN: They like me, me ways how me handle meself with the people that are here, and see how me, um, take care of the people that are here
I: You take care of them?
MN: Yeah
I: Yeah.
MN: Because me see them do nothing wrong, me tell them say they no fi to do it

Later he describes how he takes part in a sponsored cycle ride to raise money for Mencap.
I: Really?
MN: Yeah, you see me have a mountain bike every year me do fund-raising for the foundation
I: Which foundation?
MN: Mencap

When explaining why people think he talks rubbish, he explains that they think he is backward, and that they think this because he went to a backward school with people with learning difficulties. However, he immediately follows this up by explaining his
job and that he is involved in preparing 100 meals a day. He further comments on how badly he feels when people say that he can’t do anything.

I: Right. What do people think about you? You told me about sometimes they think you talk rubbish but what do they think about you in other ways?
MN: Them think me backward
I: Oh do they?
MN: Yeah
I: Backward.
MN: Yeah
I: Why do they think that?
MN: Say coz, they say this guy want to go backward school and (?) them
I: Because you went to the school?
MN: Yeah and they say me want to go fi backward school and with the people with learning difficulties they say me want to go
I: Yeah.
MN: Um, and then I (no/know?) say, um, me do catering
I: Where's that?
MN: (?) in (name of hospital). 100 a day me do fi old people and fi day centre and luncheon club. That's what me do, every day
I: Is that a job?
MN: I'm a full, yeah, I'm a job, me do
I: You do 100 meals a day?
MN: Yeah
I: I see. What do the people at work think of you?
MN: Em, me get on with every people at the centre. They say, them people just leave me alone, me ordinary somebody, just fi cook everything and so, and people they pass remarks and so
I: They what?
MN: Pass remarks, say me can't do anything
I: Who said that?
MN: A lot of people up on the street pass remarks
I: Oh I see.
MN: Pass remarks say me can't do anything
I: Right. How do you feel when they say that?
MN: I feel myself rotten and let down to say me can't do anything

Later he refers to his activities in a self-advocacy organisation, with which he attends conferences and demonstrations. He talks about getting equal rights, and that people do not class him as one of them, but rather they class him as a person with learning difficulties.

I: Right. Do you ever get embarrassed?
MN: I get embarrassed by people. Get embarrassed by people, one time me go conference
I: What?
MN: Conference
I: What conference?
MN: Conference where people have to stick up for themselves and their right and everything, and they have this Bill where fi go through parliament and everything
I: Yeah
MN: And me get shame and say we do a bill go through parliament to get equal right
I: What kind of Bill is that, to treat you right?
MN: Yeah
I: How does that make you feel embarrassed?
MN: People, people go out there, (beggar?) people on the street and so
I: On the street.
MN: Yeah, say, they can't go fi no Bill, mustn't that the Bill go a parliament (?) and so. They no class me as one of them
I: They don't class you as one of them?
MN: No
I: What do they class you as?
MN: Class me as, em, what they call it, something where the kid they don't learn, difficulty
I: Learning difficulty?
MN: Yeah, they class me
I: They class you as.
MN: People with learning difficulty ((in unison))
I: And that makes you feel embarrassed?
MN: Yeah
I: Yeah.
MN: I go, sometime I just go about me business, and so, anybody upset me I go up to me room. Sometime me go (name of park), go sit down

Several points are apparent from these extracts. The important contextual factor here is reflected appraisals, that MN clearly perceives other people as both saying and thinking that he is different, that he is backward/has learning difficulties. He also refers to it as an explanation, as the reason that they don’t listen to what he says, that they say that he can’t do anything, and that they oppose equal rights. This does make him feel bad, but his presentation of himself illustrates a different picture - he shows that he can do things for himself, such as travel to Birmingham, he holds a responsible job, he has further job ambitions, and he both looks after and has some authority over some of the members of the club. If stigma is seen as a result of a number of factors and processes, then, MN clearly shows awareness of the reflected appraisal aspect of his label, and in addition uses this as an explanation for the reactions of other people to him. It also clearly affects him negatively. However, he does not share other people's
view of him, does not use it as a descriptor of himself, and presents examples of how competent he actually is. MN presents two images of himself, one of how others think he is, and one of how he sees himself. Therefore, the stigma is not incorporated into his view of himself - his self-concept is not simply determined by this view of himself.

**DD**

**DD** presents himself as more able than a lot of the other clients at the day centre, who need more help than himself.

I: You like to go out together?
DD: Yeah, I mean I could go out on my own
I: Yeah.
DD: I could go to the shops, I could go to work, I could go off my.....but a lot of them can't go out coz they need a lot of help
I: Right.
DD: And we should try, I'd like to see get more staff here for them, to help them out because a lot of them never get out, a lot of them don't go out at all
I: What sort of help do they need?
DD: A lot of them need a lot of help

In the following extract, he says that people laugh at him and call him names (mongol). However he points out that no one is perfect, and that even the interviewer needs help with some things. He also immediately points out his status as a worker in the market.

I: What do people, when you go out on your own, and there's people who don't know you, what do you think they think about you?
DD: They laugh at me
I: Do they?
DD: Yeah - they call me names
I: What names do they call you?
DD: Mongol
I: Do they?
DD: Yeah, but that's not nice coz no one's perfect are they?
I: No.
DD: And I say look you shouldn't be like that coz no one's perfect .....no one's......I'm not being nasty but no one's perfect are they?
I: You're right, you're right.
DD: No one's perfect, and I say not even you
I: Yeah.
DD: There's a lot of things you need help on
I: Yeah I've got problems.
DD: Like I'm working in the market and people laugh at me when they're walking along
I: Do they?
DD: Yeah - but I stop, if you don't like it you can go, like I'm working in the market, yeah, and they say to me how much for oranges and I say its 8 for a pound - make it 9 but I can't do that coz I'm losing money aren't I?

Later in the interview he describes how people make fun of him and his friends when they are out in the street. In this section the basis on which people laugh at him is not an individual characteristic, but is shared. They are laughing at him as a member of his group. He later repeats that no one is perfect, and adds that they might grow up and have kids like “them” (by which he means “us”), therefore it is wrong for people to laugh and call them names. He further points out that everyone needs help, even the manager of the centre (the highest status person in the service) needs help in some things. His explanation of these things is followed by a portrayal of himself as a worker, in contrast to beggars who ask him for money.

I: Right.
DD: But, when people take the piss out of me like that, if you don't like me working
I: Yeah.
DD: Go get rid of me
I: Yeah - why did he...why do people take the piss out of you?
DD: They just do, they do it to a lot of us
I: Do they?
DD: Whenever we're walking along like we're in a group, and we sit down and we're having a chat, a lot of them laugh at us
I: Who is it, in this group?
DD: What?
I: Who are in the group?
DD: Not in the group - when we're out in the street
I: Who?
DD: The people in the street laugh at us
I: Right, when you say "us" who do you mean?
DD: The people, like, if we go out, me and my mates
I: Your mates.
DD: The people we, like, my mate, like my, my friend X, they call him names
I: And who is he?
DD: He's my best friend, H, he's a coloured boy
I: Does he come here?
DD: Yeah but he won't be here yet
I: Right.
DD: Because he lives along way out, (?) he lives along way out now
I: Yeah.
DD: And B, K and MF
I: Yeah.
DD: When he come in a bad mood on the Friday, people upset him, I said what did they say, they just call us names, then you shouldn't listen to that
I: No.
DD: Coz no one's perfect
I: No I agree with you.
DD: You know, (?) think we're funny but I, well you could grow up one day and have kids like them, so it's true isn't it?
I: Yeah, I agree with you.
DD: Nobody's perfect these days, no one
I: Agree with you.
DD: Even people, I can't write, I'm learning
I: Are you?
DD: I'm learning
I: Yeah.
DD: No one's perfect, not even P the manager he's not perfect, he has some help
I: Who's that?
DD: P the manager
I: Right.
DD: PK
I: No.
DD: No one's perfect these days
I: I agree with you, no one's perfect.
DD: People ask us for money
I: Do they?
DD: Yeah in the street
I: Yeah, and what do you do then?
DD: say look I have to work for my money, like you should, listen, we can't be bothered to, I'm not going to give you money

In the following extract, DD talks about how he deals with these situations and how he has learned to stick up for himself.

I: Yeah? What makes you feel proud of yourself?
DD: Now I know I can stick up for myself and I know I can do things on my own
I: Right.
DD: 'But one thing I used to do, I used to, I used to get upset and not say nothing but now I have to do that, I have to, say things and get myself worked, I have to, I have to tell them I don't like it
I: Right.
DD: You know I don't like you calling me names, and if you don't like me then don't come here
I: Right sure.
DD: Know what I'm saying to you?
I: Right I understand.
DD: Say if you don't like me, if you don't like coming here then don't talk to me
I: Sure.
DD: Because you're not perfect either
In the following two extracts, he returns to the theme of differences between clients at the day centre. In these extracts he positions himself and some other clients as between the less able clients and the staff. He and his more able peers will help the others when they can, but if they can't help them, then the staff will help. He also points out that the staff should and do help the less able clients more.

I: What about when people feel bad about themselves - what makes somebody feel bad about themselves?
DD: (?) What we do, when get angry like that, is go and speak to them, and if we can't speak to them the staff do
I: What do you say to them?
DD: Say to them calm them down
I: Yeah.
DD: Take things easy
I: Yeah.
DD: If we can't help them - there's a lot of them that we can't help
I: Yeah.
DD: (someone comes into the room and says excuse me etc) There's a lot of things we can't help so the staff will do that. The staff will do that (will come and say to them?) slow down, sit down and have a cup of tea, and sit on your own and relax
I: No.
DD: Not really, there's quite a lot of us who can do, who go, who can do things
I: Yeah sure.
DD: And there's a lot of them can't, just try and give it to the people who can't do things and help them a bit more. The staff help them more
I: Yeah.
DD: Because we can help them do things a lot of them can't do
I: I see so the staff help them more?
DD: Mm
I: Right.
DD: And I like that, I think that is really good

I: Yeah.
DD: A lot of them can't go out because a lot of them like a drink
I: Yeah.
DD: But then a lot of them can't go out so we have to, we go out for them, get them a drink

In the final extract, he talks about individual differences again, explaining that people have strengths and weaknesses in different areas, in a similar way to his emphasis that the manager and interviewer need help for certain things as well.
I: That’s OK. Do you think anybody's better than you are?
DD: I don't know. Yeah I think there is. A lot of them can read and write and I can't
I: Right.
DD: .. There's a lot of them can read and can write but I can't. At the end of the day they can't do things so I'm better at some things (?) and some things they're better than me aren't they?
I: Sure.
DD: A lot of them need help with money, though
I: Really? Do you need help with money?
DD: I know my money
I: You know your money.
DD: Oh yeah, I know my money
I: Right.
DD: I know my money, that's one of the things you've got to learn when you're working in the market to know your money

For DD then, as for MN, awareness of his stigmatized position is in the context of reflected appraisals - it is relevant when people call him and his friends names. He does not link it explicitly to further implications of others views of himself (eg for his competence), as MN does, but he does implicitly with his insistence that everyone needs help with some things. Thus the name-calling is linked to people's perceptions of him and people like him as incompetent. DD therefore uses the concept as an explanation of others' reactions to himself. However, he puts this into a philosophical context by pointing out that even the manager needs help, and also that it is a matter of chance since they could find themselves with children like that. In addition, he also presents himself as a worker and as more able than others at the centre, as more allied to the staff in his role than to the less able clients. However, in keeping with his philosophical outlook, he does not distance himself from these less able clients, a strategy that has been suggested by writers in the field of learning difficulties (eg Edgerton, 1993; Gibbons, 1986) as well as stigma in general (Goffman, 1963), rather he portrays them as his friends. DD does not use the label as a descriptor. It should also be noted that his references to the label cannot be separated from the social comparisons that he makes, and that the importance of this category membership can only be understood in the context of other self-perspectives such as reflected appraisals and social comparisons.
AB

AB lives with her mother, and attends a day centre for several days a week. She also works part-time in a cafe that is staffed by people with learning difficulties. She travels independently. She refers to Mencap as an organisation which runs a service she attended, but she does not explain further than that. In the following extract, AB points out that “we” are not handicapped, but have some other label, which she was not sure about, but which was linked to an organisation which she named (the researcher was unable to discover what this was). She knows she is not handicapped because she was assessed, which involved doing a number of jobs, and was judged to be “a normal person”.

I: Ok, can you tell me anything else about yourself?
AB: ....um...we're not as...um....handicapped as such....its not like people in wheelchairs
I: Right....what is it then?
AB: They call us, wait I've got one here. We're not as such as handicapped, they call us, is it..? (she shows me something written)
I: What does it say there?
AB: (name of organisation)
I: Oh KRC.....I don't know what that means.
AB: Do you not?
I: No, no....yeah I don't know what that stands for?............... So you said that you're not handicapped, so do some people think you are?
AB: Was it...um.. no coz I went away and was assessed a long time ago
I: Oh you were assessed?
AB: Yes, I went to (name of town), and I was there for 10 days, and we did jewellery and all sort of things
I: Right.
AB: And we even worked in the freezer department
I: Was that in a store?
AB: Um in the meat market freezer
I: Oh did you?
AB: Mm
I: And that was in (town)?
AB: Mm
I: And you said they assessed you?
AB: Yes and they thought I'm not handicapped
I: Right.
AB: I'm a normal person
I: Right. So did somebody else say you were handicapped?
AB: No
I: No, nobody said that? Right, OK....so can you tell me anything else about yourself?
AB: I can read

In the following extracts, she explains that she was considered by other people to be handicapped once, because she couldn't walk very well, but now she can walk well. In addition, she differentiates between two groups at the centre, those that are less able, and people like herself who can do things. She is involved in helping those who are less able.

I: You help with the shopping, right, that's great.....When you said handicapped what did you mean by that?
AB: Coz they thought that.......I wouldn't walk properly
I: Oh I see.
AB: And now I walk quite well
I: You do don't you? Do you think other people here are handicapped, at the centre?
AB: No
I: No.
AB: Coz some of them can't......some of them can't speak, speak for themselves
I: Right, yeah.
AB: We have to help them
I: Right, so how do you help them?
AB: Do Makaton, is it Makaton?

I: Yeah, are you, do you think you're the same as everybody here?
AB: Well I can talk and some of them can't talk
I: Right in that sense there's a different.
AB: Different to two levels
I: And is there any other way that you're different?
AB: We can help ourselves, like J and R they can't...they need help

It can be seen that for AB the relevance of this category membership can only be understood in the context of other perspectives on the self - in particular those of reflected appraisals and social comparisons. When she refers to being handicapped and not being handicapped, it is always what other people think she is, or what they say she is. Once she has established that other people think she is not handicapped, she then explains that there are two levels in the centre. Her own level are able to do things for themselves, and the less able level, linked to wheelchair use, are not able to do things. It is interesting to note that her description of herself as not handicapped was not prompted by the interviewer suggesting that she was, but it was something she wanted
to establish without prompting. It is perhaps the context in which she was recruited (the day centre) that made her want to correct an impression that the interviewer might have held of her. In the discussion of “services” her explanations for attendance at the centre will be described, and it will be seen that whilst she does not see herself as “handicapped”, she does acknowledge a need for support and a lack of opportunities elsewhere. Her understandings of labels are further explored in the second study.

**BC**

BC lives in a Mencap group home. In the first extract she introduces the label by saying that residents in her group home call her names, one of which is mentally handicapped. She states that she was born mentally handicapped, as well as being Down’s Syndrome and a mongol. She also says that the other residents are mentally handicapped as well, because it is a mentally handicapped home.

I: You're always happy. Ok. What things make you feel angry?
BC: Angry
I: Yeah.
BC: People pick on me
I: Really?
BC: Yeah
I: Where's that, they do that?
BC: Sometimes they call me names sometimes call me a bastard or bastard or a sod or a mentally handicapped and all that
I: Do they call you that? Who calls you that?
BC: Some sometimes they call me that
I: And how do you feel when they say that?
BC: I don't like it at all
I: So what do you do when they do, when they say.
BC: I get upset
I: Do you, and where is this? Is this in (name of day centre) or at home or outside or...
BC: U'm at home
I: At home, they call you that at home?
BC: Not the staff, them
I: The people who you live with?
BC: Mm
I: They call you mentally handicapped?
BC: Mm
I: Do they? Why do they call you that?
BC: Because I'm born like that
I: Mm.
BC: I'm born mentally handicapped
I: Oh are you?
BC: I'm Downs Syndrome as well
I: Are you?
BC: And a mongol
I: Right, and how do you feel about that?
BC: I don't like it at all
I: No. And do you think that the other people you live with, do you think that they're mentally handicapped or not?
BC: They are as well
I: They are? So why do they call you that if they are as well?
BC: It's a mentally handicapped home
I: It's a mentally handicapped home, right, I see. So do you think that you're any different from other people?
BC: No, we're all the same

In the next three extracts she explains that she doesn't know what it is all about, but her friends do not like it as well. She suggests that she might be able to get out of it by getting a job, by doing things for herself like going out - this would help her be normal. She says that she doesn't like being mentally handicapped, it is horrible. However, she also says that she doesn't feel it at all.

I: What is it, when someone's mentally handicapped, what is it all about?
BC: I don't know what's it about at all
I: No. No. So what do you think mentally handicapped people are like?
BC: I don't know
I: Don't know. What do people think of mentally handicapped people?
BC: They don't like it
I: Really?
BC: My friends don't like that
I: Don't they, you mean your friends like C and A and?
BC: That's right
I: They don't like it?
BC: No
I: No. Yeah. Why don't they like it?
BC: Because they're trying to get me out of it
I: Really, trying to get you out of it? And how could you get out of it do you think?
BC: Like to get a job and things like that
I: Oh right.....
BC: Get me out of trouble and that
I: Yeah......
BC: And tell them their, tell them my, tell them my problems
I: Mm......
BC: I get any problems I tell them
I: Oh right, right. And what do they do?
BC: They help

I: Right. What do you think you're going to be like when you get older?
BC: Well get a job, a good paid job, be normal
I: Be normal.....How do you be normal?
BC: Um do things for myself
I: Right, what kind of things would you do for yourself?
BC: Like go out

I: What are the bad things about you?
BC: Bad things?
I: Yeah
BC: Mentally handicapped

I: So what's bad about mentally handicapped? What's bad about that?
BC: Coz I'm born like it
I: Yeah.
BC: I'm born mentally handicapped
I: Right.
BC: Down's Syndrome, mongol
I: Right.
BC: I don't like it
I: Don't you? Why don't you like it?
BC: It's horrible
I: Is it?
BC: .....I like to do things
I: Right.
BC: On my own
I: Oh I see.
BC: Like to go out on my own
I: Right.
BC: Go on buses and things like that
I: Oh, so you, is it because you can't do those things because you're mentally handicapped?
BC: Yeah
I: Oh I see, so that stops you from doing it?
BC: Yeah
I: So how do you feel about that?
BC: I don't ...... I don't feel it at all

The subject of learning difficulties is introduced by BC also in the context of reflected appraisals - it is what people call her when they call her names. She also uses it as a descriptor, both for herself and her housemates. However, she goes on to explain that it is something she is born with, and that it is connected with not being able to do
things, and not being normal. She does not deny any of these things applies to herself, and says it is horrible. However, she does express the hope that she can get out of it, be normal, by such things as getting a job. It is seen below that she explained the role of the staff as being there to help her and the other residents with daily living skills (section ten, this chapter), and that she linked her aspirations to having learning difficulties (section eight, this chapter). She presents, therefore, both the institutional and practical implications of the label as well. An interesting comment is that she says she does not “feel it at all”. Although it is presented as some sort of illness or flaw, it is different from physical disabilities or illnesses in that having learning difficulties is not something that one can physically feel (see Sinason, 1992 for a different view). It is hard to imagine how one would feel that they have a low IQ. If this is acknowledged, then awareness of having learning difficulties relies in a fundamental way on the way that one thinks about oneself and others, in such things as social comparisons and reflected appraisals.

BC is perhaps the closest participant in this study to the theoretical ideal - she acknowledges she has the condition, understands the implications of it, evaluates it negatively, feels bad about it, and would like to get out of it. It is apparent at this point that internalisation of the stigma, or a negative social identity, is far from a given, and in fact relies on a number of preconditions occurring together for the same person. Reflected appraisals are again seen as important, but here it is only one step in the chain. Whilst BC follows the chain in ways predicted by those theorists who stress the traumatic effects of possessing a stigmatized or learning disabled identity, both MN and DD take different paths from reflected appraisals - DD taking a philosophical route, and MN a more pragmatic one, but both not seeming to identify with it in the way that BC does.

CD

CD lives with his brother, although he has lived on his own in the past. He has a part-time job as a cleaner, and attends a day centre part-time. In the first extract he described his friend as a handicapped boy, and to clarify this, that he is in groups. The clients of the day centre are divided into groups. In the second extract, he describes
another person as being handicapped, like himself, and states that this is different from being staff.

I: H?
CD: Yeah
I: Ok
CD: He's handicapped boy
I: Who's he?
CD: He's handi., he's in groups

I: Who's he?
CD: He works here
I: He works here, is he a staff?
CD: He's not a staff... he's like me
I: He's like you. You're not a staff?
CD: No
I: No, what are you then?
CD: Handicapped
I: You're what?
CD: Handicap....handicapped people, centre
I: You?
CD: Adults, handicapped

CD therefore uses the label to describe both himself and other people. The impression of the interviewer was that he did this in a matter of fact way. In this case, then, the label is not used in the context of reflected appraisals, or as an explanation, but as a descriptor, both to label himself and other people. There did not appear to be any negative connotations implied. No further questions were asked on this subject by the interviewer in this interview, although the subject was discussed at greater length in study two.

AC

AC lives in a group home run by Mencap, and attends a day centre. She refers to the people she lives with as "menicap" people, and therefore uses the term as a descriptor. When asked to explain what this means, she says they are residents, they are connected to the place where she lives. It is unclear the extent to which she understands this term, and whether she uses it as a descriptor of the organisation of which they are members, and which run the home (Mencap), or as a more general term. She does not refer to
the label again in the interview. Her understandings of the term are explored further in study two.

**DE**

DE lives with a foster family because his mother is ill. He attends the gateway club where he was recruited. He says he belongs to a ‘disabled swimming club’. When he is asked about the people who go there, he says that they are members. When he is asked what disabled means, he changes the subject. It is unclear the extent to which he understands the word “disabled”, and whether he just knows it as a name of this particular club, rather than as a more general term. DE did not take part in study two because he had moved out of the area and left the service.

**EF**

EF lives with his parents and attends a day centre. He was recruited at a gateway club, and his comments are presented in more detail in the 'aspirations' section. In this extract he refers to mencaps, but means a course rather than a condition or a social category.

I: Right, ok, so is there anything else about offices that you like?
EF: Yeah, and we talk about Mencaps
I: Mencaps?
EF: Yeah
I: What’s that mean? What’s Mencaps?
EF: Mencaps is um is a course
I: It’s a course?
EF: Yes
I: Where is that? Where’s the course?
EF: We’re doing a recording

7.6.3 Discussion

Eight of the participants used the label in these interviews, although two of these people used it in connection with activities rather than people. Therefore, six people used terms connected with learning difficulties to describe either themselves or other people. The other thirty participants either did not use any referent to people with learning difficulties, or used terms such as client, resident, the service or group the person attends, or, when asked to describe service users in more detail, used “friends”,
or individual names. One participant (BE), when asked to explain what she meant by the term “clients”, provided the following explanation:

I: And who are they?
P: They are clients

I: Ok. And um you know you said the clients. What does that mean, the clients?
P: Clients it's us
I: Yeah.
P: Human
I: That's what?
P: Human
I: Humans.
P: Yeah

Certain characteristics of DD and MN, who both acknowledge that others see them in a stigmatized way, should be noted. Both of these people work in the community and are independent in travel, therefore two possible reasons that the identity might be salient to them is that they spend more time away from service settings and family than some of the other participants. It may be that their increased contact with the wider society exposes them to the harsh opinions of other people. In addition, their greater independence may be the result of more sophisticated cognitive abilities and thus a greater understanding of social life, which gives them a greater awareness of how others view people with learning difficulties. That both are able to refute these evaluations of them is linked to their having arguments and viewpoints concerning the condition. This is similar to the stigma theories observed by Gussow and Tracy (1968) in a leprosy hospital - theories which allowed patients to account for the negative reactions of others whilst not accepting the negative dominant representation of the condition. For MN, this was associated with his involvement with the self-advocacy movement and for DD it was associated with a philosophical outlook which put the condition into a more realistic, relativist framework. BC, who appeared to have internalised the stigmatized identity, did not have such arguments to counter the reactions of other people.
This analysis illustrates the two stigma-related issues highlighted in chapter three.

**Reflected appraisals**

The importance of reflected appraisals is indicated in the extracts from the people who do use the term with reference to themselves. When awareness of stigma is found, in combination with some negative affect, reflected appraisals are found in every case. Of the four people who applied the label to themselves or said that others applied it to them, three of them (MN, DD, BC) use the label in the context of being called names by other people. These three people all express some negative affect related to this. The other person, who did not use the label in connection with reflected appraisals (CD), did not express any indication of negative affect. AB, who explained carefully that she is not handicapped also did so with reference to what others say or think about her. It is clear that people do not simply adopt others’ impressions of them. Being aware of these impressions is simply one factor in the complex of a stigmatized identity. For only one participant is this awareness found with an acceptance that it applies to herself, and a corresponding negative evaluation. The other two people were not explicit as to the applicability of the label to themselves. DD seemed to accept the label implicitly, but his philosophical outlook implied that there was no such negative evaluation associated with it, indeed the negative evaluation was put onto the people who bullied him. MN pointed out that, whilst he did not like people saying he could not do things, he felt that he in fact did quite a lot, and he held down a job. He did not accept, then, the implications of others’ opinions about himself.

**A stigmatized identity**

Whilst eight people used terms referring to learning difficulties in this study, the majority of participants did not. Thus, at least in the context of these interviews, learning difficulties was not a salient issue for most of the participants. This was not because the questions did not address the issue. There were many questions that the interviewer felt was relevant to the label. These included questions about the clientelle of services, the purpose of services, why the participants attended these services, why they couldn’t do certain things (eg going out alone) and why others had control of certain aspects of their lives. However, for most of the participants, the concept was simply not invoked. Alternative descriptions and explanations were offered. Therefore, while the wider society may define them as people with learning difficulties, and
associate this with a range of negative evaluations, most participants did not define themselves in this stigmatized way, or at least did not present it as important.

For the people who did use the concept, only one person could be said to present a stigmatized or negative social identity. The other people may have been aware that the label was applied to them by others but either did not think it was applicable (MN) or did not present this as reflecting negatively on themselves (DD, CD). One person raised the question of its applicability in order to explain it was not, and that other people had confirmed this.

7.7 Reflected appraisals

7.7.1 Analysis

The purpose of this analysis was to examine participants’ presentations of the way other people perceived or evaluated them. It was seen above that this concept is crucial to peoples’ experience of stigma, and that when having learning difficulties was referred to with some negative connotation, which was rare (3 participants), it was always in the context of reflected appraisals (RAs). This is also a potential source of positive or negative self-evaluations. In addition, this analysis allows an exploration of the tendency of people with learning difficulties to consider reflected appraisals when describing themselves and events in their social worlds, and thus the importance of other people’s evaluations of them to their self-concepts.

The extracts used for the analysis represent responses to questions directly requesting reflected appraisals as well as spontaneous productions during accounts of people and events. The majority of extracts were responses to direct questions. Scheduled questions which addressed this issue were as follows:

- Can you tell me the name of someone who knows you quite well? If I asked them to tell me about you, what would they say? What would they tell me about you?
- What does (....) think of you? (this question was asked frequently about people that the participants referred to)
- What do the people at (place of work, church pub etc) think of you?
- What about people who don’t know you - what do they think of you?
- Is your mum/dad proud of you?
- Do people ever say bad things about you?
- What does (friend’s/partner’s name) like about you?
- Do you ever worry about what people think of you?

Relevant follow-up questions were asked to obtain more details when answers were general (eg yes/no, he likes me, nice, all right). All responses to the questions above were included in the analysis.

Spontaneous extracts were either produced in answer to questions about why other people had behaved in the way they had, or in other contexts. Extracts which referred to the self as the object of another’s actions (eg she takes me shopping, he accuses me), whilst potentially providing an indication of reflected appraisals, were not included in the analysis. This is because they do not provide an explicit image or evaluation of the self - such an image must be inferred and it is unclear in any specific instance the extent to which the participant makes this inference. Where they are of relevance to having learning difficulties, they are covered in the analyses of “help” and “power” described below. Thirty-four transcripts were used for the analysis.

During the analysis it became clear that participants differed in the amount of elaboration of reflected appraisals that they provided. For this reason, a rough classification reflecting different amounts of elaboration was constructed as part of the analysis.
A) “Don’t know” or answers which do not refer to reflected appraisals.

I: What would D say about you?
P: He says that’s a really good story that book is, that’s a really good story

B) Answers refer to a general attitude (eg he likes me, thinks I am nice, all right) without further elaboration clearly identifiable in terms of reflected appraisals.

I: What does V think of you?
P: I’m a nice chap

I: What else would she tell me about you?
P: Tell her about, um, she likes me
I: Yeah.
P: I like her
I: Yeah
P: And I say yes mum, I do like her
I: Oh right - so she likes you?
P: She does
I: Right, what does she like about you?
P: Because why, she likes, um, she has on television on, every mornings I watch, um Grease, Grease 2

C) RA includes reference to an activity the participant does.

I: Like you, why do they like you?
P: Mop toilet out properly clean

I: ... when are they pleased with you?
P: When I pass my exams ...... () sometimes I cook them things and serve them dinner
I: Yeah.
P: Then that’s all right, that tasted good.

D) RA includes reference to other characteristics. These may be personality traits or other characteristics (eg because I am kind, he thinks I’m clever).

I: What do other people think of you?
P: Think I’m sometimes kind and helpful sometimes, yeah

I: What does he think of you?
P: He says, you know, I’m really happy and good ... I know I’m good-looking

I: What things make them like you?
P: The way I’m dressed sometimes
Under this category are included two traits (happy and charming) which were used by participants but whose meanings were unclear. It was possible that these were used as general positive evaluations rather than as referring to their specific meaning. Since an important finding of this study was the lack of elaboration of reflected appraisals, and the implications of this for the experience of stigma, they were included in this category in order to give the benefit of the doubt to the participants and to provide a more conservative assessment of this lack of elaboration.

E) Further elaboration/complexity of reflected appraisals is found where there is:

- the use of RAs to explain someone’s reactions.

I: And so when you try and talk to him he just walks away from you?
P: Mm
I: Why do you think he does that?
P: He, he’s different things. They don’t want to, they don’t want to know about people like us

I: What did she think of you?
P: Not very much I suppose
I: Right, did she like you or not?
P: Probably not
I: Probably not.
P: Probably using you, probably
I: Why didn’t she like you?
P: Probably just wants my money, that’s all

- ambivalence (eg sometimes she likes me and sometimes she doesn’t).

I: How do your parents feel about you?
P: Sometimes they are happy, sometimes they get cross, sometimes they get sad

- the other is said to be wrong.

I: When you said handicapped, what did you mean by that?
P: Coz they thought that ... I wouldn’t walk properly
I: Oh I see.
P: And now I walk quite well

- ability to predict what others think of your group.

P: But when people take the piss out of me like that, if you don’t like me working
I: Yeah.
P: Go get rid of me
I: ... why do people take the piss out of you?
P: They just do, they do it to a lot of us
I: Do they?
P: Whenever we're walking along like we're in a group, and we sit down and we're having a chat, a lot of them laugh at us

P: You know, (?) think we're funny but I, well you could grow up one day and have kids like them, so it's true isn't it?

- reflected appraisals of people one doesn't know, or doesn't know very well.

P: People go out there (?) people on the street and so
I: On the street.
P: Yeah, say, they can't go fi no Bill, mustn't that the Bill go a Parliament (?) and so. They no class me as one of them
I: They don't class you as one of them?
P: No
I: What do they class you as?
P: Class me as, em, what they call it, something where the kid don't learn, difficulty

I: Do people ever say bad things about you?
P: Sometimes people will mock me in the street
I: What do they say?
P: Oh "You cow" or something like that, or "You fat bitch" or something like that
I: Why do they do that?
P: I don't know. "Go away you 4 eyed twit" or something like that.

Inter-rater reliability was checked with a second rater assigning half of the participants to one of the above categories. Agreement was found to be 89% (Cohen's kappa = 0.84).
7.7.2 Results

Based on the initial classification of RAs, participants were grouped into one of four groups according to which types of RAs they produced.

Table 10. Number of participants making different types of reflected appraisals.

<table>
<thead>
<tr>
<th>Type of Reflection</th>
<th>Number of participants</th>
<th>Cumulative total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know/non-RA answers only</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Group 1</strong> General attitude only</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>Group 2</strong> Activity (with or without general attitude)</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td><strong>Group 3</strong> Other characteristic (with or without general attitude)</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td><strong>Group 4</strong> Attitude plus activity and other characteristic</td>
<td>12</td>
<td>34</td>
</tr>
</tbody>
</table>

It can be seen that 17 of the 34 participants provided either only general evaluations and/or activities. These represent reflected appraisals with little elaboration. The preponderance of references to activities can be explained by the praise that carers give for carrying out practical tasks. The appraisals of others are most accessible when they are communicated, and praise is an obvious source. The "other characteristics" category contained also some participants who provided only one characteristic with little elaboration (eg she think I’m not old enough, they like me because of my laugh). The important point to note is that over half the participants elaborated very little on reflected appraisals - they did not provide descriptions of what other people thought of them in any great detail. An example will be given of 2 participants’ answers to reflected appraisals questions in order to illustrate this lack of elaboration.
FG
I: Ok if I went to see J and I said can you tell me about FG.
FG: Yes
I: What would she tell me about you?
FG: Don't know
I: Ok, what does R and M, what do they think about you?
FG: Don't know
I: What do people think of you?
FG: Don't know
I: You don't know. Do they like you?
FG: Yeah they do
I: They do, why do they like.
FG: What's next?
I: What about other people, if somebody doesn't know you very well, what do they think of you?
FG: Don't know, no, another question
I: Ok. Are the staff proud of you?
FG: Yeah we do we proud
I: They what?
FG: Yeah we do
I: They are proud.
FG: (he reads script) What do people like about you
I: Yeah.
FG: What's next?
I: What do people like about you, J?
FG: Don't know

GH
I: What does A (boyfriend) think of you?
GH: He looks at me
I: ... What does he think when he looks at you?
GH: Thinks I'm ..... nice girlfriend
I: Nice girlfriend, really?
GH: Yeah
I: Right, so what does he like about you?
GH: ..... It's all right

I: Ok, about those people who give you a cuddle when you don't want to, why do you think they do that?
GH: Think I'm nice

I: .... What do you think N would say about you?
GH: Say nice
I: Yeah .... what else would she tell me about you?
GH: She thinks about me
I: Oh does she?
GH: Yeah
I: What does she think when she thinks about you?
GH: Thinks I was asleep
I: MM?
GH: Think I was asleep in bed, asleep
I: Who's asleep?
GH: N
I: N? So what happens when she's asleep?
GH: Thinks about me
I: ........ () what else would she tell me about you?
GH: Um .... wonderful
I: Wonderful, she'd say oh K's wonderful?
GH: I am
I: Coz you are?
GH: Yeah
I: Right, ok, and what do you do that makes you wonderful?
GH: Um ... its all right

I: What do you think of that lady (a thief who robbed her)?
GH: Vicious
I: Vicious?
GH: Yeah
I: And what do you think the lady thought of you?
GH: I don't know

While the participants above tended either to be unsure what others thought of them, to not understand the question, or to make rather general reflected appraisals, this varied widely over participants, and some made a range of complex and elaborate RAs. This is seen from MN and DD in their comments of how strangers see them. Another participant, SM, provides reflected appraisals including his mother thinking long hair wouldn't suit him, and being pleased with him when he doesn't go to bed late and makes the tea, a friend thinking he has a nice bottom, people winding him up because they know he doesn't like it, and a girlfriend who doesn't really like him but is just after his money. It can be seen, then, that over the current sample there are wide variations in this factor.
That there were individual variations in the elaboration/use of reflected appraisals is also evident from the distribution of participants producing more elaborate reflected appraisals.

Table 11. Number of participants in each RA group making further elaborations of reflected appraisals.

<table>
<thead>
<tr>
<th>RA Type</th>
<th>Group 1 &amp; DK n=9</th>
<th>Group 2 n=8</th>
<th>Group 3 n=5</th>
<th>Group 4 n=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambivalent RA</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Incorrect RA</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Group RA</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>RA explanations</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Unprompted RA</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

It can be seen that participants who were grouped on the basis of making more detailed reflected appraisals (general attitudes and other characteristics) were also more likely to use these as explanations, to present them as incorrect, to acknowledge ambivalence in others views of them, to recognise appraisals of their group, and to refer to them without being asked directly. The important point to note, however, is that there is a group of participants who make reflected appraisals of little complexity.

The interview schedule included questions which asked how participants thought people who didn't know them, or didn't know them very well, thought about them. This was often included when asking about situations they were describing, such as customers and people in the pub, church, or out in the street. A total of 20 participants were either asked such questions or provided such details in some other context. In table 12 below, the numbers of participants providing each type of evaluation is reported - three of the participants giving more than one type of appraisal. Of these 20 people, then, six reported negative appraisals from others, or abuse. However, only two of these related this to having learning difficulties (MN and DD). These instances are reported in more detail in the section above on labels. The other four gave different negative appraisals - FH that people called her fat or four-eyed twit, TT that people
called her fat foghorn, KL that people hassled him because they didn’t like to see people going to work, and EG that people called her fatty.

Table 12. Number of participants reporting evaluations by people they do not know.

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Positive evaluations</th>
<th>Negative or abusive</th>
<th>Neutral or don’t know (including “all right”)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

Reflected appraisals of one’s group occurred only 3 times. DD described how people laughed at him and his friends because they thought they are funny, KL said that someone wouldn’t talk to him because he hadn’t got time for “people like you”, and FH said that the staff call them KRC (which she showed the researcher on a card), and that the staff liked them. These participants are all described in the labels section above.

The final analysis concerned the valence of reported reflected appraisals. Overall, positive reflected appraisals far outnumbered negatives. Seventeen participants made only positive RAs, three made only negative RAs, and fourteen people made both positive and negative.

The special case of explanations.

The most sophisticated use of reflected appraisals, indeed the reason often identified theoretically for the emergence of such a preoccupation/concern, is in order to explain the reactions of other people towards the self. It can be seen in table 11 above that 13 participants used reflected appraisals in this way. Some examples of the ways these were used are given below:

HI said that her mother did not want her to get married because she was not old enough
MN said that people did not want the Bill to go through parliament because they did not class him as one of them. He also said that people don’t listen to what he says.
because they say he talks rubbish and mixes his words up, and that they think he is backward because he went to a backward school.

DD said that people laugh at him and his friends and call them names because they think he is funny, a mongol.

IK said that her parents get upset with her when she doesn’t get things right (making the tea), but she says they are mistaken about this.

KL says that someone walks away and won’t talk to him because he doesn’t want to know “people like us”, and that someone pushes him off his bike because they don’t like people who work.

LM said her sister came to stay while her mother was away because she was scared she would burn the place down (but she points out that she actually prevented a fire caused by her mother leaving the cooker on).

GH said her friend gave her a cuddle because she thinks she is nice

OP said that the staff would not let him and his fiancee get married because they didn’t think they were suited, and that a landlady locked him out because she didn’t like him, which was because he was run down and short of blood.

An interesting finding is that instances that presumably would be well explained by the fact that the participant has learning difficulties are often not explained in this way. For example, three participants talk about their mother’s resistance to their getting married, but none explain this as due to their mother’s perceptions of them as having learning difficulties. AC and OP describe being victimised in a house they shared (having fireworks and eggs put through their door, a stone thrown through the window, having their rabbits let out) until they eventually moved out, but neither attributed this to the bullies’ perceptions of them as people with learning difficulties - when asked they said they didn’t know why the people did this, or simply that they were nasty people. EG, FH, and KL describe being called names or bullied in the street, but put this down to the bullies’ characteristics and link it to attributes of themselves other than learning difficulties.
7.7.3 Discussion
It is important to note that some participants did not give lengthy interviews, therefore some who might in other contexts have presented more complex RAs did not do so in this study. The numbers of those with less elaborate RAs, then, are an overestimate of people who might characteristically produce less complex RAs. However, this overestimation is believed to be small, and a sizeable proportion of participants gave the appearance that they could not, or usually did not, refer to elaborate ideas of how others viewed them. This judgement is based on the range of RA questions that participants were asked, and the relevant contexts in which the questions were placed. Szivos-Bach (1993), in developing a measure of self-esteem for people with learning difficulties, also found that people had difficulties in answering questions that required them to think about what others thought about them.

In terms of achieving a positive sense of self, it is seen above that the pattern of reflected appraisals produced over the sample are more positive than negative - participants were able to perceive other’s evaluations of them as positive. Some of the reasons that this is possible are discussed in the third study (chapter nine).

If, as suggested in the introduction, reflected appraisals are crucial to stigma, then it can be seen here that part of the reason it is not salient is that a large group of participants do not elaborate on reflected appraisals - people do not present detailed pictures of how others see them. This can be explained as due either to a lack of cognitive abilities or to a lack of attention to this (such individual differences are suggested by Cooley (1902/1964) and by the two scales which measure concerns with others’ views of the self (Fenigstein et al, 1975; Watson & Friend, 1969)). The Theory of Mind literature shows that the range of understandings that make up a mature theory of mind are acquired at different ages. Since the use of elaborate reflected appraisals can be seen to depend on a representational theory of mind, and presumably more elaborate inferences about reflected appraisals also depend on language, memory and other abilities, then it is likely that people with learning difficulties will differ in the extent to which they are able to make such inferences. One further possibility, which is in line with theories of stigma which stress denial, is that people might have...
experienced so much unfavourable feedback from other people that they have learnt to ignore what others think of them.

The easiest access people have to how others see them is through what they say, and here it was suggested that praise for activities allowed reflected appraisals based on this. A range of other reflected appraisals are available through direct communication, and simply have to be remembered to be produced. Examples include SM being told by his mother that she doesn’t think long hair would suit him, and AC being told by her mother that she is the perfect daughter. It is also found, however, in the names people get called by teenagers in the streets. However, as Rosenberg (1979) stressed, the extent to which others’ opinions of you matter depends on how credible you see them, and how much you value their opinion. If negative evaluations are found mostly from rude strangers, then such negative reflected appraisals are unlikely to have much effect on the self-concept.

Whilst the above applies to inferences about how specific others perceive oneself, it also applies to the “generalised other”. The closest one gets here to the idea of the generalised other is in extracts which refer to either how people who don’t know them respond to the participants, or how they think others appraise their group. It can be seen that the people who present some kind of negative appraisal in these instances either link it to having learning difficulties, in the ways described in the stigma section, or attribute it to some other characteristic. The noticeable thing is that, in general, participants did not make such group-based reflected appraisals, and made either positive or noncommittal reflected appraisals for people who didn’t know them well. If one route to the experience of stigma is the recognition of cultural stereotypes and negative evaluations of one’s condition or group, then there is little evidence that, except for a few instances, the participants here were concerned with this. Some reasons for this are discussed in the carer study.

These findings support the idea raised in chapter three that the development of the self-concept does not depend on adopting the attitude of the other to the self (as suggested by symbolic interactionists), either in terms of individual others, or the generalised
other. With reference to the former, a number of people did not have well
developed/elaborated ideas of what other people thought of them, even when these
might explain why others behaved towards them in certain ways. This is particularly
noticeable in cases where the other’s behaviour is problematic, such as when PS and
ES’s mothers do not want them to get married, or when youths push KL off his bike,
but is found in general for most of the participants. With respect to the “generalised
other”, few people were able to say in any detail what people who did not know them
might think of them. This indicates that most people are not applying cultural
evaluations or representations of learning difficulties to what they think others think of
them. A further point, one that was illustrated in the section on labels, is that the
participants who were aware how others might respond negatively to them, or judge
them negatively, did not accept these reflected appraisals. For example, MN does not
feel bad about the way he is, in fact he seems to be proud of himself, but he feels bad
about the way other people think he is. Therefore, even when the participants were
aware of negative reflected appraisals, they tended to reject them.

7.8 Aspirations/Possible selves

7.8.1 Analysis
Possible selves were analysed for their importance for both major research questions,
the salience of the learning disabled identity and the sources of positive self-
representation. People with learning difficulties are less likely to achieve a range of
common adult goals, such as independent living, leaving home, becoming employed,
mariage, having children, driving etc. Having learning difficulties might be reflected
either explicitly or implicitly, then, in the hopes people have for the future, and in
particular whether these are curtailed or not. In terms of a positive presentation of self,
lack of current achievement of common adult goals might be explained by suggesting
they will be achieved in the future.

Data for this topic are mainly answers to the questions “What would you like to
happen in your life when you are older/in the future?”, although some of the comments
were produced spontaneously in other parts of the interview. Of the 32 transcripts
analysed for this question, seven people did not appear to understand the question or else did not know, the other 25 people giving answers that were coded. The answers were classified as follows:

- **Marriage** - either to a current partner, in general, or to a specific other (a TV star, a redcoat at a holiday camp).
- **Living with a partner** - marriage not being mentioned.
- **Having children**.
- **Getting own house/flat** - since all mentions of this were in connection with living with a partner, the 2 categories were merged.
- **Performance** - being a singer, musician, or being on TV.
- **Job** - getting a specific job (eg model, in a shop, with babies, nurse, paper round, redcoat).
- **Money** - getting more money.
- **Learning** - to write, cook, do music, money, or go on a course.
- **Appearance** - changing hair, losing weight, or getting new clothes.
- **Changing current service** - leaving school to go to day centre, or leaving a group home.
- **Leisure** - eg going out, holidays, spending time with certain people, having a Chinese meal.
- **Other** - these included being a pensioner (2), not being able to go out due to old age, not getting old at all, being normal, being independent (2), and stopping lying.
7.8.2 Results

Table 13. Number of participants expressing aspirations in each category.

<table>
<thead>
<tr>
<th>Aspirations</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage - current partner</td>
<td>3</td>
</tr>
<tr>
<td>- other person</td>
<td>2</td>
</tr>
<tr>
<td>- general</td>
<td>2</td>
</tr>
<tr>
<td>Living with partner - marriage not</td>
<td>2</td>
</tr>
<tr>
<td>mentioned</td>
<td></td>
</tr>
<tr>
<td>Total - marriage or living with</td>
<td>9</td>
</tr>
<tr>
<td>partner</td>
<td></td>
</tr>
<tr>
<td>Having children</td>
<td>2 (+1)*</td>
</tr>
<tr>
<td>Performance</td>
<td>6</td>
</tr>
<tr>
<td>Job</td>
<td>9</td>
</tr>
<tr>
<td>Money</td>
<td>2</td>
</tr>
<tr>
<td>Learning</td>
<td>5</td>
</tr>
<tr>
<td>Appearance</td>
<td>4</td>
</tr>
<tr>
<td>Changing service</td>
<td>2</td>
</tr>
<tr>
<td>Leisure</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

* There were 2 participants who said they would like to have children, and one participant who already had children. His children had been taken into care, and he was currently engaged in a court case in which he hoped to get custody of his children.

The purpose of this analysis was to examine the extent to which people's aspirations were affected by having learning difficulties. However, since it is impossible to judge how realistic some of the participants' aspirations are, these conclusions are necessarily tentative.

Unrealistic aspirations

These are most clearly found in some of the performance and job aspirations. Of the nine jobs that were reported, three were judged unrealistic (model, nurse, redcoat), three seemed realistic (shop, paper round, and working on a ship for a man who already had a full-time job), and three were difficult to evaluate (working with babies, helping people with learning difficulties, and working with computers).
Of the six people with performance aspirations, two involved being a singer, one a popstar, one to play in a band with Mick Jagger, and one to be on the TV programme “Surprise, surprise”. The most clearly unrealistic of these aspirations are to be a popstar and to play with Mick Jagger. Since “Surprise, surprise” features members of the general public, this aspiration and being a singer are rather more realistic.

Nine people wanted to either get married or live with their partner, which is again relatively rare for people with learning difficulties. One participant was clearly unrealistic, since she wanted to marry a TV personality. Another rare occurrence for people with learning difficulties is to have babies, and, accordingly, only two people in the study reported wanting to have children. One of these was with the TV personality.

It can be seen, then that clearly unrealistic aspirations are not widely found in this study, although the aspirations for marriage are difficult to judge. Six participants could be most clearly identified as holding unrealistic hopes for the future, this judgement being on the basis of having more than one aspiration judged to be unrealistic.

1 - One woman (PS) wanted to marry a TV personality, get a house with him, and have children with him. She also wanted to be on “Surprise, surprise”, get a job working with babies, go on a catering course, knit a jumper for a worker in the service, and get a Chinese take-away and some wine.

2 - One man (EF) wanted to play in a band with Mick Jagger and go to America with just his friend (a fellow service-user).

3 - One man (ST) wanted to be a popstar, to get married and to win the lottery

4 - One woman (HI) wanted to marry a redcoat (although she later doubted this would happen), be a redcoat herself, and have children. She was 50 years old.
5 - One woman (TU) wanted to be a star or be a model, get married (she did not know to whom), lose weight and get some new clothes.

6 - One woman (AC) wanted to be a nurse, policewoman, or ambulancewoman, and wanted to get married, although she did not know to whom. She was 50 years old.

All six of these participants had Down's Syndrome. A further two participants who wanted to be performers, also had Down's Syndrome (BE and IK).

7.8.3 Discussion
The most striking finding of this analysis was that, apart from the 6 participants above, aspirations were on the whole rather realistic for people with learning difficulties. For example, these 6 people accounted for all of the jobs judged unrealistic, and for the 2 aspirations to have children. Thus none of the other 19 people who provided some aspirations said that they wanted to have children or to do jobs judged unrealistic. This is consonant with the findings of Szivos-Bach (1993) who, in a sample of school leavers with learning difficulties, found that work was highly rated as an aspiration, whilst marriage and having children were less often chosen. In addition, many of the aspirations that were given were easier to achieve, for example learning something, leisure activities (which was the biggest single category), becoming a pensioner, and going to a day centre when leaving school.

Six participants had aspirations judged unrealistic. Several writers have described this in people with learning difficulties previously. Graffam and Turner (1984), in an ethnographic study of a sheltered workshop, found that clients had a range of unrealistic expectations, such as marriage, having children and getting jobs with higher status, all of which were very rare for the population. They suggest that this is a response to the boredom of the clients' restricted lives, and that it might serve to raise people's self-esteem. For the most part, they found that other clients were accepting of these expectations and 'grandiose claims'. Similarly, Edgerton and Sabagh (1962) found that people are often tolerant to such expectations in state institutions. The
involvement of other people in the environment in supporting such unrealistic aspirations, or fantasies, was more recently described by Todd (1995; Todd & Shearn, 1997), who found that both parents and teachers might participate in people’s ‘fictional biographies’. The issue of others’ involvement in these aspirations will be further explored in study three.

The implication of these findings for stigma is that, whilst six of the participants had aspirations which were judged to be unrealistic for people with learning difficulties, most of the sample had aspirations that were rather realistic considering that they had learning difficulties. This meant that most people did not talk about goals that the wider population might have, such as getting a car, buying a house, having children or getting the kind of jobs that people with learning difficulties tend not to do. Instead they suggested such things as leisure activities, changing their hair, learning to cook, or getting the kind of job that their peers might well have. The marriage/living together comments are difficult to judge, but of the nine participants who referred to this, five of them were in the six people identified above. Of the remaining four people, one person said he would like to live with his girlfriend but it probably wouldn’t happen, and the other three people had partners to whom they were, or had been, engaged. Thus, for the remaining 19, marriage hopes could not be said to be unrealistic.

Whilst this may imply an awareness of having learning difficulties and the limitations this may impose for their futures, it does not necessarily do so, since these futures that people mention may be strongly influenced by others’ expectations of them and the role models available to them, rather than a specific acknowledgement of the label. Indeed, only one participant (BC) explicitly linked her aspirations to having learning difficulties. Whatever the cause of these limited hopes for the future, it is clear that membership of the “learning difficulties” category has influenced the possible selves of most of the people giving answers to this question. One possible reason, which does not involve explicitly identifying as a person with learning difficulties was suggested by Wright (1960) in her study of physical disability. Evidence was presented here showing that people adjusted their goals to their experience of success and failure, thus
reducing frustration. If satisfaction could not be attained in one way other aspirations were substituted which were more likely.

Whilst most people showed realistic aspirations considering their learning difficulties, only one person explicitly linked this to having learning difficulties. BC, who said that she would like to be normal in the future showed the clearest awareness of having learning difficulties and the implications of this for her life. In the following extract she talks about getting a job in a practical way, knowing who is going to help her, and where it will be, as well as the difficulties in finding work.

I: Charming.
BC: And she's going to get me a job
I: Who's going to get you a job?
BC: C
I: Really? What kind of a job is that?
BC: Um.....a paid job, it's ironing
I: Right, what sort of work would you be doing?
BC: Like hanging up clothes
I: Oh right.
BC: And ironing
I: Mm. And do you think you could do that?
BC: Yes
I: Right so how is she going to get you that job?
BC: Eh?
I: How is she going to get you the job?
BC: Coz she sews with a lady in the office in the shop
I: Right.
BC: Called L, she phones them every day to get me a job
I: I see, right, and so you'd have some, the people who work in the shop already, they'd have to get you to have a job with them?
BC: Yeah
I: Yeah, right ok. So you told me about..
BC: Cancer Research
I: Right a cancer research shop, right. Is that a paid job or a voluntary job?
BC: Voluntary that is
I: Right.
BC: For the moment
I: Yeah and what would happen after that, what would you like to happen after that?
BC: Like to go in a shop, and do some packing
I: Oh right. The same kind of shop or different kind of shop?
BC: Different kind of shop
I: Yeah, what kind of shop would you like to work in?
BC: Woolworths, Sainsburys, new Sainsburys
I: Mm.
BC: Um... (?)
I: Would those be paid jobs or voluntary jobs?
BC: I don't know
I: Don't know.
BC: Pubs
I: Pubs, you'd like to work there as well? Do you think you'd find it easy to do a job or would it be difficult?
BC: It's a bit difficult at first
I: Yeah.
BC: To get
I: Yeah.
BC: But I'd like one
I: And what makes it difficult to get, what's difficult about it?
BC: It's difficult because I haven't got one yet

Later in the interview she talked about being mentally handicapped (this was described in more detail in the “labels” section), and talks about getting out of it, which she said she would do, with the help of her friends, by getting a job and getting out of trouble.

I: So what do you think mentally handicapped people are like?
BC: I don't know
I: Don't know. What do people think of mentally handicapped people?
BC: They don't like it
I: Really?
BC: My friends don't like that
I: Don't they, you mean your friends like C and A and?
BC: That's right
I: They don't like it?
BC: No
I: No. Yeah. Why don't they like it?
BC: Because they're trying to get me out of it
I: Really, trying to get you out of it? And how could you get out of it do you think?
BC: Like to get a job and things like that
I: Oh right.....
BC: Get me out of trouble and that
I: Yeah.....
BC: And tell them their, tell them my, tell them my problems
7.8.4 Marriage and Children

Some participants provided further details about the likelihood of their aspirations to get married and/or have children. This was either provided spontaneously or was in response to a question. Ten participants provided extracts for this analysis. They will be described individually. The first four participants describe their mothers as being hostile to the idea of them getting married.

ST talked about his desire to get married. He said that many people were in favour of this, including members of his family and his priest. However, he said that his mother was not in favour, the reason being that she was always arguing.

I: So you want to get married?
ST: Yeah
I: Do your parents want you to get married?
ST: My dad does
I: He wants you to get married.
ST: My mum keeps arguing, she won't stop
I: She doesn't want you to get married?
ST: She used to argument
I: Yeah.
ST: She's doing it
I: What does she argue about?
ST: I don't know
I: Does she get angry?
ST: No
I: No.
ST: Because I went to church
I: Yeah.
ST: And ask Father M was staying in church and he said you have to trust your son, be happy for him, just be happy for him
I: Right.
ST: Yeah. And no more arguments

I: Oh yeah.
ST: I have to marry her

I: What does your sister think of it?
ST: My sister's happy
I: She's happy for you.
ST: And not my mum either
I: Right. Why do you think your mum says that?
ST: Because she argument
Because she argues with you.

ST: Yeah

I: Right.

ST: And she swears someone else

HI said that she wanted to marry, but her mother did not want her to. This participant was 50 years old.

I: Do you think your mum would want you to get married?
HI: She doesn't want me to get married. I think have to wait till he ask me to
I: You have to wait till he asks you to?
HI: Yes
I: Why doesn't your mum want you to get married?
HI: Because I'm not old enough yet

TU was 32 years old. Although she wants to get married in the future, she says she does not want to do it at the moment, because she does not want to rush into things. Her mother does not want her to get married, and she says that she does not know why. But since she does not want to get married herself at present, this is not a salient issue. It can be seen, then, that presenting her marriage plans as something far in the future means that her mother's objections do not have to be elaborated.

I: Right, so how does he feel about you?
TU: I don't know, I think he cares about me, that's why. Not a lot because he's got a mum to talk to so...
I: He's got a mum to talk to?
TU: Yeah, and I've got me own mum, plus my mum knows I got a boyfriend
I: Yeah...oh that's a bit complicated.
TU: Yes it is, and I can't tell my mum coz I can't
I: You can't what?
TU: I can't tell my mum about that, about X and me
I: Can't you?
TU: No
I: What would she say?
TU: I don't know.....well I am going to get married one day, my mum's coming with me, when I get a flat
I: Are going to get a ....
TU: (?) no its a long way off
I: Its a long way off?
TU: Yeah
I: Are you going to get a flat?
TU: (nods)
I: Yeah.
TU: Not on my own, no
I: No.
TU: I'll get the right bloke first to marry

I: Ok, what about your mum, does she want you to get married?
TU: No
I: No.....why not?
TU: I don't know
I: Does she think that you could get married or...
TU: No not yet

I: Why can't you get married now then?
TU: Can't, coz I don't want, I... rush things
I: You're what?
TU: Don't want to rush to get married
I: You're not in a rush.
TU: No I'm not
I: Do you think you're old enough to get married?
TU: Mm (shakes head)

PS refers a number of times to her desire to marry and have a baby with TV personality, Darren Day. She also says that her mum would not be happy with her, so she does not want her to know. In this context she changes her mind and says that she does not want a baby. When asked why her mother does not want her to have a baby, she changes the subject.

I: And how do you feel when he says that?
PS: Um, I'm going to move out anyway
I: Oh really?/
PS: Yeah, with my boyfriend
I: Who's your boyfriend?
PS: Darren Day
I: Darren Day? And is he here?
PS: No
I: Where is he from?
PS: Um he's was the one on the surprise surprise video
I: What?
PS: Surprise, Surprise video
I: He was on the video?
PS: Yeah
I: Have you met him ever?
PS: No I haven't
I: No..
PS: I will meet him one day
I: Right, and you're going to go and live with him?
PS: Yeah, get engaged and get married
I: Right.
PS: And have a baby
I: Oh really?
PS: Yeah
I: What do you think your mum would say to that?
PS: Don't want her to know
I: You don't want her to know?
PS: No
I: Why is that?
PS: I don't, want to keep it to ourselves
I: Right, you want to keep it a secret?
PS: Yeah
I: Why wouldn't your mum... why don't you want your mum to know about it?
PS: I don't
I: No, why, what do you think she'd say?
PS: Um....um......... she wouldn't be very happy with me
I: No, she wouldn't be very happy?
PS: No (?) baby at all
I: She doesn't want you to have a baby?
PS: No, don't want one
I: Why is that?
PS: Coz I don't feel like having one
I: Oh right. Does your mum want you to have one?
PS: No
I: Why doesn't she want you to have one?
PS: Um... I don't ...... it's noisy outside

Several times in the interview she reiterates her desire to get married and have a baby. However, in the final extract, following another discussion about Darren Day, she explains that the reason she doesn't want a baby is that she is “not good enough”, because she has a hole in her heart.

I: Right, ok, and what did he think about that?
PS: All right
I: All right
PS: I don't want no baby
I: No, why's that?
PS: I don't feel like having one
I: Right.
PS: Not good enough to have one
I: You ... so you think you're not good enough to have a baby?
PS: No
I: What's wrong with you?
PS: I got this hole in my heart that I can't have one
I: Oh so you can't have one coz of your hole in your heart.
PS: Yeah
I: Is there any other reason why you can't have a baby?
PS: Um, got some baby books at home
I: Yeah.
PS: Go for a scan soon, in July I'm going, for a scan, they look inside me, there is no baby
I: Oh right.
PS: I don't want no baby. I hate babies
I: I thought you said you wanted to work with....
PS: No I don't now

EG simply does not want to get married to her boyfriend. When asked why, she said that she wanted to stay single.
I: What would you like to happen when you get older?
EG: Well I don't want to get married
I: Right. Why's that?
EG: Well I don't. I did tell him I don't want to get married. I want to stay single

OP wanted to get married to his girlfriend, but explains that the staff didn't think it was a good idea. He suggests that the reason might have been that they were not suited.
I: Why haven't you got married?
OP: Why? Coz I like to, I wouldn't mind marrying, you know the one I was telling you about
I: Yeah. Did you ask her to get married?
OP: Yeah I asked her and she said she wouldn't mind getting married to me
I: So were you going to...
OP: B
I: So why didn't you get married to her?
OP: Why? The staff there wouldn't take it that way
I: Really?
OP: Mm
I: Why wouldn't they take it that way?
OP: She was a nice girl, I wouldn't mind getting married in a church, and that
I: And why didn't the staff want you to do that?
OP: I suppose the girl wasn't suited for me
I: Oh really, they didn't think you were suited?
OP: No, that's why
I: So what did you think about that?
OP: Huh?
I: What did you think about that?
OP: (Laughs) I just went on my own afterwards
I: Right.
OP: The old cat, look at it (there is a cat coming over)

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EF introduces the idea of living with his girlfriend, and says that if he did, then he could do the shopping for her. However, he says it probably won't happen because his girlfriend won't get to that stage, if she can't shop for herself.

I: Oh I see, is there any other ways that you're better than other people?
EF: Yeah I'm better with lots of things I'm better than the people here.
I: What sorts of things?
EF: What they can't do.
I: Yeah? What can you do that they can't do?
EF: Probably do shopping on my own.
I: Yeah.
EF: They can't do it.
I: Right, anything else?
EF: V can't do it so I have to do it for her I suppose.
I: Right, you do it for her.
EF: I would if she was living with me.
I: Would you like her to live with you?
EF: Probably won't get to that stage, will she, if she can't.
I: Oh I see you don't think she'd be able to live away from home.
EF: Not with me I don't think.
I: Right.
EF: She can't do shopping with me, I can do the shopping myself.

FH and GM are engaged to each other, and both talked about getting a flat together. GM referred to this a lot, and asked the interviewer for help and advice. He talked about going to an agent, about the tasks they would have to do (fitting a carpet, getting furniture), about talking to their social worker and about the possibility of the council finding them a house. They both seemed determined to find a house, but did not know exactly how to go about the process. GM suggested his brother might not be pleased with this but could not stop them, and that his social worker always seemed too busy. FH said that she wanted GM to meet her mother.

HM is married with two children, who have been taken into care. He was involved in court proceedings to get them back, and he gives as the reason that they are in care that social services like to see you suffer. He says he would be a good parent.

I: Oh have you got children?
HM: I've got two, boy and a girl, they're in care.
I: Oh are they? Right. And do you ever see them?
HM: No.
I: No...... Would you like to see them?
HM: Um I would like to see them, it's just that we've got, have to go back to court first
I: Oh really? Right.
HM: Afraid we have to fight (laughs)
I: You have to fight for it?
HM: Yeah fight for the court

I: Oh right, right. Do you think it's all right that they're in care or would you rather have them with you?
HM: No I'd rather them be with us
I: Oh right.
HM: That's why I'm fighting
I: Right
HM: Fighting for them
I: Right. So who is it that won't let them be with you?
HM: It's to do with the so..., the services
I: The social services?
HM: Yeah
I: Oh right.
HM: It's to do with them
I: Right, so what do they say?
HM: They say they'll just wait till they go back to court
I: MM.
HM: And there'll be a fight there
I: So do you think that you would be all right as a father?
HM: Yeah
I: Yeah
HM: I will yeah
I: Yeah, what would you do as a father?
HM: Take them out a lot, whatever they want to go I'll take them
I: Right. So why don't the social services want that, that to happen?
HM: Oh they're very funny
I: What?
HM: They're very funny.
I: They're very funny.
HM: Yeah, they're very funny, they just don't like it that ways
I: Yeah.
HM: They like to see, they like you to have be suffering
I: Right, do they? Are they making you suffer?
HM: They make me..., well no not really, not yet, they will do when I've stepped in that court (laughs)
I: Yeah.
HM: (laughs) I'll give them what I have to say
I: Yeah, what are you going to say to them?
HM: I'm going to fight for the children, tell them what, tell them what happened, same thing what my wife said, and then .... oh they can really understand
I: Yeah. And do you think your wife would make a good mother?
HM: She would if she, if she's got, she'll make a good mother

7.8.5 Discussion
It is noticeable in these extracts that the concept of having learning difficulties, or as lacking skills, are not mentioned at all. In some cases this is because it is not relevant. It is not an issue for EG because she does not want to get married, and the identity is not entirely relevant for PS' desire to have children because she has a hole in her heart. However, when participants explain why their mother does not want them to get married, why staff prevented OP from his marriage, or why HM had his children taken into care, the identity is not invoked. Explanations that were given included that the participant was not old enough, that the couple were not suited, or that the other person was being unreasonable. Whilst negative implications for the self are therefore avoided because the participants either project the marriage into the future or give external explanations, an understanding of the nature of their position in the power structure, and the reasons people react negatively to their aspirations is prevented. FH and GM may stand the best chance of living together, but do not seem to know how to do this, and complain that they need help. It may be that some people who support them are not providing the help in this matter because they disapprove (see the carer study).

7.9 Help

7.9.1 Analysis
This theme was analysed for its relevance to both research questions. One of the main implications of having learning difficulties, and of using the services in which the participants were recruited, is that of receiving help, whether this be from staff, friends or family. Not only does the need for support explain, to some extent, the use of segregated services (with their specialised staff), but it also might explain lack of achievement of certain life events, such as leaving home, getting a job and independent travel. It might be expected, then, that the salience of the learning disabled identity would be indicated in the ways people talk about help. In addition, the extent to which
instances of receiving help or giving help are referred to results in a more or less favourable representation of the self.

The purpose of this analysis is to explore the ways in which people refer to both giving and receiving help. The extracts were either made spontaneously or came from responses to the following questions:

- "What things are you good at doing/can you do by yourself?"
- "What things do you find it a bit hard to do/ do you need help with?"
- "What would you like to be able to do?"
- "What do you think a person should be able to do for themselves?"
- "How do people feel when they can’t do things?"

The coding criteria for "help" required that extracts either used the word "help" or referred to a specific helping activity with a clear recipient (eg She takes me out, I do it for her). Extracts were not included if they did not have a clear recipient (eg At home I do the washing up) or if they described activities with someone (eg I go with her). While these latter examples might refer to helping activities, it was often unclear, and more conservative criteria for inclusion were therefore used.

7.9.2 Results
The number of extracts in which the participants referred to themselves as recipients of help was compared to the number of extracts in which they were givers of help. There was an inbuilt bias in the interviews in favour of participants referring to being recipients of help, as compared with givers of help. This was due to the direct questions asking what they needed help with, as well as the interviewer using certain follow-up questions when activities were described. These questions took the form of asking whether the person did the activity on their own (eg cooking), and how they travelled to the place (eg to the club). For this reason, results are presented in three different ways:
Total 1 - includes all mentions of help

Total 2 - excludes references to being taken somewhere. This total is given because references to transport or being taken out were a large proportion of references to being given help

Total 3 - consists of unprompted mentions only. This excludes extracts preceded by questions involving the word “help”, questions taking the form “Do you do that by yourself/on your own?”, and question asking “How did you ...?” (eg “How did you get here?”). This total represents only extracts where references to help occurred spontaneously during people’s descriptions of situations/events/people.

It might be argued that the questions asking what the participants needed help would reduce the possible references participants might make spontaneously in other parts of the interview to receiving help, thus creating a bias in favour of giving help mentions in the spontaneous total. The questions referring to needing help were asked at the end of the interview, specifically in order to find out whether participants would refer to this spontaneously, without the subject being made salient by the interviewer, thus reducing this possible source of bias. However, questions which followed participants accounts (eg How did you get there?, Did you do that by yourself?) were scattered throughout the interview.

Thirty-six transcripts were used for this analysis, of which 32 participants made reference to helping behaviour. Of these, 25 participants provided 3 or more extracts describing helping behaviour.

Table 14. Number of extracts referring to either receiving or giving help.

<table>
<thead>
<tr>
<th></th>
<th>Receiving help</th>
<th>Giving help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 1 - all mentions</td>
<td>88 (25 people)</td>
<td>71 (26 people)</td>
</tr>
<tr>
<td>Total 2 - (Total 1 minus transport/being taken out)</td>
<td>62</td>
<td>71</td>
</tr>
<tr>
<td>Total 3 - spontaneous</td>
<td>56 (21 people)</td>
<td>60 (24 people)</td>
</tr>
</tbody>
</table>
The overall total shows a greater number of references to help being received rather than given. However, due to the inbuilt bias in favour of extracts referring to receiving help, it is instructive to look at the other totals as well. It can be seen from these totals that participants do not present themselves as needing a lot more help than they actually give to other people. This is particularly noticeable in totals two and three, when only spontaneous mentions are used, and when extracts which referred to being taken somewhere are removed (which were usually in response to questions asking “How do you get to ....?”). In those totals, more mentions were made of help given than received.

Table 15. Number of extracts referring to particular recipients of help by the participants (taken from overall total).

<table>
<thead>
<tr>
<th>Recipients of help given by participants</th>
<th>Number of extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other person/people with learning difficulties</td>
<td>26</td>
</tr>
<tr>
<td>Family</td>
<td>27 (18 mother)</td>
</tr>
<tr>
<td>A place (e.g. club, centre, work)</td>
<td>7</td>
</tr>
<tr>
<td>Staff</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

It can be seen that participants referred mostly to helping family members and other people in the services they used. The number of participants making more references to giving or receiving help is indicated in table 16 below.

Table 16. Number of participants making more reference to giving or receiving help.

<table>
<thead>
<tr>
<th>In total 1</th>
<th>In total 3 (spontaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More references to giving help</td>
<td>15</td>
</tr>
<tr>
<td>More references to receiving help</td>
<td>15</td>
</tr>
<tr>
<td>Equal numbers of references to giving and receiving help</td>
<td>2</td>
</tr>
</tbody>
</table>
7.9.3 Discussion

The implications of these results are both in terms of the salience of the learning disabled identity, and the construction of a positive sense of self. It might be expected that since the need for support is one of the defining conditions of having learning difficulties, and an important reason for the use of many segregated services (although there are others), then this need would be reflected in the way people talk about themselves and their social worlds. The need for help might be a crucial explanatory factor in many experiences of the participants. These results, however, suggest that whilst for some participants, receiving help is referred to more than giving help, the opposite pattern is found for almost half of the sample - people refer to themselves as giving help more than they actually receive help. In terms of the construction of a positive sense of self, the fact that people can talk about giving help to others as much as they talk of receiving help suggests that the issue of dependence might not lead to low levels of self-efficacy overall, or to global negative views of the self. Similarly, this focus means that conceiving of the self as dependent and/or helpless is not a general pattern found here.

Most of the participants showed only a marginal difference in references to help received compared to help given. A brief description of the participants who had the most extreme patterns will be given in order to clarify the conditions under which presentations of giving or receiving helping behaviour are salient.

Receiving help

ST (8-0 overall, 5-0 spontaneous) lives with his family, and relies on minibuses provided by the services he uses in order to travel. His references to help were in terms of his mother doing things for him, mainly to do with his clothes (sewing, packing, ironing), the fact that the minibus takes him, and his niece buying things for him to give to other people. The impression of the interviewer was that these were reported in a matter of fact way, as if there were no question of him doing these things himself - this being simply the way things were. He made no reference to helping other people. ST
was one of the participants identified as having unrealistic aspirations, and as having made no reference to the label.

I: Right, you’re going to give her an anniversary card?
ST: Yeah
I: Are you going to buy that?
ST: P going to buy me one
I: Who?
ST: P buy me one
I: P?
ST: Yeah
I: Why can’t you buy one yourself?
ST: Um ... Mm?
I: Why can’t you buy one yourself?
ST: I don’t know
I: You don’t go to the shops?
ST: No

**BC** (5-0 overall, 5-0 spontaneous) lives in a group home run by Mencap, and attends a day centre. Her references to helping behaviour concerned being helped (as a resident) by staff, being helped by friends and needing help to do ironing and reading. BC sees the role of staff as being there to help her and her peers to carry out and learn daily living skills. It is seen elsewhere (see “labels” section) that she acknowledges that she and her housemates have learning difficulties, relates this to her aspirations, and describes her home as a mentally handicapped home. Here it is seen that she further acknowledges the implications it has for the support she and her peers need.

I: What about the staff, what are they like?
BC: They’re good
I: Right, what’s good about them?
BC: They help you cooking, they help you learn road safety
I: Right, so they help you do things like that.
BC: And hygiene and that sort of thing

**EG** (11-1 overall, 9-1 spontaneous) is the only participant who lives on her own, being supported by a worker who visits her at home. She attends a day centre and is a wheelchair user. Her references to help involve a number of helpers (keyworker, sister, driver, friend, reading lady) who help her in a number of ways (eg take her shopping, cooking, transport, getting in the bath, reading, protecting her). As was the case with
ST, the impression of the interviewer was that she reports these things in a matter of fact way. For example:

EG: And I do my own work
I: Yeah.
EG: My own cooking, and I have a keyworker comes to see if I'm all right, takes me shopping
I: MM.
EG: Do my shopping, what I want. Then I cook it and then put it in the freezer
I: Oh I see.
EG: I've got a freezer and a cook... a thing with it, fridge with it
I: Right, so you do all the cooking by yourself?
EG: Yeah, my keyworker helps me do that

As with BC, EG is aware of receiving support and clearly perceives the sources it comes from. However, she does not make reference to having learning difficulties, either in another context or as an explanation for requiring this degree of help. She does however, make reference to her physical disability on several occasions. There are three reasons why receiving help may be a salient issue for EG. The first is that she uses a wheelchair, and so needs physical help for a number of activities. Physical disabilities are an easier source of disability to understand and explain than are learning difficulties, and they are an easier basis on which individual differences can be noticed and explained. For this reason, help which is required due to physical factors are more salient than help required due to learning difficulties.

The second reason is that EG is living on her own, and therefore she is more likely to be aware of the things she needs help with. People who live with their families or in staffed homes are likely to have their needs met before they attempt to do the task themselves. Carers tend to anticipate needs and if they think the person would find difficulty with the task they carry it out for them (this is illustrated in study three). From the point of view of the person with learning difficulties, they may not be aware the task was done, or they may assume the task is the responsibility of the carer, and thus not relevant to themselves. The latter factor may be particularly relevant for ST and others who continue to live with their mothers, who may continue in role since childhood. The result of this may be that the tasks are simply not salient and thus not referred to, or may be freely discussed (as in ST) but without any negative implications
for the self. This is obviously not true of all needs, but certainly is more true for people living with full-time carers than for people living alone. A person living alone is more likely to encounter situations in which they need help when their helper is not there, and therefore they are more likely to notice that they need help for that activity.

The descriptions of the three participants who made more references to receiving help clarifies the differing conditions under which this aspect of having learning difficulties becomes salient. For ST, receiving help is a matter of fact, which is not linked in his interview with having learning difficulties, and does not seem to cause him any distress. It is just the way things are, and does not seem to be implicated in his evaluation of himself. For BC, receiving help is linked to her position with respect to the staff, and to having learning difficulties. For EG, receiving help is made salient by living on her own, and is explained more by her physical disability than by any reference to learning difficulties. It does not seem to cause her any distress, indeed, she appears to enjoy the contact with people who these helping situations bring.

Giving help

DD (8-4 overall, 8-3 spontaneous) lives with his parents, and attends a day centre part-time. He works in a vegetable market, for which he receives goods as payment, and travels independently. He describes helping other clients of the centre (getting them a drink, giving them advice, doing things for them), the staff (running errands), and his mother (shopping). When he does refer to being helped, it is either in terms of transport or being taught something (reading, learning to calm down). In the interview, DD clearly sees himself and some of his friends as being more able than others in the centre, and his role at the centre as being either running errands for staff, or else helping out those who are less able than himself. He also refers to the fact that staff need to give more help to those who are less able. Outside the centre he stresses helping his mother and helping out at the market. It was seen in the “labels” section that although he does not refer to himself as having learning difficulties, he says that people call him names, such as mongol. However, even though he is aware to some extent of having learning difficulties, he is also aware of being more able than others,
and that he has a helping role at the centre. In this context, he presents his helping behaviour as more salient than his receiving help from others.

**IK** (8-0 overall, 4-0 spontaneous) lives with her family, and is in the final year of special school. She talks about helping at school (making teas, fixing people's wheelchairs for them, helping the children paint) and at home. She would like to look after her grandmother (make her tea and make the beds) but her mother does not want her to do this. She does not refer to being helped by other people. Being supported might not be salient to her since she is still a teenager and her family and teachers might do things for her as with any other person of this age. In addition, she is in the eldest year in school and in the position to help younger children.

**BE** (5-3 overall, 4-1 spontaneous) lives with her parents and attends a day centre. She refers to helping her mother with the housework, helping her friends (looking after them, and making them tea and coffee), and helping other clients (feeding them). When asked, she said her mother helps her with the cooking. She also says that she would like more help with dancing and music. For BE, then, receiving help in everyday activities is not salient, but she does talk about giving help to her peers at the centre.

For some people with learning difficulties who are more able, "help" may not be such a defining issue in their learning difficulties - either because the type of help they receive is less tangible or more intermittent (eg in dealing with bureaucracy rather than in travelling) or because they still live with their mothers. The three participants described here all live at home, which might be a factor in the low salience of references to receiving help (see the discussion above in EG). A further factor of importance is the salience of participants helping with domestic tasks and helping their peers at the centre.
7.10 Politics, power and services

It would be expected that contexts in which the learning disabled identity is salient would include discussions of the institutional arrangements which exist around the participants. Following the discussion of political activism in chapter two, it is predicted that the salience of the identity would be associated with concern with political issues relating to their group. The learning disabled identity is also expected to be implicated due to the fact that services are usually segregated and represent an alternative to normal adult activities. For the participants, having learning difficulties has lead to the use of specialised day, residential and leisure services, the assistance of specialised and paid staff, and a position of less power than would be expected for adults in general (in terms of having to ask or not being permitted to do certain things, and of having decisions made for them).

In addition, some of the participants may have been involved in self-advocacy or client groups, some of which discuss political issues which affect people with learning difficulties in general or which are involved in action such as demonstrations.

The category membership might then be expected to become salient when people talk about services, staff, aspects of control in their life, or their involvement in politics. People who are involved in self-advocacy and who talk about this in interviews would be expected to be especially concerned with the label. The following analyses, of politics, control, services and staff, were based on analysis of all 36 transcripts.

7.10.1 - Politics

The self-advocacy movement has as a recurrent theme the notion of speaking up for yourself. This is due to the lack of control that people with learning difficulties have traditionally had over their lives, and represents an attempt for both individuals and groups to gain some control over their lives. It is therefore interpreted here as a political statement. Six people made statements that were classed as political. The subjects raised concerned service closures or cuts (all six people), client or self-advocacy meetings (three people), and speaking up for oneself (two people).
latter was classed as political when it referred to voicing one’s opinions, rather than
when used to indicate that other people were unable to speak at all.

The degree to which these extracts included reference to an ingroup (“we”) or to
having learning difficulties varied, however, as did references to local as opposed to
more general issues. The participants involved in this analysis will be presented
individually in order to illustrate this point.

**MM** simply said, when asked why she moved from a hostel, “Coz the councillors
*pushed* (name of hostel) down”, and said later that she didn’t mind. No further
elaboration of the subject was given. No reference was made to an ingroup or to
having learning difficulties.

**OP**, when also asked why he had moved from a hostel, said “Because the man who’s
in charge there, he said we have to move out because somebody else was going to
move to take over the building.” Whilst a reference was made in this case to an
ingroup (“we”, which meant the residents of the hostel), the nature of the ingroup was
not elaborated, and thus implications for his presentation of self are limited.

**AB** made two references to service cuts, both of which involve an ingroup, referred to
as “we”. The group that this refers to is the people who use the service, although the
nature of this group is not elaborated, and the issues presented are purely local.

**AB**: Um St. Thomas's Youth Club, um, they had to close it down. We used to go to
a club, but we don't go to the club anymore
**I**: Right, and why did...did you like going to the club?
**AB**: Yes we used to...ambulance used to take you...and then they had to have cut-
backs

**I**: Oh I see.
**AB**: And we used to have holidays but we don't have holidays anymore
**I**: Why have you stopped doing that?
**AB**: Coz (London borough) stopped having a holidays
**I**: Oh I see, you don't have them any more. How do you feel when (London
borough) stops doing things like that?
**AB**: My mum reckons they should have...we should have holidays, it gives them a
break
I: Yeah, it would be. It gives your mum a break or gives you a break?
AB: My mum a break

AB presents these closures as imposed on her group and her mother by the council. In these extracts she presents herself as a service user, and in that sense does not differentiate herself from other people with learning difficulties. However, as described above, she clearly differentiates between 2 levels of people within this group. In the last extract, she also presents herself as someone who is supported to some extent by her mother, since she says that her mother feels she needs a break.

CD talks about both service closures and client meetings. When talking about his workshop, he refers to an ingroup (“our” which may refer to service users only or staff as well), and an outgroup (the “they” who shut it down). This is not elaborated upon. He talks about the client meeting at the day centre, where the ingroup (again “we”, which refers to the clients) talk about the centre, what activities they would like to do, and the food. Whilst this does refer to an ingroup, then, in terms of the clients of the centre, the discussion he refers to is localised and practical.

I: Right, so do you do that now?
CD: We don’t do that now, our workshop shut down
I: Shut down.
CD: Shut down, they cut it all out
I: What’s that?
CD: Client meetings for the people, have a meeting
I: You have a....
CD: Yeah, about the centre, people’s groups
I: Oh right you have meetings for the centre./
CD: (?)
I: And what do you do in the meetings?
CD: Talk
I: What do you talk about?
CD: About we talk, we talk about dinners, cold dinners
I: School dinners.
CD: Talk about the sessions we do

CD was described above, where it was seen that he used the label handicapped to refer to himself and other people, and differentiated himself from staff. In terms of implication for CD’s presentation of self, his political comments also reveal that he presents an ingroup of, in this case, clients, who use and comment on the services. No
further elaborations, however, or evaluations of this group are given, and their position in the social structure is not described.

From the analyses given so far, then, it can be seen that CD presents an ingroup, which he identifies as handicapped, and whose position in the local institutional structure he can locate. However, he does not present this identity in terms of reflected appraisals, or as an explanation of his particular difficulties, and does not offer an evaluation of the group or the condition. Similarly it is difficult to locate any further implications for his view of himself. These issues are explored in study two.

DD talks about client meetings, about sticking up for oneself, and about service cuts.
In these extracts, the ingroup (“we”) is a group of service users, both as recipients of service cuts imposed by the council, and as people who express opinions about the day centre. He differentiates the ingroup from the staff, whose job is to write down what is said in the meetings, and the council, who impose the cuts. Issues which they discuss in the meetings are local, based on the organisation of the centre and on service cuts. As described above, DD is aware that other people call him names, but puts it in a philosophical context. In the extracts here, however, the nature of the ingroup is not further elaborated, except to reiterate that there are people less able than himself in the ingroup.

I: Yeah.
DD: We have, we get together and have a meeting talk about how we fee...what we like to do here
I: Oh really?
DD: Yeah
I: And do you go to those meetings?
DD: Yeah I'm in it
I: Right.
DD: There's quite a few of us, me, CD
I: Yeah.
DD: W, A, WM, TV
I: Yeah.
DD: You know there's um other groups as well, they go into their section
I: Right.
DD: And then we talk about the way we feel about the centre
I: Oh right.
DD: And what we don't like about the centre
I: I see, and do you speak in those meetings?
DD: Yeah
I: And what sort of things do you say?
DD: We talk about the centre
I: Yeah.
DD: How it's been run
I: Yeah.
DD: And we do a ....um, there's not enough, well, and sometimes we don't have to come, we can't come here because not enough staff
I: Yeah.
DD: We used to do a lot of things but we don't do it no more but we used to go on holiday, we can't go on holiday coz the council run out of money
I: Oh I see.
DD: We used to go on outings which we can't go no more- and people say to us we like to sort that out - go on outings
I: Yeah.
DD: And we decided in our group we do toasted sandwiches
I: Do you?
DD: If we done all the equipment, made all the sandwiches - the money should go to our group

In the following extracts, DD differentiates himself from other clients who are less able - this is presented as a political issue since it is related to shortages of drivers, to participation in the meetings, and to his role as advisor to these people, where his role is to support them in their protest.

I: Right. And when you decide things in the meeting what happens then - who do you tell about your decisions?
DD: Um, C or different day centre staff who sit with us and write down what we like, they write down what we talk about
I: Yeah.
DD: He writes down what we been talking about
I: Yeah.
DD: And we talk about transport
I: Transport
DD: You know like some of them come on the ambulances.....and sometimes people can't come in because there's not enough drivers

I: Yeah.
DD: And when we ask them what to do they don't say nothing
I: Why don't they say anything?
DD: They just sit there looking at us
I: Why do they do that?
DD: I don't know.....like there's D
I: Sure - they get upset.
DD: They say we don't want to stay at home, and I say no you should go and tell the committee, talk, talk about how you feel, you must be, you know, how you feel about people
I: Yeah.
DD: I could go to the shops, I could go to work, I could go off my.....but a lot of them can't go out coz they need a lot of help
I: Right.
DD: And we should try, I'd like to see get more staff here for them, to help them out because a lot of them never get out, a lot of them don't go out at all
I: What sort of help do they need?
DD: A lot of them need a lot of help

It can be seen in the above extract that although the client meeting is an important forum for DD and other clients to express opinions about the services, he still sees it as being run by a staff member. In terms of the implications for his presentation of self, DD presents himself as a client of services, and in this sense sharing a common fate with other clients, particularly with reference to client meetings, the closure of the youth club, and when there wasn't enough staff to come into the centre. However, he also presents himself as a member of a more able subgroup, whose role is to help the less able fight their corner. The issues he talks about are local for the most part, but as seen in the analysis of "labels" he has a more general philosophical point to make about people who put him down.

MN talks about the council, speaking up for oneself, equal rights, and that people have negative opinions of him and others. He is involved in the People First movement and had attended a conference with them. In contrast to the four participants described above (MM, OP, AB, CD), his discussion of politics is not local, it is a general consideration of discrimination. In the first extract he talks about the council not listening to people, and thinking that they cannot do anything. He is not explicit in who the "they" refers to, but it may refer to people with learning difficulties. However, he says that he is good at speaking up for himself, and the role he presents here is encouraging others to do the same. The conference he refers to in the second extract is a People First conference.
I: Yeah.
MN: And watch this programme come on, this man with (?) Your Choice
I: Your Choice.
MN: Yeah
I: Right, I've never seen that
MN: (?). Me watch it, speak up for yourself on Your choice
I: Oh right, yeah.
MN: Yeah. Me watch it and me tape it and me say that good for everybody that they can speak out for themselves, what the council say they can't do nothing or anything and me have it, and to show them with a lot of people. (?) they want answer, you see, a lot of people just live and not hear what they want
I: Can you speak up for yourself?
MN: Yeah
I: Do you find it easy or difficult to speak up for yourself?
MN: MM, I find it easier to speak out for meself, you see, I find it easier, me can speak out for meself. Nobody no push me around
I: Right.
MN: I want me independence, I want to go out, and I want me money. I want to go on holiday
I: Oh right
MN: Like I go up to Wales and sometime me go to Canada by meself
I: Do you know people in Canada?
MN: Conference, me go in conference, fi go talk with people who want to work and can't speak out for themselves

In the following extract, MN describes an incident where he demonstrates that his political concerns are more general, that women have an equal right to play football. It can be seen here that he is concerned with discrimination as a more general issue, and not just related to people with learning difficulties.
I: Right. How do you feel when they say that?
MN: I feel myself rotten and let down to say me can't do anything
I: Yeah.
MN: You see.... Saturday me go to football match and me just ask a chap why him push over Y and make him hurt in head
I: Yeah.
MN: And he say no girl no fi play football. And he (?) pass, say no girl no fi play football. That is racist impass him, and so. Against a team say no girl no fi play no football and me get angry, and me never go hit him, me just walk away
I: Yeah.
MN: And just go see if Y all right and will take him to hospital, and all right, and me never, me never go making upset, and say, he go and say in the referee no girl fi play football
I: That makes you angry when they say girls shouldn't play football?
MN: Yeah. Me say no meself. Why he pass that remark, and say him say he's a racist no girls play football

In the following extract he talks about equal rights, and a Bill in parliament. It is here that he clearly includes himself as part of an oppressed minority, saying that people do not class him as one of them, but as "people with learning difficulty".

I: Right. Do you ever get embarrassed?
MN: I get embarrassed by people. Get embarrassed by people, one time me go conference
I: What?
MN: Conference
I: What conference?
MN: Conference where people have to stick up for themselves and their right and everything, and they have this Bill where fi go through parliament and everything
I: Yeah.
MN: And me get shame and say we do a bill go through parliament to get equal right
I: What kind of Bill is that, to treat you right?
MN: Yeah
I: How does that make you feel embarrassed?
MN: People, people go out there, (beggar?) people on the street and so
I: On the street
MN: Yeah, say, they can't go fi no Bill, mustn't that the Bill go a parliament (?) and so. They no class me as one of them
I: They don't class you as one of them?
MN: No
I: What do they class you as?
MN: Class me as, em, what they call it, something where the kid they don't learn, difficulty
I: Learning difficulty?
MN: Yeah, they class me
I: They class you as.
MN: People with learning difficulty ((in unison))
I: And that makes you feel embarrassed?
MN: Yeah
I: Yeah.
MN: I go, sometime I just go about me business, and so, anybody upset me I go up to me room. Sometime me go (name of park), go sit down

It is clearly seen here, in the context of politics, how having learning difficulties is implicated in MN's sense of himself. In the description above ("labels" section) it was seen that MN was aware that other people saw him as different, as backward, as not being able to do things, but that he said that he could do things, he helped other people, and he had a job. In these extracts, he shows his political concern about
discrimination in general and that this is connected to that fact that people don’t class him as one of them. But he says that it is important for everybody to speak up for themselves, and for there to be equal rights. MN has, then, a social change strategy, but he also does not accept other people’s definition of him. MN does not seem to feel bad about the way he is, but he feels bad about the way other people think he is. He must fight, therefore, not because he is a certain way, but because he is seen by others in a certain way. This is the importance of the idea of speaking up for oneself - to show that a person can have opinions and can do things for themselves, even though the wider society does not think that they do. MN talks about politics in a more general sense, not restricting his comments to local closures, and this is connected with a more elaborate presentation of the ingroup and the implications of this.

7.10.1.1 Discussion
It can be seen that whilst politics is a context in which having learning difficulties might become salient, it is again a complex context, in which the awareness and salience of having learning difficulties can take many forms. AB, OP and CD refer to their ingroup as being other service users. The nature of this shared identity is based in service use, and no further implications are described. They also refer to local service issues rather than more general issues. This is a pattern that has been observed in many local client group meetings, where discussion of the label or the power structure around the label does not readily occur, discussion tending to focus on practical issues relating to the service to which the group is connected (Crawley, 1988; Simons, 1992). In this sense, client groups such as this differ from groups which are not connected to services, such as People First (Finlay & Lyons, 1998). In addition, AB and DD also differentiate themselves as members of a more able subgrouping. Only MN and DD talk about more general issues relating to learning difficulties, although DD does so in a slightly different context. MN shows the most concern with more general minority group issues, however he also disputes the correctness of his identity in others’ eyes, and differentiates himself from less able others in the category. It should be noted, though, that the other 30 people in the study did not refer to any such issues, reflecting a general lack of salience of political issues.
The people who did refer to political issues the most (AB, DD, CD, MN) are also described in some detail in the section on labels, and it is important to note that these participants also made reference to the label in other contexts, thus highlighting the important link between group identity and political awareness that was discussed in the introduction. However, this link is not straightforward, since the person who most clearly fitted the theoretical idea of a stigmatized identity (BC) does not feature in the present analysis.

7.10.2 - Power

7.10.2.1 Analysis
Power is an important context in which to examine the salience of having learning difficulties for a person’s sense of self. People with learning difficulties are often in a position of little power, with family or staff having a high degree of control over them. This may involve rules and restrictions on a person’s activities, having to ask permission to do things, having decisions made by other people without the person with learning difficulties being consulted, or having one’s wishes ignored. When people are involved in supportive or caring roles, this often also implies that they are the ones who negotiate with other agencies in the interests of the person. It also often involves deciding what situations are dangerous or harmful to the person. The “duty of care” involves protecting a person with learning difficulties from such dangers. It may also involve encouraging people to do things for themselves which they may have been used to having been done for them. The analysis here looks at references to such aspects of control by the participants, and the extent to which they explain this with reference to having learning difficulties. Thirty-five transcripts are used for this analysis. Whilst no questions in the interview schedule directly address these issues, the issue came up in discussions of people’s aspirations, what made them angry or upset, and their descriptions of places and other people.

Criteria for being included in this analysis were that the extract involved either being ordered, accused, or prevented from doing something, asking for permission, or a
general statement about a person being in control. Extracts which referred to council cuts, which were dealt with in the last section, were not included. The extracts were further coded in terms of who they referred to, what reasons were given for them, and what feelings were described.

Examples of the four types of control issues follow. Some extracts can be categorized in more than one way, so all control issues were classed together for the subsequent analyses.

**Being told to do something.**

P: He's always bullying me
I: Does he?
P: Yeah
I: What does he do?
P: Tells me to do my hoovering
I: Oh
P: I don’t like doing it

**Being accused of doing something/told off.**

I: So what sorts of things make you cross?
P: Like anything, Rosemary tells me off
I: Oh.
P: (laughs) And she says come here, go sit over there
I: So that makes you cross?
P: It does
I: Yeah
P: And she always annoys me sometimes

**Being prevented from doing something.**

P: I want one of those (makes gesture on face)
I: What’s that, a tash? You want a moustache? Really?
P: But I always shave it now
I: Why don’t you grow it?
P: I want to grow it but I can’t, can I? I want one
I: Why can’t you do it?
P: I’ll have one of these, I want one, yeah
I: Why can’t you have one?
P: Mum don’t think it suits me
Asking for permission.

I: And will you invite anyone from outside your house to come?
P: Well, C, yeah, but they have to ask their staff, and then I have to ask our staff, and the other if it's all right, you know.

General control references.

P: ... And I used to go out, they let me go out on my own, to (place in London) on Thames, to look at the shops and that.

7.10.2.2 Results

In total, 15 people referred to control issues of some kind, and 40 extracts were categorised in this way.

Table 17. Sources of control.

<table>
<thead>
<tr>
<th>Control source</th>
<th>Mother</th>
<th>Staff</th>
<th>Other family</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of extracts</td>
<td>19</td>
<td>14</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Number of people</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

The extracts were also coded in terms of the participants' judgements of these examples of control. The extracts were coded as follows:

*In favour* - The type of extracts in this category included references to staff allowing the participant to do something, agreeing that something was dangerous, or acknowledging that they had done something wrong.

*Not in favour* - The type of extracts in this category included those that referred to the controller as being wrong, or saying that it annoyed them or was not fair.

*No opinion expressed*.

Table 18. Participants' attitudes to instances of control.

<table>
<thead>
<tr>
<th>Source - Family</th>
<th>Source - Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of extracts</td>
<td>Number of participants</td>
</tr>
<tr>
<td>In favour</td>
<td>8</td>
</tr>
<tr>
<td>Not in favour</td>
<td>20</td>
</tr>
<tr>
<td>Neutral</td>
<td>12</td>
</tr>
</tbody>
</table>
In half of the extracts, the participants expressed disagreement with the source of the control, but in no case was a link made between this and having learning difficulties. Examples include GM who said his brother couldn’t run his life for him, HM saying the council took his children into care because they like people to suffer, ST saying his mother rejects his desire to get married because she is always arguing, and IK saying her mother won’t let her look after her grandmother because she can look after herself. In many cases it was the authority figure who was described as unreasonable, or the participant simply expressed that they did not like the situation:

I: So why don't you go back to college then?
P: I've left
I: Oh you've left.
P: Yes
I: So you can't go back.
P: No
I: But you'd like to.
P: Yes
I: So who's stopping you from going?
P: Mum don't like me to go on bus by myself

I: Yeah.
P: And (?) bedroom and go there and I don't want you down here I get so annoyed I wish you wouldn't use anything, everything I touch and she says no, leave it alone
I: Right.
P: And I don't it like moving things
I: Moving things. And that makes you feel annoyed?
P: Makes me so angry I think I want to strangle her

When participants expressed agreement, it was usually because they also perceived a danger in the situation or otherwise agreed with the practical reason behind the decision. In instances where no opinion was expressed, the control issue was explained in a matter of fact way. Examples of this include PS saying she can't go out alone because her mother is worried she will get run over, SM not having a moustache because his mother doesn't think it will suit him, and OP wanting to get married but the staff didn't think they were suited.
Discussion
The context of control, therefore, was not found to make having learning difficulties salient for the participants, even though issues of control were salient for a proportion of the sample. Eight people did feel there was an unfair source of power over them, but this was an individual issue, more to do with the source of the power (usually a family member) and their relationship to them, than a characteristic of the participant themselves. This can be seen in the same terms as Kelly and Breinlinger (1995) described female gender identity - that only when misfortune is interpreted in socio-structural terms rather than being seen as due to individual misfortune can gender as the basis of political consciousness be found. For the participants who describe control issues as problematic for them, they are presented in individual terms, and without reference to their status as a person with learning difficulties. It should be noted here that there is a connection between this conclusion and both reflected appraisals and politicisation. For a person to explain that they are being controlled by another person because they have learning difficulties, would require either an awareness and focus on how that other person perceived them (the reflected appraisal) or on the socio-structural arrangements which lead to this status quo. In these senses, then, an awareness of reflected appraisals, or a certain political awareness, is necessary for issues of control to be interpreted in terms of learning difficulties.

The rest of the participants who referred to control issues either made no judgement, or were to some extent in favour - it was portrayed as benevolent. However, those who expressed no opinion might have been wary of describing their feelings to the interviewer who might have also been seen as an authority figure - therefore there may have been more disagreement than actually was expressed. The other 20 people did not refer to control issues. Reasons for this are that they are not attended to by the participants, that they do not come up in everyday life very much, and that they did not want to criticise authority figures to the interviewer. Study three (the carer study) examines further the extent to which participants are self-regulating/self-limiting so that confrontations with control issues rarely arise.
This analysis illustrates the range of reasonable explanations that might be offered for a situation. In the explanations it was seen that participants referred to specific reasons for the examples of control, rather than the more general one that they have learning difficulties. In some cases (eg SS) this may not be relevant, but in others, the learning difficulties identity might be seen as a general factor - the person is in the position whereby such authority is exercised over them because of this identity, and the difficulties they have are reasons for the particular instance described. Having learning difficulties is a background explanation, whilst other reasons are more proximal (eg it is a dangerous situation, it wouldn’t suit me). Proximal reasons are more apparent than background reasons, and no doubt are the ones given by the authority figure, unless the person is “schematic” for the identity and interprets situations in terms of that identity. Where the person does not accept the control, the salient reason is that the authority figure is unreasonable.

7.10.3 - Services
Descriptions of services that the participants use were expected to be associated with the concept of learning difficulties. The services in which the participants were recruited are particularly for people with learning difficulties, this being the criterion for admission. In addition, the participants usually attended other specialised services, such as homes run by Mencap or other agencies, day centres run by social services, segregated further education courses, and social and leisure clubs. Discussion of services arose during interviews when participants were asked where events or activities they were describing occurred, where they met people they described, where they lived, and what they did during the day. When people did mention services, they were asked for additional information, such as “What’s that?” , “What’s that for?” , “What do you do there?” and “Who else goes there?”

Thirty-six transcripts were used for the analysis. Of these, 32 participants referred to services. The analysis concerned the ways in which the participants referred to and described their services.
7.10.3.1 Results and Discussion

**Day centres:** When participants were asked for further details, they referred to where it was, activities they do there, what it was ("a day centre") or its name, learning, or work. Of the 19 participants who referred to day centres, 13 of these described them as "work" or "workshops". People mentioned work either by referring to the centre as "work" (eg I go to work), by talking about contract work which they currently do or have done in the past, by describing special jobs that they have in the centre (eg making the teas, cleaning the staff room, working in the kitchen), or by talking about making things which were sold (eg woodwork). Learning things such as money, reading and sewing were also described as work.

One person said it was for handicapped people (CD), and one person (AB) said that a place she used to go to was run by Mencap. Neither of them commented further on this.

**Clubs:** Of the 15 people who referred to clubs, one person described his club as a "disabled" swimming club. As seen above in the analysis of labels, he changed the subject when asked to explain this.

**Colleges:** Of the 13 people who talked about colleges or courses, none referred to them as for people with learning difficulties in particular.

**Residential services:** People talked about these in terms of their address or name, or as a "hostel". One person said his home was run by Mencap, but he pointed out it was "independent" (MN), and BC, as noted earlier, said that she lived in a "mentally handicapped home". She acknowledged that she and the others there were mentally handicapped.

Participants were asked to described the other people at these services. This analysis is described in the labels section.

Three of the participants’ references to the services they use are described in more detail.
MN describes both his flat and the club at which he was recruited. It was seen earlier that he was concerned that people thought that he was different, that he was stupid, but he stressed he could do things for himself. Here he acknowledges that his flat is run by Mencap but says that he is independent. S, who he mentions, is a tenant support worker, but MN does not see this as being "staff". Since she lives there, is not actually an employee of Mencap, and he has a visiting support worker, this is not an unreasonable statement.

I: No. What are they, just...?
MN: They live in the same house as (?), run by Mencap
I: Right. Is there staff there?
MN: No
I: So it's just you.
MN: Yeah, just independent

When MN talks about the club, he says that he enjoys it because he has friends there, and that they like him because he takes care of the people there.

I: Yeah? What do they like about you?
MN: They like me, me ways how me handle meself with the people that are here, and see how me, um, take care of the people that are here

For MN, then, his use of specialised services do not implicate him as a person who needs support or who has learning difficulties. This is consistent with the ways in which he talks about the label and his politics.

DD points out that, whilst he attends the day centre, he only does so part-time because he works on the market the rest of the time. While he is there, he helps less able clients, and runs errands for the staff. In the following extract he explains why he still comes to the centre.

I: Right.
DD: I get a couple of bob now and again um, when we come here we get an allowance, you know, all our parents get an allowance for us, that's why we come here coz we get an allowance...um, then they say to me don't go to the centre today, but I like coming here
I: Yeah.
DD: Because if I don't come here, then my mum loses her allowance and she can't afford to do that can she?
For DD, then, attendance at the centre is an economic matter, not because he needs to come to the centre for the support or because there is nothing else to do. This again is not an unreasonable statement since government benefits such as attendance allowance, disability benefit and income support require that the person does not earn over a certain small amount, and that they show evidence of their disability. Attendance at a day centre might be seen as such evidence, and if DD were to earn more than pocket money he would be at risk of losing other benefits.

**AB** describes reasons why she attended both a hostel when her mother went into hospital, and the day centre. For the home, the clientele is people whose parents are not there. No further elaboration on this was given, however it is consistent with her statement about holidays (politics section) in which she said that her mother said that she needed a break. Again, her need for support is not made explicit, but is implied.

I: What kind of a home is that?
AB: Um, its like um, house place, for like, us, used to be run, used to be boys there now its all girls
I: Right, and when you say its for "us" who do you mean when you say "us"?
AB: Um like, when you live on your own and your parents are not there

She describes the day centre in terms of work, and also that there is nowhere else to go. This is not elaborated on, however she refers to this in terms of “us”, which appears to refer to her and other service users.

Whilst **AB** states that she is not handicapped, then, she does implicitly acknowledge her need for support, as is illustrated in the politics extracts, and that she does need some kind of special service (otherwise there would be nowhere to go). She also refers to herself as member of a group in these contexts, although as stated earlier this is a more able group, than others in the day centre. It is noticeable that she does not state explicitly that she needs support, or that she has any sort of condition, this being done by implication. In the light of her strenuous denial of being handicapped, and of being “normal”, this can be seen as a solution to the problem she has in reconciling her use of services and her need for maternal support.
7.10.3.2 Summary
Most participants do not describe their services in terms of the learning disabled identity, but instead use a range of other descriptors. Of those that do, two people labelled the service but did not elaborate, and one person (BC) labelled the service and recognised the implications. The three people described above, AB, MN and DD, all were able to describe their use of services without accepting the label and its implications for themselves. They had reasons for using the services which put them in a more marginal position, both through the use of social comparisons and pragmatic considerations. The use of specialised services, then, although appearing to represent a context in which the label was obvious and important from the researchers' point of view, does not have straightforward implications for the self-concept, since it depends on how the use of such services is conceptualised.

7.10.4 - Staff
Making reference to staff was also predicted to make salient the learning disabled identity. The primary division in the services in which the participants were recruited, as far as the researchers were concerned, was between staff and clients. The staff are to a large extent in charge in these situations, determining what is and is not possible, holding information on the clients which is shared amongst the staff but not amongst the clients, being responsible for keeping order, and dealing with outside agencies. References to staff might imply the identity if they are represented as a dominant outgroup in general, or are referred to in their roles as helpers or holders of power in the services.

7.10.4.1 Results
Thirty-six transcripts were used for this analysis, of which extracts from 29 participants contained references to people who were staff. Of these, 18 participants used the word "staff", and a further two people used the word "helper", one person used the term "leaders", one used "social worker" and one used "childminder" and "driver" (although
the latter three were not staff in a residential, day or leisure services, they were
included since they were paid helpers of the person. Other participants referred to
people by name, and clarified their role by comments such as “in the office”, “used to
run (name of service)”, “works here” etc.

The extracts were analysed in terms of the roles that the staff were portrayed in. In
broad terms, they were almost always portrayed as either practical people (17
participants) who did things for the participants and others (eg teaching them, cooking,
finding them jobs, helping) or as people who exercised control (16 participants).

P: My keyworker does it for me
I: Right.

P: My keyworker
I: Who’s you keyworker?

P: H (name)
I: What’s Harry like?

P: He’s nice
I: Is he, how is he nice?

P: Coz he gives me a bath now and then

I: Yeah. Did you ask her to get married?

P: Yeah I asked her and she said she wouldn’t mind getting married to me

I: So were you going to...

P: R (name)
I: So why didn’t you get married to her?

P: Why? The staff there wouldn’t take it that way

I: Really?

P: Mm
I: Why wouldn’t they take it that way?

P: She was a nice girl, I wouldn’t mind getting married in a church, and that

I: And why didn’t the staff want you to do that?

P: I suppose the girl wasn’t suited for me
I: Oh really, they didn’t think you were suited?

P: No, that’s why
I: So what did you think about that?

P: Huh?
I: What did you think about that?

P: (Laughs) I just went on my own afterwards

Two participants described social events with staff, one saying that she played darts
with someone at the club (PS), and another (EG) saying that some of her staff came to
her party, and that she went to the pub with her keyworker, where they treated each
other to a drink. A further two participants (BC, HM) described going on outings with staff which involved other service users. Six participants used the word "friend" to refer to staff, and nine people referred to them as "my" or "our" staff.

7.10.4.2 Discussion
The noticeable thing about the extracts was that the role of staff both as people who could get things done, who had the skills, and as those with power were presented as unproblematic, as more or less without negative connotations for the self. The references to staff doing things for the participants, or teaching them, or controlling the contexts in which they lived, did not reflect badly on the participants. The staff were there to help them. This did not seem to imply that the participants were generally incompetent or reckless. The analysis of help references earlier illustrated that the participants admit receiving help but temper this by pointing to the help they give to others. In addition, there are many types of helpers for many categories of people in society (eg teachers, home helps, nurses, parents, police) and so people with learning difficulties may not see themselves as being especially in receipt of support compared to many other people.

As for the power structure, this appeared to be presented as the status quo. An important precondition for the assumption that membership in a low status group should effect one's self-evaluation is that one should see oneself as in some way responsible for the low status. Otherwise the power structure is simply the status quo. It may be the situation one was born into, in which case it is to a large extent the social reality. A British person does not necessarily suffer low self-esteem because the USA is a greater international power. A student does not feel worthless because the teacher determines the content of the lecture. A hotel guest does not suffer from depression because he can not choose the colour of his sheets. These are simply the way things are.
In summary, this study found that:

- Participants rarely referred to the concept of learning difficulties. When they did, and also showed they understood the concept, it was always in the context of what other people called them. Three of these four people disagreed with the assumptions of these others. Only one person could be clearly seen to admit both the label and the negative implications for self.

- Patterns of social comparisons created groups based on dimensions of good and bad behaviour, or ability. These categorizations did not imply a learning disabled category as institutionally defined, but rather created groups which cut across this divide.

- Participants did not present themselves negatively through upward comparisons on the basis of ability or achievement.

- Negatively evaluated characteristics (bad behaviour and lack of ability/dependence) were more likely to carry negative implications for the person when the characteristics of other people were being described than when the self was being described.

- Participants presented themselves as better now than in the past.

- Participants mostly had realistic aspirations, but did not explain these as curtailed by their having learning difficulties. Some participants had a set of aspirations judged to be unrealistic by the researchers.

- Use of specialised services, staff, control by other people and receipt of support were referred to but explained in various ways which did not include reference to the participants having learning difficulties.

- A significant subgroup only produced unelaborated reflected appraisals.

In general, then, it was found that participants presented themselves positively and the learning disabled identity was not salient - it was rarely used as a descriptor or to explain situations or the reactions of other people. These two findings are notable considering the participants are members of one of the most stigmatized social categories in society, and, at least from the point of view of the researcher, their
category membership determined a large part of their lives - the people they mixed with, the reactions of others to them, their use of services and their achievements.

Whilst this kind of analysis does not describe all comparisons that the participants could make, it does show the comparisons that are made salient when people talk about themselves and their social worlds, without being forced into dimensions of comparison that the researcher might think are relevant. There are many ways of construing and describing the same social context, a point made by researchers in social comparison (Tesser, 1986), discursive psychology (Edwards et al, 1992; Potter & Wetherell, 1987) and recently in stereotyping (e.g. Ellemers & van Knippenberg, 1997; Haslam, 1997; Reicher et al, 1997). Whilst it is not suggested that the participants’ interpretations of context are invariable, the analysis does show some ways that are available to members of stigmatized social categories to construe themselves positively.

The lack of salience of the learning disabled identity was associated with particular perspectives on the self. In particular, the type of social comparisons that were made did not indicate this categorization, and reflected appraisals either were not elaborated upon, or else rarely made reference to it. Reasons for this lack of elaboration in a significant number of participants are that either they are not attended to (Buck, 1993) or that they require a certain conceptual understanding which some participants may not have possessed. The acknowledgement that some participants do not make elaborate reflected appraisals has implications for understanding the difficulties in social behaviour sometimes found in this population, as well as some of the problems in social relationships that have been reported.

The importance of reflected appraisals for stigma and self-categorization was emphasised in that the three participants who made most reference to the identity did so in the context of reflected appraisals, and two of these were able to reject negative implications for the self by disagreeing with such assessments of them. The ability to disagree is partly based on the type of people who may be the source of these appraisals (eg teenagers calling the person names in the street). It was pointed out in
chapter three that the impact of reflected appraisals on a person’s self evaluation depends on the credibility and significance of the other person. If that person is denigrated, and name-calling itself allows the person to be denigrated, then the assessment will have little impact.

The importance of variability and selection is recognised in many areas of social psychology (eg Billig, 1987; James, 1890, Potter & Wetherell, 1987; Reicher et al, 1997; Spears et al, 1977; Suls & Marco, 1990; Tajfel, 1978). It can be seen from the results here that the ‘selective industry of the mind’ (James, 1890) and its application to the perceived context needs to be acknowledged when using self-categorization theory to study the salience of real world social categories. When the active nature of social comparisons is accepted it is clear that what may seem to an observer to be a stigmatized or negative social identity may not in fact be experienced as such by the person, since this would depend on a particular set of social comparisons, and therefore social categorizations, being made. This illustrates the importance of considering the ways in which different perspectives on the self interact, since self-categorization here cannot be separated from social comparisons and reflected appraisals, which constrain and imply certain types of social identities.

This study is further evidence for the importance of social comparisons in the experience of stigma (see Crocker & Major, 1989, for a review). Although segregated environments allow in-group downward comparisons, participants here are also able to present themselves positively by comparisons with people who do not have learning difficulties, through the selection of dimensions and the use of lateral comparisons. Taylor et al (1983) have pointed out that people may be encouraged to make a wide range of self-enhancing social comparisons by others who are supporting them (see also Todd & Shearn, 1997). However, although it is often suggested that people in low status social categories may react to these memberships in various ways in order to maintain self-esteem (eg Tajfel, 1978), it is not suggested here that the contexts presented by the participants are a reaction to their recognition (implicit or explicit) of having a stigmatized or negative social identity. Although people’s social positions are an influence on their representations of context (eg through their social relationships
and the discourses to which they are exposed), their representations do not necessarily include identities associated with those positions, nor react to them. The study found that the learning disabled identity was not salient, and that this was associated with a focus on particular dimensions of comparison. Whilst this could be interpreted as an identity management strategy adopted in response to a negative social identity (e.g., Blanz et al., 1998; Doosje & Ellemers, 1997), this would assume that the recognition of an identity which is not claimed by the participants is a latent factor in their responses. This causal process is easier to establish in experimental situations than in real-world groups, where there may be a range of plausible alternative explanations for the contexts and categorizations that people make salient. It is important to acknowledge that people may select comparison dimensions that present themselves positively as a matter of course, rather than in response to less favourable aspects of their identities.

Further reasons why the learning disabled identity is not as salient for the participants as it is for the researchers or the staff and parents of the participants will be explored in the following three studies.

There was little evidence that membership of this devalued social category had a great effect on the favourability of representations of the self. What was found was that participants focused on aspects of themselves and their social environment which provided positive self-evaluations. This was observed in the perspectives of reflected appraisals, social comparisons, temporal comparisons and attributions. The most important factor to note is that the processes observed were the same as those found in the general population - actor-observer differences in attributions, self-enhancing social comparisons, a bias towards noticing and recalling positive information about the self. Whilst these might be explained as arising as a response to the threatening low status category membership, the concept of stigma or negative social identity does not actually need to be invoked at all - patterns of the self-concept do not need to be seen as a response to such identities. When investigation of identity in derogated groups is carried out within the framework of a model which acknowledges the selective processes involved in contextual and self-representation, as well as the ways in which perspectives interact, then it is seen that the same processes which occur in majority groups are found also in minority groups, and that such group memberships do not
need to be seen as problematic, or as provoking a response, in the individuals. Whilst this may occur, and it was seen particularly in the case of one participant, it may be more common that it does not. It should be noted, however, that those clients of the services who did not take part in the research may have been those for whom the learning disabled identity or its implications were more salient. More research into populations referred to clinical psychology services for depression or challenging behaviour would be useful in answering this question. In general, however, the assumption that the identity is problematic, and the use of this idea in interpreting what people say is particularly dangerous when it is considered that the social categories, social contexts, and negative evaluations that are perceived by the researcher may not be shared by the participants. If nothing else, it is safer to avoid this assumption unless there is some evidence to the contrary.
Study two

8.1 Introduction

The first study looked at the ways in which people with learning difficulties described and explained themselves and their social worlds without being prompted to refer to having learning difficulties. It was seen that only a few participants brought the concept up, even though there were many contexts and questions in which the researcher felt the concept was important. Explanations for this will be offered in this study and in study three. In addition, when positivity/negativity of self-presentations were examined within a number of perspectives on the self which had previously been identified as likely to reflect the learning disabled identity, it was found that participants presented themselves positively in most cases, and the negative implications of having learning difficulties were not elaborated or attended to. Explanations for this will be offered in studies three and four.

As discussed earlier, this might be interpreted as evidence of denial - that the participants are really aware of the negative implications of their learning disabled identity, and that this affects their self-evaluations negatively. The response they adopt is that they conceal evidence of this from the interviewer, and may even deny it to themselves to varying degrees. Thus, in the interviews of study one, most participants steered clear of both describing themselves in these terms, and using the concept to explain the reactions of others and the situations they were in.

The interpretation of denial, however, is one that cannot be proved wrong. Any evidence that people do not show concern for some supposed traumatic fact about themselves can be interpreted in this way, because it refers to mechanisms which by definition are concealed. This creates a problem for any researcher who does not start with this assumption, in that the absence of motivated denial cannot be proved unless the participant admits and accepts the trauma of their condition. That something about
the person is simply not important cannot be easily proved. The only way to argue the point, then, is to build up different types of evidence, and to see which interpretation offers the most convincing explanation for the whole body of evidence.

Given the results of the previous study, the interpretation of denial would require the assumption that the participants were extremely consistent with this strategy, since they would have to be assumed to both recognize the importance of the identity and its implications, and avoid acknowledgement of it, across all of the different contexts and self-perspectives described above - the strategy would have to apply across the realms of social comparisons, reflected appraisals, descriptions of services and social control, aspirations and attributions. Whilst the explanation that participants are exhibiting a tendency towards positive self-descriptions also implies a wide-ranging and consistent process, an interpretation which states that the learning disabled identity is simply not salient to most of the participants is more parsimonious for the lack of references to this identity.

To propose this interpretation, however, requires the researcher to explain how it can be that the identity is not salient, given that much of the person's life is determined by their condition - their use of specialised day, educational and residential services, their achievements in comparisons with siblings and others, their restricted opportunities, rules which do not apply to the rest of society, resistance from others to their getting married and having children, name-calling - and given that to observers the label seems central to their description. The first piece of evidence on this matter is the findings on reflected appraisals. It was described in the review of the stigma literature that one of the two major sources of the experience of a stigmatized identity is the awareness that you are being judged negatively by others. However, study one found that many of the participants did not produce elaborated reflected appraisals in any sort of context, and there was a continuum of elaboration for the other people. If people with learning difficulties vary in the extent to which they attend to or understand the way others perceive them, then it is clear that some people will not have this source of input into their self-concepts. This is the first explanation offered in the lack of salience argument.
A second study was carried out in order to clarify the extent to which people accepted the label when asked explicitly, and to find out their definitions of the condition. In order to understand the implications of any group membership for the self-concept, it is important to consider people's characterisations of themselves and the group, and their perceived prototypicality. These factors are crucial in understanding the relationship between group evaluations and self-evaluations, and the extent to which people use their group identities as explanatory concepts. The importance of looking at the meanings associated with particular social categories in order to understand their implications for the self-concept has been stressed elsewhere (e.g., Deaux, 1992; Finlay & Lyons, 1998), and is particularly important when considering identity as used by people in interpreting situations. It is expected that the more similar the person perceives themselves to be to the prototype or representation they have of the category, the more likely they are to define themselves in this way, and the more likely they are to interpret events with reference to this concept.

Study one investigated the use of the concept in descriptions of the self and the social environment without participants being prompted to use it. Whilst providing evidence on the use, and therefore salience, of the concept, then, it did not actually investigate whether participants would say they had learning difficulties when asked. In terms of denial, this is important to know. Based on previous studies (e.g., Finlay & Lyons, 1998; Jahoda et al., 1988; Simons, 1992) it is expected that people would vary in the extent to which they accept the label. In addition, it is expected that people would vary in the way that they define "learning difficulties" and that some people would not be able to provide adequate definitions. If this is the case, it will provide additional evidence for the interpretation that the condition is not salient for reasons other than motivated denial, since the extent to which one identifies with a label will be related to the correspondence between representations of the self and definitions of the label.
8.2 Method
The three service settings were revisited approximately one year after the original study, and all participants in the first study who could be contacted were invited to take part in a second interview. Of the original 36, four people had left the services and two people did not want to participate further. Of the 30 people interviewed, one transcript was lost due to tape failure. The remaining 29 transcripts were used for the analysis.

The interview used the same conversational style as previously. Each interview contained a feedback element, whereby the purpose of the research was explained again, some of the general findings from the first study were described, and some of the original topics raised by the participant in question were described. This provided an opportunity to remind the person of the last interview, as well as to allow clarifications or objections. The interview then contained a number of questions addressing participants’ definitions of “learning difficulties” or “handicap”, and whether they identified themselves and others in their environment as such. The questions took the general form of:

- In the other interviews, some people were talking about learning difficulties. I wondered what you thought about this?
- What do you think it means, then, learning difficulties?
- Do you know anybody here who has learning difficulties?
- How do you know they have learning difficulties?
- Do you think that you have learning difficulties or not?
- Has anyone ever said that you have learning difficulties?

Each of these were followed by requests for further details. It became clear after a number of interviews that some people understood the term “handicap” better than “learning difficulties”, therefore most of the participants were asked the same questions for both terms. However, 12 of the participants were only asked about the term learning difficulties. Of these, four people gave full descriptions of learning difficulties, and therefore it was not judged necessary. Eight people were not asked about handicap when further information would have been useful, either because they ended the
interview before the question arose, or they were interviewed before it became clear that the term was more understandable for some participants. This will be noted in the relevant sections of the results.

Discussions of learning difficulties which occurred in study one were also included in this analysis in order to provide a more complete description of participants’ characterisations of learning difficulties. These discussions are given in detail in chapter seven, and involved participants BC, DD, AC, MN and AB.

8.3 Results
1) Definitions

The analysis was based on the way in which people defined learning difficulties or handicap in general terms, or the ways in which they characterised the people who they thought had the condition. Seven of the participants either said they did not know, or gave incorrect definitions. The incorrect definitions referred to learning difficulties as something other than a characteristic of a person, mostly in terms of learning in a class without reference to the “difficulties” part of the term. It should be noted that five of these participants were not asked about “handicap” and so this number is likely to be an overestimation of the number of participants who could not provide a definition of the condition. Of these seven people who did not provide an appropriate definition, four were also in the group of people who provided unelaborated reflected appraisals in study one (two in group one and two in group two).

Twenty-two of the participants gave definitions of either learning difficulties (14) or handicap (8) which included relevant characteristics of the condition. Characteristics were judged appropriate if they referred to needing help, not being able to do certain things, the use of specialised services, or referred to multiply disabled people (eg those in wheelchairs, those who could not talk, those who had fits, other physical disabilities). Inter-rater reliability was assessed by a second coder rating whether half of the participants gave appropriate definitions or not. Agreement was 100%.
It should be noted that the term “learning difficulties” was understood by only half of the participants - 15 people either did not know, referred to some other topic, or referred to some type of learning activity (6 people). However, using the term “handicap” brought the numbers who offered appropriate definitions up to 22. The number might have been greater if the five people above had been asked this question.

Eleven people, in their characterisations of learning difficulties or handicap, referred to themselves as giving help to such people. In addition, nine people linked institutions they had attended to the label.

2) Identification of others as having learning difficulties or being handicapped

According to the staff and the service providers, all the service-users in the settings where the research was carried out were people with learning difficulties. Of the 29 participants interviewed, eight implied this when asked if they knew other people with learning difficulties. Of these eight, three participants excluded themselves and described themselves as helpers. The remaining five people included themselves.

The remaining 21 participants either did not know (8), referred to one or two named other people (4) or identified some people and then said either they were not sure about others in the service or that some other service-users did not have learning difficulties/handicap (9 people).

3) Self-labelling

Of the 22 participants who gave some type of correct definition, 12 accepted the label, and ten rejected it as personally applicable. Of the ten people who rejected the label, four were not asked about “handicap”. One of these four gave full answers to the “learning difficulties” questions. The remaining three people, then, who gave limited definitions of “learning difficulties” might have accepted the label “handicapped” had they been given the opportunity. The total of ten participants who rejected the label, then, might represent a slight overestimation, and the total for those accepting the label might represent a slight underestimation. The definitions of those who accepted and those who rejected the label will be analysed in further detail below.
The remaining seven participants gave either incorrect or no definitions of the terms. Although five of these seven people agreed that they had learning difficulties, their identifications could not be analysed further.

When considering those participants who gave reflected appraisals with the least elaboration in study one (the nine members who provided only general evaluations), two did not provide appropriate definitions, four did, but rejected the label, and the remaining three people did not do the study. No members of this group accepted the label while providing an appropriate characterisation.

4) Accepting the label
a) Reflected appraisals
Of these 12 participants, ten either provided details on reflected appraisals spontaneously or were asked if they had been called the label by others.

- Six said that others had called them a term such as “learning difficulties”, “mongol”, “down’s syndrome”, “mentally handicapped” or “handicapped”.
- Three said they had not been called the term they accepted for themselves.
- One person (AC) had not heard the term “learning difficulties” but identified as “menicap” because she lives in a mencap home.
- One person (CD) was not asked, but linked being handicapped to attending a handicapped people’s centre.
- One person (MM) said that staff say she has learning difficulties, but could not supply a definition. She was able to define handicap but rejected this label and said people did not call her this.
b) Definitions

Table 19. Number of participants referring to particular characteristics when describing learning difficulties and handicap.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>In reference to self</th>
<th>In reference to others or in general</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading/Writing</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Not being able to do things (in general)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Needing help</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cannot talk</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Cannot hear</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Mobility</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Fits</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>I help them</td>
<td>NA</td>
<td>4</td>
</tr>
<tr>
<td>Institutional connection</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Do not understand</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Specific tasks eg make tea, laces</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bad behaviour</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

There appeared to be four ways in which participants applied the label to themselves:

1) **Limited definition which includes self**

AC - identifies self and peers as "mencap people", because of attachment to Mencap home. Nature of "mencap" is not elaborated.

HI - identifies self and friend as handicapped because both are trainees at day centre. Nature of this position is that others tell them what they can and cannot do.

EG - identifies as having learning difficulties, which she links to difficulties reading and writing. She is unsure who else has this condition. She says she is not handicapped, however, which she links to wheelchairs and having fits.

EG:   Well there's a lot of handicaps in wheelchairs.

I:     Is M your friend?
EG:     Yeah
I:     Yeah?
EG:     And she's got a handicapped boy
I:     ....What's wrong with him?
EG:     Well he has, he sort of has fits
I:     Oh right, he has fits.
EG:     Yeah and he's in a home
I: Some people who I was talking to were talking about learning difficulties, and I wondered what you thought about that?
EG: Yeah I, I have got that problem.
I: Have you?
EG: For um reading
I: Oh right. What do you think that learning difficulties means then?
EG: I don't know what it means ... I am trying to learn
I: Right.
EG: I've got some books at home I am learning
I: .....has anybody ever said to you that you have learning difficulties or not?
EG: Well I knew I did because I used to go to a reading class and I couldn't do it, and they, I think they knew I couldn't do it
I: Do you know anybody else who's got learning difficulties?
EG: No ... I don't know if they have it or not

2) Self is central to characterisation of the condition

BC - as seen in study one, BC accepts a variety of labels (mentally handicapped, Down’s Syndrome, mongol), says others call her this, does not like it, and links it to not being able to do certain things. She would like to get out of it by becoming more able and getting a job. She knows her peers also have learning difficulties.

3) Self does not fit definition of condition

GH - identifies as handicapped, but defines handicap with the phrase “Help them”.
CD - identifies as both having learning difficulties and as handicapped, due to attendance at “handicapped people’s centre”. However, he characterises the condition in terms of not being able to speak up for yourself (which he can do and indeed encourages), and multiple disabilities (can’t hear, can’t speak). He refers to helping ‘them’.

I: I wondered, what does learning difficulties mean for you?
CD: Some people are ... learning difficulties you have to speak up for yourself
I: You don't speak up for yourself?
CD: Some people can't speak up for yourself
I: Yeah.
CD: You go to do
I: Oh I see.
CD: Your life
I: ......... And is there anybody here who’s got learning difficulties?
CD: Yeah some of them are, some (of them not)
I: Who's got learning difficulties?
CD: I have, me and C., that's all, couple of the girls here

I: Do you think you can speak up for yourself?
CD: Yeah

I: So you told me last time you were handicapped.
CD: I am handicapped
I: ... In what way are you handicapped?
CD: Go up to the centre, handicapped people's centre, where learn woodwork, do we make things ..... centre prepares people working

CD: We got some girl here, she's deaf, she can't (need) signs, we got a lot of people do signs
I: Yeah.
CD: Lot of people does, people do that
I: Right, so she's deaf and dumb? Do you think that she's got learning difficulties?
CD: Yeah (?) has them
I: She has, and what about the people, the other people who can't talk?
CD: Some people can talk, some of them are ... some of them you have to help them out, we have to help them out, ok, you help them out

MT - although she “thinks” she has learning difficulties because people say she has, she does not know what this means. She characterises handicap as someone who screams at night, and says she doesn’t like to say this person is handicapped. She thinks she is independent.

4) Different definitions of the condition are provided for others than for self
PS - identifies as having learning difficulties, which she describes as difficulties with reading, writing and doing her shoelaces. When describing others, however, she refers to wheelchairs and not being able to talk.
OP - identifies as handicapped and backward, and says all of his peers at his home are also handicapped. In the context of accepting it for himself and his housemates, he refers to not being able to do much, such as reading. When identifying such people at the day centre, his characterisation involves wheelchairs, and not being able to walk.

I: Who do you raise money for?
OP: For the handicapped
I: ... what do you mean the handicapped?
OP: You know, them poor children haven’t got nobody and that to look after them

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I: Some people were telling me about learning difficulties. What does that mean to you, do you think, learning difficulties?
OP: Difficulties?
I: Learning difficulties.
OP: Well I can do reading
I: Yeah
OP: In F adult centre
I: ... Do you think that you’ve got learning difficulties?
OP: Abc and all that ... xyz and all that
I: Would you say, has anybody, would you say that you’ve got learning difficulties or not?
OP: What is that, is that in the arts centre?
I: Yeah.
OP: Yeah we do different things, I do loom, making a loom
I: Right.
OP: Doing that we learn the loom

I: Do you know anybody who is handicapped?
OP: Well in our place, what we’re in living now, we are handicapped, the staff reckons though we are handicapped
I: Oh really?
OP: Yeah, all of us
I: Do you think that you’re handicapped?
OP: Yeah I am in a way, yeah
I: ... In what way?
OP: Well backward, we don’t know, backward and that
I: Oh right, so what does that mean, backward?
OP: Backward means, uh, they don’t do much
I: Right.
OP: Reading and all that, yeah
I: ... Does it mean any other things as well?
OP: No it don’t mean other things, no
I: And how do you feel about that?
OP: I feel all right about that

I: And what about people at (day centre), are they backward as well?
OP: Some of them, they’re in wheelchairs, in wheelchairs they are
I: And they’re handicapped?
OP: Yeah, some of them are, they can’t walk, wheelchairs and that

DD - identifies himself and his peers as handicapped due to their attendance at a day centre, and recognises that others call them that. In the context of himself, he says he does not know what it means although his comments suggest he knows it concerns not being perfect and needing some help with some things. When describing others at the
centre he characterises the condition as not being able to do things for themselves (eg going out, making tea), and that he and his friends try to help them.

FH - identifies as having learning difficulties, but "in a little way", in that she "gets things wrong".

I: Some other people .. they were talking about learning difficulties, and I wondered what that means as far as you are concerned?
FH: Well, I ... I haven't got, I can sew brilliantly, yes ... I can sew, I can knit
I: Yeah
FH: But you're talking about skiing, I can't ski
I: Right.
FH: No, not in my life, no
I: Would you say that you had learning difficulties or not?
FH: Hh, in a little way I have, yeah, sometimes I get things wrong when I talk to V

However, when characterising the condition in others, she refers to people who are less able than herself, who she helps.

I: So what do you think learning difficulties means then?
FH: Well it means that people that haven't got the skill like I have can't do what I can
I: Oh, what sorts of things can they not do?
FH: Like knitting, like anything like that, you know
I: Yeah?
FH: Yeah, some of these people have problems like that
I: Oh, so do you know people who have learning difficulties then?
FH: Well, um, my friend at (group home) does, she cannot write properly
I: Oh right
FH: So I have to help her
I: Yeah.
FH: And she's not good at road safety
I: Oh I see.
FH: I have to, we have to help her out on that

SM - talks a lot about the subject. He says that his mother says he is mentally handicapped and he doesn't like the term. He says maybe he is a little bit, but he is not sure - there are different types. He is not physically handicapped, but does not really know what it means for him. He stated that he was not "fully, outright mentally handicapped", and characterised this as people who were deaf, dumb or couldn't walk.

I: And do you think you're handicapped?
SM: Um .. probably, not as much I suppose
I: Not as much.
SM: A different way
I: (...) And what way is that then?!
SM: I don't know really
I: Don't know.
SM: No, it's not easy to explain
I: Right. Has anybody ever explained it to you, told you what it means?
SM: No
I: No? So when your mum says that you're handicapped, what is she talking about then?
SM: Me?
I: Yeah, why does she say that about you?
SM: He's physically handicapped
I: Physically?
SM: Mental
I: Mental handicap?
SM: Yeah, I'm not

In summary, eight of the participants do not represent their difficulties as they represent the condition, and the connection between themselves and the people they characterise is not clear. For these people, the prototype involves more severe disabilities than they have themselves. Four people do characterise themselves as they characterise the condition, but only one of these elaborates the condition. BC is the only participant who places herself clearly in her characterisation of the condition, elaborates the implications of it, and does not bring up prototypes who are less able. She is also the only participant to use the concept to explain and describe herself and situations in study one.

5) Rejecting the label
a) Reflected appraisals

Of these ten participants, six people either provided details about reflected appraisals spontaneously or were asked if they had been called the label by others.

- Two people said that they had been called terms such as "backward", "learning difficulties", "spastic".
- One person (AB) said that she had been told she was normal, that people thought she was handicapped but that she was assessed and found not to be.
- Three people said they had not been called such terms.
- Four people were not asked if they had been called the terms.
b) Definitions

Table 20. Number of participants referring to particular characteristics when describing learning difficulties and handicap.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>In reference to others or in general</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needing help</td>
<td>4</td>
</tr>
<tr>
<td>Mobility</td>
<td>4</td>
</tr>
<tr>
<td>I help them</td>
<td>4</td>
</tr>
<tr>
<td>Not being able to do things (in general)</td>
<td>2</td>
</tr>
<tr>
<td>Bad behaviour eg screams</td>
<td>2</td>
</tr>
<tr>
<td>Cannot talk</td>
<td>2</td>
</tr>
<tr>
<td>Fits</td>
<td>2</td>
</tr>
<tr>
<td>Institutional connection</td>
<td>2</td>
</tr>
<tr>
<td>Don’t understand/ can’t think</td>
<td>2</td>
</tr>
<tr>
<td>Can’t feed themselves</td>
<td>1</td>
</tr>
<tr>
<td>Poor grip</td>
<td>1</td>
</tr>
<tr>
<td>Eyesight</td>
<td>1</td>
</tr>
<tr>
<td>Can’t learn</td>
<td>1</td>
</tr>
<tr>
<td>‘It’s what’s wrong with them’</td>
<td>1</td>
</tr>
<tr>
<td>Cannot hear</td>
<td>1</td>
</tr>
<tr>
<td>Reading/Writing</td>
<td>0</td>
</tr>
</tbody>
</table>

The characterisations of the participants who rejected the label are described in more detail below.

1) Vague or restricted definitions

BE - describes learning difficulties as “they’re born that way .... what’s wrong with them ....sometimes they have fits”. She was not sure who had the condition, and no one had called her that. She was not asked about handicap.

JW - describes learning difficulties as not being able to talk. This was a short interview and she was not asked about handicap.

I: Some people were talking about learning difficulties, what do you think that means?
JW: Can’t talk, M. can’t talk

I: And do you think you have learning difficulties?
JW: No
LM - describes learning difficulties as people who get upset and angry. However she was not sure and asked the interviewer if that was right. No one had called her that. She was not asked about handicap.

SS - describes learning difficulties as people who have fits. She was not asked about handicap.

CW - with reference to handicap, said simply “I feel sorry for them”

2) Self as competent

GM - characterises himself as able to make things, and as having jobs. Describes himself helping handicapped people/people with learning difficulties, by showing them how to do things (carpentry). He links them to the day centre (he does not attend but has a job). Admits that youths call him backward but describes the technical college he attended and says they are just being stupid.

TV - describes handicap and learning difficulties as people who don’t get up to get their food because they are lazy, and who can’t feed themselves. She says that she helps them and staff have to help them. She implies that only some of her peers fall into this group.

HM - characterises learning difficulties as people who can’t get around, and who we should help. He says that he does not have learning difficulties and that he only comes to the club to help.

I: Some people talked about handicap and learning difficulties a bit ... what does that mean for you?
HM: It’s just that they can’t really .. they’re not like us, we can get around
I: Right.
HM: We’ve got to help them

MN - characterises learning difficulties as those who need help, can’t cross the road, and who don’t understand. He knows a lot of his peers have learning difficulties. He also knows that others think he is backward and has learning difficulties, but does not agree, and offers his job as evidence, as well as saying he can do a lot for himself. MN talked about learning difficulties and others’ perceptions of him in study one.
I: Do you think you have learning difficulties or not?
MN: I not
I: No.
MN: I not, you see, I say coz they see me hands so
I: Your hands.
MN: Yeah, they say me learning di, have backwards, him learning difficulty
I: Right.
MN: I not
I: Right.
MN: You see, I can make a proper, um, cook a dinner for anybody here
I: Right, you cook dinner.
MN: Yeah, I me do meals on wheels me doing
I: Right.
MN: And me do a hundred a day
MN: And people try say me, pass me and say me a spastic
I: What do they call spastic?
MN: Pass you and say you can’t learn
I: You can’t learn?
MN: Yeah, just pass you and say you can’t do nothing for yourself
I: So why do people say that about you then?
MN: People, people have to put me down
I: Right
MN: People have to put me down, in feel them great
I: Do you know anybody who has learning difficulties?
MN: A lot of people who me know have learning difficulty like K, who come to the club here
I: Right.
MN: And H
I: And how do you know they have learning difficulties?
MN: You see, um, you have to help H .. to cross the road, you see his sight not so bright
I: Oh he can’t see.
MN: Yeah, and like him a go on the bus, you have to help to put him on the bus
I: So do you think that most people here have learning difficulties?
MN: Um, most of them have learning difficulties and some of them who is here .. can’t help people is here, we help them a lot, they no understand

AB - characterises learning difficulties and handicap as those who can’t speak up for themselves, some of whom are in wheelchairs and can’t go on buses and tubes. She
says that her mother thinks she is normal, and that people used to think she was handicapped but she was assessed and they found out she was not.

In these cases it can be seen that definitions of learning difficulties/handicap are given in such a way as to exclude the self. In most cases it is characterised as more severe difficulties than the participant has, either in terms of physical/multiple disabilities (not talking, walking, having fits) or in terms of a more general lack of skills. The participants here either portray themselves as independent and/or as helpers of these labelled people. In two cases, people are clearly aware of others portraying them as having learning difficulties but are able to reject these by pointing to their competence and the difference between themselves and those they describe as having the condition.

**8.4 Discussion**

In terms of the interpretation of denial, it is seen here that 21 of the 29 participants failed to identify all service users as having learning difficulties. If participants are not sure who in their environment has the condition, then it is possible that they are not sure whether they have it themselves. Certainly, many participants were able to identify those with multiple disabilities, but the situation was unclear when it came to people who were more able. For those participants who did not accept the label as relevant for themselves, then, a plausible explanation is that the way they characterise learning difficulties/handicap includes people with severe and multiple handicaps as prototypical, whilst themselves and those who are more able do not clearly fit into this category. They do not simply exclude themselves, they exclude people like them and are not sure about others. In some cases it can be seen that the characterisations of learning difficulties/handicap were set at skill levels below that of the participant, which was enabled by the fact that the participants were able to describe themselves as helping. Two participants suggested that all service-users had learning difficulties but that they did not because their role was as a helper (MN & HM). In both cases, the organisers of the club confirmed that they were here officially as volunteers, to help those less able. Nevertheless, both MN and HM had previously been members because of their learning difficulties, were described by the organisers as currently having learning difficulties, and took part in many of the club activities.
The importance of looking at the way people represent the condition when accepting the label is also clear from this analysis. Of the 12 people who accepted the label as personally applicable, eight participants did not fit themselves at the centre of their representation of the condition, but rather in a partial way or not at all, and the connection between themselves and the people they characterised was not clear. Of the four people who did include themselves as central to their definition of the condition, three of them provided only limited descriptions of the identity. Lack of use of the concept in explanations and descriptions, then, can be seen to be associated with categorical definitions whereby the self is in a marginal position, on the boundaries of the category, and the prototype is a person who is more disabled than the self. BC was the only participant who placed herself clearly in her characterisation of the condition, elaborated the implications of it, and did not bring up prototypes who were less able. She was also the only participant to use the concept to explain and describe herself and situations in study one. The lack of salience of the identity for most participants found in study one can therefore be explained as due to the person either not thinking they have the condition, not knowing what it means, or thinking they do have learning difficulties but not seeing themselves as fitting the definition. In all cases definitions are important in this lack of salience, since they can lead either to disidentification or identification with low perceived relevance.

It is noticeable that only fifteen people were able to provide characterisations of ‘learning difficulties’, even though ‘learning difficulties/disabilities’ has been the official term for the group for over ten years. Reasons for this will be identified in the carer study. A further point to note is that of the nine people in the unelaborated reflected appraisal group, none both provided an appropriate definition and identified with the label. This indicates the importance of reflected appraisals for the experience of a stigmatized identity.

The lack of salience of the identity found in study one, then, cannot be seen simply as a subjective exit motivated by a threat to self-esteem, since definitions of the condition are also involved. If motivated denial is an explanation, then it involves not only
disidentification across a range of perspectives on the self, but also redefinition of the category. An alternative explanation for the definitions found in this study can be found in research on categorization, and involve the characteristics of prototypes. Hogg (1992) defines a prototype as the representation of defining features of a category, which becomes a reified image of a ‘most prototypical’ member. Rosch (1978) argued that categories tend not to have clear boundaries, and that to achieve the clearest form of differentiation from other categories they come to be defined on the basis of the clearest cases rather than those at the boundaries. These prototypes are those instances which have the most attributes in common with other category members and the least in common with members of alternative categories. Thus one of the qualities of a prototype is that it maximises differences from members of other categories. Turner & Oakes (1986), in their explanation of group polarisation, also use the idea that prototypes do not depend only on the distribution of characteristics within the group, but on the social frame of reference.

Categories must therefore be described by their points of difference from other categories - features which they have in common with other categories are not useful for definition. Thus a category might come to be described by its most extreme members. In the case of people with learning difficulties, the participants in this study might be seen as members on the boundaries of this fuzzy category, and that the prototypes they offered in defining the category are those with more severe and multiple disabilities because these members maximise the distinction between people with learning difficulties and other groups. Thus the finding that definitions of the condition focused on those more extreme members, which has implications for the relevance of the label for the self, does not need to be explained in terms of a reaction to the identity, but simply by processes of category definition.

The findings of repertory grid studies (Beail, 1983; Crandall & Biernatt, 1990; Fransella, 1968; O’Mahony, 1982) referred to in chapter three, where people did not associate themselves with the stereotype they held of their category, might also be explained by this process. In these studies, it was found that whilst participants produced similar negative evaluations of their category (stammerers, psychiatric
patients, people with physical disabilities, overweight men) as did non-members, their repertory grid characterisations of themselves did not reflect this. It was concluded that people with negatively-evaluated conditions might share the wider society’s judgements of people with that condition without this having implications for the way they saw themselves. Whilst those studies did not offer an explanation for this phenomenon, their findings might be explained by the processes of prototype construction described here. That is, in order to generate a stereotype for the task, participants might have constructed a prototype who was a more extreme example of the category than they were themselves.

This categorization-based explanation should be born in mind when theorising about low status groups in general, where it is sometimes suggested that one response to membership in low status groups is for members to stress the heterogeneity of those groups (eg Allport, 1954; Blanz et al, 1998; Breakwell, 1986; Doosje & Ellemers, 1997; Goffman, 1963) or to reduce their identification with the group (eg Ellemers & van Knippenberg, 1997; Goffman, 1963; Hogg, 1992). When investigating low group identification, or perceptions of high ingroup heterogeneity, category definitions need to be taken into account, and these can often be explained by general categorization processes rather than as particular responses to threat.

That participants did not clearly identify all service-users as having learning difficulties/handicap has implications for the ‘group concept problem’ that Gibbons (eg 1985) has described, since the group to which it refers may actually, as suggested in chapter two, be a subgroup of less able people with learning difficulties, and a person’s friends and those who are more able may not be included. If this is the case, Gibbons’ conclusion that intragroup friendships and co-operation will be avoided may also be wrong, as was suggested earlier. Clearly measures of group evaluation must determine the actual group being represented when people make such judgements.

These findings can be understood as internal criteria for group membership, which Tajfel (1978) emphasised was crucial to the idea of social identity. Social identity can only be defined with respect to the way people categorize the world into their own
group and others, and who they put into their group. Whilst a within-group consensus may emerge from the way in which they are defined by others, and in this case participants are clearly defined both institutionally, by carers and by strangers, this may not lead to such a consensus. It is seen here that most of the participants were not sure how to categorise the more able service-users, and this may include themselves. Those who are unclear on how to segment the social world are unlikely to have this identity become salient across a range of situations. Other researchers have pointed out that lack of consensus over the content and meaning of a social category must be acknowledged as a possibility (eg Breakwell, 1979 and Skevington & Baker, 1989, on women; Billig, 1987; Condor, 1996; Deaux, 1992). This criticism echoes Blumer’s (1969) criticism of variable analysis, where it is assumed that a causal variable (in this case a stigmatized identity) has its own meaning, thus producing a given outcome. That the actor provides the meaning of any variable is often ignored.

In the terms of SCT, the lack of salience of the learning disabled categorization found in study one might be explained by normative fit (Oakes, 1987; Oakes et al, 1991). The salience of a category is in part determined by the pattern of similarities and differences in relation to the stereotypical content of that category. If many of the participants in this study characterise the condition as involving multiple disabilities, as involving skill levels below their own, or in vague terms, then normative fit might explain why the category is not salient for characterising themselves - since the comparisons which services use to define them, and the content of the category according to the services are not those used by the participants. Participants may perceive differences between themselves and their siblings or their staff, but these differences do not clearly fit into their characterisations of the condition.

This observation suggests a further theoretical point relevant to SCT’s accessibility-fit formulation. It was pointed out in chapter three and study one that the selective processes operating on the comparative context, whereby relevant dimensions of comparison and comparison others are attended to, needs to be acknowledged, since the perceiver determines this process to a large extent. It is seen here that this idea must also be extended to the concept of normative fit. Recent research in stereotyping
by Reicher and colleagues (e.g., Reicher & Hopkins, 1996; Reicher et al., 1997) has shown the variability that exists in the way people characterise their own and others’ groups, and that this can also serve rhetorical functions. However, just as in the discussion of comparative fit in chapter seven, variability in the meaning of social categories might also arise from differences in the social positions of actors. It must be recognised that the ‘normative content’ of categories, upon which the concept of normative fit operates, is dependent also on selective processes of the perceiver. The perceiver enters at this point also as an agent, and the content of their characterisations of the category might differ from that which the researcher might assume.

For those that did accept the label, most did not themselves fit into the way the condition was characterised in others or in general. Either they had different characterisations for their own conditions and that of others, or the characterisation simply did not apply to themselves. In the former case, participants drew two boundaries - one which cast themselves as having learning difficulties, usually marked by difficulties with reading or connections to a service, and another which set them apart from those with greater handicaps and where the clearest indication of the condition are found.

I: Would you say that you had learning difficulties or not?
P: Hh, in a little way I have, yeah, sometimes I get things wrong when I talk to V. (...)
I: So what do you think learning difficulties means then?
P: Well it means that people that haven’t got the skill like I have can’t do what I can

Thus the participants were not representing themselves as prototypical group members. Since this is the case, it would not be surprising if the type of negative evaluations which are applied to the condition/group by the wider society have little implications for the participants in this study - they are not prototypical group members. Similarly, it is unlikely that the concept will be widely used as an explanation for situations and events.

The involvement of reflected appraisals is important to note. It was seen that for both those who accepted and rejected the label, some admitted being labelled by others and
some denied it. However, in the rejecting group, those that recognised being labelled believed the labellers to be wrong, and provided examples of this. One woman also said that other people had said she was 'normal.' Thus being aware of reflected appraisals is a potential contributor to identification as having learning difficulties, but it depends on the extent to which the person accepts these judgements and descriptions.

When looking at just the group in study one who provided reflected appraisals of the least complexity, it was found that those who were present in study two either did not provide adequate characterisations of the condition, or they rejected it. None were in the group that accepted the label. This is evidence in support of the proposition in study one that a subgroup of people with learning difficulties are unlikely to identify as having learning difficulties because they cannot, or habitually do not, attend to others’ judgements of them with very much elaboration.

One final observation is that the definition and evaluation of one’s group should not be seen as static. Tajfel (1981) pointed out that not only do ingroup evaluations change over history (eg the women’s movement, the black power movement) but feelings of belonging to a group also develop historically. For people with learning difficulties, the self-advocacy movement may be transforming the group consciousness of people with learning difficulties, both in terms of who they perceive to have learning difficulties, how they evaluate the condition and explain the reactions of others to them, and the use to which they put the concept in interpreting situations. It is interesting to note here that of the two people who show an awareness of the political context of people with learning difficulties (MN and DD), DD identifies all people at the day centre as having learning difficulties, whilst MN excludes himself. An explanation for this will be offered in study three, which will show the importance of recognising the socially constructed nature of the self-concept.

The explanations that have been offered so far, then, for the lack of salience of the concept of learning difficulties in participants’ descriptions and explanations of themselves and their social worlds are as follows:
Patterns of self-construal (involving selection) which favour positive self-evaluation. Such patterns are not necessarily responses to a stigmatized identity but are patterns found in the general population. They often have the effect of precluding the salience of the learning disabled identity.

Some participants do not elaborate on reflected appraisals therefore their conceptions are less likely to reflect what others think of them.

Some participants do not show an understanding of the concepts 'learning difficulties' or 'handicap', and others have a vague or restricted understanding. Many are not sure who does and does not have the condition.

Group prototypes often describe people less able than the participants. Therefore the person either does not accept the label, or does accept it but since the concept does not fit the self well it is unlikely to be used as a description or explanation. Prototypes may well be the result of general categorization processes rather than being specific responses to stigmatized identities.
Chapter nine - Self-concept and the discursive environment: Interviews with carers

Study three

9.1 Introduction
The previous two studies have offered some explanations for the lack of salience of the learning disabled identity in the descriptions and understandings of participants. These explanations have been in terms of the perspectives on the self that people presented (e.g., reflected appraisals and social comparisons), the extent to which they accepted the label as applicable to themselves, and the category definitions that they offered. However, as discussed in chapter four, the self-concept is socially constructed, therefore it is important to search for explanations for patterns of self-representation in people's social environments. The next study involved interviews with carers of the participants to explore how the patterns found in studies one and two might be determined by patterns of everyday interaction and discourse.

It has been illustrated in several recent papers that parents and carers are often reluctant to refer to the fact that those they support have learning difficulties when they are in their presence. Todd has carried out two studies, one ethnography in a special school (Todd, 1995) and one interview study with parents of adults with learning difficulties (Todd & Shearn, 1997), both of which illustrated this phenomenon. In the school, he found that pupils did not identify as handicapped, even though they lived in a world structured around this definition of them, and explained this as being due to the practices of the staff to keep this a secret. This involved 'policing the boundaries' between the pupils and the rest of society by anticipating negative reactions when going out and taking preventative measures (e.g., phoning ahead, using facilities when there would not be many people around), and by avoiding making explicit the handicapped status of the pupils. The latter involved not using terms such as 'handicapped' in front of the pupils, and not contradicting, and even adding to, the pupils' expectations for the future (e.g., marriage, certain jobs) even though they
believed them to be unrealistic. The interviews with parents revealed a similar phenomenon - they would avoid places likely to elicit negative reactions from others and when these did occur they would provide alternative explanations (eg that the person is jealous or rude), they would avoid the terminology when with the person, and they would not contest expectations they believed to be unrealistic and would often contribute to such 'false biographies'. The reason for this behaviour was that carers believed acknowledging the person had learning difficulties would either cause distress to the person, or they would not understand. Staff at the school also believed it was the duty of the parents to discuss this with the child. Similar findings are reported by Davies and Jenkins (1997), and Edgerton (1993; Edgerton & Sabagh, 1962), who referred to benefactors and families not pointing out the source of the person's inabilities as a 'benevolent conspiracy'.

Todd (1995) describes his findings as representing a 'closed awareness context' (Glaser & Strauss, 1964). Glaser and Strauss describe awareness contexts as the extent to which each actor in a situation knows the other's identity and his/her own identity in the eyes of the other. A closed awareness context exists when one or both actors do not know either of these. They use the example of dying patients in hospital to illustrate a closed awareness context. Such patients may not know they are dying although staff and family do know this (this may not be as common nowadays). The information can be kept secret because patients do not have the medical knowledge to recognise the signs, the hospital is organised to help keep this secret (eg records are held out of reach, medical discussions are held out of earshot), and the staff have rationales for keeping this information secret. Glaser and Strauss point out that there are important consequences of this type of behaviour for both the patient and the family, such as not allowing the dying person make appropriate arrangements or help their family come to terms with their impending death.

Closed awareness contexts are important in discussions of reflected appraisals. As has been seen, the perspective of symbolic interactionism stresses that the self-concept is dependent on individuals taking the perspective of others and seeing themselves as others see them. This literal interpretation was investigated by Jahoda et al (1988) in
their interview study of 12 adults with learning difficulties, their parents, and their workers at their day centre. In this study it was found that the way the people with learning difficulties saw themselves was not related to the way they were perceived by their mothers or staff, and the authors suggest that this finding cannot therefore be interpreted in terms of social constructionist theory. The latter would have predicted that the participants internalise a view of themselves as handicapped, since this is how carers perceive them. However, Jahoda et al. fail to acknowledge that there may be a difference between the way others perceive oneself and the perceptions that are openly revealed in communication. It was seen in the reflected appraisals discussion that people often do not communicate their views openly, and that this will obstruct the relationship between self-concept and others' views of the self. If their study had looked at the communication contexts in which the participants lived, they might have found similar results to Todd, that carers conceal their views of people with learning difficulties. If this were the case, then, social constructionist arguments are not refuted by Jahoda et al.'s findings.

Given the importance of the reflected appraisal process for the relationship between stigma and self-concept, combined with the findings of closed awareness contexts described above, it is important to investigate not simply how significant others describe the individual to a researcher, but how the other refers to the individual and others in the environment when they are in the presence of the individual. It was noted in chapter four that significant others filter the world to the person. It is these vocalised representations which make up the discourse in which the person develops their self-concept.

Study three, then, examines the extent to which one kind of social constructionist explanation can account for the self-concept findings of the first two studies by examining the discourses to which the participants are exposed in their everyday lives. It is an attempt both to replicate the findings of Todd (1995) and Todd and Shearn (1997) with the carers of the participants of study two, and to further elucidate the awareness contexts in which people with learning difficulties interact. In particular, Todd’s findings are extended in three ways: by exploring the relationship between
openness and carers' representations of learning difficulties; by looking at the ways in which positive self-evaluations are offered; and by describing situations in which carers are open about the label. The study therefore examines:

1) The extent to which closed awareness contexts are a feature of the participants' interactions, and the relationship between carers' discourse and participants' understanding and use of the concept.

2) The situations in which open awareness contexts are found to exist.

3) The reasons carers give for open or closed awareness contexts.

4) The relationships between openness in communication and carers' representations of the individual and people with learning difficulties in general. It is hypothesised that the more negative are carers' representations, the more closed will be the awareness context.

5) The types of social comparisons which are communicated by the carers.

9.2 Method

Participants
All of the 30 participants of study two were asked for permission to approach their parents, if they lived with them, or their keyworker in their residential service. Four of these participants did not wish their carers to be approached (KL, HM, SM, CD). All of the carers of the remaining 26 participants were approached for an interview, and 23 of these agreed to take part. The parents of one participant (GG) of study one who had left the service at the time of study two also agreed to take part. In order to obtain a larger sample of carers, volunteers were requested through carers' groups, adverts in the Downs Syndrome Association newsletter, and approaches to residential staff in homes in Surrey and London. The criteria for participation was that the person supported a person with learning difficulties who was able to communicate verbally. Recruitment of parents proved very difficult. A number of carers' groups were contacted, as well as parents of clients of a different day centre, and letters were distributed and personal approaches made at parents' meetings. These attempts resulted in no volunteers. As a result of the approaches to the residential services and
the advert, a further 18 carers were recruited to take part, making a total of 42. These included one mother, one mother and father, one sister, and 15 residential staff. Participants were interviewed in their homes or place of work, and interviews lasted between thirty minutes and two hours.

Table 21. Number of participants.

<table>
<thead>
<tr>
<th></th>
<th>Carers of original participants</th>
<th>New recruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Sister</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Residential keyworkers</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

Materials

The questionnaire is given in appendix two. It consisted of both open-ended questions, whose answers were recorded during the interview and analysed using content analysis, and multiple choice questions, some of which were on a Likert-type scale. All participants were requested to answer based on either their son/daughter with learning difficulties, or one client for whom they were keyworker. The schedule consisted of three sections, two of which concerned the individual and how the carer interacted with them in specific situations assumed to be relevant to the person having learning difficulties, and one which concerned their perceptions of people with learning difficulties in general.

The interview schedule was designed around themes identified in study one as salient to the participants, as well as themes identified in the studies of Todd and Shearn (1997) and Davies and Jenkins (1997). The main content areas were:

- Carers' use of terms such as 'learning difficulties' and 'handicap' when they are with the person with learning difficulties, either as a descriptor or as an explanation.
- The ways in which carers explained situations relevant to having learning difficulties to the individual.
- Carers' judgements of the effect having learning difficulties has had on the life of the individual and on people with learning difficulties in general, and their perceptions of public attitudes to both the individual and the group.
• Carers’ use of social comparisons when talking to the individual.

a) Use of the term
The carers were all asked initially what term they normally used (e.g., learning difficulties, handicapped, disabled, special needs) and all subsequent questions in the interview used the term of preference. Use of the term was addressed by two types of items, those which asked about use of the label in general, and those which asked about the discourses surrounding specific situations relevant to the learning disabled identity.

Use of the term in general:
Five general statements about the use of the term in the presence of the individual were asked with Likert scales for ratings of agreement. These concerned whether the carer or others used the term, whether they would be angry if someone used it, and whether they avoided it. For example:
• I avoid saying x has learning difficulties in front of him/her.
• I use the term learning difficulties to describe other people when s/he is there.
• I would be angry if someone said s/he has learning difficulties in front of her/him.

Use of the term as an explanation for situations:
In order to investigate the extent to which carers use concepts related to having learning difficulties as explanations, a series of questions addressed the following situations:
• Negative reactions by other people.
• Use of specialised services (day centre, specialised social club, segregated school or college classes).
• Rules to which adults are not normally subject (e.g., not going out alone).
• Need for support/lack of ability.
• Likelihood of marriage, having children, getting a job and living independently.
All questions concerning the situations above took the same form:

1) The extent to which the carers believed having learning difficulties was an explanation for the situation. This acted as a filter question.
   Eg - Are there things that x is not allowed to do because of his/her learning difficulties? (a specific situation was elicited from this question which was used for the next two questions).

2) Carers' beliefs of the extent to which the individual was aware that having learning difficulties was an explanation for the context.
   Eg - When x is not allowed to do things that others of his age can do (such as the situation elicited from the above question), s/he knows this is because s/he has learning difficulties.

3) The ways in which carers talked about such situations when they are with the individual, and in particular the extent to which they invoke the concept of 'learning difficulties'.
   Eg - When I tell x s/he is not allowed to do things that others can do (such as the situation described above), I tell him/her:

   This was followed by a checklist of possible explanations including that the activity is too dangerous, that person lacks specific skills, no explanation is given, that the person has learning difficulties, that it is because of practical reasons, and that the person might be able to do it in the future. Carers were asked to choose as many responses as they wanted.

*b) Carers' representations of people with learning difficulties in general*

Measures of carers' evaluations of people with learning difficulties in general were obtained in four ways:

1) **Likelihood of adult statuses:**
   How likely do you think people with learning difficulties are to have children/get a job/get married/live independently?
   These items were summed for an overall likelihood score (glikelihood).
2) Opinion of adult statuses:
Do you think it is a good or a bad idea for people with learning difficulties to have children/get a job/get married/live independently? Answers were given on a 5 point scale. These items were summed for an overall opinion score (gopinion).

3) General effects:
In general, how much do you think that having learning difficulties would affect a person’s life?
How much support do people with learning difficulties need in general?
These two items were summed for an overall general effects score (geffects).

4) Public attitudes:
Do you think people react badly to people with learning difficulties?
How do you think the general public perceive people with learning difficulties?
These two items were summed for an overall public attitude score (gpublic).

The above questions were measured on 5-point scales and a further option was provided in each case for participants to say that the population was too variable to make a judgement.

c) Carers' representations of the individual they supported
Measures of carers’ evaluations of the individual were obtained from equivalent questions concerning the individual rather than the group. These scores were labelled ilikelihood, iopinion and ieffects. The public attitude question in this instance was based on only one question (Do people ever react badly to x?), which was labelled ipublic.

d) Social comparisons
Several questions addressed the types of social comparisons that carers made.
Questions which addressed social comparisons were based on the two comparison dimensions often produced by participants in study one (behaviour and ability/need help) and a further three (luck, popularity and an open evaluation). Carers were asked about both the individual and people with learning difficulties in general, and they were also asked separately about what they thought and what they said to the person. The
questions which addressed what carers actually said to the individual were phrased so as to elicit both upward and downward comparisons. For example:

**Downward comparison:** I sometimes tell x that he is luckier than other people (yes/no). (Who?)

**Upward comparison:** I sometimes tell x that other people are luckier than him. (yes/no). (Who?)

e) **Awareness**

Five questions addressed whether carers thought the person they supported was aware of having learning difficulties in general. These questions were included as a check on the quality of the data from studies one and two. The statements concerned whether the person understood the concept of learning difficulties, were aware they had learning difficulties, ever talked about it or told people they had learning difficulties, and whether they were aware others thought they had learning difficulties. Participants rated their agreement on a 5 point scale. For example:

- X tells people that s/he has learning difficulties.
- X realises that other people think s/he has learning difficulties.
- X understands what learning difficulties means.

If the carer indicated that the person was aware in some way, they were asked for more details.

9.3 **Results**

1) **Use of the term.**

Summary tables are presented for carers’ use of a ‘learning difficulty’ term when talking to the person with learning difficulties. Five-point scales are here condensed to three categories (yes/no/neither agree nor disagree). The first two points on the scale were classed as yes, the third point remained as a neutral category, and the last two points were classed as no.
Table 22. Frequencies of responses to questions regarding use of the term in the presence of the person with learning difficulties.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Neither agree nor disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I avoid saying x has learning difficulties in front of him/her.</td>
<td>27</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>2. People sometimes say x has learning difficulties in front of her/him.</td>
<td>9</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>3. I use the term ‘learning difficulties’ to describe other people when s/he is there</td>
<td>14</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>4. I would be angry if someone said s/he has ‘learning difficulties’ in front of her/him.</td>
<td>17</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>5. Do you think its best not to raise this issue with him/her?</td>
<td>21</td>
<td>17</td>
<td>4</td>
</tr>
</tbody>
</table>

Since the results of interest concern tendencies towards or away from use of the label, tests of significance were carried out comparing the number of people suggesting the label was used with the number who suggested it was not. For this analysis, the neither agree nor disagree responses were not included.

Table 23. Results of chi-square tests on responses to each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Chi-square statistic</th>
<th>Degrees of freedom</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4.12</td>
<td>1</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>2</td>
<td>5.45</td>
<td>1</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>3</td>
<td>3.60</td>
<td>1</td>
<td>ns (p = 0.058)</td>
</tr>
<tr>
<td>4</td>
<td>0.42</td>
<td>1</td>
<td>ns</td>
</tr>
<tr>
<td>5</td>
<td>0.42</td>
<td>1</td>
<td>ns</td>
</tr>
</tbody>
</table>

It can be seen in the above two tables that the majority of carers (27 people) showed some avoidance of referring to learning difficulties when with the individual, and also perceived others as showing this avoidance. In further comments, six people stated that ‘learning difficulties’ was a term they used when with staff or other parents, rather than with the individual. Three people described how this made it difficult to obtain concessionary tickets, and would therefore try and arrive before the individual, or else would whisper to avoid the person hearing themselves described in this way.
"I do avoid saying he has learning difficulties in front of him. I would wait for another opportunity to speak to the person, like at the museum to get a reduced rate I would go to the counter before they get there because I don't want to say all these people have learning difficulties in front of them."

This tendency was not, however, associated with reports of feeling angry if other people used the label in the presence of the person with learning difficulties, or with a reluctance to discuss the issue if the carer felt it was really necessary. Usually, however, people did not feel it was necessary to raise the issue. The reasons that people did avoid using the term are described below. It should also be noted that a sizeable minority (14 people) did report using the terms.

A composite variable of 'openness' was calculated by summing the above five questions (after adjusting for direction of question). Cronbach’s alpha for this scale was 0.72. Scores on the openness scale were used to create two groups of carers based on a median split, an open group (ogroup, n=20) and an avoidant group (agroup, n=22). This was the independent variable in the following analyses.

2) Representations.
All questions requesting a statement on people with learning difficulties as a group included an option allowing the participant to avoid making a generalisation (“too variable to say”). The proportion of carers choosing this response on the glikelihood and gopinion items ranged from 9.5% to 19.5%. This represented the proportion of carers who thought that people with learning difficulties are too heterogeneous to make a judgement about regarding the desirability or probability of the adult statuses provided. For the purposes of the analyses below, this option was scored as the midpoint in the response scale.

Similar results were found for the other questions asking about the group as a whole, with the exception of two items which produced much higher rates. These items were:

- How much support do people with learning difficulties need in general? (54.8% - 23 carers).
Do you think people with learning difficulties are aware that they have learning difficulties? (42.9% - 18 carers).

Due the high rates of avoidance of generalisation on these items (combined with the low correlation between the two items making up the geffects variable), they were not used in the subsequent analyses.

The reliability of the composite representation variables were checked using either bivariate correlations or Cronbach's alpha. The results are given in table 24.

**Table 24. Reliability statistics for composite representation variables.**

<table>
<thead>
<tr>
<th></th>
<th>Cronbach's alpha</th>
<th>Pearson's correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>glikelihood</td>
<td>0.69</td>
<td>-</td>
</tr>
<tr>
<td>gopinion</td>
<td>0.81</td>
<td>-</td>
</tr>
<tr>
<td>geffects</td>
<td>-</td>
<td>0.18 (ns)</td>
</tr>
<tr>
<td>gpublic</td>
<td>-</td>
<td>0.30 (p = 0.057)</td>
</tr>
<tr>
<td>ilikelihood</td>
<td>0.79</td>
<td>-</td>
</tr>
<tr>
<td>iopinion</td>
<td>0.78</td>
<td>-</td>
</tr>
<tr>
<td>ieffects</td>
<td>-</td>
<td>0.24 (ns)</td>
</tr>
<tr>
<td>ipublic</td>
<td>na</td>
<td>na (single item)</td>
</tr>
</tbody>
</table>

As a result of the above, it was decided to exclude the composite variables geffects and ieffects from the analysis, due to the small correlations between their constituent items. The gpublic variable was retained since its correlation approached significance.

3) **Relationship between openness and representations.**

It was hypothesised that a reason for a lack of openness on this issue by carers might be that they perceive the condition negatively, or they perceive the general public as having negative attitudes to this. In order to investigate this, the relationship between label use and representations of both the group and the individual were examined.

This analysis involved two MANOVAs, one which entered the remaining three group representation scores, and one which entered the two individual representation scores. In these two analyses, the ogroup and agroup were compared with respect to scores on the representation variables. This procedure was chosen in preference to one overall
test because, given the findings of study two, representations of the group and the individual cannot be assumed to be related (Huberty & Morris 1989).

A significant effect was found for group representations (F (3.37) = 3.15, p< 0.05), but not for individual representations (F (2.37) =0.51,ns). Since the public (individual) variable was based on one question with a simple dichotomy, a chi-square test was carried out, the result of which was not significant (chi-square=0.31, df=1, ns).

Inspection of the univariate F ratios revealed that the effect of group representations was produced by gpublic (F = 7.43, p< 0.05, eta-squared = 0.16). The more negative carers thought the public were towards the group, the more open they were in discussing the label with the individual. The means for the open and avoidant groups are 5.85 and 6.5 respectively (high scores indicate more positive perceptions of public reactions). This finding is contrary to the predictions made in the introduction.

4) Reasons for avoidance of label:
There were 11 main ways in which people justified their not using the label when talking to the individual. These are presented in table 25. Inter-rater reliability was assessed by a second coder classifying approximately half of the extracts. Agreement was 100%.

Table 25. Number of carers giving reasons for not using the label when with the individual.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of pointing out negatives/individual would be upset</td>
<td>12</td>
</tr>
<tr>
<td>Individual would not understand</td>
<td>12</td>
</tr>
<tr>
<td>Other have discussed it with them</td>
<td>11</td>
</tr>
<tr>
<td>It does not come up/there is no reason to</td>
<td>9</td>
</tr>
<tr>
<td>Specific needs/difficulties are discussed rather than label</td>
<td>8</td>
</tr>
<tr>
<td>I treat the individual as normal</td>
<td>5</td>
</tr>
<tr>
<td>The individual would disagree with the label</td>
<td>4</td>
</tr>
<tr>
<td>The individual would not want to discuss it</td>
<td>4</td>
</tr>
<tr>
<td>The individual does not really have learning difficulties/handicap</td>
<td>3</td>
</tr>
<tr>
<td>Carer does not like labelling people</td>
<td>3</td>
</tr>
</tbody>
</table>
Many carers provided more than one reason for not using the term. Twelve carers gave a reason involving an acknowledgement of the negative implications of the label, either explicitly or through an imagined negative reaction by the individual to the issue.

"You try to make out they are not different. If you say they're ugly they'll feel ugly. We push it under the carpet."

"He would want to get off the subject and it wouldn't make him feel confident. It would make him aware of what he couldn't do."

"It's like saying every day to somebody that they have a big nose - you wouldn't like it would you?"

Twelve carers thought that the person would not understand the label or some of its implications if they brought it up, which reflects the findings of study two. An interesting finding was that over a quarter of the sample did not use the term themselves, but thought that specific other people had discussed it with the person (10 people), or else it was the responsibility of someone else (1 person). These were mostly parents who thought that the issue was discussed in groups at the day centre, or keyworkers who thought that the person's parents had told them when they were young. These carers often felt it was too difficult or sensitive an issue for them to deal with themselves.

A number of carers thought the label or condition was not particularly relevant or useful in day-to-day interaction - this is found in reasons which state that the topic simply is not an issue, it does not come up, the individual never raises it, or that what is referred to are the specific needs or difficulties of the person, which must be dealt with on a practical basis.

"The word learning difficulties doesn't come up, we just discuss specific things like road skills, ironing or applying for a job."

"I could talk to him about particular skills and difficulties, but not the label in general."

A final point to note is that three carers did not use the term because they did not feel the individual really did have learning difficulties/handicap. These were all parents of
participants in study one (AB, LM, FH). Although these parents acknowledged some difficulties the person had, they thought that they were much more able than other people with learning difficulties.

5) Reasons for openness:
The reasons that people used the term in front of the person were to give information to strangers such as the DSS or for reduced-price tickets (4 people), to explain real or potential hostile reactions in others (2 carers), to explain particular difficulties the person has (4 carers) and to explain the role of the staff (2 people). Two carers used the term but thought the person did not understand, one carer discussed it because the person asked her after seeing a programme on television about people with learning difficulties, and one mother had always been open about the subject (Down’s Syndrome). In addition, one carer read self-advocacy mailings aloud to the person, and two carers use the term when describing services.

6) Explanations
A summary of the responses to questions addressing the use of the term/concept to explain certain situations are given in table 26.

Table 26. Number of carers who refer to the concept of learning difficulties when talking about each context with the individual.

<table>
<thead>
<tr>
<th>Context</th>
<th>Does the carer use the term in explanation?</th>
<th>Chi-squared tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Day centre or school/college</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>Club</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Negative reactions from others</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Rules</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Need for support/inability</td>
<td>4</td>
<td>37</td>
</tr>
</tbody>
</table>

It can be seen, then, that carers rarely refer to the concept of learning difficulties when talking about these situations with the person with learning difficulties. There are
various reasons for this, which were identified in the questionnaire options and in the qualitative data.

- Carers often felt that physical disabilities, health, mental health or challenging behaviour was a more important cause of negative reactions, rules, or need for support than were learning difficulties.

- Attendance at day centres or segregated clubs were rarely the subject of discussion because they were a natural progression from certain schools - this is what most students did when they left. Once the person had attended, it usually became a long-term arrangement and thus not one which needed discussion - it was simply what the person did. Another reason for not discussing it was that the person enjoyed going (particularly for clubs).

- People seem to limit themselves - carers often reported that the person never asked to do things that they would not be allowed to do (e.g. going out alone, using the cooker).

- Carers thought people were sometimes oblivious to negative reactions of other people.

- Carers reported that people often assumed they would be helped, thus not attempting to do certain activities by themselves - help was given automatically.

There were a variety of ways of explaining situations related to the person's learning difficulties without actually making reference to the identity. These included:

* negative reactions - blaming the other person, explaining the cause to be a particular behaviour of the individual, telling them to ignore it,

* needing support - suggesting an alternative activity, saying it needs practice or the person can learn how to do it, saying the task is difficult,

* not being allowed to do something - saying it is due to physical problems the person has, pointing to external dangers (e.g. paedophiles, accidents), breaking it down into steps.
7) Aspirations
The numbers of carers who reported that they had discussed aspirations with the person are as follows:

- Marriage - 20
- Having children - 6
- Getting a job - 19
- Getting own house/flat - 16

It was found that when discussing marriage, having children, getting a job or living independently, only one occasion was found in which one carer could remember referring to learning difficulties. This was when discussing job interviews and the carer was trying to explain how some employers might be prejudiced. In all other cases, whether the carer thought each aspiration was likely or not, the label or condition were not referred to. Carers' responses to aspirations which they considered unrealistic were:

- Asking the person how they would cope with a particular aspect of the aspiration (e.g., living away from home, doing the qualification exams, taking care of the babies), explaining practical difficulties, and trying in this way to persuade the person it was not realistic.
- Explaining all the steps involved and suggesting they try the initial steps (e.g., learning particular skills). This was more common for keyworkers than parents.
- Treating it as a joke and going along with it.
- Listening but not commenting.

8) Awareness variables
The extent to which carers felt individuals were aware that having learning difficulties was an explanation for the situations presented are given in table 27. The responses to these variables were on a 5-point scale which was collapsed for the analysis below. The first two points on the scale were classed as 'aware', the third point remained as a neutral category, and the last two points were classed as 'not aware'. Since the comparison of interest was between those that were and were not believed to be aware of the relationship between the identity and the situation, the neutral category was omitted from the chi-square analyses.
Table 27. Rates of agreement to statements concerning individual's awareness of the connection between situations and having learning difficulties.

<table>
<thead>
<tr>
<th>Context</th>
<th>Aware</th>
<th>Not aware</th>
<th>Neither agree nor disagree</th>
<th>Chi-squared (df)</th>
<th>Significance levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day centre, school/college</td>
<td>24 (15)</td>
<td>10 (6)</td>
<td>2 (1)</td>
<td>5.76 (1)</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>Club</td>
<td>18 (12)</td>
<td>7 (5)</td>
<td>0 (0)</td>
<td>4.84 (1)</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>Negative reactions</td>
<td>4 (3)</td>
<td>14 (6)</td>
<td>6 (4)</td>
<td>5.56 (1)</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>Rules</td>
<td>6 (2)</td>
<td>15 (8)</td>
<td>6 (6)</td>
<td>3.86 (1)</td>
<td>p&lt; 0.05</td>
</tr>
<tr>
<td>Needs support, inability</td>
<td>10 (6)</td>
<td>23 (15)</td>
<td>7 (3)</td>
<td>5.12 (1)</td>
<td>p&lt; 0.05</td>
</tr>
</tbody>
</table>

Different totals for each context are because each context was not relevant to some of the participants. For example, some carers reported a lack of negative reactions towards the person, and so this was not an issue for discussion. It can be seen in the above table that carers believe that the individuals they supported were more aware of the connection between services they attend and having learning difficulties, than with the connection of the label with public reactions, rules and need for support.

The qualitative data further revealed that carers did not conceptualise awareness as an all or nothing factor. Rather, carers often pointed out that the person was aware of certain aspects of having learning difficulties but not others. Thus whilst 22 carers indicated that either the individual did not understand the term learning difficulties, or that they were not sure if the individual understood it or not, they were able to point to a range of other awarenesses related to having learning difficulties. These included:
• Being aware that siblings/nieces/nephews were doing things that the person was not doing (e.g., getting married, getting a job, leaving home).
• Being aware that there was some less specific difference between self and others (e.g., being called 'special').
• Being aware that self and other clients of a service were different from staff or family members in some way.
• Being aware of limitations and the need for support in particular areas.
• Recognition of other people with Down's Syndrome as similar in appearance.
• Being aware of people staring.
• Being aware of being called names.
• Becoming frustrated/upset or embarrassed when unable to do something.
• Admitting having some difficulties but differentiating between self and less able people with learning difficulties.
• Preferring to associate with staff members rather than other clients.

It can be seen from this analysis that awareness of having learning difficulties and its meaning may be best conceptualised as a multidimensional concept.

9) Social comparisons

The frequencies of the various vocalised social comparisons are given in Table 28. The numbers refer to the numbers of carers answering yes to either variant of the five comparison questions for each comparison dimension, and the number of extracts refers to the number of different comparisons that carers said they vocalised when with the person. Responses to questions concerning whether the carer ever said to the person that they were better than someone else, or vice versa, produced responses referring mostly to the person's abilities, although there was one answer which referred to the person's better behaviour. Extracts for this category were therefore collapsed into either the ability/need help or the good behaviour categories. Responses to the questions referring to popularity are not shown because only four carers indicated that they made such comparisons to the person.
Table 28. Numbers of carers making comparisons to the individual.

<table>
<thead>
<tr>
<th>Comparison dimension</th>
<th>Downward comparisons</th>
<th>Upward comparisons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of extracts</td>
<td>Number of carers</td>
</tr>
<tr>
<td>Luck</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Ability/ needing help</td>
<td>28</td>
<td>19</td>
</tr>
<tr>
<td>Good behaviour</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>52</td>
</tr>
</tbody>
</table>

It can be seen from this table that carers reported themselves as being more likely to make verbal comparisons which present the individual in a positive light when they are with the person. Chi square analyses were not carried out because the cell counts were not independent (carers could contribute to both upward and downward comparisons). Even on comparison dimensions which are central to definitions of learning difficulties (needing help, luck in life), carers were more likely to make downward comparisons. When telling the person they were luckier than others, this was mostly in terms of the person's social life and leisure opportunities, or the support they received.

"Some others in the house have very limited lives, and he goes out a lot, so we pull his leg about it."

"If she doesn't want to do something, some staff say you're very lucky to do this, other people in your situation haven't got the chance to do this."

"I say "There's a lot worse off than you, like cystic fibrosis.""

When telling the person that others needed more help than they did, carers referred mostly to people with more severe learning difficulties, or people with physical disabilities. Often they referred to specific other people they knew who used the same services.

"M has a physical disability and epilepsy, and I have to say he needs more help than T when you have to go and help him. I had a conversation to T about M's seizures, T asked why M has seizures. T said it's a shame."

"I have said he can fold the washing better than I can."
When telling the person that they behaved better than other people, carers mostly referred to other people with learning difficulties who used the same services, often with challenging behaviour, or else to teenagers in the street or badly behaved children they had seen during leisure activities.

"We were walking in the park and a kid threw rubbish on the floor. I said you know how to behave better than that person."

"If someone was rude, we would say you wouldn't do that. Some of the other residents are violent."

Comparison questions about carers' attitudes revealed a wide range of downward comparisons, most of which were targeted at those with more severe learning difficulties or physical disabilities. Other common targets were teenagers (for behaviour), people with mental health problems, siblings, criminals, drunks, the elderly and people with chronic illnesses. Downward comparisons which targeted siblings involved social life, being liked by other members of the family more, better behaviour, and being more able in particular things.

10) Carers of participants of studies one and two

Of the twenty-four carers of participants in studies one and two, fifteen were found to be in the avoidant group and nine in the open group. The correspondence between participants' and carers' use of the concept is explored below.

The participants who used the label in study one were:

MN - The term was present in his social environment because of his involvement in self-advocacy. His carer said that she used the label when reading out his self-advocacy mailings to him, but not otherwise because he thought he did not have learning difficulties, and she didn't want to point out his faults. In studies one and two, MN did talk about learning difficulties in the context of self-advocacy and denied that he had it. MN also talked about how others thought he had learning difficulties. His carer also said that his role at the club where he was interviewed was as a volunteer, which
confirms his description of himself and his position in the service described in study one.

DD - his parents declined to participate

AB - she raised the issue in study one in order to explain that she was not handicapped.

Her mother also said that AB was not really handicapped. The correspondence between AB and her mother's versions of her identity are striking.

**AB**

AB: Was it...um.. no coz I went away and was assessed a long time ago
I:  Oh you were assessed?
AB: Yes, I went to Totnes in Devon, and I was there for 10 days, and we did jewellery and all sort of things
I:  Right.
AB: And we even worked in the freezer department
I:  And you said they assessed you?
AB: Yes and they thought I'm not handicapped
I:  Right.
AB: I'm a normal person
I:  Right. So did somebody else say you were handicapped?
AB: No
I:  No, nobody said that? Right, OK....so can you tell me anything else about yourself?
AB: I can read

I:  Yeah, are you, do you think you're the same as everybody here?
AB: Well I can talk and some of them can't talk
I:  Right in that sense there's a different.
AB: Different to 2 levels
I:  And is there any other way that you're different?
AB: We can help ourselves, like Julie and Roger they can't...they need help

**Mother**

She's not like those at the centre, you can have quite a conversation with her and she understands..........................She's only slight

I think they look up to her at the centre, some of them. She's near normal. They say here (in the neighbourhood) she's no different. If they had been better at the centre she would have been all right. If she had proper teaching she would be better.
BC - talked about various terms (eg Downs Syndrome, mongol, mentally handicapped) a lot in study one. Although her keyworker did not avoid the label, she said that it just did not come up, and they usually talk about particular difficulties. Her keyworker said that BC’s mother was very open about the label, and told her, which explains why she talks about it.

CD - he did not want his family approached

AC - she used the term ‘menicap people’ to explain who she lived with, and defined this in terms of the place they lived. In study two she said she did not know what ‘learning difficulties’ means, nor did she know if anyone she knew had learning difficulties. Her carer said that AC describes herself as having learning difficulties, and that she (the carer) also uses the term, but that AC doesn’t understand what it means. Her keyworker uses the term in the following way “You have to work a bit harder than others because of your learning difficulties”

Participants whose carers are in the open group are as follows:
JJ and GG - their parents thought that they could not understand the concept of learning difficulties, and so their use of the term did not matter. JJ, in study two, said that he had learning difficulties, but did not know what it meant, nor who had it. GG did not participate in the second study.

AC - see above

MM - her keyworker said that although she doesn’t avoid the label, she has never discussed it with her. She does not think she would understand it, and thinks her family probably told her. In study two, MM said she thought she had learning difficulties because the staff say she has it, although she was unable to supply a definition

PS - her mother used terms such as special needs or disabled, and rarely the term ‘learning difficulties’ in order to explain why she can’t do things such as learning to drive. PS has a hole in the heart which means that she gets tired very quickly and sometimes uses a wheelchair, therefore ‘disabled’ refers to this. However, she usually refers to particular difficulties rather than a general term. The reference to physical disability echoes the way PS describes herself in study one. In study two, PS said that she does have learning difficulties, which she defines in terms of not being very good at reading, writing and doing her shoelaces.
TV - her mother said that the family has always asked her if she was handicapped and TV says she is not. She is not sure if she understands it or not. Her mother has called her handicapped when she was younger and was bullied by other children - she would tell them "Can't you see she's handicapped?". The transcript for her interview in study two was lost from tape failure.

TT - her mother teaches at a special school and so refers to TT as 'special'. She refers to pupils at the school as 'special' or 'difficulties'. In study two, TT said that she does have learning difficulties, although she was unable to provide a definition. It is possible, that she was responding to the 'difficulties' part of the question, since this is how her mother refers to the condition.

BC - see above

SS - her mother would not avoid the terms, but feels that SS would have to raise the issue, which she had not done. She does not think her daughter would understand the full implications. In study two, SS said that she did not have learning difficulties, which she defined as having fits.

In summary, of the participants whose carers used or did not avoid the term, only BC, AC and MN referred to learning difficulties in study one. The rest did not refer to it. This can be explained as either due to this person not understanding or by the behaviour of their carers, who although not purposely avoiding the issue did not really use the concept when with the person - either they thought it was not relevant, the person would not understand, or they used terms such as 'special'. The majority of carers, however, said that they did not use the term.

11) Validity checks

In order to provide evidence on the quality of the interview data in the earlier studies, carers' descriptions of the participants were compared with the responses of participants in studies one and two. Carers were therefore treated as informants, which allowed a check to be made on how representative interview responses were of participants' everyday verbal behaviour. Three questions in this study were used.
Study one - participants use of term outside the research setting

In study one it was found that only eight of the 36 participants referred to the identity in the interview. This was compared with carers’ responses to the statement: “X talks about learning difficulties”. As above, the 5-point scale was collapsed to a three point scale.

Table 29. Carers’ agreement with the statement "X talks about learning difficulties."

<table>
<thead>
<tr>
<th></th>
<th>Number of carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>6</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>1</td>
</tr>
<tr>
<td>Disagree</td>
<td>17</td>
</tr>
</tbody>
</table>

This table indicates the same pattern as the data in study one, that the majority of participants do not refer to the identity, and confirms that the findings of study one apply outside the research setting. Analysis of individual cases revealed that only one of the people supported by the carers in the disagree group used the term in the interview setting. However this person (EF), when asked to explain what he meant by “Mencaps”, said that it was a course, and he was unable to provide an appropriate definition in study two. Of those in the agree group, two of these carers supported BC and MN, two of the four participants who made most reference to the identity in study one, and one supported AC, who also referred to the identity in study one. The remaining three carers who said that the person did talk about learning difficulties were TT, LB and PS. The remaining carers of people who referred to the term in study one did not take part in this study.

Study two - participants’ understanding of the term

It was found in study two that 22 of the 29 participants were able to provide appropriate definitions of ‘learning difficulties’ or ‘handicap’. Of the remaining seven, some were not asked about ‘handicap’, therefore the proportion of participants able to define the identity may have been higher. In the current study, carers were asked if they thought the person they supported understood the term.
Table 30. Carers' agreement with the statement "X understands what learning difficulties means."

<table>
<thead>
<tr>
<th></th>
<th>Number of carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>10</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>5</td>
</tr>
<tr>
<td>Disagree</td>
<td>9</td>
</tr>
</tbody>
</table>

Of the nine who thought the person did not understand, one was the carer of GG who did not participate in study two, and one was the carer of TV, whose transcript was lost due to tape failure. A further carer applied a very strict definition of the question and disagreed because the person did not think that he had learning difficulties, although he did recognise others who were handicapped. Of the remaining six carers, three supported people identified in study two as unable to provide definitions. The other three carers all said the person did not understand the term, although the participants in question were judged in study two to have provided appropriate definitions.

In study two, seven participants did not provide an appropriate definition of learning difficulties or handicap. The carer of one of these participants did not take part in the study. Of the remaining six, four carers reported that either the person did not understand (3) or they were not sure (1). Two carers reported that the person did understand the term in some way. This was not confirmed in study two, however one of the participants terminated the interview when asked this question.

The results of these two checks on the quality of the data are combined in table 31.
### Table 31. Number of carer/participant data matches.

<table>
<thead>
<tr>
<th>Use of term in study one/carer reports use of term at home</th>
<th>Number of agreements</th>
<th>Number of disagreements</th>
<th>Chi-square statistic (1 df)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of term in study one/carer reports use of term at home</td>
<td>19</td>
<td>4</td>
<td>9.78</td>
<td>0.0018</td>
</tr>
<tr>
<td>Definition in study two/carer thinks person understands the term</td>
<td>11</td>
<td>6</td>
<td>1.47</td>
<td>0.23</td>
</tr>
</tbody>
</table>

It can be seen from the above table that agreement on the participants' use of the term in the interview and at home was greater than agreement on participants' understandings of the term, although in both cases there was more agreement than disagreement. This might reflect the fact that use of the term is a behaviour, which understanding is not, and is therefore more observable.

One further source of evidence on the quality of the earlier data comes from the finding described above that carers thought that the people they supported were more aware of the connection between learning difficulties and the services they used than with any other relevant context (such as rules, need for support, the reactions of other people). This finding provides some support for the findings in study two, that participants who identified as having learning difficulties did so most often in the context of the particular services they used. It was found here that people in the participants' home environment also perceived them as being most aware of the label in this particular context.

#### 9.4 Discussion

Contrary to the hypothesis, carers were not more likely to avoid referring to learning difficulties when they held more negative views on the condition. Rather, they were more likely to be open about it when they thought the general public responded more negatively to people with learning difficulties. This finding is rather difficult to explain. It is possible that carers who were more willing to be open about the condition held a
more politically sensitive view on the topic, and were more attentive to discriminative
actions or negative judgements by others. However, this is speculative, and further
research is required to confirm and properly explore this finding, particularly since the
public opinion composite variable only approached significance. The lack of a
relationship between the other representation variables and use of the label can be
explained by the finding that carers' provided a wide variety of reasons for not using
the label, such as it not being relevant from day-to-day or the person not understanding
it. Lack of use of the label, then, arises from a number of pragmatic reasons other than
how negatively carers judge the condition.

The results reveal that a large proportion of carers do not make reference to the
terminology or concept of learning difficulties when they are with the person they
support, either in descriptions, to explain circumstances, or to discuss possible futures
with the person, and various reasons were identified. The findings of Todd (1995) and
Todd and Shearn (1997) were also found here, that people did not want to upset or
criticise the person, they did not think the person would understand, and they thought
other people had discussed it with them. However, this study found additional
explanations - that the issue was not relevant on a day-to-day basis where
arrangements and lifestyles had been formed a long time ago and were not the subject
of discussion, and where it was more useful to refer to specific needs. In addition,
people with learning difficulties were often seen as self-limiting - as not requesting to
do things that carers would not allow, and as not trying to do things that they did not
have the abilities to do. In addition, three carers did not think that the person really had
learning difficulties (for a similar finding see Edgerton and Sabagh, 1962). Lack of use
of the label or concept, then, is partly due to active avoidance and partly due to
situational patterns which do not make the issue relevant on a day-to-day basis. Due to
the problems in self-reports of behaviour, observational studies would be useful to
further explore these findings.

The correspondence between responses in studies one and two and the behaviour of
the carers provides evidence for the importance of local discourse in self-
categorization. There were six people who referred to learning difficulties in study one,
and four of their carers participated in this study, all of whom either used the terms themselves, or could clearly state where it was that the issue was discussed. Of the remaining carers who did not avoid the concept, most had never or only rarely used it in the presence of the person (because it did not seem relevant), or they did not believe the person understood the term. The latter was confirmed in study two responses. This correspondence between the data in studies one and two and the carer study is good evidence against the denial hypothesis. When participants did not use the label in study one, their carers also did not use the concept in everyday discourse with them, preferring instead to refer to particular difficulties. It is not surprising that people do not develop comprehensive definitions of, or use in their own descriptions and explanations, concepts that they encounter only rarely, or that they do not understand.

This study also provides a check on the quality of the data in studies one and two. Whilst it was found in study one that all except eight of the participants did not use the identity either as a descriptor or as an explanation, it was found in this study that carers also usually reported that the people they support did not use the term in their home environment. In addition, in study two, service use was an important context in which participants identified themselves as learning disabled, and carers reported also that this was the context in which the people they supported were most aware of the connection with their having learning difficulties. This provides some support for the validity of the interview data as a reflection of the salience or use of the identity in the participants' everyday lives. The lower rate of agreement on whether the person understood the term might reflect the fact that carers rarely discussed or referred to the term, and therefore were unlikely to be sure as to whether the person they support understood.

It was also found that carers, in their communications with the person, represented them in a positive way. This was seen in the social comparison data, where downward comparisons were much more common than upward comparisons. The similarity between this data, both in terms of overall positivity and comparison targets, and the findings of study one, is striking. Another way that carers are involved in the
construction of a positive sense of self for the other is found in other ways they strive to protect the self-esteem in the person they support.

"He say "I no handicapped". I say "No you no handicapped, you very clever.""

"One day she came home from school and asked me why she was so ugly, coz everyone stared at her. Mum told her it was because she was so lovely. She told the headmistress, and she told her everyday she was lovely and it worked"

"To teach K is sometimes very easily and sometimes very slow. If she can't get it she blames herself, so I assess before whether she can learn, if she can't it's better not to teach her."

"He was worried about the short arms, he was told in some assessment (when the features of Downs Syndrome were explained), so we told him some of our friends had short arms too."

"She got a job in the factory and they said she was not as quick as the others, and she had to go back to the centre but they didn't tell her that, they said they needed her at the centre."

"The local youths come in at night and see it as some kind of nut house ....... The residents are not aware they view it in this way. H wasn't aware of the greenhouse being smashed last time."

"We wouldn't labour the point coz it's negative, not very encouraging."

The quotes above are examples of more active efforts to reconstrue, explain or hide situations so as to highlight the positive and disguise the negative, and may involve alternative explanations for some of the effects of having learning difficulties.

The finding in this study that carers refer to particular difficulties rather than global conditions can explain the findings referred to in chapter one (eg Jahoda et al, 1988; Simons, 1992; Zetlin & Turner, 1985), that people with learning difficulties often refer to their difficulties in specific terms, rather than acknowledging an overall handicap. This can be seen, then, not as a refusal to come to terms with their condition, as is often suggested, but because this is how carers also refer to them, and this is the most useful way to talk, since it allows more practical solutions in everyday matters. Difficulties are specific and are most easily tackled in this way, and carers rarely refer
to the overall condition when describing or referring to the participants when they are with them.

In her recent book on self-concept in people with learning difficulties, Castles (1996) says that "...well meaning caregivers and teachers often try to bolster the fragile self-concepts of people with intellectual limitations by showering them with praise and shielding them from stressful situations. However such unfocussed attempts to help individuals feel better about themselves are unlikely to be successful" p108. The results of studies one and three suggest, however, that this is not a correct assessment of the situation. Castles implies that the rejection that a person with learning difficulties experiences in their lives is a more important determinant of self-esteem than are close relationships. It should be noted that carers in the study above did not only try and protect the self-esteem of the people they supported, but they also described them in positive terms to the researcher - the person may have lacked certain skills, but they were perceived by carers positively in other ways, in particular in their personality and moral behaviour. With one exception, carers appeared to like the people they supported. Thus a positive sense of self is available both through the active constructions of the carers and the high esteem in which they really did hold the person.

It can be seen, then, that the self-categories which participants in studies one and two used to represent themselves can be explained partly as the result of the discourses to which they are exposed on a day-to-day basis. If this is accepted, then the same must also be true for other perspectives on the self, such as social comparisons. Participants in study one often presented themselves as more able than particular others, and implied a subgroup of people who were more disabled than themselves. It was seen here that carers did the same thing when talking to the people they support - they made downward comparisons to those who have greater disabilities. In addition, whilst participants in study one often indicated people whose behaviour was judged negatively, such as people with challenging behaviour or teenagers on the streets, carers also made these comparisons when talking to the person. It can be seen, then, that the constructions of the social context and the self (both social categorizations and
social comparisons) which were found in study one are mirrored in the everyday, local discourses to which the participants are exposed and in which they take part.

That patterns of social comparison can be seen to be partly due to local patterns of discourse is an important recognition for social comparison theories, where the involvement of others in such constructions of self needs to be more explicitly recognised. Wills (1981) points out that people learn who are the appropriate targets for derogation in their culture, and use these for downward comparisons, and Taylor et al (1983) found that people suffering from an illness may be encouraged to make a wide range of self-enhancing comparisons by others who are offering them support. Here it is seen explicitly. The self-concept and social comparison patterns found reflect local discourse and might not, therefore, be due to an active avoidance of the label on the part of the person with learning difficulties.

The findings of this study are also relevant to the concept of accessibility in SCT. The categories and comparison dimensions that one is more likely to use are partly determined by the concepts available in the discourses to which the person is regularly exposed, and this means that an understanding of category salience requires an understanding of localised discourses. There is a further point, however, in that the concept of accessibility includes the notion of current needs of the perceiver. It was found that carers often said that the concept of ‘learning difficulties’ was not relevant, and that it was more useful to talk about specific needs for support that the person had, since these more directly informed behaviour. The everyday needs of both carers and people with learning difficulties, then, are more likely to indicate specifics or groupings of less able or badly behaved people - the categorization ‘people with learning difficulties’ does not assist people in their everyday behaviour. It should also be noted that approximately half of the carers reported the group to be too variable to judge in terms of how much support they needed, or how much having learning difficulties would affect their lives. There may therefore be some consensus among carers and those they support on this matter, as it was found in study two that participants seemed to position themselves and others on the edge of the category, which was characterised by people with more severe disabilities.
If the world is already structured in a certain way, around the category, and this structure is taken for granted, if the categorization does not inform everyday needs as well as more individual and specific representations, and if the category is seen as a rather heterogeneous affair by both the participants and their carers, then politicisation and reflected appraisals (when noticed) may become the most important cause of a 'learning difficulties' identity becoming salient. However, these findings also partly explain the lack of elaborate reflected appraisals found in many of the participants in study one. If carers do attempt to conceal certain negative perceptions they have of the person in order to protect their self-esteem, then it is not surprising that participants have a restricted range of reflected appraisals on which to draw. It was seen in chapter three that research into reflected appraisals has suggested the lack of correspondence between self-concept and others views of oneself might be explained by a lack of open communication on such matters (Felson, 1980, 1981; Shrauger & Schoenemann, 1979).

It is a general norm in our society to avoid communicating unfavourable evaluations of other people. Swann et al (1992) carried out an experiment which found that when people evaluated conversation partners negatively in a short exchange, their verbal behaviour did not change, although the tone of their voice did change. The negatively-evaluated partners failed to realise that appraisals of them were negative, which Swann et al (1992) explained by suggesting that they were attending to the wrong channels of communication. In addition, when unfavourable events do happen, friends and family often help to restore a person’s self-esteem by focusing on positive qualities of the person or the situation (Taylor & Brown, 1988; Taylor et al 1983). Norms of social interaction, then, generally foster positive self-evaluations.

The present study has shown the importance of what carers actually say about the person’s identity when they are with them. In many cases a crucial aspect of the carer’s conception, and indeed society’s conception, is not referred to. This working agreement on the identity of the person with learning difficulties is maintained most of the time. It leads to difficulties, however, when the person with learning difficulties
does something which is not appropriate within the carers' unspoken conception of the person. This might occur, for example, if a person with learning difficulties wanted to marry or date a staff member, wanted to have a baby when parents were against the idea, wanted a job that is unrealistic (e.g., policewoman), or wanted to leave the day or residential service they were using. In these cases, the person with learning difficulties stretches the working agreement by suggesting possibilities which test it. The carer then has to decide how to respond - whether to be open about the label/condition, or find an alternative explanation. In such cases, a lack of openness about the label hinders the person's understanding of the situation they are in, and their finding a solution. The desire might then persist for years, with no hope of a solution in either direction. The person may appear foolish to others because carers are not providing important information. Thus, while the definition of the person as having learning difficulties is not relevant much of the time, and while carers actively conceal it some of the time, it does become relevant every now and then and then and carers might not want to give a complete explanation because they think it will hurt or the person will not understand. The problems of this approach for people in stigmatized categories are pointed out by Jones et al. (1984) - if a carer is acting on the basis of beliefs which they are not making explicit, then the stigmatized person is less able to challenge those beliefs. The implications for political consciousness and self-advocacy are further discussed in the conclusion.

The findings here can also clarify those of study two. Since cultural representations of their social category are not mediated openly to people with learning difficulties, the boundaries of the category are not likely to be seen in the same way as it is seen by outsiders, and a focus on less able people as prototypical might be seen to arise partly from carers focus on these people in downward comparisons, and partly on processes of prototype characterisation which maximise differentiation from other categories/concepts.

It can be seen from this study that any simple conceptualisation of negative group evaluation leading to low group identification (due to the need for positive self-esteem) cannot be assumed when studying real-world social categories. It may be a
phenomenon that can be produced in an experimental situation (eg Ellemers et al, 1988), but the finding here that a stigmatized identity is not salient is partly explained in terms of the social environment. Intrapsychic explanations should not be assumed. Abrams and Hogg (1988) point out that the self-esteem hypothesis in social identity theory must be constrained by sociostructural limits. In this case it is both the nature of the supportive environment and the theories of the carers which determine the local discourse around a person’s identity. It is found here that the effects of a negatively evaluated condition or category membership must be understood in terms of a person’s everyday interactions - not by a hypothesis that assumes the negativity of a part of a person’s identity to be an objective and salient fact. Local environments mediate identities both through local patterns of evaluation and local patterns of selection and focus, which may either be the result of conscious attempts or the by-products of local lifestyles.
Chapter ten - Social identity and the selection from multiple possibilities: An experimental study

Study four

10.1 Introduction
It was found in study one that participants rarely made use of the label or the concept of their having learning difficulties when describing themselves and their social worlds, even when explaining situations that were predicted to be determined by this label. Alternative explanations, comparison dimensions and social groups were focused on. In addition, self-perspectives usually entailed favourable presentations of the self. It was argued that it can not be assumed that this is due to a process of denial, and the first three studies found that other explanations might be offered for the lack of salience of the learning disabled identity. In study one it was found that a proportion of the sample did not make elaborated reflected appraisals, a key component in the experience of a stigmatized identity. In addition, it was found that the tendency of participants to represent themselves positively in various perspectives precluded both the categorization and a focus on the implications of having learning difficulties. These tendencies are found in the general population, and do not require the interpretation that they are a reaction to a stigmatized identity. In study two it was found that definitions of the condition tended to involve prototypes which were more disabled than the participants, and that this could be explained by general categorization processes. The result of such definitions was that both those who did and did not accept the label did not clearly fit the category definition. Thus both lack of identification and lack of use of the concept in description and explanation could be explained by the participants either not accepting the label or occupying marginal positions on the boundaries of a ‘fuzzy’ category. Finally, in study three, it was found that reference to the concept was rarely, if ever, made in the everyday social interactions of the participants. When it was, it was either to those participants who used it themselves, or else to those who did not understand. In addition, carers were involved in various strategies which favoured positive self-definitions in the participants.
It can be seen, then, that a range of cognitive and social processes that have been identified in the general population in other contexts can be offered as explanations for the lack of salience of both the category membership and its implications. However, despite these processes it is likely that there is still information available to participants which have unfavourable implications for the self-concept, and which might constitute a threat. Carers reported a range of different types of awareness they thought people with learning difficulties had which are connected with the condition. These included becoming frustrated or embarrassed at not being able to do something, being aware that siblings or cousins were leaving home and getting jobs/married when they were not, negative reactions from others, and being called names. The latter was also reported by participants in study one, as well as frustrations at the authority exerted over them by certain people. The focus on positive aspects of the self found in study one, then, although supported by carers’ interactions, might also represent a way of dealing with negative affect generated from such experiences. However, it is argued here that positive representations of the self are the result of selective processes which choose from multiple possible sources. When people have had potential sources of negative self-evaluation in their lives for a long time, the suggestion that those negative sources play an important role in this process is unnecessary. The notion of coping, then, is important only under certain conditions, such as when identity changes (for example when one becomes unemployed or disabled due to an accident) or when one realises that important others, whose opinions are respected, hold such negative evaluations.

This interpretation is based on the acknowledgement that people have multiple sources of identity. The argument presented here develops ideas about multiple identities, social comparison, self-evaluation, and in particular the self-affirmation hypothesis of Steele (1988). The benefits of possessing multiple sources of identity have been shown by Linville (1987), who found that people who had more complex representations of the self had fewer adverse reactions (depression and physical health) in response to stressful life events (see Thoits, 1983, for similar findings). In her theory of self-complexity, she proposed that self-knowledge is made up of self-aspects, which may be
more or less distinct from each other depending on the extent to which they share content. The fewer self-aspects that an individual has available to them, and the more undifferentiated they are, the more vulnerable that person will be to stressful events. This is because a negative event which is relevant to one self-aspect is more likely to affect others, due to their lack of distinctiveness, and the lack of alternative identities. At the other extreme, when stressful events happen to people high in self-complexity, their effects are likely to be limited to a smaller proportion of the self-concept. In Linville’s study, self-complexity was treated as an individual difference variable, and the relationships she found were at a general level - that as the proportion of a person’s total self-concept which is implicated in the negative event increases, so does the effect of the stressor on mental and physical health. The processes of the self-concept which occurred in order to produce the buffering effect were not identified. In order to understand the effects of multiple identities, further elaboration of the relationship between different identities is necessary (Deaux 1992), as is some sort of model of the processes of the self-concept. One explanation of Linville’s findings can be offered from the model of the self presented earlier.

It was suggested in chapter four that the self-concept should be seen as the product of a selective process, and that one determinant of this is self-enhancement. Study one found that despite there being many sources of negative self-representation potentially available to participants, they invariably attended to positive sources. This would suggest that the self-concept operates through scanning for positives and attending to those. This was found in the social comparison literature, in which people were found to select comparison others and dimensions of comparison which resulted in more favourable representations of the self. Tesser (1986) found that the importance of certain dimensions to the self-concept varied in line with self-enhancement predictions. Rosenberg (1979) similarly found that people attached more importance to aspects of themselves which were more positively-evaluated, a suggestion made earlier by James (1890). In addition, research on self-serving biases indicates that recall and interpretation often tend towards positive self-representations. These processes do not require any rationalisation or attempt to deal directly with unfavourable aspects of the self. The more possible identities one has, then, the more possible sources of positive
representations of the self are available. In the presence of some kind of stress, or if one source of identity becomes negative, the individual simply alights on another and attends to that (Rosenberg & Gara, 1985). Thus Linville’s findings can be explained by acknowledging that in people with more complex representations of the self there are more alternative areas of the self one might attend to when one aspect becomes negative.

It is suggested here that the same process applies to social categorical identities, such that people stress those memberships which provide sources of positive self-evaluation. This does not imply, however, that memberships which provide unfavourable self-evaluations affect the person. If the self-concept is a process of selection, the fact that some sources of identity are not stressed does not imply they have any importance in this process. They are not stressed, but neither are they necessarily reacted to.

That people might respond to threats to one aspect of their identity by affirming an alternative aspect of themselves has been suggested by Steele (1988) in his self-affirmation hypothesis. This hypothesis was developed to explain the findings in dissonance research that people would change their attitudes when made to endorse an argument contrary to their original opinions. In a series of experiments (reviewed in Steele, 1988), he showed that participants do not show the normal pattern of changing their attitudes in line with the argument they are requested to endorse when they are first given a chance to affirm an aspect of themselves which is not related to the dissonance manipulation. In these experiments, the opportunity to affirm an alternative aspect of the self involved simply filling in a questionnaire on either economic/political values, or aesthetic preferences. He explains this finding by suggesting that the results of dissonance experiments are produced not by a motivation to reduce dissonance per se, but because the participants are made to feel foolish, and thus the integrity of their self-regard is threatened. In order to re-establish their integrity, they change their attitudes in line with the argument they are made to support. When given some other way of affirming their integrity, however, they do not then need to deal with the actual threat, and thus there is no need to reduce the dissonance by altering their attitudes. This explanation is supported in that only those participants who had previously been
identified as having strong political/economic or aesthetic values were found to resist the normal change in attitudes. A similar result, using a different paradigm in the dissonance literature, was obtained when the identity affirmation manipulation involved putting on a white lab coat. In this instance, attitude changes were not observed for participants who held strong scientific value orientations, whilst the usual effects were found for those who held strong business orientations.

Steele suggests, then, that the self is not geared to resolving specific threats, but at maintaining overall integrity, or positivity. If people affirm other aspects of their identity in response to a threat, then there is less need to adopt responses aimed at the threatened identity, such as denial or re-evaluation - "self-affirming thoughts should make it easier to be objective about other, self-threatening information" (p290). He criticises many experiments in social psychology for offering participants only one means of response to threats, since the options offered are usually ones which directly counter the threat. Since this is the only available option for reaffirming the self, participants are likely to use it. However, when participants are given alternative means of self-affirmation, they may not address the threat at all. Although Steele was particularly concerned with dissonance theory, he suggested that this experimental problem is relevant to a range of theories in social psychology, such as equity theory and control motivation, and that in everyday life people's options are much more varied. When there are more options available, evidence for the importance of motivations identified in the lab (such as dissonance reduction, need for control, equity restoration) might disappear.

The ideas of Steele can be extended to research into stigma and social category membership. The hypothesis that people deal with threats by simply affirming other aspects of their identity, and in effect leaving the threat alone, is likely to be particularly important in theorising about any negatively-evaluated social category membership. The same problems with experiments involving threats to group identity occur in this literature as in dissonance literature, namely that the responses offered to participants are directly related to the threat. Thus in the recent series of experiments by Spears et al (1997), participants responded on a measure of self-stereotyping to
situations in which the distinctiveness or positivity of a group is threatened. In these experiments it was found that those who were high in initial group identification (as a psychology student) responded to a negative group evaluation by increasing their self-stereotyping, whilst those low in group identification reduced self-stereotyping. However, in the outside world, people have a range of alternative group identities and other aspects of themselves, and this kind of threat may simply produce an affirmation of an alternative identity. The threat itself may be left unattended. This methodological problem is found in a range of experiments in social psychology which attempt to show the effects of negative group evaluations or group identification in general (e.g., Doosje & Ellemers, 1997; Kawakami & Dion, 1993). It also mirrors the problems referred to earlier of self-categorization experiments which simplify the context. The danger in using such experiments to interpret or predict the effects of real-world group memberships is that simplifying the context or people's means of representation leaves people without their multiple identities, and this may be the most important factor in mediating the effects of category membership.

While a threat may entail a reduction in the importance of a particular identity for a person, and, by implication, a relative increase in the importance of other identities, the possibility also exists, then, that a particular low status membership is not denied, and there is no such influence on its acknowledgement, but alternative identities are emphasised. An experimental study of this would entail a threat to an aspect of identity which results not in a change in the importance of that identity, but an increase in the importance of other identities. Whilst the previous three studies concerned people with learning difficulties, the experiment described below uses participants from a student population. The reason for this is that due to the methodological difficulties described in chapter six, (e.g., judgements of degree and reading difficulties) such an experiment was not possible with the original participants. The study aimed to test the general proposition outlined in the model of the self and above, and which is used to explain the results of study one. In using a more general population, it also extends the theoretical implications of this thesis to other social category memberships.
In the experiment described below, then, the hypothesis tested was that when one element of self-concept, in this case a category membership (female gender identity), is threatened, people simply affirm an alternative aspect. Two types of threat were used, one involving a negative reflected appraisal and one involving a more objective appraisal. The reflected appraisal threat involved a negative comparative evaluation by other people of one’s group membership. This was included as an approximation of the type of threat that is involved in stigma. The more objective evaluation involved a behavioural measure. It was hypothesised that an effect would be found for both types of threat.

10.2 Method

Participants

Participants were 131 psychology students at the University of Surrey. Their mean age was 22 (median = 20, range = 18 to 48), and all were female. The experiment was carried out before tutorials and lectures, and male students also took part although their results were not used in the analysis.

Pilot study

In order to find out what aspects of identity were important to the student population, an initial study was carried out with 9 students, who were asked to list 10 answers to the question “Who am I?”. The most frequent identities invoked were gender, family, student, friend, and definitions based on interests (eg sporty, artistic/creative). However, the most used category by all were positive interpersonal traits (eg outgoing, reliable, caring). Based on this study, it was decided to threaten female gender identity (females were a large majority in the population of psychology students, although not in the university population) by using a negative evaluation on an interpersonal trait (helpfulness). The ethical problems with such a study were considered to be reduced somewhat by the use of a counter-stereotypic trait.
Procedure
Participants were given a cover story introducing the experiment and which comprised the manipulation. They were then asked to complete a questionnaire about themselves and aspects of their identity. After they had finished they were thanked, debriefed and given an opportunity to comment on the experiment.

The questionnaire was introduced as part of a research project which was being carried out in conjunction with the student welfare services, about identity and attitudes towards certain categories of people at the university. It was explained that a previous survey of students asked them about their attitudes to certain types of students, such as female and male students. There were then three different versions of the cover story, which determined the three conditions of the experiment:

1) Control. Participants were told that some groups at the university were seen as friendlier and some as more helpful than others, and that some of the results were going to be used by the welfare services to inform their work (n = 42).

2) Reflected appraisal threat (RA threat). Participants were told that students perceived female students as being initially friendlier than males, but both male and female students rated female students as significantly less helpful than males across a range of social situations. The difference was so large that the welfare services were going to produce a leaflet for new female students next year, promoting the idea of mutual support (n = 41).

3) Objective threat (O threat). The same story was given to the participants as in RA threat, but instead of the survey involving a rating of helpfulness, they were told that students were asked to list all instances of help they had received from students in the last month, and it was found that female students were much less likely to be the ones who had given the help than were male students (n = 48).

It was then explained that the current study was about identity and how important the participants thought different aspects of themselves were. They were told it would take about 7 minutes to complete, it was anonymous so they could not be identified, and it was voluntary - if they did not want to participate they should just not fill it in.
Measures

The questionnaire consisted of 10 questions, each of which asked for the participant to provide an answer for 7 different identities (group memberships or traits). All questions used 5-point scales. A range of identities were offered since it could not be predicted which identities participants would shift towards after the manipulation. The following sources of self-description were offered in the first 6 questions:

- Family
- Friends
- Psychology student
- Woman
- Nationality
- Interests (e.g., music, sport, art, TV, books, clubbing)
- Appearance

The questions attempted to measure the salience of each identity, each focusing on a different indicator of salience derived from the literature. These were:

1) Identification - How important are the following to the way you are as a person?
2) Self-stereotyping - How much do you think you have in common with ...?
3) Ingroup favouritism - In general, how positive are your attitudes towards .... ?

The above indicators have been widely used in the literature on self-categorization and as such represent the main measures of salience. Questions 4 to 8 below are not widely used in the experimental literature and were included for exploratory analyses only.

4) Reflected appraisals - How important are the following in the way people react to you? For this question, friends and family were not judged appropriate, and accent and personality used instead.
5) Identity as explanation 1 - To what extent do you think a person's intelligence is affected by ..... ?
6) Identity as explanation 2 - To what extent do you think a person's personality is affected by ...... ?
7) Outgroup derogation - In general, how positive are your attitudes towards ..... ? (outgroups offered were: science students, men, Germans, people who do not share your interests, people who left school at 16, people who have a different dress sense to you, people who have different political views to you)

8) Dissimilarity from outgroups - In general, how much do you have in common with ..... ? (same outgroups listed)

Questions nine and ten were included also for exploratory purposes. These measured how important participants rated a range of personality traits for them personally, and how important they thought those traits were to being a woman. This included the trait ‘helpfulness’. The purpose of this was to find out whether the threat led to participants devaluing the perceived importance of the trait, or emphasising alternative personality traits rather than to their changing their focus on group/category memberships. The traits used were: sociability, creativity, individuality, helpfulness, assertiveness, loyalty, tolerance.

The experiment was carried out by a male researcher.

10.3 Results
In order to examine whether the threat affected participants’ levels of gender identification, a composite variable was calculated using the sum of the gender identity components in questions one, two and three. This composite was a sample of three different manifestations, or outcomes, of identification, all of which had been used previously in the literature as indicators of identification. The alpha figure for this composite variable was 0.55, indicating that the internal consistency of the scale was not high. For this reason, each analysis was performed twice, once using this composite variable (gender A) and again using only scores on question one (gender B), the latter being a more direct indicator of gender identification. Analyses using the latter variable produced similar results in all cases. These results are reported in footnotes.
Table 32. Summary statistics for gender identification measures in each condition.

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>RA threat</th>
<th>O threat</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Gender A</td>
<td>10.62</td>
<td>1.25</td>
<td>10.51</td>
<td>1.76</td>
</tr>
<tr>
<td>Gender B</td>
<td>3.76</td>
<td>0.73</td>
<td>3.75</td>
<td>0.92</td>
</tr>
</tbody>
</table>

An ANOVA was carried out for gender A in order to examine whether the threat had affected identification. As predicted, there was no significant difference in gender identification over the three conditions, indicating no effect of the threats on gender identity (F(2,128)=0.07, ns).

Since the hypothesised effects on the other identities were expected to be found only for those participants who showed higher levels of gender identification, and for whom the threat would be most relevant, the participants were split into two groups. This grouping was based on a median split of gender A. This produced a group of low identifiers with 62 members (group A1) and a group of high identifiers with 69 members (group A2). The numbers of participants in the control, RA threat and O threat conditions were 21, 19 and 22 in group one, and 21, 22 and 26 in group two.

One-way MANOVAS were carried out separately for these two groups, since effects were only expected for high identifiers, and carrying out a single overall analysis would have involved testing for main effects of gender identification and condition which were not predicted to occur (Huberty & Morris 1989).

A number of the questions were not used in the analysis:
1) In questions 1,2 and 3 (identification, self-stereotyping and ingroup favouritism), identities concerning family and friends were not used because the distribution of

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2 There was also no significant difference of gender B across conditions (F(2,128)=0.12, ns).
3 A second grouping variable was calculated based on a median split of gender B. This produced a group of high identifiers with 87 members (group B1), and one of low identifiers with 44 members (group B2).
responses displayed a ceiling effect. This was also the case for the reflected appraisal question (4) concerning personality. Almost all participants rated these questions as very important.

2) Questions concerning outgroups (7 & 8) were not used due to a large number of participants choosing the midpoint on the scale (58% and 46% respectively). Debriefing sessions revealed that some participants did not want to generalise or derogate other groups of people, and some did not see the groups chosen as relevant outgroups.

3) Questions concerning how important participants thought various traits were to being a woman (question 10) were not analysed because 21% of participants scored this question using the same scale point for all seven traits, and debriefing sessions revealed that participants may have been unwilling to generalise about the category.

1) Tests relevant to the hypothesis

Scores for each of the four remaining identities (appearance, interests, nationality and psychology student) were obtained by summing responses on questions 1, 2, and 3. The alpha values of these composite variables were as follows:

- Appearance - 0.57
- Interests - 0.60
- Nationality - 0.72
- Student - 0.64

A MANOVA was carried out to test for differences over the three conditions in these four identities. As predicted, for the low gender identifiers (group A1) no significant differences were found (F (8,114) =.06, ns), whilst there was a significant difference for the high identifiers (F (8,128) =.25, p<.05). Inspection of the univariate F statistics revealed this effect was produced on the interests identity (F = 5.07, p< 0.01, eta-squared=0.13). Planned t-tests revealed that there was a significant difference in the hypothesised direction between both the control and the objective threat conditions,
and the control and the RA threat conditions - in both cases, high gender identifiers showed increased salience of the interests identity (see table 7.1).  

Table 33. T-test results comparing the threat conditions with the control condition for scores on the interest identity (group A2 only).

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-value (against control)</th>
<th>Degrees of freedom</th>
<th>Significance (p values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>21</td>
<td>10.05</td>
<td>1.77</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>0 threat</td>
<td>26</td>
<td>11.23</td>
<td>1.63</td>
<td>-2.38</td>
<td>45</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>RA threat</td>
<td>22</td>
<td>11.45</td>
<td>1.22</td>
<td>-3.01</td>
<td>35.35</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Since the composite variable relating to the appearance items displayed a low level of internal consistency, the analyses above were repeated using scores on question one only as the outcome variables, rather than the composite variables. This analysis produced the same findings as using the composite variables.

2) Exploratory analyses

Since questions 4, 5 and 6 were not used to create the gender identification grouping variable, and since this section represents an exploratory analysis only, gender identity was included as an outcome variable in the analyses reported here. In order to correct for the inflated risk of type 1 errors due to there being 3 MANOVAS for each group, the significance level was reduced to 0.0167 (Howell 1987). This correction was

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4 The analyses were also carried out using the gender B groupings, and the results followed the same patterns as those using gender A groupings. No significant differences were observed for group B1 (F(8,78)=0.05, ns) whilst a significant difference was found for group B2 (F(8,164)=0.26, p<0.02). Inspection of the univariate F statistics revealed the effect to have been produced on the interests identity (F=6.27, p<0.01). Planned t-tests revealed the significant differences between both the control and the RA threat conditions (t (56)=-2.94, p<0.01), and the control and O threat conditions (t (56)=-3.21, p<0.01).

5 No significant difference was found in group A1 (F(8,114)=0.13, ns), whilst a significant difference was found for group A2 (F(8,128)=0.24, p<0.05). This effect was produced by the interests identity item (F=5.30, p<0.01). T-tests revealed significant differences in the hypothesised direction for both the control - RA threat comparisons (t(41)=-3.57, p<0.01) and the control - O threat comparison (t(45)=-2.11, p<0.05). Similarly, no effects were found for group B1 (F(8,78)=0.18, ns) whilst a significant difference was found for B2 (F(8,164)=0.18, p<0.05). The effect was also produced by the interests identity (F=5.06, p<0.01).
carried out separately for the 2 groups since any effects were predicted to occur in group 2 only.

Explanation questions. A score for each identity was obtained by summing responses on the intelligence and personality questions (questions 5 and 6). A MANOVA was then carried out for all identities across the three conditions. No significant differences were indicated in either group A1 (F(14,108)=1.26, ns) or group A2 (F(14,122)=0.68, ns)6.

Reflected appraisal questions. A MANOVA was calculated for all identities (except the personality option - see above) over the three conditions, and no significant differences were found for group A1 (F(12,110)=0.47, ns). The result for group A2 approached significance (F(12,124)=1.89, p<0.05). Examination of the univariate F statistics revealed that this effect was produced by the appearance (F = 5.56, p< 0.01, eta-squared=0.14) and the gender (F = 5.96, p< 0.01, eta-squared=0.15) identities. The results of t-tests for these variables are described in tables 7.3 and 7.4. In both cases, high identifiers in the objective threat condition rated these as significantly less important7.

Table 34. Comparison of scores on reflected appraisal (gender) item for the threat and control conditions.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-value (against control)</th>
<th>Degrees of freedom</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>21</td>
<td>3.23</td>
<td>0.89</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>O threat</td>
<td>26</td>
<td>2.62</td>
<td>1.13</td>
<td>2.06</td>
<td>45</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>RA threat</td>
<td>22</td>
<td>3.59</td>
<td>0.91</td>
<td>-1.29</td>
<td>41</td>
<td>ns</td>
</tr>
</tbody>
</table>

6 Similar results were found for groups B1 (F(14,72)=0.30, ns) and B2 (F(14,156)=.10, ns).
7 Analyses using the gender B grouping variable produced similar results. No significant differences were found for group B1 (F(12,74)=0.26, ns), whilst the result for group B2 approached significance (F(12,160)=0.24, p=0.05).
Table 35. Comparison of scores on reflected appraisal (appearance) item for the threat and control conditions.

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-value (against control)</th>
<th>Degrees of freedom</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>21</td>
<td>3.48</td>
<td>0.88</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Threat</td>
<td>26</td>
<td>2.62</td>
<td>1.06</td>
<td>2.99</td>
<td>45</td>
</tr>
<tr>
<td>RA</td>
<td>22</td>
<td>3.27</td>
<td>0.83</td>
<td>0.78</td>
<td>41</td>
</tr>
</tbody>
</table>

**Personality traits.** A MANOVA revealed no significant differences for responses to the personality trait questions in either groups A1 (F(14,104)=0.69,ns) or A2 (F(14,126)=0.95, ns)^8.

### 10.4 Discussion

It can be seen in the results that the hypothesis was supported. When one categorical identity (gender) was threatened through a negative evaluation, there was a tendency for participants to increase their judgements of the importance of a different aspect of themselves (their interests) for their self-concept. There was no corresponding decrease in judged importance of the threatened identity. This supports Steele’s suggestion that as long as people are able to affirm their identities in some other way, there is no need to assume that they will deal directly with the threatened aspect. This experiment extends the hypothesis to categorical identity.

It should be noted that effects were only found for those high in gender identification, and the effects were found for both threat conditions. In addition, the results that approached significance in the exploratory analysis were also found only for the group of high identifiers. This is evidence for the success of the manipulation, in that no effects were found on any variable for the group who were predicted to be least affected by the change in context.

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^8 Similar results were found for groups B1 (F(14,72)=0.29,ns) and B2 (F(14,158)=0.14,ns).
The alternative identity that participants selected was that of interests, which included sports, music and social/leisure activities. Given that participants were students who were mostly between the ages of 18 and 24, it would seem reasonable that this is what they would choose to emphasise rather than identities such as their nationality, appearance or student status. In the pilot study, nationality was not mentioned, and appearance was referred to only once (fashion conscious), therefore it might be assumed that these are not important identities to claim in the context of life at university. Similarly, being a student is a less fruitful way of distinguishing oneself than one's interests in this context.

For the exploratory questions, the effects on the reflected appraisal questions were found only for the objective threat. In this condition, participants thought that their gender and their appearance were less important in the way other people perceived them. The interpretation of this result should be treated with caution, since the result only approached significance. An interpretation might be that when faced with an objective threat, participants to whom that identity was important tended to discount that factor as relevant to the way others judged them. This discounting is less feasible when the threat itself is based on the judgement of others. An interesting area of investigation is suggested by this finding - that the subjective importance of particular social identities may not be reduced when those identities are judged negatively, but the extent to which people perceive others as perceiving them on the basis of that identity may be reduced. This process will depend on the source of the negative evaluation, and has implications for stigmatized identities since it was suggested in chapter three that the experience of a stigmatized identity was partly dependent on the person attending to the appraisals of others and interpreting these as due to their stigma. The findings here provide some preliminary evidence that a person's identifications might not closely mirror how they think others perceive them. Further research needs to be carried out examining how one's identity from these two different perspectives (subjective importance and reflected appraisals) might be affected differentially by contextual manipulations.
There are a number of problems with the experiment. Some of the exploratory questions did not work well. Questions about outgroups were not responded to favourably by participants, probably because there are social norms against derogating other groups, and in addition the groups offered may not have been relevant as outgroups. The explanation questions did not show any effect, possibly because participants, being psychology students, already had theories about the determinants of intelligence and personality. Short-term, rather trivial manipulations of identity may have little effect on such theories. Effects on the importance allocated to gender identity might be difficult to find because high identifiers might either state that gender is important or irrelevant, depending on their specific viewpoints. A more fruitful way of using explanations as indicators of identity salience would be to involve more naturalistic situations and more specific behaviours. Finally, the questions asking participants to stereotype their gender resulted in a large number of missing responses and responses which used the same scale point for each trait. Presumably participants did not consider this a reasonable question.

The effects of having a male researcher are rather difficult to judge. Whilst it might have made the gender identity more salient, through having an outgroup member presenting the threatening information, it might equally have enabled participants to discount the evidence as the production of a research exercise which was biased in favour of males. As such, the cover story research or interpretations might have been suspected to be flawed, and there was evidence in the debriefing sessions that some people questioned the validity of the cover story.

There are two differences between this experiment and Steele’s research:

1) Whilst Steele assumed a threat to exist due to the experimental manipulations (ie in creating dissonance or helplessness) and then assumed this to be dissipated through the opportunity to describe some aspect of oneself and by then finding that the usual experimental effects were not found, the current experiment explicitly provides a negative evaluation and asks participant to rate the importance to them of alternative identities.
2) The experiment described here deals with group membership. Steele's ideas are therefore extended to another area of social psychology.

The importance of this finding for stigmatized and other negatively-evaluated identities is that it demonstrates the importance of recognizing that the self-concept is selected from multiple possible identities. Any particular aspect of, or perspective on, the self should be seen as part of a package, rather than something that exists on its own. Experiments which show people reacting to a threat to identity need to recognize that outside the laboratory the relevant context is determined by a process of selection, and people have alternative aspects of themselves on which to focus. The threat itself may simply be left unattended. This is similar to the idea of compartmentalism, which involves the assimilation but not accommodation of a threatening aspect of identity - it is accepted but has little effect on other identity components (Breakwell, 1986). If this is an important process in stigmatized identities, then the assumption that these have power in determining people's self-concept, or in provoking reactions such as denial, changes in self-stereotyping or perceptions of heterogeneity of the group, needs to be questioned. The relevance of this experiment to people with learning difficulties is that the findings that people do not seem preoccupied with their learning disabled identity, or their everyday difficulties, and that they present positive representations of themselves over a range of perspectives, should not be seen as a failure to accept their condition, or as a defensive response. Rather, this should be explained by processes of the self-concept found in the general population which affirm positive aspects of the self. The perception of learning difficulties as a tragedy, which leads to selective terminations of pregnancies, and the 'bereavement' of parents, is an outsiders' perspective. For many people with learning difficulties, the tragedy may not exist.
11.1 Summary

This thesis attempted to investigate the extent to which having learning difficulties was implicated in the ways in which people who are labelled in this way represent themselves and their situations. The research examined the extent to which the identity was salient for participants, and the sources of positive and negative self-evaluations which were presented. Explanations for the patterns found were then sought at both the social and cognitive levels. Interpretation of the findings was based on a working model of the self which was derived from an integration of various social psychological approaches to the self-concept and identity. This model explicitly recognises that the self-concept involves selection from multiple possible identities, and that perspectives that are available for construing the self often form unified representations. The determinants of this selective process, on which the interpretations offered here focused, were self-enhancement and social-contextual factors. In addition, it was found that categorization processes, particularly those involving prototypes, were important explanatory concepts. Although other bases for selection are acknowledged (e.g., continuity, distinctiveness, rhetorical), they are not dealt with here.

The major findings and interpretations are summarised below.

- The learning disabled identity was not salient for most participants, despite a range of questions concerning situations which ostensibly were determined by their having this identity. Alternative identities and explanations were offered. For the few participants who did refer to this identity, self-categorization was found in the context of reflected appraisals.
- Negative implications which might be expected to result from this identity were similarly rarely found - instead participants usually presented themselves in favourable terms.
- These findings might be explained by a range of phenomena which do not require the assumption that the participants are reacting to this identity. Explanations offered from study one include general self-enhancing tendencies found in the wider
population (e.g., actor-observer differences in attributions), a lack of elaboration of reflected appraisals and particular constructions of the social context which indicated different comparison dimensions and thus social categories to those assumed to be salient by the researcher. None of these phenomena are particular to stigmatized groups.

- Participants mostly represented the category in terms of prototypes which were more disabled than themselves, and therefore placed themselves either on the boundaries of this 'fuzzy' category, or outside of it altogether. It was seen that this could be explained by general processes of prototype construction.

- Discourses in participants' everyday social environments mirrored the findings of study one, in terms of use, or lack of use, of the learning disabled identity as an explanatory or descriptive concept, dimensions and targets of social comparisons, lack of elaboration of others' appraisals, and a tendency to make favourable evaluations of the person. The self-concept patterns of the participants, then, can be explained partly by the local discourses of their social environments.

- The experimental study illustrated that negative evaluations of a social category do not necessarily lead members to reduce their identification with those categories when they have alternative identities available to them. They may instead simply select other identities. This evidence supports the interpretation above that the lack of salience of the learning disabled identity may not be the result of a process of denial or disidentification, indeed there may be no effects on the stigmatized identity itself. Therefore the findings that people with learning difficulties make salient positive perspectives on themselves can be seen as a phenomenon also found in the general population, that people tend to emphasise positive sources of identity, rather than being an active avoidance of their learning disabled identity.

### 11.2 Studies of minority group membership

It was seen in chapter two that existing literature concerning people with learning difficulties often assumes their identity to be problematic to them, that they are engaged in a constant struggle to maintain their self-esteem in the face of this tragic condition. When it is found that people do not represent themselves in this way, it is
then assumed that they are in denial, that this lack of identification is a result of the primary identification as a learning disabled person. Their behaviour and explanations are also interpreted as ways of dealing with this, as forms of face-saving or self-protection. It was seen in chapter three that a similar assumption is often found in the stigma literature - that the stigma must surely be the most important determinant of a person's self-concept and their behaviour. Although there are writers in both traditions who do not make these assumptions, or who are ambivalent, moving from the acknowledgement that stigmatized people often do not represent their stigma as central to the way they see themselves to the assumption that surely it must be difficult to escape some kind of negative effects, studies of the effects of having learning difficulties or other stigmatized identities on the self-concept do not base their investigations on explicit models of the self-concept. This results in simplistic assumptions based on the idea that almost whatever is found must be the result of the recognition by the person that they are faulty in some way.

This idea is found also in social psychology, and a number of writers have put forward lists of ways in which group members might respond to the threat of their membership in low status social categories (eg Allport, 1954; Blanz et al, 1998; Doosje, & Ellemers 1997; Ellemers & van Knippenberg, 1997; Goffman, 1963; Tajfel, 1978; Breakwell, 1986; Hinkle & Brown, 1990). These include responses involving denial, fantasy, political action, withdrawal, reconstrual, judgements of in- and out-group homogeneity and heterogeneity, and self-stereotyping. These analyses are useful in explaining the behaviour of some members of minority groups, and can aid social and therapeutic workers in understanding reactions to particular situations and potential interventions. The danger is that such responses are over-emphasised, and that any behaviour which seems to fit these lists of responses is interpreted as being a result of the group membership. In fact, the behaviours described in such lists could arise from a great number of potential factors. For example, the strategy of social mobility in social identity theory (Tajfel & Turner, 1979) suggests that one possible reaction of low subjective group status is disidentification with the in-group. "Tendencies to dissociate oneself psychologically from fellow members of low-prestige categories are known to many of us from everyday experience." (Tajfel & Turner, 1979, p43). Ellemers et al
(1988), in two experiments with artificially created groups, found that members of high status groups showed more ingroup identification than members of low status groups, and there are other studies showing how these effects are moderated by factors such as permeability, legitimacy and stability (Ellemers et al, 1988, 1993; Ellemers & van Knippenberg, 1997). Whilst low salience of a low status social category was found in this thesis, it was also found that this could be explained by a lack of elaboration of reflected appraisals, by general processes favouring positive sources of information, by categorization processes which determine group definitions, and by social-contextual factors. None of these explanations are particular to stigmatized or low status groups. Breakwell (1986) makes the point that researchers should not assume something to be a threat, that it must be experienced as such at some level. A similar point is made by Fine and Asch (1988) with respect to physical disability. Asking a question such as how much social creativity is needed to offset unfavourable social comparisons, as Hinkle and Brown (1990) do, assumes that a potentially unfavourable comparison must be salient to a person, and therefore must be countered in some way – it does not allow for the flexible and selective nature of self-construal which may render such a comparison simply not salient.

For these reasons, it is important to avoid assuming that because one has found a person does not make reference to a low status group membership that they are in denial, or are passing. If someone makes downward comparisons it is not necessarily a reaction to their membership in a particular group. If someone engages in daydreaming or fantasy it is not necessarily because their reality is too depressing to bear. This emphasis is partly the result of using experimental paradigms to examine the effects of negative group evaluations, where a threat is presented and a response is measured. Whilst it is relatively easy to suggest a causal sequence in these cases, the situation of real-world low status groups is more complex, where external negative evaluations might be long-standing and the person does not have a particular aspect of their identity made salient at the expense of all others. It was seen that the ways in which participants here constructed the social context resulted in certain social groupings becoming salient other than a learning disabled category. When experimental studies constrain the context they lose a crucial explanatory factor in the experience of
members of real-world categories. There are multiple ways of representing any social context, and it is this which importantly determines self-concept and behaviour. Research outside experimental settings must not begin with the assumption that the participant is concerned with the same comparison dimensions and targets as the researcher, indeed this is rather unlikely. In addition, it was seen in study four that the effects of any particular identity cannot be understood without consideration of the other ways available to them to construe themselves. Experiments which make salient one aspect of identity, and then constrain the participant to behaviour based on this identity, do not recognise that outside such settings it is the availability of alternative identities which is crucial, and that this may result in one negatively-evaluated aspect of identity having little importance.

Any research on the implications of membership in low status groups, then, must be designed in such a way as to allow for alternative explanations which do not assume the researcher’s preoccupations are those of the participants. The cause of the problems found above in research into stigmatized or low status groups are due to a failure to recognise that interpretations should not be based on the theorist’s social frame of reference, but should be based on those of the participant. If the researcher sets out to investigate the effects of low status category membership, then this identity is assumed to be important. However, the social context might be represented quite differently by the participant, involving both different category definitions and meanings, and different comparison dimensions and values being important. These differences are due partly to people occupying different positions in the social structure. Only in this way will a more measured analysis of the effects of membership in that particular group be possible.

In order to achieve this, research into social category membership must be based on some sort of conception of the self-concept, not simply a definition, but a model of the processes involved in self-characterisation (eg see Breakwell, 1986). Since the self-concept involves much more than group memberships, this allows phenomena observed to be interpreted in a number of ways, not simply in terms of a single social category membership or stigmatized characteristic. The involvement of social category
membership on the self-concept should be understood in the context of other aspects of the self-concept and the way in which the social context is construed.

11.3 Self-categorization theory
Several points have been made concerning the application of SCT to the study of real-world groups. In study one, it was found that the social context was not represented by the participants in the way expected by the researcher. Whilst Reicher and colleagues (eg Reicher et al, 1997) make the point that the comparative context is not a given, and focus on the rhetorical functions of such variation, it is suggested here that a further determinant of such variation is differences in individuals' and groups positions in the social structure, as well as a tendency towards information which represents the self positively.

Study two found that the prototypes that participants used for the learning disabled category involved more severe disabilities than they had themselves, and that this might explain why the category was not used as an explanation for the situations participants found themselves in. This suggests that the normative content of the category is also not a given, and that the processes which dictate prototype construction partly depend on the position of the observer relative to that category.

When it is acknowledged that both the comparative context and the normative content of a category depend on the perceiver, then the equation suggested in SCT for determining salience (based on comparative fit and normative fit) becomes difficult to predict outside experimental contexts where the context is clearly specified and the most simplistic normative contents are involved. Indeed, there is little clear separation between accessibility and context in the outside world.

Two further points that merit consideration in SCT are the involvement of reflected appraisals in the salience of self categories, since these may be an important feature of a perceiver's characterisation of the context, and the importance of local, everyday patterns of discourse in determining both the relative context and the accessibility of
particular social categories. Self-concept, and therefore self-categorization, is both a long-term and a joint construction.

11.4 Problems with the research
The methods adopted for the first two studies were very much constrained by the difficulties described in chapter six, where it was seen that semi-structured interviews, using open-ended questions, were the most appropriate with this population. The validity of the data was checked at various points, including the use of inter-rater reliability checks for the content analyses, and the comparison of observer reports in study three with the accounts provided in studies one and two. In addition, the extent to which any particular finding applied to the participants was reported through recording the number of participants who provided extracts for each coding category.

The interpretation that the participants’ representations were not importantly influenced by their knowledge of their learning disabled identity was supported with evidence regarding how this might be so, based on an explicit model of self-concept processes. Alternative explanations for the lack of salience of this identity, as well as the focus on positive sources of information about the self, were offered based on the results of studies two, three and four. Of course, the interpretation of denial can never be disproved, since any representation which does not put the stigmatized identity as central can be interpreted this way. However, this thesis attempts to provide both a model which is general in its principles, not requiring specific explanations based on the centrality of one particular aspect of identity, and evidence of phenomena which are plausible determinants of the patterns found.

The relevance of the findings for people with challenging behaviour, or for those people who were unwilling to participate, cannot be assumed. It is possible that those people for whom the identity is most problematic might be those who are too disruptive for the services in which recruitment took place, or those who did not wish to interviewed. Further research recruited from people referred to psychiatric or psychological services would be useful in this respect.
It is acknowledged that the experimental study is a rather unrealistic attempt at illustrating the importance of multiple identities in understanding a stigmatized identity, and the results therefore require confirmation in other settings and paradigms. In particular, such short-term manipulations of a particular identity cannot be assumed to approximate the effects of identities which are long-term, and where the threat may involve cultural representations which are similarly long-standing. However, it is possible that such long-term threats may have even less impact, as people may hide their negative evaluations, as was seen in the carer study, and explanations may evolve within subcultures to counter negative sources of evaluation. In addition, the same problems of constraining the context apply to this experiment. However, the experiment is intended to show that when a particular event occurs which might imply a negative evaluation of the self, and when this is noticed by the person, the existence of alternative perspectives on the self may mean the individual experiences no such negative implications.

11.5 Practical implications
It is often asserted that the ability to see oneself from another's point of view is crucial to social interaction (Blumer, 1969; Cooley, 1902/1964), because this allows one to understand the other's reactions and to influence them. However, many participants in this study appear to manage without an elaborate understanding of reflected appraisals. How well they manage socially was not assessed, but social interaction can probably be carried out without constant attention to this factor - people know how to behave through learning social scripts, social affordances, and reading physical cues in others' behaviour and responding to this. Indeed, Cooley pointed out that people vary widely on how preoccupied they are with what others think. While attention to reflected appraisals may often facilitate social interaction, there are many other ways to manage interactions, and indeed it is unlikely that this is a constant preoccupation of most people in many interactions. For those who do not attend to the perspectives of others (role-taking), however, a number of social problems might result. Because the person is less responsive to the emotional state of the other, they may be perceived as less
rewarding as an interaction partner, the person may not understand others’ expectations of them, they may have less control over interactions, and they may be less able to cooperate. In addition, certain types of challenging behaviour which present as clinical problems might be associated with a lack of role-taking - these include behaviours which offend, insult or assault others. This finding, then, offers a new insight into understanding such problems in this population.

The findings of study three, that carers often do not use explanations which refer to the person’s learning difficulties when explaining a range of situations which are determined by this identity, has a number of implications. When people with learning difficulties are not given a full account of situations and events in their lives, their power to challenge others’ versions of them, and to change their situations, is denied them. This behaviour of carers is not malicious - indeed they are faced with a dilemma, since they believe that honesty would lead to enduring emotional problems for the person. A number of specific problems for the person with learning difficulties arise, however, from this censorship, apart from the general denial of their power to challenge the views of the institutions and people that support them. It is often found in services that people have aspirations which appear unrealistic, such as to marry a particular member of staff or to get a job which requires qualifications they could not get (eg becoming a doctor or policeman). In these cases, a lack of openness means that the person may persist with these aspirations for years, and this becomes one of the stereotypic characteristics of the population. Others may think the person is child-like or foolish as a result, when it is the lack of openness by carers which keeps the person in this perpetual trap. In other cases, for example when a couple want to get married or when someone wants to leave home or leave a service, they require help from carers to achieve these goals. If carers do not believe these are realistic and are not open about the reasons, they may simply not support the person to achieve the goals. The person may therefore not be aware that their desires are being resisted, and they may be left in limbo, frustrated but not understanding the reasons for this. In these cases they may not seek help from others who may be more amenable to their desires.
The transcripts of studies one and two were analysed to provide some insight into conducting interviews with people with learning difficulties, particularly regarding question types and the interpretation of responses. The findings are described in appendix five.

11.6 Suggestions for further research

The experimental study raises interesting questions as to how multiple identities and perspectives on the self are involved in the experience of stigma. The findings, that unfavourable evaluations of one social category membership might simply involve switching attention to another aspect of identity, without affecting the threatened identity in any way, needs to be replicated and extended to other categorical identities. Similar experiments to those of Steele (1988), but involving studies which show the effects of threats to categorical identity, should be carried out. In these, existing experiments, such as those of Spears et al (1997), should be repeated, but allowing the participants the opportunity to exercise their multiple identities. It would be expected that the responses found in the original studies (eg in terms of self-stereotyping) would disappear. Future studies might also compare effects on self-evaluation of such a threat when the opportunity is provided to affirm an alternative aspect of identity, to those when no such opportunity is available.

In addition, this study also suggests that social categorical identities are often linked with reflected appraisals, and that measures of salience based on such concepts as self-stereotyping or subjective identification may differ from measures based on reflected appraisals. In the experiment, there was a tendency for people to construe others as perceiving them less on the basis of gender identity when that was threatened in the more objective condition. This was not accompanied by a reduction in personal identification. Given the importance attached to reflected appraisals in conceptualising stigma, this subject merits further investigation.

Observational studies would be useful in order to explore various issues which were identified as important. The self-reports of carers' behaviour need to be validated in a
more natural setting, where everyday references to the person’s identity can be observed. Similarly the extent to which people with learning difficulties are self-limiting and when conflicts around their identities do arise need to be further explored. The importance of reflected appraisals can also be studied using observations, which might allow also the more immediate reactions of people to be assessed.

Whilst this research found that few participants experienced a stigmatized identity, there was one person for whom negative implications were found. More research needs to be carried out into when such negative implications might occur, and the extent to which the experience of a stigmatized identity is a feature of clinical problems such as challenging behaviour and depression in this group. Although most people who were invited to participate did agree, there were some people who did not, and it is possible that these people might have been more affected by the learning disabled identity. Similar research involving clinical populations might therefore be useful.

Finally, the findings that a proportion of the sample made little reference to reflected appraisals is a finding that has not been identified in the literature for this population. Given the importance of these types of perception for social behaviour, more research into the correlates of this would be useful. In particular, the relationship between elaboration/understanding of reflected appraisals and challenging behaviour (particularly antisocial behaviour), relationships and social skills in general would allow greater understanding of these problems in this population.
Bibliography


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Appendix 1. Interview schedule (study one)

Note - these questions were embedded wherever possible in contexts which the participants had described when talking about themselves and their lives generally. They therefore referred to particular people and situations wherever possible.

Name:
Where do you live?
Who with?
Where did you live before that?
Age:

A - Self-description
1. Ok, could you now tell me a bit about yourself? Try and tell me 5 things about yourself.
2. Now could you tell me the name of someone who knows you quite well. If I asked them about you, what would they tell me. Try and think of 5 things.
3. Can you tell me a bit about your life?
4. What do you do in the day? What sort of place is that? What sort of people go there? Why do you go there?
5. What makes you happy?
    ---- What makes you angry?
    ------What makes you upset?
6. Have you changed much? (What were you like when you were younger?)
7. What would you like to happen when you are older?

B - General self-esteem
1. What makes a person feel good about themselves? (Proud of themselves/pleased with themselves)
2. What would make someone feel bad about themselves?
3. How do you feel about yourself?
    ---- What do you like about yourself? What are the good things about you?
    ------ What are the bad things about you? What would you like to change about yourself?
4. Do you ever get embarrassed? Can you tell me what you get embarrassed about? (Tell me about one time you got embarrassed)
5. Do you feel proud of yourself sometimes?
6. Are you better than anyone else?
    Is anyone better than you?
7. Are you the same or different from other people here?
    How are you different from other people here?
    How are you the same as other people here?
C - Other people
1. What do you like about X (a friends name)?
   ---- Is there anyone you don’t like? What don’t you like about them?
2. What makes a person good?
3. What makes a person bad?
4. Who are the important people in your life?
   ---- What do they think of you?
5. What about other people - if they don’t know you, (eg in particular context which had been described), what do they think of you? (understand you, treat you?)
6. Are (parents/staff/friends) proud of you? Why?
   ---- What do people like about you?
7. Do people sometimes say bad things about you?
   ---- Do you ever do things that upset people?
8. How do people treat you?

D - Efficacy
1. What things do you think a person should be able to do by themselves?
2. How do people feel when they can’t do things?
3. What things are you good at doing? (Can you do by yourself?)
4. What things do you find a bit hard to do? (need help with?) Why don’t you do that by yourself?
5. What would you like to be able to do?

E - Focus
1. Do you worry about what people think of you? What do you worry about?
2. Do you think about yourself much? When?
Appendix 2. Transcript for interview with TT (study one)

Can you tell me your name?/ T
Ok T, what's your last name?/ Um, don't know
(Mr J says: Its T, TT isn't it? Why didn't you tell him it was TT?)
Can you tell me how old you are?/ Three oh
Very old?/ Three oh
Oh three o?/ (Mr J: Three o, thirty) Thirty
And where do you live, T?/ (Mr J: Go on tell him where you live)
Do you live in Brixton?/ No....
Streatham?/ (Mr J: West (part of London), G Hill?) No...(Mr J: X) Yeah, X
Oh really? Its nice in X./ Yeah
Who do you live with?/ Mum and dad
Oh right./ My brother
Yeah./ My dog
Dog?/ Dog
You've got a dog?/ Yeah
What's your dog's name?/ C
C?/ Yeah
Right, ok (Mr J whispers "answer all the questions" as he leaves the room)./ Yes boss, see you
So your dog C./ Yes
What does your dog think of you?/ Nice....
What does he think of you?/ ......Out
Yeah./ ......In....that's it
Ok, so the dog C goes out./ Yeah
Comes in again./ My dad does that
He does that?/ Yes
Do you ever do it? No, yeah, I go with my dad tonight, at the club
Does he bring you here?/ Bus
Oh bus./ Yes
Do you ever come on your own?/ No, my mum takes me
Oh does she?/ Yes, and dad
Have you got a car?/ My dad's car
So you don't come on your own then?/ No, bus
Minibus?/ Big bus
Oh the red bus./ School bus, school
School bus?/ Yes
Do you ever go out on your own?/ Yeas, shopping
You go to the shops?/ Yes
What do you do there?/ New book
Oh right so you buy a book./ Yes, mum and dad....
Mum and dad? What do they do?/ A new book
Oh do they buy it?/ Yeah
You don't buy it?/ No
Oh right. Stay at home
Ok, T, can you tell me a bit about yourself? Me?
Yeah... My birthday, my birthday's gone
Your birthday's just gone? Gone, yeah
Right. New dress
You got a new dress? Yes
Very nice. New watch, hairs done
You get your hair done? Yes
For your birthday? Yes
Nice, so it's just gone has it? Gone
June? May
Oh in May. Yeah
What did you do on your birthday? Out, meal
Oh. 10 people
Ten! Yeah (laughs) Ten people
Ten people? Yeah
Who was that then? Mum and dad, me, my sister in law, my brother, my 2 nieces
Yeah. 10 people
Oh my goodness. So what did they think of you? Nice, naughty
Naughty? Yeah
Why's that? I don't know....
Who said naughty? Mum and dad
About you? Yes
So did you do something naughty? (nods)
Yeah? What did you do? (shrugs)
Don't know. Ok, so they think you're nice and you're naughty. What else do they think about you? Um. I don't know
Ok, right you've told me, I asked you, I said can you tell me about yourself, and you told me you had your birthday, it's just gone, and you got a new hairdo, a new dress, new watch, and you went out for a meal with 10 people. Can you tell me something else about yourself?... No
No, ok Well that was interesting, um, what do you do in the day-time, Helen? Um stay at home
Stay at home? My mum, stay at home with my mum
And what do you do at home? I watch telly
Yeah / Listen to my new tapes
Yeah. My birthday
Yeah. And...... um... Mummy's school my mum
She goes to... School here
She does? Yeah
Oh. My mum daughter
You're the daughter? Yeah
Right, so does your mum come here? Yeah
What does she do here? Um bus
Yeah. In out in, and tea here
You have tea here? My mum, my mum tea here, hot tea coffee
Yeah. And...... mum is birthday June August
Do the what? My mum's birthday
It's here birthday in August?/ Yes
Ah./ Meal, have meal
With 10 people?/ Yeah (laughs) yeah
Are you looking forward to that?/ Yeah, yeah
Oh that's nice. Do you do anything on her birthday? What do you do?/ Um stay at home, birthday card, me make a birthday card
Make her a birthday card?/ Yes
Where do you make that?/ Here
Oh yeah./ Yes
What did your mum think of your birthday card?/ Nice....yeah
Did you give her a present?/ Yeah.....No
Ok, if I went and said to your mum../ K
Named K?/ K yes
Ok and I said hello K, I'm trying to find out about T, and I said K, can you tell me about T? (laughs) What would she say about you?/ Me embarrassed
You're embarrassed?/ Yes
Are you embarrassed because of me?/ No
What are you embarrassed because of?/ Um (laughs).I don't know, tired
You're tired?/ Yeah
And embarrassed./ Not sleep all right
Sleep all right./ (shakes)
You don't?/ No
Oh dear, what's wrong?/ Bad dream
What was your dream about?/ Fight
Who was fighting?/ Mum and dad
Oh./ And my brother
He was fighting too?/ Mm.....and my dog
Oh / Me
Were you fighting?/ Yes...
What were you fighting about?/ I don't know
You don't know./ Me fat (slaps belly)
You're fat?/ Yeah
Oh is that good or bad?/ It's bad (laughs)
So how do you feel about that?/ No
No./ Slim me down
Slim down?/ Yes
Did someone say you're fat?/ Mm
Who says your fat?/ ..Um....people (?), people here
Here?/ Yeah
In the club?/ Yeah
Do they say you're fat?/ Yeah
How do you feel about that?/ Bad
Do you?......What would you like to be?/ Slim me down
You'd like to slim down?/ Yeah
Is that difficult or easy to do?/ Yeah....
So if I said to your mum, K./ K
You told me that T was embarrassed, (laughs) what else would she tell me? Can you tell me some more about T, what else would she say about you?/ Um, nice me, nice. My birthday, um....don't know
Don't know, ok, do you think you're mum's proud of you?/ Yeah
Yeah? What makes her proud of you?/ Um, don't know
Ok, what makes you happy?/ Happy on my birthday
That makes you happy?/ Yeah
Right, what else makes you happy?/ I like birthday cards, tapes
Right. New tapes. L bought the new tapes my birthday, Dad (?) my new tapes, (?) and you like the tapes on here, like tapes, birthday card, (?) um new dress new top new belt
Oh yeah. New jeans
New jeans./ Yes
Who gave you all those things?/ My mum
Right. / Yes
That makes you happy?/ Yeah
Nice, is there anything else that makes you ..?/ No
No. / No
What makes you angry?/ Um...people....me head hurts....mad
What's that?/ Me head hurts
Your head hurts./ Mad
Ma?/ Yes mad
Mad?/ Yeah, angry
Angry./ Angry, mad, my head hurts, people fight me
Do they?/ Yes
Oh, where do they fight you, here?/ No home
At home?/ Yes....
Who fights you at home?/ Don't know, my dog bite my in my shoes
C?/ C
He bites your foot?/ My shoes
Your shoes./ Yeah
Oh, and that makes you angry?/ Yes
Right. And what about, what makes you feel upset?/ Um.......don't know
Ok that's ok. Is there things that make you sad? Does anything make you sad?/
No.....No
Ok, do you think you've changed much?/ What?
Do you think you've changed much?/ Not bad
Not bad/ Not bad
What were you like when you were younger?/ Me ssss, me fight...me (?) good me fight, less now
Oh really?/ Yes
That's gone?/ Gone
So you used to fight./ Yes
And that's.../ Yeah
What did you fight about?/......Don't know
Do you fight now?/ No stopped now
Stopped now./ Yeah
So how did you stop that?/ .....Stop
Stop./ Yeah
And is there anything else that you...? No
Ok do you feel proud of yourself sometimes?/ Yes
Yeah? What makes you feel proud of yourself?/ Um... me out pub, pub
Pop?/ Pub, pub
Oh pub./ Yeah, pub
Yeah that makes you feel proud of yourself?/ Yeah
What do you drink?/ Coke and orange juice, and more Coke, and more beer
Beer./ Yeah
Do you ever get drunk?/ No, my dad do
Does he?/ Yes. My brother do
Does he?/ Yeah
So what are they, when they get drunk, what are they like?/ Don't know
Do you go to the pub on your own?/ No, mum and dad
Right./ And my brother
Right, and in the pub, what do the people in the pub think about you?/ Nice... nice to me.
What about people who don't know you, what do they think of you?/ Horrible
Horrible?/ Mm
Why is that?/ Don't know
Don't know. Do they think that you're horrible?/ People horrible
The people are horrible./ Me
They are horrible to you?/ Yeah
Oh what do they do?/ Me fat, me fat foghorn, me shut up, me fuck off
You what?.. Fight?/ Fight me..................
So why do they do that to you?/ I don't know
Well I'm sorry to hear that. That's not very nice is it?/ No
When you get older, what would you like to happen when you get older?/ A new job
New?/ New job
A new shop?/ No new hairdressers
Air stewardess?/ My hair
Yeah./ People's hair
Yeah / People, you hair, people's hair
Hairdresser?/ Yes
Yeah / Me
You want to be a hairdresser?/ Yes
You want to do people's hair?/ Yes
Do you?/ Yeah yeah
Do you want to work in the hairdressers?/ Yeah
Yeah?/ Yeah
That's nice. And do you think you will be a hairdresser?/ Yeah yeah
How do you know that then?/ Don't know
But that's what you'd like to... / People help me
They help you?/ Yeah
Right, that's great. What are you good at doing?/ Um..........Mm?
What things are you good at doing?/ Out
Going out?/ Yeah, park
To the park./ Yeah. um... here Monday nights.... stay in watch telly, doing my tapes
Doing your tapes / Downstairs
What?! Downstairs
Thursdays?/ No...upstairs
Oh upstairs./ Yes
So its downstairs this thing./ Yes
Oh right, so and what else are you good at doing?/ Um..
What things can you do by yourself?/ Myself....tea and coffee
Do you do the tea and coffee?/ Yeah
And how does that taste?/ Nice
What else can you do by yourself?/ Um......people (talk/taught?) me...(talk/taught?) me
Monday night
What do they teach you?/ Art
Yeah./ Swimming
Swimming?/ Mm
Right./ Nothing else
Ok. Is there anything else that you're good at doing?/ No
What sorts of things do you need a bit of help to do?/ Um.....I don't know
Don't know./ No
What things do you find difficult to do?/ I don't know
Don't know. Ok that's interesting, is this ok this?/ Yeah
Its good for me, you're giving me some very interesting answers, yeah. Um you said
before that sometimes you get embarrassed, what things make you feel embarrassed?/
People who look me
People what?/ People who look me
Annoy you?/ Look me
Knock...look at you./ Yes
Oh I see, and where is that?/ Here
Oh here./ Yes
So when people look at you you get embarrassed?/ Yeah
Right, what do you think they are looking at?/ I don't know, new dress
New dress / Yeah
Makes you feel embarrassed?/ Yeah....
What else makes you feel embarrassed?/ Nothing else
Ok right, um do you think you're the same as the other people here or are you
different?/ Different
Different, what makes you different from other people?/ .......Don't know
Ok what about ....how do you feel about yourself?/ Happy
Happy / Home tonight
Going out tonight./ Yeah..and ..going out tomorrow
What's that?/ Out
Out........./ Don't know
Don't know, ok, that's interesting, um what are the good things about you?/ Huh?
The good things about you?/ (laughs) I don't know (laughs)
What do you like about yourself?/ Um.......people out playing football
People playing football?/ Yeah
What’s that about? Oh out there./ Yeah
Can you hear them?/ Yeah
Where are they?/ There
Where./ There
What round the corner?/ Yeah
Oh are they?/ Yeah, game of football
Oh is that what the noise is?/ Yeah
Oh yeah, there they are, you're right./ My mates
Mates./ My mates
Are these your mates?/ Yeah
Are they?/ Yeah
What are they your friends?/ Yeah
Do you like them?/ Yeah
What do you like about them?/ Nice
They're nice, what do they think of you?/ Nice
What do they like about you?/ Nice to me
Yeah./ Talk to me
Talk to you./ Yeah......
What about yourself, I mean, what do you like about yourself, what do you like about T?/ (?) T. Nice my name
Your names nice?/ Yeah
Is there anything else you like about yourself?/ No
Are there any bad things about you?/ No, nope
Nope, no. Is there anything you'd change about yourself?/ Nope
Ok, right. Do you think you're better than anyone else?/ Yeah
Who are you better than?/ Um....Going home soon
Mm?/ Going home soon
Oh going home soon./ Yes
Do you want to finish now?/ Yes

End of interview
Appendix 3. Transcript for interview with DD (study one)

Can you tell me how old you are? I can't remember, I'm sorry
And where do you live? G Road, 55 G Road
And who do you live with? My mum
Ok. Do you have any brothers and sisters? Um 2 brothers 3 sisters
Do they live with you? No - they're all married
They all got married? Yeah
Did you ever get married? No
No. OK. And do you come here everyday? Everyday, um, I come every day and I go to work
Which work is that? I work in the market
In the market? Yeah.
What do you do in the market? I get pocket money - sell oranges
Sell oranges? And apples and lemons
Yeah? And what day do you do that? Every day
Every day? I come in the morning......I help them unload before I come here
Yeah. And I do ...on Saturdays I... On Fridays I come back at 12 o'clock
Right. See coz on Fridays it's a disco day
Yeah. And I don't like discos so I go to work
So you go to work. Yeah
Right. And every Friday we have a meeting
Yeah. We have, we get together and have a meeting talk about how we fee...what we like to do here
Oh really? Yeah
And do you go to those meetings? Yeah I'm in it
Right. There's quite a few of us, me, NS
Yeah. A, C, WM, TV
Yeah. You know there's um other groups as well, they go into their section
Right. And then we talk about the way we feel about the centre
Oh right. And what we don't like about the centre
I see, and do you speak in those meetings? Yeah
And what sort of things do you say? We talk about the centre
Yeah. How it's been run
Yeah. And we do a ....um, there's not enough, well, and sometimes we don't have to come, we can't come here because not enough staff
Yeah. We used to do a lot of things but we don't do it no more but we used to go on holiday, we can't go on holiday coz the council run out of money
Oh I see. We used to go on outings which we can't go no more- and people say to us we like to sort that out - go on outings
Yeah. And we decided in our group we do toasted sandwiches
Do you? If we done all the equipment, made all the sandwiches - the money should go to our group
Where to? You know (?), where we just come from
Oh yeah, yeah./ We do all the sandwiches with all the others in our place everyday
know, you know, the sandwiches
Yeah./ Then the money should go to us, that's fair isn't it?
Right./ And the, some, a couple don't agree, they say the money should go to
everybody
I see./ And I don't agree there coz if we do the work then the money should go to us
Right./ Do you know what I'm saying?
Yeah./ Why should we do the work and we should have to put it in towards
everybody?
So they say you should put the money back into the whole centre?/ Well that's what 2
of the people - but the rest say it should go to all...those that have done the work....I
think we....if we do all the work then we go and get all shopping then we done
everything
Yeah I see./ I think the money should go to us
Right - so who says you can't do that?/ No one says we can't do it, a few of them don't
agree
Who doesn't a...oh, other people in the meeting?/ Yeah
Oh I see./ There's only about one who doesn't agree
Right./ The rest do agree
Right. And when you decide things in the meeting what happens then - who do you tell
about your decisions?/ Um C or different day centre staff who sit with us and write
down what we like, they write down what we talk about
Yeah./ He writes down what we been talking about
Yeah./ And we talk about transport
Transport./ You know like some of them come on the ambulances.....and sometimes
people can't come in because there's not enough drivers
Yeah./ And there's not enough escorts
Yeah./ And then people say to us we'd like to come every day
Right./ And when they come, um, let's see, um a lot of things we'd like to come every
day, when they, they ain't got enough drivers, when some drivers off sick
Yeah./ Or they're short of ambulances
Yeah./ And we used to go to a youth club
Yeah./ Of a night, they stopped that because...also they said the council can't afford to
take us no more
So you talk about those things?/ Yeah
And when you talk about them do you go and complain to somebody or...?/ Well we
....sorry.... we tell the key-worker
Oh the key-worker./ You know the worker that's with us every Friday they write down
what we talk about
Oh yeah./ What we like to talk about then it goes to the committee on Wednesday
Yeah./ A few of them...um ...have the committee on Wednesday morning
Yeah./ But I can't do that coz I'm at work
Oh I see./ And we talk about what we'd like to do at the centre, how we feel
And do you think that changes anything?/ Well. ....sometimes (?)..um a lot of them
don't agree it....a lot of them don't agree to do things
Right. Who doesn't agree?/ Like we do......a lot of them - like a lot of us have to go
shopping
Yeah./ And get..... a few of us go on tea-towels runs
Who do you teach?! Tea-towels run, you know tea-towels, you know tea-towels - what you wash - you know tea-towels?
Tea?! Tea-towels
Tea-towels?/ Yeah
Right./ Go - a few of us go out every day
Yeah./ And every year we go to the party, oh, to the pub
Yeah./ And have our lunch out
Right./ And then they say everybody should go
Oh I see./ But you know the lady who runs the tea-towel room she says that the people who do it all the time should go and that's just fair isn't it?
Right I see./ There's a few of them saying ....we like to do things
Yeah./ And when we ask them what to do they don't say nothing
Why don't they say anything?/ They just sit there looking at us
Why do they do that?/ I don't know.....like there's D
Yeah / Um .... like he has a couple of guides coz he can't come on his own
He can't come on his own?/ D
Wh.../ Because he's not very clever on the road
Isn't he?/ No but he is learning it, he really is .......if we go to ... a lot of them can't come to the centre on their own
Why not?/ Because a lot of them can't travel on their own because they need help
Do they?/ Yeah
Can you travel on your own?/ I used to be with a guide, now I come on my own
What?/ I come to the centre on my own
Right./ It's like ....when there's a short of guides that means, the group can't come, the clients can't come in
Yeah, I see./ And then they get upset and they're bored
Sure - they get upset./ They say we don't want to stay at home, and I say no you should go and tell the committee, talk, talk about how you feel, you must be, you know, how you feel about people
Do you think the staff listen to the committee?/ They do listen
Do they?/ Well you.....well P he does, and sometimes H comes in here
Yeah./ Sometimes we have N
Yeah?/ You know N?
Yeah I do know her./ She runs the committee on Wednesday, the group
Right./ And the (?) talk about what we're going to talk about on Wednesday
I see./ We say to them how do you feel what we're doing
Right./ And they say some things are good some things are bad
Yeah sure./ And we say what do you feel about the good things and how do you feel about the bad things. We say, um.....lot of them don't get out enough
They don't get out enough?/ We used to go out a lot
Yeah / Unfortunately we can't go out no more
Why not?/ Coz there's not enough staff, and we need money to go out with
Can't you go out on your own?/ Yeah but you see a lot of them (like?) to go out together, know what I mean?
You like to go out together?/ Yeah, I mean I could go out on my own
Yeah./ I could go to the shops, I could go to work, I could go off my.....but a lot of them can't go out coz they need a lot of help
Right. And we should try, I'd like to see get more staff here for them, to help them out because a lot of them never get out, a lot of them don't go out at all
What sort of help do they need? A lot of them need a lot of help
To do what? Travelling
What? Travelling ....to come on their own
Travelling. A lot of us don't never get out, a lot of them don't get out at all
Do they need help with anything else do you think? Um.....looking after theirself
Really? Yeah - there's quite (?) who can live on their own, quite a few
Really? Yeah
Do you think you could live on your own? I wouldn't like to, I wouldn't like to but I'd have to give it a try
You wouldn't like to? No
Why's that? I don't know, I'd get bored, I'm alone I'd get bored very quickly
Do you? Yeah
Do you like to have other people? I like to do things
What things do you like to do? Anything really, walking about, going out - I don't like sitting indoors
Right, right. But you can't go out no more in these times can you coz everywhere you go there's muggings
Really? Everywhere you go there's muggings
What do people, when you go out on your own, and there's people who don't know you, what do you think they think about you? They laugh at me
Do they? Yeah - they call me names
What names do they call you? Mongol
Do they? Yeah, but that's not nice coz no ones perfect are they?
No. And I say look you shouldn't be like that coz no ones perfect ....no ones......I'm not being nasty but no ones perfect are they?
You're right, you're right. No ones perfect, and I say not even you
Yeah. There's a lot of things you need help on
Yeah I've got problems. Like I'm working in the market and people laugh at me when they're walking along
Do they? Yeah - but I stop, if you don't like it you can go, like I'm working in the market, yeah, and they say to me how much for oranges and I say its 8 for a pound - make it 9 but I can't do that coz I'm losing money aren't I?
You are, yeah. I can't say you can have an orange for nothing?
Yeah. (?) pound - that comes out of my wage, and I can't afford to do that can I?
What do you do when they laugh at you? Swear at them coz they wind me up so much I get the hump
You swear at them? Yeah when they wind me up too much I get the hump. I know I shouldn't swear at them
Yeah. But they shouldn't be saying like that should they? If they don't like it they should go somewhere else, couldn't they?
That's right. So why do you think that they laugh at you? I don't know - they just do - a lot of them do laugh at me
Do they? Yeah
And what kind of people do that? People in the street
Just people in the street? Yeah - not people (?) we all say things here right (?), but then in the end we're all friends at the end of the day
I agree with you yeah, I think it's nasty. Like if you come up to me now and said I want 7, 8 oranges I charge you a pound and you said I could get 9 for a pound I could say well go there then
That's right, best answer isn't it. I can't do no better I can't say to you well I'll give you 9 coz, coz I will lose the money not them
Sure. I'm not going to work out for nothing
Yeah. I'm not going to work for nothing am I?
Do you work for somebody else? I work for a lady yeah
And is that a paid job? Well no not really I get, I just get fruit
You just get a bit of fruit? Yeah
Why doesn't she pay you? Coz that's what I'm at - that's what I said to her, just give me fruit
Oh - you asked her for that. Yeah
How did you get the job? Well I used to work, (Rob and me?), outside Boots
Yeah. And he give me a job, he used to do the same, he used to give me a little bit of fruit, give me a little bit of pocket money now and again
Oh you worked for another person? Well I used to work for another man - he used to give me a bit of fruit, he used to give me a little bit of pocket money, now and again, if I wanted it
Yeah. You know?
Why did you stop working for him? The hours was too long
Was it? Yeah, we used to finish at 7, we packed up at 6, I'm home by half 7
Right, so did you tell him that you wanted to stop working? What, the man who, no, what happened was, he sent me to the post office one day
Yeah. You know the one on (?) road
Yeah I do. And because there was something short he swore at me
Did he? Yeah - I don't think he meant it - it was "Fuck off" (quiet voice) I'm not going to take that
No. You know if you can only take so much, (?) I'll leave
Right. But in the end of the day he was wrong, he was wrong
Yeah. He knew that he was wrong at the end of the day and he should apologise
Did he? Yeah
Right. But, when people take the piss out of me like that, if you don't like me working
Yeah. Go get rid of me
Yeah - why did he... why do people take the piss out of you? They just do, they do it to a lot of us
Do they? Whenever we're walking along like we're in a group, and we sit down and we're having a chat, a lot of them laugh at us
Who is it, in this group? What?
Who are in the group? Not in the group - when we're out in the street
Who? The people in the street laugh at us
Right, when you say "us" who do you mean? The people, like, if we go out, me and my mates
Your mates. The people we, like, my mate, like my, my friend X, they call him names
And who is he? He's my best friend, J, he's a coloured boy
Does he come here? Yeah but he won't be here yet
Right. Because he lives along way out, (?) he lives along way out now
Yeah. And C, A and WM
Yeah. When he come in in a bad mood on the Friday, people upset him, I said what did they say, they just call us names, then you shouldn't listen to that
No. Coz no one's perfect
No I agree with you. You know, (?) think we're funny but I, well you could grow up one day and have kids like them, so it's true isn't it?
Yeah, I agree with you. Nobody's perfect these days, no one
Agree with you. Even people, I can't write, I'm learning
Are you? I'm learning
Yeah. No one's perfect, not even R the manager he's not perfect, he has some help
Who's that? R the manager
Right. RM.
No. No one's perfect these days
I agree with you, no one's perfect. People ask us for money
Do they? Yeah in the street
Yeah, and what do you do then? I say look I have to work for my money, like you should, listen, we can't be bothered to, I'm not going to give you money
Yeah. Coz I'm going to lose money - why should I?
Right. That's fair isn't it?
Yeah. And there's a lot of them who really, who does things
Right. And don't seem to get nothing out of it
They do what? A lot of them do things and we don't get nothing out of it
Doing what? We help people
Oh do you? Yeah
What do you do? Like ... we run errands
Do you? Yeah - for the staff - we get tip - 10p - um (?) what we should get 10p. That is our choice - if we don't, coz the staff can't go out, so if they want something to eat they send us if they don't send us then we get 10p
Right if you get the staff to ask you to do an errand.. Yeah
Then you get 10p? Yeah
So you help the staff out in that way? Yeah. A lot of the staff can't go out because they have to stay in the group
Yeah. Do you help anybody else? What here or outside?
Anywhere really. Well when we're working, and the people not there, when they are there, you know my other friend T, I help him unload the van (?)
You help him what? Unload the lorry
Oh the lorry. And I get a couple of bob out of that, so I'm happy
Sure, yeah. And then he paid me the other day but I helped him this morning
Yeah. He didn't give me nothing, he says he'll bring it tomorrow - but I know I'm going to get that
Yeah. I know I'll get that
Sure. Because if I don't get it then I won't help him no more
Right fair enough. Like someone says to us go shop
Yeah. And when I say 20 pence, they say no, and I say I'm not going to go to the shop for nothing
Yeah. Why should I?
Right. If you say me go to the shop and you (?) then you've got to give me something to go, in't you?
Right. In't you?
Yeah! Do you think I'm wrong or right?
Yeah, yeah, sure. If you said to me go and get me something to eat I'm hungry
Yeah. I said well then I want 20p or I want a cup of tea out of it and you said no then I say well I'm not going
(Laughs). That's fair though isn't it?
Yeah that is fair. In the centre do you help anybody else out? I help D sometimes
Who's D? He's my best friend
Best friend? Yeah
What do you help him do? I talk to him about everyth... I say look D, when he, how he should come on his own, he can, once he gets to know, crossing the road on his own
Right. He can do it
So you sort of encourage him? I encourage him what to do - I don't tell him what to do, I try and help him.
You try and help him. Yeah
And what's the name of your best friend? X
Who? X
X? Yeah
What does X think of you? We get on all right together. Sometimes he gets his up and downs
Sure. And he listens to people
He? He listens to people, he te, he like, he tells em what to, he going along the street, he, the man I used to help, he used to work there
Oh did he? But (?) he tells you what to do, you shouldn't listen to him, you should do what you want to do not what other people tell you to do, if you don't like working (?) in the market you should tell them then
Oh so you think he does what other people tell him to do? He does what you tell him to
And he should make his own... Exactly I try and help him - he's a nice guy but he tells you to do something
Yeah. But I'm only joking with him and he does it
Right. I say you shouldn't do these sort of things
What sort of things does he need help with? Well he's got a lot better now than he used to, a lot better
He's got a lot better. But he used to go out with the other boy, M to the pub and to the fun fair at 11 o'clock at night
What? He used to go to pubs at 11 o'clock at night
Did he? And that is too late
Is it? His mum didn't like it
Right. You know what I mean from 8 o'clock in the morning... half past eight in the morning to 11 o'clock at night she was worried isn't it?
Oh I see. His mother - if I go out at 7 o'clock in the morning then I go up to my mum at 7 then I'm late then my mum is worried
Right. Um I says to him one night, he was working on the stall
Yeah. Next day his mum comes up to me and says X hasn't come, what time did X come home I say I don't know, she says he was with you he never got in till 11 o'clock
Yeah. He wasn't with me I was indoors!
Right. You live with your mum don't you? Yeah
What does your mum think of you? Well all right
What?/ All right
She thinks you're all right?/ Yeah
Is she proud of you?/ Yeah
Why is she proud of you?/ Coz I'm her son
(Laughs) Right./ No I say to X why do you feel about the centre? He comes and says
to me I like coming to the centre. Between you and me, I'm not being nasty, X, my
friend, he's not at home no more
Right./ He's not at home no more
Why not?/ I can't, no, I don't want to get into trouble
OK, you don't have to...don't tell me./ Well just so you know about it he come to me
one night, (?) say he's not been home all night, I said why? I don't know, we went to
the cafe to have a cup of tea, I haven't been home all night (?) my mum chucked me
out
Oh./ She used to, know she used to hit him
Really./ I'm there he's a lot better off
Right./ Know he sleep at our place (?) Friday tell the centre, go and tell the centre
what your mum's done, he says I'm scared, I'm scared and I said X you've got to tell
someone, you can't go to sleep in the streets at night. And I said look X your mum has
done the wrong not you - she's (?) all night, she made you sleep on the doorstep and
that is wrong
That is wrong ./ That is wrong and he comes on the Saturday, on the Friday morning,
and he says he's not been home all night. When I took him to the cafe said look X,
we're friends you can tell me what happens, we're friends, I won't go any further
Why do you think his mum did that?/ Because he got home too late - he got home till
11 o'clock at night
Oh I see./ I said X if you're going to do anything, if you go anywhere, you should
phone your mum up and tell her, it cost you nothing - 10p, basically, 10p and tell your
mum I'm not coming home, I'm going somewhere
Right./ I used to work with a man outside Boots, and if I used to go to the pub with
him he said phone your mum, you tell her
Right./ I mean it doesn't cost nothing, I said X all you got to do is tell your mum where
you are coz she does worry over you - she's a nice woman - everybody worries about
their children don't they?
Everybody does, yeah you wouldn't you? Can I ask you a few more of these
questions D?/ Yeah
Is it all right to change the subject? (Laughs)/ Yeah
OK, it's very interesting what you're telling me. Could you tell me a bit about
yourself?/ Myself?
Yeah, try and tell me 5 things about you?/ 5 things?
Yeah./ What I like, what do you mean?
Anything at all - just some things you think .../ I like doing things, I like to go out ,
travelling on my own
Yeah./ I like to do errands, I like to go for a walk
Right./ And be talking to people
Right, you like that./ I like mixing with people as well
Sure./ I like to mix with people here
Yeah./ I mix with people in the, in the, in (area of London)
Sure./ In the cafe where I go we mix everyone we sit down and chat
Chat, yeah./ And I like to visit people
Yeah./ I used to go and visit my friend X we used to go out for bus rides
Right./ Everywhere we go we got a bus pass
Yeah./ Go for bus rides, on the bus, anywhere we want to go - airport, Crystal Palace
Right./ Anywhere we want to go
That's great. Anything else you could tell me about yourself?/ That's it
OK, that's fine. Can you tell me what sort of things make you feel happy?/ Happy?
Yeah./ Going out
Going out./ Mixing with people
Mixing with people./ It's nice to mix with people isn't it?
Yeah it is nice. Is there anything that makes you angry?/ Angry?
Yeah./ When people wind me up
What do they do to wind you up?/ Torment me
What?/ Torment me
Torment you?/ Yeah - (?!) M he calls me names, but then I call him names back
Yeah./ (?) at the end of the day he's the loser
He's the loser / He's the loser because he used to hit my friend X, you know the one I was talking about?
Yeah./ He used to hit me
M used to hit X?/ Yeah. I said X you should fight back but I'm scared. I said you ain't going to get nowhere unless you fight back for yourself - he hits me but then I steam into him
Do you?/ Yeah
Who is he?/ He works, he works on the other stall outside Boots
Is he a. . Who is he?/ He's a boy we know from the s.. he doesn't come here no
He doesn't come here? No not M
Where is.. Is he outside?/ Yeah - and when he comes to me and hits me I hit him back because I've got to stick up for myself, haven't I?
You've lost what?/ I've got to stick up for myself
Oh you've got to stick up for yourself./ I mean if you took the piss.. if you come to me and you hit me
Yeah./ What am I going to do?
Why does he hit you?/ He just, he does it a lot, he used to call me, when I used to work there he used to throw my hat away, he throw it in the road
Did he?/ Yeah, and that's not nice
Yeah./ Look leave D because D will hit you, and one day he got me, we packed up and he got me in a very bad mood and I don't know what he done, but I was in a bad mood anyway
Yeah./ He wound me up and I beat him up and he cried
Did he?/ I said X maybe you should do that, he said but you should know better
Why does he pick on you?/ Well he picks on me, he picks on me, he picks on me and X
Why does he pick on you 2?/ Well not much me now he wants to pick on X. X you should stick up for yourself, X you must, tell him you don't like it, tell him not to boss you around like that
Right./ And if you don't like it then tell the man
Can you tell me what sorts of things make you feel upset?/ Upset?
Yeah./ When we can't come to the centre
Oh right. / Well not so much now but used to be not enough staff
Yeah. / Um.....people arguing with each other, he's a bully, the centre know about him, he comes up to me when I'm working, J, he calls me names
Right. / When I go to work so when I'm working he should leave me alone
Sure. / Like every afternoon he comes up to me, he calls me names
Why does he...he comes here does he?/ He comes here yeah, J, JB
Why does John do that?/ I don't know - he does is to everyone
Oh does he?/ When we're here I don't care what he does
Yeah. / Coz we have a joke, but when we're in the street it's not nice
No. / Because (?) my work you see
Yeah. / Do you know what I'm saying?
I do./ I mean how would you feel if I called you names in the street?
I wouldn't like it./ You wouldn't like it would you? You say I'm at work.
Yeah. / When we're in the centre I don't care what you call me, we'll have a joke, but not on the street, he (?)
Yeah. / At the end of the day he wants to be my friend, and I like to be his friend but not when he calls me names like that, coz I'm there to work
Yeah. / And that is my job
What work....I'm sorry is that the market or is it here?/ M, he comes to the market when he's finished
I see, yeah. If we could just change the subject slightly, do you think you've changed very much?/ Me?
Yeah. / Yes I have
Have you?/ Yeah
How have you changed?/ I don't get so angry, I don't get worked up so much
But you used to?/ Yeah
Right. / Like when people used to get (?) used to get really get angry and swear
So what do you do now?/ I just walk away and calming down, and go for a walk and sit down and have a cup of tea
Right. / So you sort of walk away from them now?/ Yeah
Right. How did you learn to do that?/ Well the people who used to work with me, who worked with us, don't worry about it, it's all right, everything will work out. Now I can do things on my own, I know when they're taking the piss out of me
Right. / I know when they're taking the piss out of me, I can see by their face
Can you? / Yeah
Yeah. And you just walk away?/ I just walk away, yeah. I mean these people next door to us and they laugh at us (?) hit me
Your neighbours?/ The people, no the stall I work on
The stall, right. (?) you know we all have a laugh but in the end they (won't/want?) have a go at me
They won't have a go at you/ No I can stick for myself now
Sure, sure./ I used to let people sort me out coz I used to be scared, but now I'm not
Yeah. / I used to be scared of people but now I'm not
Did you used to be scared of people?/ Yeah
What did you think they were going to do to you?/ Hit me
Oh right. / Call me names - now I know what they're doing so you've got to learn to do things on your own in't you?
Yeah. Have people always called you names?/ Not always - just lately
Just lately./ Yeah
Did they do it when you were a kid?/ No - coz when I used to be a kid when I used to
live with my dad we all used to be friends, we always used to mix together, no one
used to call no names, we all used to be friends
Right/ Everybody used to be friends
Everyone used to be friends/ Now you, (?) my mate is too far off, I can't go with him
on Sundays
Yeah/ So I stay on my own, I sit with my mum and my dad
Yeah/ And I get bored
Right/ I go to my sister a lot
Yeah/ And I like to be on my own, I like to do things on my own
Do you get on with your sister?/ Yeah, she's very good to me
What does she think of you?/ She's all right, their brother-in-law is a cabdriver
Yeah/ He take me in the taxi
Yeah/ Take me to the pub they do
Yeah/ Take me out for the day
That's nice./ I've got 3, I don't see my brothers very much.
Yeah/ I see one of them, not the other one
Yeah/ Sometimes he comes in and sees me, and we go out together
Yeah/ My other sisters
Yeah When you were younger, what were you like when you were younger?/ What
do you mean, when I was younger? Smaller you mean?
When you were younger, yeah, what were you like then?/ I can't really remember
No? Ok What about in the future, when you get older, what would you like to happen
in your life?/ Um... get some money
Get some money?/ Yeah
Right/ I get a couple of bob now and again um, when we come here we get an
allowance, you know, all our parents get an allowance for us, that's why we come here
coz we get an allowance... um, then they say to me don't go to the centre today, but I
like coming here
Yeah/ Because if I don't come here, then my mum loses her allowance and she can't
afford to do that can she?
I see./ Know what I'm saying to you?
So would you like to keep coming here?/ I do come here, yes, but they say to me don't
go to the centre today. But if I don't go to the centre my mum loses her allowance and
she can't afford to do that can she?
No./ Like if I was working for you
Yeah/ Instead of going to the centre
Yeah/ You're not going to give me no extra are you?
No./ I don't mind staying one day or 2 days but every day is boring, but, the market it's
uh, it's not so good this year as it used to be the market
Has it changed?/ It's very quiet now
Is it?/ Very quiet
Oh. Is there anything else you'd like to happen in your life when you get older?/
Um... going out a bit more for a ride in the car
Really?/ Yeah
Can you drive?/ No my sister can, my sister can drive
And you'd like to do that more?/ Yeah
Have you ever tried to drive a car? I haven't got a car
Do you think you could drive? I don't know. The people I work with now they take me home, but one of them (?) he has been banned for driving
Banned? Yeah
For drinking? No, yeah, and he drove me home one night and I thought what's going to happen to me if he gets pulled over by the old bill
Right. But the police can't touch me because I'll say to them I didn't know he couldn't drive
That's right. That's what I say They can't nick me can they?
Got nothing to do with you. You know it's like you was drunk and I could say I didn't know he's been banned for driving
That's right, that's right, unless you know. Right, is there anything else, you said you'd like to go out for more rides in the car. Yeah
With your sister. Yeah and my brother in law. He does take me out quite a lot, my brother in law takes me out quite a lot
Have you ever thought of learning to drive? No
Why not? I don't know
OK, and is there anything else you'd like when you're older to happen? No
OK right. What do you think would make a person feel good about themselves - just in general, what makes people feel good about themselves? Um, doing things
Doing things? And helping each other and getting ....
(tape is turned over)
You said that helping people and doing things would make people feel good...
Helping one another yeah.
Is there anything else that makes a person feel good about themselves? No
No. I'm not really sure
What about when people feel bad about themselves - what makes somebody feel bad about themselves? (?) What we do, when get angry like that, is go and speak to them, and if we can't speak to them the staff do
What do you say to them? Say to them calm them down
Yeah. Take things easy
Yeah. If we can't help them - there's a lot of them that we can't help
Yeah. (someone comes into the room and says excuse me etc) There's a lot of things we can't help so the staff will do that. The staff will do that (will come and say to them?) slow down, sit down and have a cup of tea, and sit on your own and relax
Right. So so so is there anything else you think that makes people feel bad about themselves? Feel bad? Sorry ...... Um, I'm not sure on that one
No. OK, that's interesting, and you said when you try and help them calm down sometimes you can't do it and.... / We get the staff to help do that
Do you think the staff are better at helping them or not? I think a lot of them can do that on their own - there's a lot of them do need help to calm them down, and when I get angry
Yeah. Then I will speak to X
Yeah. Or I speak to them myself and sometime I just walk off on my own and sit, calm them down I want to sit down, walk away, you know
Yeah. Do it on my own
Right. There's a lot of them who does need help with the staff - the staff will go to them and sit with them to calm them down

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Yeah! I don't know why a lot of them get angry like that. No. OK that's interesting. What are the good things about you? What makes you feel good about yourself? About myself?

Yeah. Working.
Right. And going out with people - going out, and talking to people.
Right. And going doing things.
That makes you feel good about yourself? Yeah.
Right. And is there anything else that makes you feel pleased with yourself? Sorry?
(Repeat question). Yeah, I know, I know, I know I can do that thing.
Do what? I know about money.
Yeah. I can read a little bit.
Read a little bit. Not a lot.
Not a lot. I can't write very well.
Right. But we're learning.
You're learning. We're learning.
Yeah. Um, that's about it.
OK, and what about things that you... are there any bad things about you? Not really. I don't get, I don't really get bad things unless I really get annoyed.
Right that's the one thing. But my friend X.
Yeah. We used to go out a lot together.
Yeah. And we go around together, and I said look X.
Yeah. If you need, if you need to talk about anything, you come to me and I'll try and help you.
Yeah. Or if you need help then you should tell a member of staff and they'll help you - that's what they're here for.
Sure. That what they're here for, to help us.
Yeah. Isn't they?
Yeah. You know (you can't decide?) when a client will need help. And then my friend now, X, used to, I say one day we go for, know I was waiting for him one day, (?), I don't know what happened to him, he said he went upstairs (?) next he run away, never been in the house all night.
Oh really? In his house.
In his house? Yeah, in his house.
Oh dear. Now what happened, if I took anything, it wouldn't be my fault would it?
Well if you'd stole something? Yeah.
Yeah it would be wouldn't it? No it wouldn't coz he should be, I could say no I never took nothing, he can't prove it was me can he?
I see so you don't think it was a very good idea for him to go... But I took something off his (?) and I walked out the door, he can't prove it was me can he?
No. How is he going to prove that?
Well you'd know it was you. Yeah but he ain't going to know that is he?
No. Right. Um, you said that sometimes the staff help you. Staff will help us, they do.
What do they help you to do? Reading.
Reading. P is the keyworker, he teaches us to have, you know when you come in.
Yeah. You're supposed to put in your numbers.
Yeah. He teaches us to do that, and he teaches us to do a lot of things.
So what else does he teach you to do? Uh?
What other things does he help you with? A lot of things.
A lot of things. Our names
Mm?/ Um, what, um, you know, its um pictures what we do
Pictures. Yeah, he says what wha wha in or out, and I know them. What's hot, cold
Right./ Warm
Sure, sure./ In or out
That's signs is it?/ Yeah
Yeah. OK, um, is there anything you'd like to change about yourself?/ Change?
Yeah./ Not really
OK - you're quite happy with./ I'm quite happy
OK - do you ever get embarrassed?/ Embarrassed, yeah
What makes you embarrassed?/ When people get me angry
Right, that makes you feel embarrassed./ Gets me angry, that really gets me angry
Oh it gets you angry./ Yeah
What makes you feel embarrassed?/ Shy, I get shy a lot
Do you?/ Yeah
You're shy?/ Yeah. Not here no, coz I don't know about people on the street I get very shy
Really?/ Yeah
About people on the street?/ Yeah
What are you shy of?/ I don't know really I just get shy. I can't really say about that one I just get shy
Right, that's interesting. And do you feel proud about yourself sometimes?/ Now I do, yeah
Yeah? What makes you feel proud of yourself?/ Now I know I can stick up for myself and I know I can do things on my own
Right./ But one thing I used to do, I used to, I used to get upset and not say nothing but now I have to do that, I have to, say things and get myself worked, I have to, I have to tell them I don't like it
Right./ You know I don't like you calling me names, and if you don't like me then don't come here
Right sure./ Know what I'm saying to you?
Right I understand./ Say if you don't like me, if you don't like coming here then don't talk to me
Sure./ Because you're not perfect either
That's right./ No one's perfect, no one.
Yeah./ If you go up to me and say how much are oranges and I said (?) go somewhere else
That's right./ And they say you're being rude but I'm not
Yeah./ I'm not being rude, I'm not being rude
Ok./ I can only say to you, I can only say how the governor tells me to can't I?
Can we talk about the centre a little bit more, do you think you're any different from the other people here?/ No not really
No./ Not really, there's quite a lot of us who can do, who go, who can do things
Yeah sure./ And there's a lot of them can't, just try and give it to the people who can't do things and help them a bit more. The staff help them more
Yeah./ Because we can help them do things a lot of them can't do
I see so the staff help them more?/ Mm
Right./ And I like that, I think that is really good
Yeah./ That is really good
Is it?/ Yeah, coz it helps them to do things a bit more, they can do things then, like D, now, he's going on holiday on Monday. I said enjoy yourself D, get, you know when you go out, he goes with people he lives with, talk to the people. He really get interested, I really speak to him, tell him how he feels
Sure./ Don't, don't get angry
Yeah. Do you think, um, how do people feel when they can't do things, when they just can't do them?/ I don't know how they feel
You don't know how they feel./ I don't know how they feel, I think it's like me when I can't do things I get, I get angry
When you can't do things./ Yeah
Yeah./ .... A lot of them get angry coz they can't do things on their own
I see./ And a lot of them need, do try
Yeah./ They do try
They do try./ And they do need (?) they can't do it
Yeah that's interesting. What things do you think people should do for themselves?/
Going out
Going out./ Or trying to do things on their own
Yeah./ A lot of them can't go out because a lot of them like a drink
Yeah./ But then a lot of them can't go out so we have to, we go out for them, get them a drink
Oh I see, yeah sure./ You know we go coz a lot of them can't go because they're with a with a guide on the transport so they can't go
And they can't get a drink for themselves?/ Well we go for them if we want to go
Right./ The staff ask us if we want to go and we say yes or no
Yeah./ So that is our choice
Ok. And is there any other things you think people should do for themselves, should be able to do?/Um, maybe should go, maybe just a bit more, maybe just a bit, get pocket money
Right./ Um or try and go out with us and see if they can, see how they feel to cross the road
Learning to cross the road./ Yeah, a lot of them can't cross the road
Yeah./ That's why they need guides, because a lot of them can't cross the road, sorry
Ok./ A lot of them can't do things on their own, that's why they need help with the guides on the ambulances
Yeah. What are you good at doing, D?/ What here or out there?
Here./ Here - running errands
And what are you good at doing out there?/ Working. I can handle my jobs now
And what about at home - what are you good at doing at home?/ I'm all right, I do things for my mum, I go shopping with my mum
Do you?/ Yeah.... You know Mrs L (?) they all moved away
They all moved away?/ They all moved away, there's no one can go with me on Sundays so I get bored
Yeah, you get bored./ I get bored. Once I wake up and say I like to do things but I can't do that on my own
What's that?/ Going out - I like to mix with people
Why can't you go out on your own?/ Coz I get bored on my own
Oh you get bored on your own, you want to go out with somebody, who's a friend. I have got a friend but he's, X, he's moved, he lives too far.

He's too far? // Yeah

So you've got nobody to go and see? No

Oh dear. // I go and see my sisters and brothers

Can you make new friends? // Well I been used to this one for quite a while now see - X's been my friend for a long time

Right. // We used to go on holiday together.

Yeah. // The people who come down here a couple of months ago, they said we're going to get a minibus we take to go and see him, and I can have dinner with him one day, that'd be nice

Yeah it would be nice. // It would be very nice

Yeah I hope that happens for you. // It is going to happen, this is when we get a minibus and we sort you out. We meet you somewhere then we get you home

Right. // Because I don't like the dark

D do you think you're better than anybody else? // No I think we's all about the same

You're all about the same. // I'm not being nasty I think we're all the same I see. // There's a few people who I could be better...not a lot

And who, who are those people who you're better than? // Well I don't like to say that, sorry

That's OK. Do you think anybody's better than you are? // I don't know. Yeah I think there is. A lot of them can read and write and I can't

Right. // .. There's a lot of them can read and can write but I can't. At the end of the day they can't do things so I'm better at some things (?) and some things they're better than me aren't they?

Sure. // A lot of them need help with money, though

Really? Do you need help with money? // I know my money

You know your money. // Oh yeah, I know my money

Right. // I know my money, that's one of the things you've got to learn when you're working in the market to know your money

Of course - I didn't tell you this but I work in a market as well. // Uh?

I work in a market // What one?

Portobello. // Where's that?

It's up in Notting Hill Gate. // What days do you work?

Saturday. // What do you sell?

T-shirts. // Tissue?

T-shirts. // Oh t-shirts yeah yeah I know what you mean

This is one of my own. // On your own - what about when you want a cup of tea and things?

Oh well sometimes, I'm married so sometimes my wife comes up and then I can go and get a cup of tea. // So you don't got nobody to help you?

No. // Is there anybody, is there any, sorry, is there any (?) help people?

Mm? // Is there any (?) like work people....any people like I work?

Well there's people next door to me. // Yeah

There's people on other stalls. // Have they got odd jobs?

Well they've got their own stalls. // Have they got staff to work?

They don't have staff either. // Everybody works on their own?

Yeah. // So what about them when they want a drink?
Well maybe their friends come and they go and get them a cup of tea. But there's no one that works together?
No, we don't really make enough money for that. That's what I mean, this is it, when I used to start on the market we used to get really really busy but now the market is gone.
Right. Coz I work (?) off the market and moved out, moved away.
Yeah. Ever since the riots started.
The riot. That finished (area of London)
Could I ask you about your friend X, what do you like about him? We get on, we get on, we talk about things, we get on well together, we go out together.
Yeah. We go to the shop together.
Yeah, and is there anything about him that makes you like him? We just mix together.
What's good about him? I said to him we go off together.
Yeah. We do things together.
Yeah. Coz if we, when I get really angry with him.
Yeah. He listens to people.
Right. (?) mostly you're on your own.
Yeah. You mustn't listen to people, you're a man now, you mustn't listen to people.
Right, make your own mind up. I said you mustn't listen to people - if you want to do anything.
Yeah. You know what you're doing, you're sensible.
Yeah. Yeah, I said don't listen to other people.
Ok. Like he comes to me and he says to me "Um I saw a fight last night on the bus" I said oh did you X you shouldn't get involved with things like that because you're going to come off worse.
Yeah. If I could just ask about X again. This is what I'm talking about - I'm talking about X now.
Yeah, I know that, I was just going to ask you, what does he think about you? Well sometimes he gets on all right with me and sometimes he swears, he gets angry with me.
Why does he get angry with you? I don't know he just gets like that - he gets, he does that to quite a lot of us.
And what does he like about you? Sometimes he likes me and sometimes he don't. I'll stop. Like he does it to a few of us.
Yeah. He used to be (?) in Woolworths, he left and he's got a job now, he used to talk about him, he used to talk about SM, then when we're, we're, he's all right with us - (?) he's all right.
Right that's strange that isn't it? I said look X, if you don't want to go, I'm not being nasty, but if you don't want to go with me, I'm going to speak to J about it. If I've got anything to say to you X I'll tell you straight. I wouldn't talk about it behind your back because that's not nice.
That's not nice no. I know other people are not now. I'm willing to help him. I helped him get this job.
Yeah. Which he left, I used to invite him to the club.
Yeah. And then he's changed.
He's strange, he's changed. He really does change lately.
Yeah. I got him the job, I got him, invite him to the club.
Right. Where we used to go which we don't go no more.
Yeah, um, what makes a person good, what would make a person a good person?
Doing things
Doing things./ Yeah
And what would make a person a bad person?/ Bad things, bad, getting angry, people wind them up and tell them off
Right, do you, do you, do people ever say bad things about you?/ A lot of them, yeah in the street they call me names
Out in the street, yeah. In the street, yeah, not here
Right not here./ I mean they say some things about me here, and they come and say we're sorry, that's all right we all say things bad, but people who get angry, like they say to me "bastards"(quiet voice) but I'm not a bastard, no one's a bastard, I say look if I'm a bastard then don't come to buy things off me
Yeah./ (?) says you're right D, you're right, because you've got to do that yourself, you've got to stick up for yourself
Yeah./ You've got to do that because if you says don't be rude, (?) but then if you're going to keep on, what am I supposed to do?
Yeah. Do you ever do things that upset people?/ What would upset me I shout at them don't shout at me
But do you ever do things that upset (?)./ Not really, well I'm quite (?) I get on all right with people, (?) if they don't like me then I don't like them
Right, I see. In general how do people treat you?/ What here?
Yeah./ A lot of them very nice
Very nice./ Very nice
And outside of here - how do they treat you?/ A few mix and mix
Mix and mix./ But here we always get on well together
Right./ I mean we say th..., we say, we argue, end of the day we go up and say look I'm sorry, I was just worked up, but in the street you can't do that
No. What do the staff think of you here?/ I don't know
Don't know. What about....Is your dad still alive/ Yeah
What does he think of you?/ All right
All right./ Yeah
And your boss, what's her name?/ T
T, what does she think of you?/ Well she's not there
Oh no./ She's not there, her daughter helps and her grandsons
Oh right and what do they think of you?/ We get on all right together, yeah we're all right
That's good./ We're all right. Sometimes I say to them look if you don't like, they say you should try harder
Yeah./ But I can't do no better than what I can, can I?
Yeah./ I can't do no better than what I can
Sure./ Know what I'm trying to say, I can't do better, if I was working for you
Yeah./ And we're not busy, then it's not my fault is it?
No./ You know I'm trying so (?)
Is there anything you'd like to be able to do but you can't?/ I'd like to work on my own
What kind of work would that be?/ Working on the stall
On the stall. Why can't you do that on your own?/ Because you got to get the equipment, then you got to get the transport, I can't drive, so you got ....
Yeah (the interview is interrupted by people coming in the room)
Ok. We're almost finished actually. It's really interesting what you're telling me. I do appreciate this. Shall we wait until they've gone out? / Uh? Shall we wait until they've gone out? / (they leave the room) That C he lives on his own now Does he? / Yeah. His mother died, so he's all right, sometimes we argue, but at the end of the day if we don't make up (?) if we argue then we make up the next day. If we don't mix up the centre then we always go and say sorry, we shake hands with each other the next day Yeah, OK, do you worry about what people think of you? / Do I worry? Not really Do you ever get worried? / Do I worry? Yeah, when I get home late, if we're working late, then I worry because I'm scared Scared of... / Not now coz it's nicer Yeah./ I really used to get scared to walk along because people used to say give me money, give me money, give me money Yeah, and do you think about yourself very much? / Uh? (Repeat question) / No Ok that's great, I've asked you all the things I wanted to ask you. Is there anything else you want to tell me about? / No

End of interview
Appendix 4. Transcript for interview with BE (study one)

Would you like to tell me your name?/ My name is B
Yeah, what's your last name?/ B (?) E
OK, and how old are you B?/ Um 23
23. Ok let's just check that that's recorded. / (Checks tape recorder)
Right, and where do you live, B?/ I live at 29
Yeah./ (area of London)
Yeah./ London (postcode)
And who do you live with?/ My mum and my dad
Right, any brothers or sisters?/ I've got 2 brothers and one sister
And do they live at home./ No they live away from us
Right, ok and um, what I'm going to do is I'm going to ask you a few questions about yourself?/ Ok
Ok?/ Yeah
Can you tell me a bit about yourself? Tell me about 5 things about yourself?/ I go to
the centre, and I do reading, writing
Yeah./ And I do pottery
Right./ And I do sewing
Yeah./ And I do karaoke
Right, so is that all at the centre?/ Yes
What do you think of the centre?/ It's good
It's good./ Make me work good
Makes you work good / Yeah
Yeah. Do you think it's important to work?/ Yeah it is
What did you do before you went to the centre?/ Before I go to, before I mean, yeah, I
went to my, went here, with my school
Right./ And we do cooking
Yeah./ And we do, sometimes we go out
Right./ And we do PE
Yeah...... So you go to the centre now and do all those things?/ I do lots of things now
Lots of things./ Yeah
Can you tell me anything else about yourself?/ Um, I do, I like music
Yeah./ My favourite show is multicolour dream coat
Oh yeah. I like that./ And so we're doing a concert
Where was the concert?/ No, we're rehearsing it
Oh you're rehearsing it./ Yeah
Are you in it?/ Yeah
Yeah? What do you do in it?/ I do organ
Yeah .. What, you play the organ?/ Yeah
Really?/ Yeah
How are you on the organ?/ All right - I'm getting good now
That's good, sounds great. I play the guitar myself. So we're both musicians./ Yes
Can you tell me anything else about yourself?/ Um, I help my mum
Yeah../ Like, um, washing up
Right./ And I cook
Yeah. And I tidy up the bed
Right. Cleaning
Right. Washing up
Yeah. Things away
Putting things away?/ Yeah
Do you do the cooking by yourself or do you have a bit of help?/ Little bit of help
Oh right. Who helps you with that?/ My mum does
Oh right. Ok, why do you need a bit of help with that do you think?/ Um, because I have to be careful with the gas fire, I mean gas, um, electric, sometimes you might burn yourself
Oh I see, and is that why you need help?/ Yeah
Oh I see. Ok that's interesting / Yeah
Have you got anything else to tell me about yourself?/ Um I think that's it
Ok, well that's very good, can you tell me now the name of somebody who knows, who you know really well?/ I know my friend is, is TU
Yeah. KM
Yeah. N
Right, who's N?/ She does, um, music
Oh right, does she work, is she work here or does she a club member?/ Club member
Right, and who are the other 2 you were said?/ A
Ann. And D
Right, and who are they?/ They are clients
Where here or ..?/ Yeah, here
Clients here, ok. If I asked Ann./ Yeah
If I went to Ann and said I'm trying to find out about B, can you tell, and I said to A will you tell me about B, what do you think she'd say about you./ I think she'd say lots of things about me
What would she say about you then?/ She thinks, um, good friend
Oh right.... And what else would she say about you?/ Share things
Share things, right. What do you share with her?/ Like um share, um, different kinds of music we do
Different kinds of music?/ Yeah
Oh right, do you mean cassettes or something different?/ Like real instruments
Oh you share instruments, ok. And what else would she tell me about you?/ And she's a good friend
Right. What do you think makes a good friend?/ Friend is um nice to each other
It's when you're nice to each other?/ Yeah
I see, right. What do you think makes a person a good person?/ ...... Um can't remember that one
Don't know./ Don't know that one
Ok, what about you, what's the good things about you?/ Um, um, I clean myself, um, I clean, wash, wash myself I do
Right, that's good./ Yeah
Yeah. What are the other good things about you?/ Um good things I help as well
Oh right, yeah. Who do you help?/ Yes
Who do you help?/ Sometimes my friends
What do you help them to do?/ Make a cup of tea and coffee
Right, so you clean yourself./ Yeah
And you help your friends. Yeah
Are there any other good things about you? Um ..... um, don't know
Ok, what about, is there any things, bad things about you? Uh not really
No. Is there anything you'd like to change about yourself? Um, I'm going to be a pop star one day
Oh really? You're going to be a pop star? Yeah
Why do you want to be a pop star? They sing, they sing loudly like I do
And you want to do that? Yeah I want to do that
Do you think you'll be a pop star? Yeah, I'd love to
Yeah? Yeah
Do you think one day you will be one? Yeah
Yeah? That's good, how are you going to do that then? Like practise, practising um, practise the organ, all that things first
Right, you're going to practise the organ. Yeah
And when you get really good at the organ, what are you going to do then? I might go, um, see them
See who? See, um, people in the stage
Go and see the people who are in the stage. Yeah
Right. What would you say to them when you saw them? Talk to them
Oh right, well that sounds good. And do you think they would help you be a popstar? Yeah
Yeah? What would they do to help you? To, um, to listen to and they have to help you to dance with them as well
Oh right so they, would they teach you to do that? Yeah
Right, ok that sounds interesting. Is there anything else about yourself that you'd like to change? Um, I think that's it, I think
Ok, that's interesting. Um, could you tell me what makes, what sort of things make you happy? Makes me happy is the sun
That what? Um
The sun. The weather (in unison)
Oh the weather. Yeah
You mean like that. Yeah
Right so the sun makes you happy. Yeah they do
What else makes you happy? I like coming to club - that makes me happy
Yeah? Yeah
What do you like about the club here? Um, it's quite good, actually, all my friends go there
Oh right, so you see your friends. See my friends, yeah
Why do you like your friends, what do you like about them? Um, because they're nice
Yeah. Each other
They're nice to each other. Yeah
Right. Ok. Is there anything else that makes you happy? Um I think that's it now
Right, that's really interesting, though. What about um, things that make you upset, what makes you upset? Um sometimes, um, I don't like people dying
Right. That makes me upset sometimes
Does it? Yeah ...
Was there somebody who died? Yeah
Who was that? That's my friend, his name is, um, that's my dad's brother died see
Your dad's brother. / Yeah
Your uncle / Yeah
And he died. / Yeah, he did
And how did you feel then? / Sad
Right, and is there anything else that makes you feel upset? / Not really
Is there anything that makes you feel angry? / Angry, um, sometimes I don't get angry
You don't get angry. / No
Do you ever lose your temper? / Sometimes, one girl in the centre, right, she pulls my hair. That makes me feel angry sometimes
Oh yeah that would make me feel angry. / Yeah
Why does she pull your hair? / I don't know, sometimes, sometimes she grabs you by the hair and I don't like it
So what do you do then? / Sometimes I tell the staff
Tell the staff. / Yeah
And what do the staff do? / The staff sort it out
Right. / Yeah
Do you think you could sort it out by yourself? / Yeah will do, yeah
What would you do to sort it out by yourself? / Like um ..., um .... like um, what's it called, um, like um, .... something (self/safe?)
Something safe? / No, like um (coughs) like um, when somebody tou, when somebody pull your hair, pull the hair, pull it back again
Can you say again I didn't hear you? When somebody pulls your hair? / Somebody pull my hair
Yeah. / Pull your hair right, um, they will annoy you
Yeah. / And I pull, pull the hair, pull their hair back
Oh you would pull it back? / Yeah, that's what I mean
What out of their hands? / Yes
Oh so that's what you would do yourself? / Yes
Right. Do you think you need the staff to help you sort it out? / Not really
Not really? / No
Right. Ok that's interesting. / Yeah
Um, do you think you've changed much? / Yeah I have
Have you? / Yeah
What were you like before? / Somet, um, um, um, sp, I like, money-wise I like, like as you know 5p 10p like that
Do you know that? / Yeah
Did you know that before? / Not really, now I learn it
Oh I see. / Now I learn it and I get it right
Oh good. / Yeah
And is there any other way you've changed? / Um I like meetings, like that, that's a change
What kind of meetings is that? / That is um, club committee
Like this club committee. / Yeah, yeah
And how have you changed about the meetings? / We change um, different kinds of ways to learn
Right .... So um, what was it like before then? / Last time before it was difficult, this time it's easy
Right. It's easier now. / Yeah
So you find it easier. Yeah it is
Right. So what was it like before when it was difficult? Because um, um, it was
different (first/worse/verse?), different first, different. And this time I'm changed
altogether for the meetings
Right, so do you feel different now? Yes
Yeah I see. So what do you do in the meetings? Sometimes I do chair
Yeah. Or write the minutes
You write the minutes. Yes
Right. So you do quite a lot in the meetings. Yeah we do, yeah
Right that's good. Is there any other way you've changed, anything else? Not really
Those are the main things. The main things anyway
Right, and what were you like when you were younger? Younger
Yeah. Younger, young lady
You were a young lady? Yeah
Yeah? Were you any different when you were a young lady? Yeah
Yeah? Different clothes I wear
You had different clothes. Yeah
Ah. And was there anything else different about you when you were a young lady,
besides your clothes. Sometimes my hair is longer sometimes
When you were younger? When younger, yeah
Oh I see. Yeah
Ok I think I understand. And when you get older, what do you want to happen in your
life, when you get older? Um, of dear, oh, more help
You want to have more help? Yeah
To do what? Just, um, I like different kind of music, like that
Different kind of music. Yeah
And you want more help with that? Mm
Oh right Is there anything else you want to happen when you're older? I think that's it
now
Right, that's interesting. Yeah
Yeah. Do you ever get embarrassed? No not really
Not really. No
No? I get used to it now
Right, what used to make you embarrassed before? Um oh dear .... I think that's it,
yeah that's it now
That's it. Yeah
Ok what about, um, do you feel proud of yourself? Yeah I am
You are proud of yourself? Yeah
What makes you proud of yourself? Proud is, um, be happy
Be happy. Yeah
Oh. Right. And do you think you're better than anybody? Yes I am
Who are you better than? I'm better because, um, have to learn things
Coz you learn things. Yeah
Right. Ok and is anybody better than you are? Sometimes not always
Yeah? Who is better than you are? Sometimes, um, to help each other
Yeah. And look after them as well
Look after who? Look after them I do
Who do you look after? Sometimes I look after ..... look after my friends
Right. Is that here or is that in the centre?/ Both
Both./ Both yeah
Right so you look after them./ Yeah I do
Yeah. What do you do for them, when you look after them?/ Like um sometimes I feed
someone
Oh yeah./ Sometimes I help out, like um, if they can't, if they can't open the crisps like
that I have to help them
So you open it for them?/ Yes
Oh I see, that's good. Um right. What else do we have here? Ok, what things are you
good at doing?/ Music I like, that's one thing. I like writing
Yeah./ Reading
Right./ .... Um what else, sums as well
Are you good at that?/ Yeah I do
Yeah, right. Ok. Is there anything else you are good at, you're good at doing?/ I think
that's it now
Ok, and um, what about things that you find a bit difficult?/ I don't like that one
No. Difficult question isn't it?/ Yeah
Is there anything you find a bit difficult to do?/ Don't know yet (laughs)
Mm?/ Don't know yet
Don't what?/ Don't know yet
Don't?/ Know yet
Oh don't know yet. Ok. What sorts of things do you think a person should do for
themselves?/ Um do the dress
Do the?/ Dress
Oh for themselves./ Yeah
Get dressed. Yeah? And what else do you think they should do for themselves?/ Um
to, um, oh god, to feed them
Feed themselves?/ Yeah
Right I see, and is there anything else they should do for themselves?/ Um, oh don't
know
No?/ No
Ok. And what do you think they feel like if they can't, if they can't do those things?/
Help them, that's all
Help them./ Yeah
So how do they feel about that?/ They feel happy
Uh?/ They feel happy, I do it for them
They feel happy coz you help them./ Yeah
Oh, and what do they feel if no one helps them?/ They be nasty to th, to that one
Mm ... what's that about nasty?/ They be nasty to them I mean
Who's nasty to them?/ No I meant, I mean you just said
Oh I see if nobody helps them that's nasty./ Yeah
Oh I see, yeah. I agree with you. Is there anything that you'd like to be able to do?/ Um
I'd like a bit more, um, um, need, um, money-work
You want to do more money work./ Yeah
What's money work?/ It's a bit about money
Counting the money?/ Yeah
You'd like to do more of... / Yeah
Right I see. Ok, um, ..... what do your parents think of you?/ They think, (coughs) oh sorry, they think good
They think you're good?/ Yeah
Do they?/ Yeah
Why do they think you're good?/ Because I help them
Right you told me you did the washing up./ Yeah, yeah
Yeah. What else do they think of you?/ They think of me, um, my dad, my dad used to
come here, used to do the music, things put out
Did he?/ Yeah
Oh I see./ Now he's stopped it, now, from this club
Right./ He's retired now
Oh he's retired./ Yeah
I see. Right. What about other people, people who don't know you very well, what do
they think of you?/ ..... Um don't know that one
Ok. Um, are your parents proud of you?/ Yes
Yes. Ok and do people ever say bad things about you?/ No
Never./ Never
Ok, and do you ever do things that upset people?/ No
No?/ I don't do that
Ok and in general, how do people treat you?/ Treat me nice
Treat you nice. Yeah, ok. What about people who are, say, on the streets in ..?/ Ignore
them
You just ignore them./ Yeah
Yeah. Do they speak to you?/ No
No. Don't say anything./ No
Ok. Right, we're almost finished here. You're being very helpful./ It's ok
Is this all right./ Yes I don't mind this
You don't mind it./ No
Ok, well, everybody has people who they like and people who they don't like. Yeah?
What makes you like somebody?/ I like um... (coughs) I like um, help them, I like
Right. And what about people who you don't like, why don't you like them?/ Because
sometimes, sometimes annoys me sometimes
And what do they do to annoy you?/ Sometimes I told you somebody pulls your hair
like that
Oh yeah./ Ignore them.
Yeah./ Yeah
And is there, is there anybody else you don't like?/ No that's all now
That's just the person who pulls your hair./ Yeah that's all, yeah
Right, that's the only person you don't like./ Yeah
Ok I understand that. What about um, do you think you're different from people here?/
Yeah I do
How are you different from the other clients?/ Because I speak nice as well
Right, you speak nice./ Yeah
Yeah? Is there any other way that you're different from them?/ Um times I help
You help yeah./ Help a lot
Right .... Is there anything else that makes you different?/ Um I think that's it now
Right, and what about, is there anything that makes you the same as the other people
here?/ They feel the same like us
They're the same as you?/ Yes
And how are they the same?/ Um they feel the same like ....um ... oh, um, I think that's it, that's it now I think
Ok. And um you know you said the clients. What does that mean, the clients?/ Clients it's us
Yeah./ Human
That's what?/ Human
Humans./ Yeah
Are the clients the same as the staff?/ Um yes, I th, yes
Yeah./ Yeah
Ok. ..... Right, is there anything else you want to tell me about yourself?/ I think that's it now

End of interview
Appendix 5. Methodological observations (study two)

Ten observations on interviewing

In order to contribute to the literature on interviewing people with learning difficulties, the transcripts from this study were further examined for examples of questions which were prone to difficulties in answering, and for particular response styles. The criteria for inclusion in this section is that a particular response style or question type was found to be problematic for at least three of the 29 participants. The first two question types below were identified from study one rather than study two. It should be noted that all the question types below presented no difficulties for many of the participants, who coped with the sometimes difficult questions and themes with ease. It is not recommended, therefore that such questions not be used at all, but that any interview which is designed for use with a number of people with learning difficulties should be aware that these questions will be problematic for a number of the interviewees.

Question types

1) Reflexive questions

Difficulties were often found with questions which required the person to supply a judgement about themselves, when the reflexive part is at the end of the question (eg What are the good things about yourself? Are there any bad things about yourself? How do you feel about yourself?). Similar difficulties were also found when the person was asked about how other people would feel about themselves. Questions such as these were sometimes answered as if the reflexive part were not present, and the participant were responding only to some of the earlier words (eg How do you feel? What are the good things?). Possible explanations for this is that the self-reflexive enquiry is too difficult, or that participants are only able to attend to a limited number of words/concepts in each question.

Self-reflexive:
JW - What are the good things about you then, about JW?/ I like playing my tapes and I watch telly and I watch “Home and Away”.

DT - Is there anything you’d like to change about yourself?/ I’d like to change, to go in another house

DE - What are the good things about you?/ Good about me, yes … I remember, I like discos dancing
(…) Right and are you pleased with yourself?/ I am pleased
Yeah? What things make you pleased with yourself?/ I’m happy

PS - So what are the good things about you?/ I like watching telly
(………) What are the other good things about you?/ I like drinking
You like drinking?/ I like to drink Malibu and beer
Other reflexive:
AB - ... what do you think makes people feel pleased with themselves?/ They feel jolly
They feel jolly, right, and what makes them feel pleased with themselves?/ They feel pleased
... and what would make them feel bad about themselves?/ They feel sad, wouldn’t they?

DT - ... what do you think makes a person feel good about themselves?/ I know when
they’re really happy, they’re quite happy then
Yeah./ Sometimes people’s all right. P’s all right all the time

TU - What about somebody who feels bad about themselves, what would make them
feel bad about themselves?/ Um sometimes when I get sad
Yeah./ I get upset

2) Socially reflexive questions
As described in study one, participants often did not provide elaborate descriptions of
how other people perceived them. It was often found, therefore, that socially reflexive
questions presented difficulties. Often participants described their relationship to the
person rather than how the person views/evaluates them. Possible reasons are that the
person is not accustomed to thinking about how they are seen by others, or that they
are only able to attend to a limited number of words/concepts in each question.

AC- ... and who likes you, do you think, the best?/ Oh that’s D
D does?/ Yeah
Yeah? And what do you think of D?/ He’s all right
He’s all right?/ Yeah
And what does he like about you?/ Um, well, he’s over there

CH - Any other people who don’t like you?/ Sometimes B girl don’t like me, C, CG
CG./ Yeah
She doesn’t like you./ No, she bosses me about
(.....) Why doesn’t she like you?/ Don’t like me
(note - see also section below on ‘why’ questions)

DT - What does P think of you?/ You know he’s really happy

Do you worry about what people think of you?/ Yes I do yes
You do, and why, why do you do that? Why do you worry about that?/ Its lots of
things in my mind and I get really worried
Really?/ Yes
What do you worry about?/ Lots of things, you know, somebody annoys me one
evening, that gets me worried
Right./ And if someone leaves me alone I’m all right

WM- What does she like about you?/ Eh? Like me, boyfriend
Boyfriend. What is it about you she likes?/ Best boyfriend
DE - (about a neighbour) And what is she like?! She is nice and elderly
Yes, elderly. What does she think of you?/ She says hello

(about checkout workers)... what do they think of you?/ They do, um, they think
about you, um, as you know and says
Yeah./ And says, um, can you put things in the bag, I like doing that
Do you like doing that?/ Shopping in the bag

3) Questions with negative phrasing (ie with 'not')
These are sometimes answered as if they were phrased positively. It is suggested that
wherever possible such negatives be avoided and single words which imply the same be
used. However, such words are often difficult to find, and may not represent an
equivalent meaning. For example ‘Can't do it for themselves’ might be replaced with
'needs help', ‘doesn't like' might be replaced by ‘dislike’. ‘Dislike’, however, might
not be a common word in people's environments, and 'hate', while more easily
understood, has a more forceful meaning.

WM - .. and is there anybody who doesn’t like you, do you think?/ Brian do, Brian B
do
Brian?/ Yeah
And does he like you or not?/ Yeah he likes me, yeah

CD - And is there anybody who doesn’t like you, do you think?/ Some people do,
some of them do
Is there anybody here who doesn’t like you?/ Lot of them do
Lot of them do? What, they like you or they don’t like you?/ They do like you

TU - What do you do to help them?/ I help them pick up people's dinners for them
You do their dinners for them?/ Yeah
They can't do it for themselves?/ Some people does it, yeah

MM - Is there something she can’t do?/ Well she does peel the potatoes
She does peel potatoes./ Yeah she cuts them

4. Questions using the term “learning difficulties”
As mentioned in the results of study two, 15 of the participants did not provide an
appropriate definition of the term 'learning difficulties'. When definitions of it were
given, these were quite varied in the type of disabilities they referred to. When the term
was misunderstood, people often seemed to focus on the word “learning”.

ST - Yeah. Can you tell me what learning difficulties means for you, what do you think
it means?/ I reading and writing
Reading and writing./ Do some homework
MM./ I do some study
You do study./ Yeah
Yeah./ And my teacher's name is G
OP - ... some people were telling me about learning difficulties. What does that mean to you, do you think, learning difficulties?/ Well I can do reading
Yeah./ In F adult centre
Yeah./ You go there (?)
You do reading?/ Yeah reading and that, questions, asking questions
Do you think you’ve got learning difficulties?/ ABC and all that
Yeah./ XYZ and all that
Right. Would you say, has anybody, would you say that you’ve got learning difficulties or not?/ What is that, in the arts centre?
Yeah./ Yeah we do different things, I do loom, making a loom
Right./ Doing that we learn the loom (.....)
Do you know anybody that’s got learning difficulties, do you know anybody?/ What round here?
Yeah./ No I don’t know anybody who has, no

DD - Some people were talking about learning difficulties, and I wondered what you thought about that?/ I don’t know about that coz I never done it
Never done it./ We used to, we used to have a man here who used to teach reading and writing
Yeah./ Then he stopped coming

It is also clear that people don’t always know who has and who hasn’t got learning difficulties in their club or day centre.

BE - Yeah, what do you think learning difficulties means?/ Um sometimes they’re born that way
Oh they’re born that way are they?/ Yeah
And what are they like then?/ Sometimes ok
Yeah?/ Yeah
Why are they called learning difficulties?/ Um, could be what’s wrong with them
Oh right, so what is wrong with them when they have learning difficulties?/ I don't really know
Don't know. Do you think its important or not, coz you didn't tell me about that when I talked to you?/ Um, sometimes they have fits, like that
Oh, do you know anyone who has learning difficulties?/ Yeah sometimes
Oh, who do you know who has learning difficulties?/ Um ... oh ...um don't really know actually
Don't know. Do you think that you have learning difficulties?/ Um ............. oh ...... I don't really know
In addition, some people don't seem to recognise the term at all. In these two cases, learning difficulties seems to be interpreted as something to do with love:

GH - Another question that I wanted to ask you, was that some people I was talking to were talking about learning difficulties. I wondered if, do you think that you’ve got learning difficulties or not?/ Yeah You do. Ok. And has anybody ever said that you have learning difficulties?/ No No, but you think you’ve got learning difficulties. And what do you think it means, learning difficulties?/ ........................ make love Sorry?/ When you make love together

MM - And what do you think that learning difficulties means?/ I like to get married to him Who do you want to get married to?/ Billy Billy. Do you think you will get married?/ I think so now yeah And is there anything else you want to happen, when you get married./ Sharing with people What are you going to share?/ Get on with people Get on with people .... Do you think there’s anybody in the centre who’s got learning difficulties?/ I think Billy Billy’s got learning difficulties./ Yeah And what does it mean when someone’s got learning difficulties?/ Coz he’s my boyfriend So do you think its a good thing or a bad thing to have learning difficulties?/ I think its a good thing To have learning difficulties?/ I still love him that’s why

In view of these difficulties, it is recommended that any questions dealing with learning difficulties be followed up with further questions checking the person’s understanding of the term. Some participants were more familiar with terms such as handicap, backward and mongol than they were with ‘learning difficulties’.

5) Comparisons
Questions which requested the interviewee make direct comparisons were often problematic. The questions referring to “better behaved than”, seen below, were in response to participants concern with the acceptability of other’s behaviour described in study one.

EF - Ok, and you also told me last time, you told me, do you think that you’re, the other thing is do you think that you behave better than other people, that you’re better behaved than anybody else?/ I do yes You do?/ Yes So what, how’s that then, who do you think that you’re better behaved than?/ Um, me You./ Yes

BE - Right. Ok. Do you think you're better behaved than anyone else?/ Yes I have Yeah, who are you better behaved then?/ My friends, my clubmembers. They're really good
OP - Right. Ok. Some people I talked to said that they thought they behaved better than other people. Yeah I'm better than other people yeah Are you?/ I am better How are you better then?/ I go with, (?) go round with her, CH CH?/ I buys her cuddly toys for her and all that You buy her presents?/ Buy her presents for her So who do you think you are better than?/ Who do I think I'm better?... Yeah. I feel better in myself Yeah. I keep fit and all that. Do me exercises for my leg

MM - this extract demonstrates the benefit of rephrasing
Ok and do you think, you told me last time there was somebody who bullied you, or pulled your jumper, or something like that?/ Could be yeah Yeah, do you think you're better behaved than anybody?/ Yeah Yeah?/ I think so yeah Who are you better behaved than?/ ...... Yeah Is there anybody who behaves badly here?/ Well my boyfriends a bit, you know, offhand lately
How's he been?/ He's all right now
Why was he offhand?/ Coz his brother got killed

BE - And is there any other people that need a bit more help than you do?/ Um I do cooking and um different kinds of things

TU - Do you think there are some people here who need more help than you do, who can't do as much?/ I can do things myself, yes I can

PS - What about at S, do you think you're the same or different from other people?/ I know the people there all right

It seems from these extracts that comparison questions are often too long for people, and answers tend to be from restricted phrases in the question. It should also be noted that some people were able to make comparisons sometimes, when they did not seem to grasp the question at other times.

6) "Why" questions
Answers to "why" questions often seem to be answers to 'what next' questions - participants explaining the next step in the story rather than the reasons that are requested.

HI - You kicked TU?/ Yeah, she's asking for it
What was she doing?/ Putting her finger up my nose
Oh, that's not very nice. Up to my face
Why does she do that?/ And I kicked her, and I caught her hand
Oh right./ And she's asking for it
GH - What do they call you?/ Trouble
They call you trouble. Is that here or ./ Here
Here. They call you trouble. And who's that who calls you trouble?/ .... Penny
Penny. Why does she call you that?/ .... Coz she grabbed my bag

MM - So why do you think she's handicapped then?/ She loves me a lot, that's why
Who does?/ She loves me

ST - Yeah, what did he tell you tutor?/ She said to me I was calling her names, I wasn't
Oh I see./ And I didn't say that
Why do they always say these things about you, do you think?/ Yeah
They always say these things?/ Yeah, they say that in the canteen when I finish my drink

It should be noted that some people have no difficulty answering 'why' questions some of the time, but do not do so at others times

Response styles
7) Answers that appear irrelevant
When responses to questions did not seem relevant, they could often be seen as following on from the previous topic the participant had been discussing, as topics that the participant seemed preoccupied with and returned to at various points in the interview, or as answers to earlier questions. These can be seen in many of the extracts above, particularly in the comparison and "why" question sections. Possible explanations include that the person was not attending to the question, that they had something they wanted to impart, that the questioning was proceeding too quickly for the interviewee, or that they did not understand the question. In these cases the question should be repeated later in the interview, since the response does not necessarily reflect a lack of understanding of the question.

a) Previous topic
Ok, and is it a good thing or a bad thing, do you think?/ It's good
Its good?/ Yeah
And why is learning difficulties a good thing then?/ Because to learning how to doing recording this
Learning to record this?/ Yeah
Oh right, I see. Do you know anybody who has got learning difficulties?/ Um typing Typing?/ Yeah
Do you learn typing?/ Yes

b) Preoccupations
MM is interested in music and frequently returned to the subject:-
Do you think there's some people here who can't do as much as you can?/ My boyfriend play the xylophone
ST - No, ok. Do you think there are some people who can’t do as much as you can?
Who need a bit more help than you do?/ I do football
Yeah. I do basketball
Right. Yesterday

JW kept returning to certain people and the fact that she had a boyfriend:-
And do you think it’s a good thing or a bad thing, learning difficulties?/ It’s a good thing
Yeah? What’s good about it?/ H’s not my boyfriend, he’s got a girlfriend

c) Answers to earlier questions
ST - And do people ever call you bad names?/ No
No. And do you ever do bad things?/ No
No. Ok, do you know anybody who doesn’t like you?/ I don’t know
No? And what about people who like you, do you think people like you?/ ..... Sometimes
Sometimes they like you?/ Yeah
Yeah? What do they like about you?/ It’s about Ian Barnes
Ian Barnes?/ Yeah, he’s patronising
He does wh ... patronises you?/ Yeah because he told my mum about me
He told his mum about you?/ Yeah
What did he say about you?/ He say I stay up all night watching TV
Yeah./ And I didn’t

EF - ..... and some people said that they helped other people./ Mm
And some people said that they behaved better than other people./ Mm (laughs)
And some people talked about other people who needed a bit more help than they did./ Mm
And they said that they thought other people liked them./ I do
What do you do?/ I help
What do you, how do you help then?/ You
You help me./ Yeah

8) Focus on single word/phrase
Many of problems with questions and answers might be interpreted as being due to participants responding to particular words in the question rather than the whole. This can lead to problems such as who the subject of the answer is, and difficulties seen above with ‘why’, ‘learning difficulties’, negative and comparison questions. That this might be a pervasive difficulty in interviewing is seen in the many examples of where this might be occurring which are given in those sections.

AC - (the interviewer is referring to a previous interview):-
And you told me that your boyfriend was a drummer in Butlins / Yeah
And he said that you were beautiful./ Oh, thank you (laughs)
ST - Ok. Have you changed much?/ I think I have changed, yeah
You have./ Yeah
What were you like before?/ Mm?
What were you like before?/ I like anything. I love music

JJ - Yeah, do you know anybody who needs more help than you do at (name of day centre)?/ I been doing swimming, I been swimming
You've been swimming, at (name of day centre)?/ At (name of day centre), yeah

Oh, and do you know anybody there who needs more help than you do?..... / Get me J to help doing to get dressed
Who's that, J?/ J yes
And he needs help to get dressed?/ Yeah, need help getting dressed
Right, and do you help him or somebody else?/ J, J, J
J/ My teacher
He's your teacher. Does he help you?/ He helps you yeah
What, he helps you to get dressed?/ Yeah
So you can't do it on your own?/ No

Oh right, and do you help anybody else?/ John, give me some help
John helps you./ Yeah

Ok, another thing that I wanted to ask you is do you think you're better behaved than anybody?/ I been good, I behave, I been good

9) Lack of understanding by the interviewer
On occasions the interviewer was unable to understand what the person was saying due to unclear speech. This was a major problem which often lead to the topic being abandoned. On listening to the recordings, it was clear that the person was making valid comments which the interviewer was misunderstanding. It is likely that for some of the participants this is a major problem in other areas of their life, and can make someone appear more disabled than they are because they are less able to express their opinions or join in conversations.

GH - Here. And why don't the staff like you?/ ........ Coz I don't like it here much
You don't like it here./ No
Is that coz of the staff?/ ..........
You don't like coming here?/ No
So why do you come here for?/ ........ To learn
Mm?/ To learn
Too long?/ No to learn
What .... too long? The interview?/ ........
You've come here for too long? ........ Do you want me to turn it off, and stop?/
(nods)
(interview was terminated)
TT - Do you think that you have learning difficulties?/ Mm (nods)
You do./ Me (bad hand?)
Bad?/ (bad hand?)
Ban?/ No (bad hand?)
Ban, what's that?/ .......... tired, me tired
You're tired./ Mm

SS - And what are you going to do in the meeting?/ Get my work done
What work have you got to do?/ Doing my (?) holidays
Do the what?/ Holidays
Anidis?/ Holidays
Uh?/ Camping trip
Carping?/ Trip
Tip?/ No
I don’t understand, do I? I’m sorry about this./ It’s all right
Start again. Some work that you’re going to do./ Yes
Do you want to tell me again?/ Yes
Ok, I’ll try and listen a bit harder this time./ It’s my cold (sniffs)

10) The benefits of rephrasing and persistence
It was often observed that participants did not give their answers the first time the
topic was introduced by the interviewer. Asking further questions around the person’s
answers sometimes allowed the person to provide an answer

SM - in this extract the interviewer tries to ask a ‘why’ question – only on the third
attempt does the person show that he does not know the answer.
… There’s one, L, here but she won’t talk to me
Where, in the centre?/ Mm
But you talk to her, and she doesn’t? I can’t talk to her
And why do you think she doesn’t talk to you?/ I can’t talk to her, not at the moment,
been too long now
Really?/ Mm, been about 3 weeks now
So why won’t she talk to you?/ Why should I talk to her now, since 3 weeks?
She hasn’t talked to you for 3 weeks?/ No
But why doesn’t she talk to you then?/ You ask her that

MM - in this extract she appears reluctant to explain why she thinks her friend is
handicapped, and emphasises the positives before saying that she screams at night
And do you think there’s anybody in the centre who has learning difficulties?/ I think
so, yeah
Yeah?/ C
C has it?/ Yeah
What’s she like?/ She’s all right
How do you know she has learning difficulties?/ Um, I don’t want to say it but, I can
tell you
Yeah./ She’s a bit handicapped
Oh is she handicapped? I don’t think so, I don’t know what I’m saying, it’s hard to remember now
It’s hard to remember? Yeah
So why do you think that she’s handicapped then? She’s loves me a lot that’s why
Who does? She loves me
What’s her name? C
C./ C yeah
So you think C’s a bit handicapped? Yeah
Is there something she can’t do? Well she does peel the potatoes
She does peel potatoes. Yeah she cuts them
So do you think that you’re handicapped or not? No
But she is? Yeah
And is there something wrong with her? Not really ... she just screams a lot at night
time
Screams at night time. Yeah
Shouting? Yeah
And what else does she do? Um she puts her records on at night time
Puts the what? She keeps on putting her records on too loud
Oh I see ... and what do you think of her? I think (?) she’s a bit... screams, she screams at night
Yeah. ... But I still like her

PS - initially she says she does not know what learning difficulties means, but when the concept is put in a different context she shows her understanding of some characteristics. Later she says she doesn’t know anybody with learning difficulties, but when the context is narrowed she is able to identify people:
Do you know what learning difficulties means? No I don’t
No? Ok do you think that you have learning difficulties? Um I’m not very good at writing
Oh not very good at writing, so do you think ... And I can’t read
Right, so do you think that you have learning difficulties then? Yeah
(.... ) Do you know any other people who have learning difficulties? Um no
No. Do you think there’s anybody in the club who has learning difficulties? W probably
W probably. She ... using wheelchair quite a lot
What wheelchair? Yeah
So if somebody has a wheelchair do you think they have learning difficulties? (Nods)
Yeah you’re nodding. So in SW you said that there’s some people who have wheelchairs there. Yeah
Do you think they have learning difficulties? Yes they do, yeah, they can’t talk
Oh they can’t talk. No
Right. They make funny noises

HI - here she initially says she is not handicapped, but further questions around the topic reveal that she thinks she is.
Some people were also talking about handicap and learning difficulties as well.
Actually I’m not handicapped, and I certainly won’t be
You’re not handicapped. But TU is handicapped and she knows everything
Oh TU is handicapped?/ Yeah
How do you know she is handicapped?/ She’s got this staff here
Yeah./ And she tell us what to do, can’t do that
Right./ And even she’s not to distract her, coz (?) she just like us, is one of the trainees
that’s what she’s like
She’s Chinese?/ Trainees
So she’s handicapped and you’re not handicapped?/ No
No. And how do you know she’s handicapped?/ But we both are
Oh you both are./ Yes
Oh right, so you are handicapped as well?/ The 2 of us are

EF - Here we see that the difficulty is with a comparison. When the enquiry is
rephrased, removing the explicit comparison, the participant is able to provide relevant
information.

Ok, and you also told me last time, you told me, do you think that you’re, the other
thing is do you think that you behave better than other people, that you’re better
behaved than anybody else?/ I do yes
You do?/ Yes
So what, how’s that then, who do you think that you’re better behaved than?/ Um, me
You./ Yes
Yeah?/ Mm
Ok, and you told me last year about people who get drunk and things./ I don’t
No you don’t but you were telling me about other people who do./ Mm
Yeah?/ Mm
Ok, do you know any other types of people who do bad things like that?/ And I, um ,
um, some of the time
I going to get annoyed
You get annoyed?/ Yeah
What makes you annoyed then?/ Um, banging on, banging things
Oh banging things?/ Yes
Making a noise?/ Mm
Who does that then?/ U.

Discussion
It is beyond the scope of this study to determine the reasons for the interviewing
difficulties described above, although in some cases some suggestions can be put
forward. When people seem to be focusing on limited aspects of a question, it may be
that the sentence is too long (eg comparison questions) that the sentence structure is
too complicated or else has its meaning changed right at the end (eg self-reflexive
questions, learning difficulties), or that the concept represents a way of construing the
world that the person is unable to do or is not accustomed to doing (eg socially
reflexive questions).
The following recommendations are proposed for interviews conducted with people with learning difficulties:

1) Any structured interview schedule intended for use with large numbers of people with learning difficulties should allow for a proportion of the sample who will have difficulties with the following question types:
   - reflexive questions
   - socially reflexive questions
   - questions containing negative constructions
   - questions with the term 'learning difficulties'
   - 'why' questions
   - comparisons

These question types will be appropriate for some people with learning difficulties, therefore should be used in semi-structured interviews where rephrasing is possible.

2) When yes/no answers are given to questions with difficult structures such as those listed above, probes should be used to check meanings. Interviewees may be attending to limited aspects of the question, or may be responding to the penultimate question. The importance of this is clearly seen in the type of misunderstandings found with negative phrasings, the term 'learning difficulties' and comparison questions. There are many possible question types which pose similar difficulties. The dangers of lists of questions in standardised scales or structures interviews are obvious when one looks at the examples above - an answer to a single question might not mean what the interviewer thinks it means. This is exemplified in the following 2 extracts:

FG - Do you know what handicap means?! Yeah
What do you think it means?! Don't know what is handicap
What is it?! Yes
Do you know what learning difficulties means?! Yes
What would you say ..?! Don't know

TT - Do you think there are some people here who need more help than you do?!
Yeah
Yeah. Mm .... Don't know
Don't know. Do you think there are some people here who can't do as much as you can?/ No

3) Responses that appear irrelevant should not necessarily be taken as a sign that the participant can not understand the question. It may be due to a preoccupation, or that the person is continuing discussion of the previous topic. Because someone does not answer a question does not mean that they cannot answer. For these reasons, it is crucial that interviewers ask further questions, either to check that the person is answering the question that was posed, or to give the person further opportunities to focus on the topic in question.
4) Wherever possible, questions should be put in context. Rather than ask for general judgements, interviewers should try to focus on areas of importance in a person's life and ask questions relevant to those contexts.

The findings of this analysis fully support the decision not to use standardised scales. However, despite the focus here on problems in interviewing, the purpose of this analysis is not to highlight lack of competence but rather to enable better methods in order to more successfully find out the views of people with learning difficulties. There is much to be gained from flexible and careful interviewing, and an awareness of potential difficulties should be a starting point for both the construction of structured and semi-structured interviews.
Appendix 6. Carer questionnaire
Carer Questionnaire
University of Surrey

Please note: This questionnaire uses the term "people with learning difficulties". If you use a different term please write in the space below, and answer the questions as if your preferred term were the one being used. The processing of your answers will take into account your term of choice.

Term you normally use ____________________________

This questionnaire is divided into three sections. The first is about your son/daughter, the second is about people with learning difficulties in general, and the final section is about how you explain things to him/her and what you think he feels about certain things.

All your answers will be strictly confidential

Please mark tick boxes carefully like this: ☒
Q1 How old is your son/daughter? 

Q2 Does your son/daughter have learning difficulties? Yes □ No □ Not sure □

If so, how severe, if at all, would you rate his/her learning difficulties?

Not at all □ Mild □ Moderate □ Severe □ Not sure □

Q3 Compared to other people with learning difficulties, how severe are his/her difficulties?

Much less severe □ Less severe □ About the same □ More severe □ Much more severe □ Not sure □

Q4 Compared with others, how well do you think your son/daughter has coped with his difficulties?

Much better □ A bit better □ About the same □ A bit worse □ Much worse □ Not sure □

Q5 How well do you think you have coped with your son’s/daughter’s difficulties, compared to others in a similar situation?

Much better □ A bit better □ About the same □ A bit worse □ Much worse □ Not sure □

Q6 How much support does your son/daughter need in his/her life?

None □ A little □ A fair amount □ Alot □ Total support □ Not sure □

Q7 How much do you think that having learning difficulties has affected his/her life?

Not at all □ A little □ A fair amount □ Alot □ Completely □ Not sure □

Q8 Do people ever react badly to your son/daughter? Yes □ Go to question 9

No □ Go to question 10

Q9 Please tick as many of the following statements as you want

When people react badly to him/her:

It is because they are bad or ignorant people □
It is because he/she has learning difficulties □
It is because they are prejudiced □
It is because he/she has done something wrong □
It is because of a particular characteristic that he/she has □
It is because they are frightened □
Other (please specify below) □
Q10 For each of the following questions, please tick one box.

<table>
<thead>
<tr>
<th>Event</th>
<th>Extremely unlikely</th>
<th>Quite unlikely</th>
<th>50/50</th>
<th>Quite likely</th>
<th>Extremely likely</th>
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</thead>
<tbody>
<tr>
<td>Get married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Get a paid job</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Have children</td>
<td></td>
<td></td>
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<tr>
<td>Live independently</td>
<td></td>
<td></td>
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<tr>
<td>Become famous (eg on TV, as a popstar etc)</td>
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Q11 Do you think it would be a good or a bad idea if your son/daughter were to:

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<th>Event</th>
<th>Very good</th>
<th>Quite good</th>
<th>50/50</th>
<th>Quite bad</th>
<th>Very bad</th>
</tr>
</thead>
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<tr>
<td>Get married</td>
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<td></td>
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<tr>
<td>Get a paid job</td>
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<tr>
<td>Have children</td>
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<tr>
<td>Live independently</td>
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</table>

Q12 How much is your son/daughter unable to do as a result of having learning difficulties?

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<thead>
<tr>
<th>Unability</th>
<th>Nothing</th>
<th>A little bit</th>
<th>A fair amount</th>
<th>Quite alot</th>
<th>Almost everything</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
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<td>Get a paid job</td>
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<td>Live independently</td>
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</table>

Q13 Are there things that he isn't allowed to do because he has learning difficulties?

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<tr>
<th>Allowance</th>
<th>None</th>
<th>A few</th>
<th>A fair amount</th>
<th>Quite alot</th>
<th>Alot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get a paid job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q14 Do you think your son/daughter is aware of having learning difficulties?

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Yes, definitely</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get a paid job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q15 How easy would you find it to discuss learning difficulties with him/her?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Impossible</th>
<th>Difficult</th>
<th>Not too difficult</th>
<th>Quite easy</th>
<th>Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get a paid job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q16 Do you think it's better not to raise this issue with him/her?

<table>
<thead>
<tr>
<th>Decision</th>
<th>Yes</th>
<th>Not sure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get a paid job</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live independently</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Survey: 99  Serial: 12  Page: 3
How do you think your son/daughter would feel if you tried to raise this issue with him/her?

Q17 Does your son/daughter ever have aspirations (eg for jobs, marriage etc) that you think are unrealistic?

No never Rarely Sometimes Quite often Alot

Q18 Ignore this question if you said "No never" to the last question.
When this occurs, do you ever go along with him/her?

No never Rarely Sometimes Quite often Alot

Q19 These questions are about the reasons that your son/daughter uses particular services.
Please use the column if it is a service that they currently use or used to use.
For each service, please tick as many reasons as you want.

<table>
<thead>
<tr>
<th>Day centre</th>
<th>Gateway Club</th>
<th>School for students with special needs</th>
</tr>
</thead>
</table>

The main reasons that he/she goes to this place is because:

He/she has friends there

He/she has particular problems with certain things

He/she can learn things there

There are things to do there

He/she has learning difficulties

He/she can work there

There is nowhere else to go

Other reasons (please state below)

Q20 Do you think your son/daughter is:

<table>
<thead>
<tr>
<th>Luckier than any other type of person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Better than any other type of person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More well liked than any other type of person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Better behaved than any other type of person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you think any other type of person needs more help than your son/daughter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
If you answered "Yes" to any of the parts of the last Question, please describe what type of person you had in mind:

Luckier:
Better:
Needing help:
Well liked:
Better behaved:

End of section1

This next section is not about your son/daughter in particular, but about people with learning difficulties in general. Some of the questions are similar to the ones in the previous section, so please remember that this section is about people with learning difficulties in general.

Q21 In general, how much do you think having learning difficulties would affect a person's life?
Not at all  A little  A fair amount  Alot  Completely  Too varied to say

Q22 How much support do people with learning difficulties need in general?
None  A little  A fair amount  Alot  Total support  Too varied to say

Q23 Do you think people react badly to people with learning difficulties?

Never  Rarely  A fair amount  Alot  Always  Too varied to say

Q24 Do you think people with learning difficulties are aware that they have learning difficulties?
Not at all  A little bit  Alot  Too varied to say

Q25 How do you think the general public perceive people with learning difficulties?

Very negatively  Quite negatively  Mixed  Quite positively  Very positively  Too varied to say

Q26 How easy do you think it is for parents of adults with learning difficulties to discuss having learning difficulties with their children?
Impossible  Difficult  50/50  Quite easy  Very easy  Too varied to say

Q27 Do you think that parents go along with their sons'/daughters' aspirations (for jobs, marriages etc) even when they believe them to be unrealistic?
No never  Rarely  Sometimes  Quite often  Alot
Q28 For each of the following questions, please tick one box.

<table>
<thead>
<tr>
<th></th>
<th>Extremely unlikely</th>
<th>Quite unlikely</th>
<th>50/50</th>
<th>Quite likely</th>
<th>Extremely likely</th>
<th>Too varied to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely do you think people with learning difficulties are to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get married</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Get a paid job</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have children</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Live independently</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Become famous (eg on TV, as a popstar etc)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Q29 Do you think it is a good or a bad idea for people with learning difficulties to:

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Quite good</th>
<th>50/50</th>
<th>Quite bad</th>
<th>Very bad</th>
<th>Too varied to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Get a paid job</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have children</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Live independently</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Q30 Do you think people with learning difficulties are:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Too varied to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luckier than any other group of people?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>If so, who did you have in mind?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better than any other group of people?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>If so, who did you have in mind?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More well liked than any other group of people?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>If so, who did you have in mind?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better behaved than any other group of people?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>If so, who did you have in mind?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think any other group of people need more help than any other type of person?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>If so, who did you have in mind?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3

This section is about how you explain things to your son/daughter. The questions are similar to the ones in the previous 2 sections, but this time the focus is on what you actually say when you are with him/her, and on how you think he/she understands these things.

Q31 For the following statements, please rate them on how true they are for you and your son/daughter

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My daughter understands what learning difficulties means</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use the term learning difficulties to describe other people when she is there</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I avoid saying my daughter has learning difficulties in front of her</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My daughter wouldn't mind if I said she had learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People sometimes say my daughter has learning difficulties in front of her</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would be angry if someone said she had learning difficulties in front of her</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My daughter sometimes talks about learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My daughter tells people that she has learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>She realizes that some people think she has learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have some other way of referring to people with learning difficulties when you are with your son/daughter/client? (eg resident, people like john, student)? _____________________

Q32 The following questions are about what you actually say to your son/daughter. Please rate how true these statements are.

I sometimes tell my son/daughter that:  

| a) He/she is better behaved than some people | Yes | No |
| b) Other people are better behaved than him/her |   |   |
| c) Other people are luckier than he/she is |   |   |
| d) He/she is luckier than other people |   |   |
| e) People like him more than they like some others |   |   |
| f) People like other people more than they like him |   |   |


Confidential
If you answered yes to any parts of question 33, please give details here.
Which person or group do you compare him/her with when you say this?

a) 

b) 

c) 

d) 

e) 

Q33 Please ignore questions which are about services your son or daughter does not or has not used

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My son/daughter is aware the centre is for people with learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My son/daughter is aware that the club is for people with learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My son/daughter is or was aware that the school is for students with learning difficulties/special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q34 These questions are about what you say when you are with your son/daughter. Please use the column if it is a service that they currently use or used to use. For each service, please tick as many reasons as you want.

Day centre Gateway Club School for students with special needs

I have told my son/daughter that he/she goes to this place is because:

He/she has friends there
He/she has particular problems with certain things
He/she can learn things there
There are things to do there
He/she has learning difficulties
He/she can work there
There is nowhere else to go
Other reasons (please state below)
Q35 The following questions are about what you actually say to your son/daughter. Please rate how true these statements are.

I sometimes tell my son/daughter that:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) S/he is better than some people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what type of person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Other people are better than him/her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what type of person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Other people need more help than s/he does</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what type of person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) S/he needs more help than other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, what type of person?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q36 If your son/daughter is not aware of having learning difficulties, please go to question 37. These questions are about what your son/daughter thinks about things s/he is not allowed to do or unable to do.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When there are things that s/he is unable to do, he thinks that this is because he has learning difficulties

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When s/he is not allowed to do things that others of his age can do, s/he thinks this is because s/he has learning difficulties

Q37 This question is about things that your son/daughter is not allowed to do that other people of his age can do.

When I explain to him/her why s/he is not allowed to do something that others can do, I tell him: (please tick as many as you want)

- It is because it is too dangerous
- It is because s/he has particular difficulties with certain things.
- It is because s/he hasn't learnt how to do it
- I don't give him/her a reason
- It is for practical reasons
- It is because s/he has learning difficulties
- It is because of hi/hers age
- Maybe s/he can do it in the future
- It is because of other people
- Other (please state below)
Q38 This question is about things that your son/daughter is allowed to do but is unable to do (eg skills, tasks).

When s/he is unable to do things, I tell him:
(please tick as many as you want)

- It is because s/he has learning difficulties
- It is because it is a difficult thing to do
- It is because s/he hasn't learnt how to do it
- It is because s/he has certain difficulties with particular things
- I do not give him/her a reason
- It is for practical reasons
- It is because of his/her age
- It is not his/her fault
- Other (please state below)

Q39 If people never react badly to your son/daughter, please go straight to question 41.

These questions are about when other people react badly to your son/daughter - how s/he understands these reactions, and how you explain these to him/her.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>
| S/he thinks that some people react badly to him/her because he has learning difficulties
s/he knows that some people don't like people with learning difficulties

Q40 When people react badly to my daughter/son, I tell her/him that:
(please tick as many as you want)

- It is because they are bad or ignorant people
- It is because he has done something wrong
- It is because there is something wrong with them
- I try not to talk about it.
- He should just ignore them.
- It is because he has learning difficulties
- It is because of a particular characteristic that he has
- It is because they are prejudiced
- Other (please state below)
Q41

*** OPTIONAL ***

*** If you never use the term "learning difficulties" in the presence of your daughter/son, please ignore this question and go straight on to question 42. ***

Remember, the following questions are about what you actually say to your son/daughter. Please rate how true these statements are.

**I sometimes tell my son/daughter that:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) People with learning difficulties are better behaved than some people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Other people are better behaved than people with learning difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Other people are luckier than people with learning difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) People with learning difficulties are luckier than other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) People like people with learning difficulties more than they like some other types of people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People like other people more than they like people with learning difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, who?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next questions are about life events that your son/daughter may or may not talk about.

Don't worry, we are coming to the end of the questionnaire.

Q42 Does your son/daughter ever talk about:

<table>
<thead>
<tr>
<th></th>
<th>Alot</th>
<th>Occasionally</th>
<th>Never</th>
<th>Yes</th>
<th>He changes his mind</th>
<th>He is unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting married?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting his/her own house or flat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting a paid job?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming famous? (eg on TV, popstar)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q43 If so, does s/he say s/he wants to?

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting married?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting his/her own house or flat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting a paid job?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming famous? (eg on TV, popstar)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q44 * * If your son or daughter has never talked about getting married, or you have never discussed the issue with him/her, please go on to question 45 * *
If you have ever discussed getting married with her/him, what do you say? (please tick as many as you want)
- I tell him/her there are practical problems (e.g., finance, finding a partner)
- I agree with him/her
- I tell him I don't think she will get married
- I say she should not get married
- I say it might happen in the future
- I say it is unlikely because she has learning difficulties
- I try and avoid discussing it with him/her
- I play along with him/her
- I encourage her/him
- I tell him/her it is unlikely because of particular difficulties that she has
- I don't say very much
- Other (please state below)

Q45 * * If your son or daughter has never talked about getting his/her own house or flat, or you have never discussed the issue with him/her, please go on to question 46 * *
If you have ever discussed getting his/her own house or flat with her/him, what do you say? (please tick as many as you want)
- I tell him/her there are practical problems (e.g., finance, finding a place)
- I agree with him/her
- I tell him I don't think she will get his own house/flat
- I say she should not get his own house/flat
- I say it might happen in the future
- I say it is unlikely because she has learning difficulties
- I try and avoid discussing it with him/her
- I play along with him/her
- I encourage him/her
- I tell him/her it is unlikely because of particular difficulties that she has
- I don't say very much
- Other (please state below)

Q46 * * If your son or daughter has never talked about having children, or you have never discussed the issue with him/her, please go on to question 47 * *
If you have ever discussed having children with her/him, what do you say? (please tick as many as you want)
- I tell him/her there are practical problems
- I agree with him/her
- I tell him I don't think she will have children
- I say she should not have children
- I say it might happen in the future
- I say it is unlikely because she has learning difficulties
- I try and avoid discussing it with him/her
- I play along with him/her
- I encourage him/her
- I say it is unlikely because of particular difficulties that she has
- I don't say very much
- Other (please state below)
Q47 ** If your son or daughter has never talked about getting a paid job, or you have never discussed the issue with him/her, please go on to question 48 **

If you have ever discussed getting a paid job with her/him, what do you say?
(please tick as many as you want)

- I tell him/her there are practical problems (eg finding a job)
- I agree with him/her
- I tell him/her I don't think s/he will get a job
- I say s/he should not get a job
- I say it might happen in the future
- I say it is unlikely because s/he has learning difficulties
- I try and avoid discussing it with him/her
- I encourage him/her
- I say it is unlikely because of particular difficulties that s/he has
- I don't say very much
- Other (please state below)

Q48 ** If your son or daughter has never talked about being famous (eg a popstar or TV star), or you have never discussed the issue with him/her, please go on to question 49 **

If you have ever discussed this with her/him, what do you say?
(please tick as many as you want)

- I tell him/her there are practical problems
- I agree with him/her
- I tell him/her I don't think s/he will be
- I say s/he should not be
- I say it might happen in the future
- I say it is unlikely because s/he has learning difficulties
- I try and avoid discussing it with him/her
- I play along with him/her
- I encourage him/her
- I say it is unlikely because of particular difficulties that s/he has
- I don't say very much
- Other (please state below)

Q49 ** Please ignore if you never use the term learning difficulties when you are with him/her.**

The following questions are about what you actually say to your son/daughter. Please rate how true these statements are.

** I sometimes tell my son/daughter that:

- People with learning difficulties are better than some other people
- Other people are better than people with learning difficulties
- Other people need more help than people with learning difficulties
- People with learning difficulties need more help than other people

Yes  No

If so, what type of people?

- Serial: 3

---
Appendix 7. Identity questionnaire
## Identity Questionnaire

*Thank-you for completing this questionnaire.*

**Course:**

**Year of course:** 1 2 3 4

**Age:**

1. **How important are the following to the way you are as a person?**

<table>
<thead>
<tr>
<th></th>
<th>1 Not at all important</th>
<th>2 A little bit important</th>
<th>3 Quite important</th>
<th>4 Important</th>
<th>5 Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your family relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being a psychology student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being a woman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being English (or other nationality ____________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your interests (eg music, sport, art, TV, books, clubbing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

395
### 2. In general, how much do you think you have in common with:

<table>
<thead>
<tr>
<th></th>
<th>1 Nothing at all</th>
<th>2 A little bit</th>
<th>3 A moderate amount</th>
<th>4 A lot</th>
<th>5 Almost everything</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other members of your family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other psychology students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other women</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other people from your country</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Others who share your interests (eg music, sport, art, TV, books, clubbing)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Others who have a similar dress sense to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 3. In general, how positive are your attitudes towards:

<table>
<thead>
<tr>
<th></th>
<th>1 Very negative</th>
<th>2 Quite negative</th>
<th>3 Neutral</th>
<th>4 Quite positive</th>
<th>5 Very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Psychology students in general</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Women in general</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People from your country in general</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Others who share your interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Others who have a similar dress sense to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
4. How important are the following in the way people react to you:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your accent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your appearance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your gender</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your nationality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>You are a student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your personality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
5. To what extent do you think a person’s intelligence is affected by:

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their family upbringing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their genes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their gender</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their nationality/culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6. To what extent do you think that a person’s personality is affected by:

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their family upbringing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their genes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their gender</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their nationality/culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Their interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
7. In general, how positive are your attitudes towards:

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<tr>
<th></th>
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<th>3 Neutral</th>
<th>4 Quite positive</th>
<th>5 Very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Men</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Germans</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who do not share your interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who left school at 16</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who have a different dress sense to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who have different political views to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. In general, how much do you have in common with:

<table>
<thead>
<tr>
<th></th>
<th>1 Nothing at all</th>
<th>2 A little bit</th>
<th>3 A moderate amount</th>
<th>4 A lot</th>
<th>5 Almost everything</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Men</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Germans</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who do not share your interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who left school at 16</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who have a different dress sense to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People who have different political views to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. How important are the following qualities to you personally?

<table>
<thead>
<tr>
<th>Qualities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Creativity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Individuality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Helpfulness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Loyalty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Tolerance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. In your opinion, how important are the following qualities to being a woman?

<table>
<thead>
<tr>
<th>Qualities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Creativity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Individuality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Helpfulness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Loyalty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Tolerance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Thank-you for your participation