Disability and rehabilitation therapies at Camarillo State Mental Hospital.

Handicap, thérapies et réinsertion professionnelle au Camarillo State Mental Hospital.

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English abstract:

The Camarillo Mental Hospital opened its doors in 1936, operating numerous programs for the mentally ill and retarded patients until it discontinued all treatments centers in 1996 when it finally closed its doors to the public. Throughout its history, the hospital remained a laboratory for the construction of disability concepts, and the treatment of publics that will later be known as disabled instead of retarded. This essay studies the changes in therapeutics that contributed to the establishment of new hospital procedures reflecting a growing concern and care for patients. The insistence on increasing patients' autonomy as expressed by Norbert I. Rieger, director of the Children Treatment Center (founded in 1955) did not only reflect the hospital's obsession in using behaviorism to transform the uneducated outcast patient into a well-integrated professional. It also gave testimony of the legacy of mental hygiene therapeutics and showed that medical staff continued to consider Camarillo inmates as individuals exhibiting bizarre behaviors that had to be utterly modified through proper training.

Résumé en français :

Le Camarillo Mental Hospital ouvrit ses portes en 1936 et accueillit jusqu'à sa fermeture en 1996 différents types de patients, des personnes atteintes de troubles mentaux mais aussi de jeunes handicapés souffrant de troubles du développement. L'histoire de cet hôpital

psychiatrique californien est marquée par diverses expérimentations thérapeutiques qui illustrent l'émergence de concepts propres aux Disability Studies comme en atteste le glissement lexical qui s'opère pour désigner un même public, autrefois qualifié de « retardé » puis d'handicapé. Cet article étudie les évolutions médicales qui contribuèrent à l'établissement de nouveaux protocoles hospitaliers reflétant un intérêt croissant pour l'autonomisation des patients et leur insertion professionnelle. Une attention toute particulière sera accordée au Children Treatment Center fondé par Norbert I. Rieger en 1955. On s'attachera à montrer que les thérapeutiques comportementales n'exprimaient pas uniquement le désir des soignants de transformer le jeune marginal en un travailleur bien intégré mais témoignaient aussi de l'héritage de l'hygiène mentale et des thérapies occupationnelles et de la difficulté de se départir de conceptions normatives de la médecine.

Key words: Camarillo Hospital, behaviorism, token economy, disability.

Mots clés : Camarillo Hospital, therapies comportementales, économie de jeton, handicap.

The Camarillo Mental State Hospital opened its doors in 1936. Nestled amidst Ventura County orange orchards, it was considered one of the best psychiatric hospitals in the United-States, offering a welcome shelter for celebrities from nearby Los Angeles (Pryor, 2011). Jazzman Charlie Parker wrote "Relaxing at Camarillo" after he was released from the hospital (Wills, 2003) and novelist Craig Rice married another patient she had met while she was committed there (Marks, 2001: 119-121).

The Camarillo Mental State Hospital was not only famous for treating stars who needed to quit drugs or stop drinking to continue performing and writing. It also operated numerous programs for patients who suffered from mental troubles or developmental disabilities. In the state of California, the Camarillo Mental Hospital was the place where experiments in insulin shock therapy were first experimented under the supervision of Jacob Frostig (Braslow, 1997: 98). Most of the so-called innovative treatments originated or were developed at Camarillo Mental Hospital and the hospital received praise from researchers and psychiatrists. However, since the creation of the hospital, a series of testimonies –ranging from the autobiographical novel "They Call Them Camisoles" (Wilson, 1940) to a series of articles in the *Los Angeles Times*, exposed the unfair and violent treatments patients were submitted to.

In the late 1960's, the hospital developed a public academic affiliation with the School of Medicine at the University of California, Los Angeles (UCLA), which resulted in the creation of several psychopharmacology programs which were coupled with behaviorist treatments (Moebius, Jones, Liberman, 1999). Faced with the prospect of more budget cuts and engulfed in the deinstitutionalization process, the hospital's administration emphasized the need to foster programs that enhanced the autonomy and the liberty of the patient in order to help him return to community and find a job.

The medical concern over the psychiatric patient's difficult professional integration was nothing new at Camarillo. Historicizing rehabilitation treatments and tracing back their European legacy tend to prove the intricate nature of the link that exists between work, autonomy and disability concepts. While some of the procedures that were adopted in the late 1960's seemed to prove a growing commitment towards the respect of patients' autonomy and self-dependency, they still illustrated that the need to cure –or better the will to care- were superseded by the necessity to train psychiatric patients to act "normal." The social acceptance of the mental or disabled patient thus rested on his capacity to stop exhibiting behaviors deemed "bizarre" and to merge within the community of productive "citizens."

1 The psychiatric hospital: a place of confinement to rehabilitate the mad and the retarded individual.

1.1 Mental hygiene and the virtue of hard work.

When the Camarillo Hospital was built in 1936, most of the neighbors in Ventura County California rejoiced at the prospect of new jobs in their area. Less than 10 years later, their enthusiasm had left room for worries and discontent. On 12nd October 1940, a petition gathering more than 100 signatures was sent to Governor Olson: Camarillo residents urged Aaron Rosanoff, then State Director of Institutions, to mandate the erection of high walls and fences around the hospital grounds. The press had been keen to tackle the issue of mental illness through the prism of sensationalism by reporting successful escapes and violent attacks from hospital inmates, thus pointing to a lack of safety measures. Russian-American psychiatrist Aaron Rosanoff opposed the petition and declared according to an article in the Los Angeles Times, dated 18 October 1940 and entitled "Rosanoff Answers Demands to

Fence State Hospital": "We don't want to make such institutions as this into walled or fenced jails. Let's give the mentally ill a chance to recover. Many patients can be cured merely by changing their environment. Consequently we can do much with them by allowing some of them yard privileges like we do here at Camarillo." This statement was reminiscent of hygienist therapies which promoted physical training and work in open air as a means of keeping mental delusions and agitation at bay.

In the United-States, the mental hygiene movement was spurred by the writings of Clifford Whittingham Beers, a graduate from the Sheffield Scientific School at Yale in 1897. A youth who suffered psychological distress, he was committed to several mental institutions where he experienced and witnessed abuse and mistreatment that he subsequently reported in his autobiographical novel "A mind that found itself." Clifford Beers was a strong advocate of physical exercises and long walks for difficult patients. He believed that lack of outdoor exercise contributed to spur violence among patients. The sick were supposed to be taken for a walk at least once a day, and twice if the weather permitted. He urged attendants to allow patients in the violent ward to stroll outside their rooms. He thought that riotous patients were the ones who most needed the exercise. He also recommended physical activity for attendants and nurses, believing that this was an essential component of the hospital homeostasis and prevented abuse from staff. (Beers, 1908)

Researchers have underlined the paradox inherent to mental asylums: they are a place where people labeled abnormal are secluded and relegated but they also boast recreating the conditions necessary to the patients' social rehabilitation. At the turn of the eighties, in an attempt to defend the legitimacy of public hospitals, Jean-Pierre Losson (1981: 55-61), former superintendent of Hôpital Saint-Jean de Dieu in Lyon (France) and emergency unit supervisor

at Louis H. Lafontaine hospital in Montreal, wrote: “The psychiatric hospital is the only social institution which is a residence, a place to be cured, punished, excluded or repressed, a school and a formative environment which orientates and help people find their way (…) Despite what one may think about it, the psychiatric hospital is the only place where it is normal to be mad, where people are allowed to express their lunacy (…) The hospital is simultaneously a home, a school, a treatment center, a prison, a workshop, a meeting place, a leisure park, a resource center…”

Coupled with budget cuts, deinstitutionalization sounded the death knell of most big-size public hospitals in the United-States. In Europe, Basaglia’s experience in Trieste and the French sectorization facilitated the dismantlement of large psychiatric institutions while enhancing the need for collaborative strategies with mental health consumers and experts by experience, families included. Until its final closure in 1996, the Camarillo Hospital remained “a city within a city.” Since most of the staff was housed within the hospital, a sense of community developed: patients, nurses, psychiatrists and social workers mingled at the hospital movie-theater, the swimming-pool or the clothes shop called The House of Style. All shared life experiences but the relationships thus forged never questioned the social and professional discrimination that rested upon the patients and health-providers’ expected roles. Patients were employed at the Camarillo Hospital’s farm and dairy under the surveillance of doctors and nurses. While the need to remain self-sufficient accounted for the existence of this economic organization, the use of patients as an unpaid labor force was an essential component of mental hygiene dialectics. In 1963, Victor Goertzel, a young psychologist at Camarillo Hospital, established a three year work placement community program to terminate the use of patients as forced labor. Goertzel was well aware of the recommendations that had been made by the National Institute of Mental Health in a recently published monograph

which called for the ending of patient labor in public hospitals (Williams, 1962). After the initial preparatory phase of his program, he wrote a note stating that vocational activities should never be envisioned as a way to regulate or modify the behavior of patients "for the convenience of the hospital" but instead should be designed to facilitate their return to community. (Goertzel, 1967: 62) However, less than two years after the completion of Goertzel's program, Charles Strong, president of the *Independent Union of State Employees*, disclosed to the press that patients were back at the laundry or the hospital canteen, toiling for free. (Nelson, 1968)

1.2 The heritage of religious orders.

Hervé Guillemain (2006) has shown the filiation between monastery's acetic, self-disciplined and well-regulated daily-life and psychiatric cures at the turn of the twentieth century. Several European religious orders, most notably among them Saint John of God groups, operated mental asylums, providing an affordable house and a shelter from outside temptations to patients deemed degenerate and prone to devious behaviors. The researcher has reported many testimonies that showed that acceptance of rules was considered highly therapeutical by the nuns. Patients gave up all of their former habits, they adopted a work routine. To sum up, submission was the cure imposed by the monastery.

Though the work-induced routine of the hospital calmed down patients, it was by no means sufficient to provide them with the self-confidence and social ease necessary to get and keep an actual job in the "real" world. Thus, Victor Goertzel (1967: 24) pointed out that though most of the 143 patients who benefited from his program were eager to earn enough money to be self-sufficient, when the time to leave the hospital came, they did not want to return living in the community: "In the early stages, the patient chose to influence the decision towards an

early leave date, while the counselor focused on those work-related problems which indicated the need for a longer period of work-adjustment training. Almost invariably, as the date of the leaving became imminent, an interesting reversal of position took place. The patient experiencing anxiety in connection with leaving the total institution focused upon reasons why he was not ready to leave."

The social organization and division of labor which governed Camarillo Hospital's wards until the 1970's rested on the assumption that mental institutions' patients were deviant people who could not be returned to society before undergoing a series of rehabilitation processes. Patients tended to integrate this external perception of their selves. Thus, Lynne Steward (2007: 13), a 22 years-old patient for 6 months at Camarillo Hospital in 1966, wrote: "For me to be is just insane (…) I'm the angry kind which makes my temper dangerous. So, I'm alone when there's a fuss (…) There's no one important who will care and someone who matters wouldn't dare. There will be anonymity, given ay my exit, to me."

Researchers in Disability Studies such as Paul Hunt (1966), Vic Finkelstein and Mike Oliver have argued that the medical treatment and social labeling of people with disabilities is rooted in the development of a capitalist society. Because work is central in western culture, people who suffer from psychological troubles or physical impairments that reduce their potential productivity and consumption of material goods are viewed as useless to the community. Moreover, their disabled limbs and minds reflect the most overbearing fears among abled-bodied individuals: "tragedy, loss, dark and the unknown." (Hunt, 1966: 155)

The fact that Rosanoff, as an active member of the *American Eugenics Society Advisory Council* from 1923 à 1935, encouraged sterilization in California hospitals and that he also favored free walks in the open air for mental patients is not contradictory *per se*. Physical

exercise, compliance to a daily routine, performance of compulsory tasks and obedience to hierarchical rules, all of them bearing similitudes with obligations under the monastic rule, were supposed to exert a benefic power on feeble minds which needed guidance, supervision and reinforcement.

1.3 Rehabilitating alcoholic women: turning the deviant woman into a spouse through hard work.

Wilma Wilson's autobiographical account of her commitment to Camarillo Hospital in the 1940's illustrates how rehabilitation cures imposed on alcoholic female patients did not aim to cure them of their addiction. They were meant to turn them into suitable spouses by teaching them housekeeping techniques. The female patients were assigned to the kitchen or the laundry. A woman nurse told Wilma Wilson (1940: 79) to remember all the tasks she completed at Camarillo Mental Hospital: "If you plan on being married, Wilma, everything you learn here will be of value in your married life." Interestingly enough, the author remarks that most of her infortune companions were independent women: embittered spouses who struggled to divorce their abusive husbands, graduate students refusing to marry, well-thought girls who had been committed by authoritative and violent parents. It was not for lack of intelligence or emotional maturity that they were sent to Camarillo Hospital but rather because their behavior questioned the patriarchal power exerted on women at that time.

Programs set up for disturbed or retarded children also reflected a genderized vision of mental care. Perry Lessin, a family care supervisor, explained to a Los Angeles Times journalist in an article entitled "Teenage Patients' Need of Foster Parents Told" and dated 19 May 1959: "Sometimes, we feel that a boy has missed his lack of relationship with a father and we try to find an active father figure- one who has a workshop or other activity they could work

together on." Though most of the doctors at Camarillo Hospital recognized the role played by familial environment in the development of mental distress or the consolidation of impairments, they envisioned madness or psychological suffering solely as a series of behaviors or moral frailties that could be modified with proper rehabilitation.

2 Rehabilitating the young patient: different treatments for different kinds of autonomy.

2.1 Children recognized as a specific public.

The first children with developmental disabilities arrived at Camarillo in 1947. A ward was reserved to them. However, girls and boys who had been diagnosed with mental illnesses were not separated from their adult counterparts until the beginning of the construction of the Children Center in 1955. On 26th August 1955, Ottis Chandler, a journalist from the Los Angeles Times, paid a visit to the children committed to Camarillo Hospital. He remarked that because they shared rooms with teenage and older patients, lots of them got harassed. He also underlined that the hospital did not provide them with the specific environment needed to overcome their difficulties and frailties and wrote in an article entitled "Bewildered Children Await Camarillo Mental Therapy": "It is not an attractive facility. It lacks color, toys, furniture and the other characteristics of an ideal children's environment (…) The children attend schools in their wards from 20 minutes up to three hours each day. Little of the instruction is of the formal classification. It is more on the craft and specialized basis." A few months later, in autumn, the Children's Treatment Center was inaugurated by Norbert I. Rieger, with craft shops for boys and domestic science outlets for girls.

While most programs relied on vocational therapy, the doctor also wanted to recreate a semblance of family support to foster the children's emotional and psychological development. As a result from rejection by their relatives, most of the young patients had developed aggressive or withdrawal behaviors. According to representatives of the State Department of Mental Hygiene, young patients remained locked for years at facilities such as the Camarillo Hospital because there was a lack of foster parents.

Though Women's Leagues had been visiting young patients and organizing charity dinners for Christmas since the hospital's creation, they expressed more concern for the moral upbringing of boys and girls than for their well-being. In May 1959, the California Federation of Women's Clubs passed a resolution calling for a state legislative committee to investigate conditions at Camarillo Hospital after reporting cases of homosexuality among boys and promiscuity between teenagers. Most of the young patients were committed to Camarillo by the California Youth Authority under the Juvenile Observation Law of 1943. They had a career of abandoned, acting-out children who exhibited aggressive traits. For example, Don had spent 6 years at the Children's Treatment Center at Camarillo State Hospital. His medical file read like a criminal record: he had burnt one house and school eventually expelled him after he almost choke a playmate to death. (Nelson, 1971) Families were reluctant to adopt such kids. Finding appropriate placements in foster homes was a continuing problem at Camarillo and Nadine Scolla (1976: 13), a nurse at Camarillo, recalled the following incident in her autobiographical novel Keeper of the Keys: "The woman who was to be his foster parent quickly went through his small paper bag of belongings and asked "Where is my check?" (…) I was upset that she did not care about the boy. The only thing she wanted was the money."

Doctor Rieger wanted to enlist the aid of young women who would not look down on the children or act as bountiful ladies. Thus in 1971, he turned his attention to young couples eager to raise children and at the same time receive credentials in psychology studies. The "child specialist practitioners" were born. Edith and Denis Donovan explained how they learnt to love and take care of Don: "Don was like a shattered mirror. He kicked, pinched, poked his fingers into our eyes and used the most foul language imaginable. Putting him to bed at night was an apocalyptic experience." (Nelson, 1971)

Norbert I. Rieger was a strong advocate of offering children the kind of normal environment that would help them develop into autonomous adults. However, he never failed to mention that the ultimate goal of his therapeutic philosophy was to turn young outcasts into productive adults as shown in the article "The Destructive Child : a new way to help" by Harry Nelson from the Los Angeles Times which was published on the 9th of May 1971: "In mental hospitals, there is a tendency to focus on the mental illness aspect and to forget that we have a growing child. Such children are not merely brain damaged or schizophrenic or something else. They are children who, like all children, need certain basic experiences in order to grow up and become healthy, happy, productive adults." In that perspective, his rehabilitation programs were inspired by the mental hygiene paradigm which "originated with the premise that society could be perfected through the socialization of children. Happy, healthy children were argued to be society's best assurance of a rational and productive adult population." (Richardson, 1989:2)

If most rehabilitation programs targeted children and teenagers at Camarillo, it was because disability or mental illness were considered products of moral fragilities that could be and needed to be "corrected" at a young age through techniques that conditioned and modified

behaviors (token economy) or vocational activities that provided skills to increase the predictive productivity of patients. In an interview to the Los Angeles Times dated 28 December 1953 and entitled “Center for Child Care to be Built at Camarillo”, Rieger confided that it would be possible “to restore many children to normal behavior patterns before they reach adolescence, the dangerous age.”

2.2 Behavior modification programs.

From its very beginning, the *Child Treatment Center* boasted of respecting the individuality of children patients by offering specific and unique programs to each patient. Yet, the medical protocols and approaches were always the same: a multi-disciplinary team of specialists were in charge of reviewing the progress of the patient in terms of strengths and deficits. Children were not expected to develop a personality of their own but to imitate appropriate behaviors and get good manners in order to be accepted if one day they were to be returned to society. Thus, Resocialization and Normalization Activities involved “exposing the child to various activities in the community (visiting restaurants, shops etc.) to teach them, under supervision of the staff, how to behave in public in a socially acceptable manner” as written in the 1976 brochure “Children Treatment Center at Camarillo Mental Hospital, Clinton Rust, Samuel Rapport.” They were encouraged to measure up to each other and denounce their peers when they would not abide by the hospital rules. According to the same brochure, the staff rewarded appropriate behaviors and punished inappropriate attitudes: “The child receives whatever help is needed to decrease or eliminate deficits or undesirable behavioral patterns.” The Token Economy Program was the behavior modification program most commonly used at the Children Center. It was first set up for schizophrenic adults in 1969 by Raymond Ulmer, co-director of the Behavior Modification Program Unit.

Ulmer used two kinds of reinforcements to mold patients' behavior. Positive reinforcements were rewards that were granted to good patients who obeyed orders, mimicked appropriate gestures and abided by the program's rules. Negative reinforcements consisted in depriving presumably "bad patients" of different privileges (watching TV, participating in outings, buying food). The token economy served to reproduce interactions based on monetary exchanges at the hospital level. Tokens were distributed in exchange of good behaviors and provided a way for patients to climb up the hospital social ladder. Thus, good and bad patients were segregated into two distinct groups who did not enjoy the same amount of freedom and rights. Bad patients were confined to unwelcoming premises, in ward C, hoping to be transferred to ward B while good patients idled in ward A where they could get a double helping of food and go for walks on their own around the hospital (Ulmer, 1976). The patients' progresses were evaluated according to the *Minimal Social Behavior Scale* (MSBS), a rating tool created in 1957 (Farina, Arenberg, Guskin, 1957). Their degree of autonomy was evaluated according to their ability to perform actions related to grooming and maintaining an agreeable physical appearance - making-up for women and cutting one's nails for men (Schaefer, Martin, 1969).

For children, tokens were used to reduce the incidence of acting out behaviors such as kicking under the table, fighting, teasing, and throwing food. It was also helpful in enticing children to make their beds, wash and do their homework. Through the Behavior Development Program, "ambulatory retarded persons were instructed in motivation, self-control and socially appropriate means of expression through positive reinforcement." The Habilitation Program also involved token economies, this time for "non-disruptive retardates" who would "experience a positively structured operant conditioning."

Token economies were a subtle means of controlling patients. They mainly served to preserve the hospital homeostasis and did not help people who had been committed to become less dependent on their health-care providers. Moreover, patients were sometimes so responsive to tokens and their prospective rewards that they took to stealing or prostituting themselves (Liberman, 1968). Operant conditioning did not work well for all patients; it presented many drawbacks and undesirable effects. By focusing on the changes needed to modify the child's behavior, some doctors overlooked the real causes of the troubles. Thus, in 1969, G. Prichard Brill, author of the Final Report for the Pilot Program with Seriously Emotionally Disturbed Deaf Children at the California School for the Deaf (Riverside) discovered that several of his pupils had gotten misdiagnosed at Camarillo Mental Hospital and were inappropriately treated for schizophrenia.

In 1985, token economies and operant conditioning were still used for children and teenagers with disabilities at Camarillo Mental Hospital. Young autistic patients were trained to mimic gestures and behaviors. In 1985, the brochure Autism published by the Behavior Development and Learning Center School at Camarillo Hospital stated a precise example: "The teacher presents a stimulus (eg 'touch your head'). The child responds (eg 'He touches his head'). The teacher provides a consequence immediately following the response (eg. says 'Good working!' and provides a raisin). A consequence for an incorrect response would be a loud and firm 'No!'"

2.3 Children as active partners in the recovery process: art and music therapy…

While conditioning techniques remained in use until the 1990's, other therapeutic approaches to young adults and children with disabilities gradually developed. Dance therapy was

introduced at Camarillo Hospital by Trudi Schoop, the Swiss pantomime dancer. Along with art therapy, body-ego technique favored the development of self-responsibility and reappropriation of the inner self over the consolidation of imitative behavior patterns. Trudi explained that she did not force patients to do something they couldn't or wouldn't do. She related how she tried to reach out to patients by adapting her language to their specific ways of communicating: "There was a Negro boy, very, very regressed. He had been there about 10 years. He had manifestations, a sort of ritual of touching his head and bowing, but he didn't talk. He would walk around like a beautiful animal warily, like a shy, hunted animal. Months passed and he would not talk. I tried to win his trust. One day I decided to perform his ritual with him. This was the first time. I touched my head the way he did and bowed and all the rest. I made contact. He liked it. It was like I had said I agree with you. I supported him in some way. From then on I tried to develop this ritualistic movement, to expand it into wider movements. When we were doing the dance movements one day he spoke. 'You are a white woman,' he said. After that, in a 'black and white motif' (…) he was a zebra, a black wolf or a white lamb." Thanks to this little game, the Swiss dancer eventually managed to make the young man communicate enough to the extent that the doctors decided it was time to release him from the hospital (Townsend, 1967).

Though Camarillo Mental Hospital's psychiatrists and social workers still resorted a lot to behaviorist treatments such as positive reinforcement at the beginning of the 1980's as shown in the description of methods mentioned in the Brochure entitled Camarillo State Hospital Volunteer Services, Caring, Sharing, Helping (Garleb, Scheum, 1984), programs that emphasized the need to respect the personality of the young patient and tapped into his imaginative skills to accelerate the healing seemed to enjoy a lot of success as well (Garleb, Scheum, 1984). The staff at Camarillo Hospital was inspired by several art and music-therapy

methods that had been developing in Europe such as the Orff-Schulwerk method (Laurent, 1966). The younger doctors believed that what mattered was to establish a bond of trust between practitioner and child in order to ensure that the child was an active participant in his recovery process. In 1986, the Children Units were completely revamped with the aid of young patients. For the first time, their opinions were taken into consideration and they contributed to the improvement of medical services by telling the architects John Boerger and Mardelle Shepley (Boerger, Shepley, 1991) what their dream hospital should be.

Conclusion:

After the Grand Jury Trails of 1976 in which several young patients' deaths were investigated, the Camarillo Hospital did much to shed its image of snake pit or coercive treatment center (Hume, 1976). The brochures edited by the hospital's different services insisted on the existence of rehabilitation programs that drew from traditional methods based on normalizing patients' behavior while at the same time benefited them for a future return to community.

In 1996, several families of children with disabilities demonstrated in the streets along with former employees to deter Governor Wilson to close down the facility (Salter, 1997). There is sufficient proof (through newspapers clippings or former patients' testimonies) that rehabilitation methods used at Camarillo reluctantly acknowledged the patients' rights to difference but instead tried to mold them into "normal" people. However, rehabilitation methods, including token economies, were appreciated by relatives of patients with disabilities. Further research upon rehabilitation treatments should take into account not only the reaction of patients to treatments and their subjective memories of their hospital stay but also families' opinions about rehabilitation programs. Differences in feelings might thus help

to understand how disability concepts might also be shaped by expectations about what life should bring to people with disabilities.

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