Self-concept formation in educable mentally retarded adolescents

Mary Lynn Armbruster Linzmeyer
SELF CONCEPT FORMATION IN EDUCABLE MENTALLY RETARDED ADOLESCENTS

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Mary Lynn Armbruster Linzmeyer

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[Signature]
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CHAPTER I

INTRODUCTION

Each person spends all day, each day with himself and yet may not know the person he is or might be. He may not have experimented with his talents or potential enough to tell where his skills lie or what he might be capable of, given the motivation and opportunity. If the person does know his skills and limitations, does he openly acknowledge them?

Each man or woman spends much of his or her life in a constant "search for self." The degree to which we are successful in this search depends largely upon what we have to work with and how well we recognize our assets and liabilities. The degree to which the self is acceptable to us depends upon what we see in ourselves, what others see, and the correlation between these perceptions.

In the case of an educable retarded adolescent, though he may not be able to label his search or define it, the search is just as real as that of his "normal" peers. These young people have devised or imagined an ideal self. This self may be adopted from the personality of someone
close to or influential to them. Whatever the source of the ideal self, be it created or adopted, the real self as such must be worked with critically to bring the reality closer to the ideal, at least to the point that it will be acceptable to the person himself.

Fitts and Richard pose two important questions.

...Is there something about the person that summarizes all that he is and serves as a supermoderator of his functioning? Is there some type of vital and relevant data about a person that supercedes other things in importance to the individual and thereby expresses his true raison d'être?¹

It is well hypothesized that the self concept fulfills this function.

The term "self concept" is more often used than the word "self" because persons are not as aware of their absolute selves, but rather of concepts and perceptions of themselves. Our self concept or self image is learned. We acquire a definition of and clarify this concept through our daily experiences. We learn from ourselves, from all the persons and things in the environment with which we come in chance contact or from those with which we choose to become involved.

Our environment and the persons and things of which it consists are constantly changing. Amid this constant fluctuation, it is the self concept that remains stable. We bring to all persons and activities the same self, the very essence of our attitudes, motives, needs, values, personality and life's learning.

For all persons this search for self is life long. In the case of the adolescent retardate there is a greater tendency toward imitation of an unattainable ideal rather than one more comfortable, less abstract. In these young people verbal compensation may mask their lack of ability to perform in a given area; or a totally opposed activity, of which they are capable, may be substituted for the requested act which they acknowledge they cannot perform.

It is necessary that the adolescent retardate know himself and his abilities well, recognizing and being able to differentiate between the real and the ideal. The adolescent retardate who possesses a stable, positive self concept is aware of life, his place and realistic function in life. He shares the joys and duties of life confidently without resorting to meaningless compensation.

The purpose of this paper therefore, is to describe and delineate the importance of self concept in the ado-
lescent retardate. The self concept we see growing and functioning at this stage of life will become a fixed portion of the retardate's being for the future.
CHAPTER II

REVIEW OF RESEARCH

A. Definition of Self Concept

Self concept can be called the keystone of personality. It is unique to each individual in that it is built by a pattern consisting of all...attitudes he entertains or assumes concerning his values, goals, abilities and worth."¹ Self concept is that total picture of how one views himself throughout life. Self concept is both a basic and a crucial component of one's personality as it greatly affects relationships with oneself, with others and the world as a whole.

Through these remarks one can see the value of building an adequate and honest self concept. This self concept would endure and remain stable through a lifetime of changing environments, acquaintances, values and questioning of thought and purpose. Self-concept building is a task common to all persons, yet no two individuals use

precisely the same components. If one says this is true for all men he must add and "even more so" for the retarded individual.

In life men need and value advice and stability. This may come from the home, parents, siblings, friends, school and other group interaction, whether within an institutional framework or not. From personal interaction within a variety of settings one builds his self concept. In life situations persons involved with the retarded have a certain responsibility to give affection, realistically appraise performance, and show respect for him and his work to foster his own self respect.

The key problem for significant others involved with the retardate is to determine what is realistic for this person so as to keep his sights and aspirations in the realm of the "real" rather than the "ideal" where he may too often find only failure and disgust.

B. Interacting components of Self Concept.

"The 'self' is a composite of all affective feelings (emotions, attitudes, and values) and all cognitive perceptions (awareness of objects and situations and use of this awareness to guide behavior.)"¹ These components

of self are seen as developing simultaneously and affect one another. Bruno Bettelheim in *The Empty Fortress* presents the viewpoint that the affective somewhat leads the cognitive. This may be true, especially in the case of educable mentally retarded adolescents. In the lives of these young people emotions and feelings of self-disgust may overshadow situations of academic or daily problem solving to the degree that they are barely able to function.

To every new situation the adolescent retardate encounters he brings his background of experience, all that has been his life. The degree to which his experiences have been successes or failures, all the emotional impact connected with these experiences and attitudes, real or presumed, have much to do with the significant others involved. These significant others help determine the "self" in any new venture. Whatever the person sees as himself, be it positive or negative, he strives to maintain that picture because it is familiar to him. In the term "homeostasis" we speak of the body's constant maintenance of physical and chemical equilibrium. Beadle sees a psycho-

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logical equivalent in that "...we all order our behavior and attempt to control our environment in such way as to protect our self concept."¹

Kirk remarks simply, but quite thought provokingly, that a "...person's body is something he can never get away from...a child's concept of self is greatly influenced by the concept he has of his body: 'his body image.'"² Body image, how we perceive what we see in the mirror, and the feelings associated with this image are always with us. In adolescence, body image is crucial to the young person's popularity, ability to participate in group activity and further development, or lack of development, of his personality.

The retardate reaches adolescence with lower ability to perform academically and socially and with possible physical problems as well. He or she has an idealized picture of what a person of their age and sex should look like and be physically capable of. Deviations from this ideal in individuals vary widely. Problem areas of height, weight, skin defects, lack of coordination or simply not feeling comfortable with themselves in a given situation only compound previous

¹Beadle, A Child's Mind, p. 264.

feelings of inadequacy.

According to Anderson the individual self-image. Organs are given different values dependent on the conceived functional value of each one.

Social competence in adolescence is seen as a necessity. Possibly at no other time in one's life is it as important to be accepted as "one of the group." In the life of our adolescent retardate the chance of his acceptance is small due to his limited general ability, for which he cannot be held responsible.

The usual place in which children and adolescents get to know one another is the school, in an academic environment. Here the retardate is in one of two settings. He may be in a "special education" or an otherwise labeled, isolated room or integrated into classes with his normal peers. In the former case, his being in a separate room labels him as different; in the latter, his lack of ability will only cause him shame and frustration in front of others.

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Problems of a physical nature in social competence show up for boys mainly in the area of athletic competition or at a school dance, providing they have other motivating factors for attending. For girls there are problems of attractiveness, or lack of it, how well clothes are worn, general aspects of changing physical makeup, and again how well they can function at a school dance, provided they are invited or wish to go.

C. Success as the Essence of Positive Self Concept

Since positive self perceptions are central in the phenomenal field of the adequate personality, the individual is able to approach the events of life with a sense of confidence in his ability to handle competently whatever situations arise. Further, the predominance of positive self-perceptions allows minor, self-damaging experiences to be readily perceived and assimilated into the whole self-structure without consequent disorganization. Hence, the self-structure of the individual would be stable.  

It is a fact that if one's all-around attitude toward life is stable, small irritations or disappointments are taken for what they are and life generally goes on with-

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out a great lessening or total loss of adequate functioning. Such a premise takes for granted a stable and positive self concept built through the years by way of successful experiences which foster respect in one's own self, one's traits and abilities. As Anderson sees it:

If demands and assumptions of the significant people are in harmony with those of the cultural norm, and within the capacity of the individual to achieve with relative ease (emphasis mine), and if the rewards given by these significant people are satisfactory, the individual may be expected to have a relatively stable and contented life experience.¹

Perkins² feels the child behaves in tune with the perception he has of himself. If this is true, behavior cannot be altered until the self concept is altered. He also sees the formation of the self-concept itself as occurring only after a processing of interactions with others and combining these into a total picture of self.

In terms of the mentally retarded three main motivationally related factors are: "(a) expectancy for failure, (b) positive and negative reaction tendencies and (c) outer-directedness."³ MacMillan feels in viewing the mentally


retarded that: "...failure is so much a part of the lives of these children that when presented with a new task, the child expects to fail without even attempting it."  

Many view retarded children as having a high expectancy for failure. More attention needs to be given and more research done on the major reason for poor performance, that is, motivation. Zigler$^2$ sees the reaction to excessive failure as a lesser level of aspiration. The child then sets goals beneath the level at which he can achieve. In another view, Moss$^3$ sees the retarded child's history of failure as resulting from a failure avoiding rather than a success-achieving orientation.

D. Building the Self Concept in the Mentally Retarded.

Bruno Bettelheim$^4$ in *The Empty Fortress* sees selfhood not as a state, but a process of becoming. This self consists of what one knows and can do. Knowing that

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the lives of individuals are not static, we see knowledge and abilities change with each day. In keeping with this, the way one sees or feels about himself would be subject to constant evaluation as well. "The more we do and contemplate, the more we act and interact, the more of a self we do have."\(^1\) The adolescent identity crisis depends partially on how independence was gained in early childhood and to what degree.\(^2\)

In order for individual growth to take place, self action and interaction are equally essential. In interaction we not only learn more about ourselves, but hopefully we learn more of others. The self grows as much through seeing other's feelings and responses as it does through self-knowledge or insight into the action that precipitated these responses. This recognition, hopefully resulting in understanding other's feelings, is valuable in getting along with others and knowing one's self.

\(^1\)Bettelheim, *The Empty Fortress*, p. 37.

\(^2\)Ibid. p. 33.
Grossman sees the importance of this understanding as he states:

...The natural context of social interaction which occurs in the classroom provides the teacher with many opportunities to point out the effect of the children's actions on others and in turn the effect of other's actions on the children's feelings. It is important for children to be aware that they may hurt others while attempting to satisfy their own needs and to be able to recognize how others feel.

It is in knowing other people, their feelings and how to cope with these feelings, that the mentally retarded person learns the necessity of trust. It would be hoped his interaction had been good and his significant others worthy of the trust he place in them so this feeling would be stabilized long before the adolescent period. The importance of the element of trust in others and in the development of oneself is emphasized by Grossman.2

...It is on this foundation of trust that a person's orientation toward others and toward his environment is to be built. Again, somewhat ironically, one cannot truly be oneself unless one trusts others. Or to put it another way, trust in oneself begins with trusting others.

The whole process of knowing and trusting oneself, leading finally to trust established in other persons begins

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2 Ibid. p. 249.
even before language and higher thought processes are stabilized. Beginnings of character structure are seen in the early infant stage of the unconscious, where all that surrounds him is still unlabeled.

The adolescent retardate learns from his life experiences. A talent is not used just by chance, but only after trial and error experience has proven it to be useful. The young person soon learns given traits or actions bring specific results from his significant people. Any trait or character structure is unique to an individual because it rises from his own relationships. In an area such as obedience a trait may have certain values from childhood as: "... (1) People will accept me, (2) People will not punish me, or (3) People will give me a coveted reward."

It is generally known, but often forgotten, that among the retarded as well as any other given population some persons are stronger, some weaker, both anatomically and psychologically, some are more perceptive and some less so, some very sociable, some also introverted, some physiochemically reactors and some nonreactors. The child may be adaptable or very rigid. If he is secure he will be able to adapt to new situations in time even if he at first does not wish to do so. If the person is extremely

\[^{1}\text{Anderson, "The Self-Image", p. 4.}\]
rigid, he cannot change, and will not bend except with extreme difficulty, the extremity of his insecure background builds an obstacle to his functioning and progress.

The functioning self concept is not limited to positive behavior traits in interaction with significant others. Whatever behaviors have been rewarded in the past or have received attention or response from significant others are the actions that will be repeated; they are familiar and the response is satisfying in some way both to the retardate and his significant people. Attention and response are the ends, and the means may be whatever brings the satisfaction, even if these means are non-acceptable. As Anderson sees it:

When love or acceptance at any price is sensed to be futile, the child will fall back upon his nuisance value to be sure of not being neglected, and he may incorporate such nuisance traits into his structure. It is commonly regard as more threatening to be overlooked than to be punished.²

Self concept develops along with the formation of character because of the traits one develops and how one uses these traits he sees his own strengths and weaknesses. In evaluating these, a self concept is formed. When we know people well there are behaviors that can almost be predicted.

People can be counted on to follow their own set of behavior patterns. Once a pattern is formed, its consistency is more compulsive than voluntary or deliberate. The retardate finds himself in natural and habitual situations; failure to follow his intuition based on experience in these situations would only lead to frustration.

It is well known by therapists that whatever anxiety an individual is experiencing, it is less than he would experience if he behaved in any other manner. The only way to alter behavior -- that is, the symbolic value of it -- is to alter the assumptions that lie back of it, since assumptions determine behavior.  

Every individual has a free will. He can make his choice and read new meanings into a familiar situation causing him to react differently than might be expected. Feelings and ideas may change, but no one's moral values can be changed without his willingness to change them.

Feelings, traits, perceptions and values have been spoken of in general terms in the population described. But what of the retardate in particular -- how does his lessened ability to function effect his own self-concept's growth?

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1Anderson, "The Self-Image," pp. 8-9

2Ibid. p. 11.
Combs sees perceptions as affecting the level of intelligence. He feels possibly what one learns may be directly related to what one perceives himself capable of learning. Regarding mechanical or disease injury to central nervous system functioning, Combs says "... the level of operation at which the individual can function is lessened and seriously impairs the ability of the organism to make adequate perceptions." It is this lessening of perceptual ability then, which makes the job of building and evaluating self-concept especially difficult and painstaking for the adolescent retardate.  

E. Self Concept as a Crucial Factory in the Life of Retarded Adolescents

Self theory holds that man's behavior is always meaningful and that we could understand each person's behavior if we could only perceive his phenomenal world as he does. Since this is impossible, our closest approximation is to understand the individual's self concept.

The importance of the self concept is illustrated by the fact that not only is the self the most prominent aspect of the individual's phenomenal world, but it also tends to be the most stable feature.  

1Arthur W. Combs, "Intelligence From A Perceptual Point of View," in Don E. Hamachek (Ed) Self in Growth, Teaching, and Learning p. 134.

2Ibid p. 137

These introductory words of William Fitts indicate the rationale for the study of self-concept. No one can see another's actions, life or world just as he does. Each one's inner thoughts, feelings and reasons for action are a mystery and hidden. In another light, anyone looking at and trying to unravel this mystery brings to it his own unique set of feelings, perceptions and values to color and partially contaminate, if you will, his study. The very closest way to study a person is to examine how he seems himself and what he feels about what he sees.

In the study or examination of a person, we look for that part of the being which reliable despite changing times, situations and attitudes. This essential, unchanging part is the self concept. When a person is truly "himself" his actions and behavior are consistent with his character and values. The light in which others see one is not as influential as how a person sees himself. As long as his self concept is satisfactory to the person his perceptions will seem substantial and his actions reasonable to himself.

There are basic principles for each person in seeing and realizing his "self" in life experiences and (attempting to understand others.) For adolescent retardates the
principles are equally valid though they may rely heavily on the cues from others rather than on their own feelings which they may have found from past experience to be not fully reliable -- or producing satisfactory or ideal results.

In these principles we see that:

1. The individual knows himself better than anyone else.
2. Only the individual can develop his potentialities.
3. The individual's perception of his own feelings, attitudes and ideas is more valid than any outside diagnosis can be.
4. Behavior can best be understood from the individual's own point of view.
5. The individual responds in such ways as to be consistent with himself.
6. The individual's perception of himself determines how he will behave.
7. Objects have no meaning in themselves. Individuals give meaning and reality to them. These meanings reflect the individual's background.
8. Every individual is logical in the context of his own personal experience. His point of view may seem illogical to others when he is not understood.
9. As long as the individual accepts himself, he will continue to grow and develop his potentialities. When he does not accept himself, much of his energies will be used to defend rather than explore and actualize himself.
10. Every individual wants to grow toward self-fulfillment. These growth strivings are present at all times.
11. An individual learns significantly only those things which "are" involved in the maintenance of enhancement of "self"...
12. Concepts, ideas, symbols, and events can be denied or distorted, but experience is experienced in the unique reality of the individual person and cannot
13. Be untrue to itself. If it threatens the maintenance or enhancement of self, the experience will be of little value to the individual and may temporarily stifle future growth.

14. We cannot teach another person directly, and we cannot facilitate real learning in the sense of making it easier. We can make learning for another person possible by providing information, the setting, atmosphere, materials, resources and by being there...

Under threat the self is less open to spontaneous expression; that is, more passive and controlled. When free from threat the self is more open, that is, free to be and strive for actualization.¹

With these principles in view we see self-concept construction as a complicated task for any being. With the adolescent retardate as our particular concern, further complications arise due to the very nature of our society. The fact that our society is complex and requires a high level of functioning and adaptation need not be further emphasized here. (The point that does need emphasis, is that the environment in which the retarded adolescent is asked to function is somewhat opposed to the societal form in which he could function well.) To survive we ask the retardate to adapt and, to rise to a higher level of functioning, above both his physical and emotional

¹Clark E. Moustakas, "True Experience and the Self," in Don E. Hamachek (Ed.) Self in Growth, Teaching and Learning pp. 45-46.
nature.

In order for the mentally retarded adolescent to take on this higher functional level he must possess a positive self concept. We have spoken of success as the essence of self concept. If previous life experience has been positive or successful there is a possibility, a place to begin in asking the adolescent to cope with more in life. If, up to this point failure experiences have been his greatest taste of life, little interest in, much less action at a higher level of functioning can be expected.

There are specific areas in which the self concept can be fostered. If the development is positive, the result will be stable life adjustment.

1. Attitudes of Parents and Teachers

The adolescent retardate comes into frequent contact with three distinct groups of significant others; peers, parents, and teachers. Naturally, in this age group peers have a great influence and the greatest hope of the adolescent is to belong as "one of the group."

The two remaining groups, parents, and teachers, are the significant others in authority whose approval the adolescent retardate seeks in day-to-day contact. We might
hypothesize that one's self concept and adjustment would be better, provided his ideas and feelings were in harmony with those of his significant others. This is probably correct, but it is more important for his true "self" to be shown even if in conflict, rather than an idealized self adopted strictly to gain approval.

Both parents and teachers become anxious when they feel development, intellectual, physical or social, is not progressing as it might according to a norm of their choosing. Significant others at home and school need to realize that the best norm for the adolescent retardate is himself, viewing what he brings as assets or liabilities to each new experience.

Too often parents and teachers view a show of resistance, minor or great, as deliberate disobedience, disrespect and rebellion. These feelings arise because the resistance is taken too personally and seen as an affront to them as individuals; more likely than not the adolescent is showing a dislike of a situation or rule rather than the persons involved with it.

Resistance is the way for the individual to maintain consistency of self in the light of external pressure. It is a healthy response, a sign that the will of the individual is still intact. It is an effort of the individual to sustain the integrity of self. When the individual submits with-
out wanting to submit, he is weakened and unable to function effectively. Conformity blocks creativity, while freedom and spontaneity foster growth.1

For the adolescent retardate moderate resistance is important; it involved a show of being, thinking and choice. As has been commented on previously, the adolescent retardate may not, at all times, be sure of his judgments or perceptions in a situation. The very fact that a choice is made or an opinion voiced is a positive step in adding growth to the self concept. Even if a decision be deemed faulty, an active learning situation may arise from it at home or school, dependent upon its handling and the involvement of the adolescent's significant others.

It is recognized that a single experience may have a different effect on each of the persons involved in it. If a difference in feeling or opinion exists, the objectors should not be penalized for having expressed themselves. Rather they should be allowed to actively express their feeling along with supportive reasoning, if possible. In the case of the decision or reasoning behind it being seen as faulty, a review of the situation taking all aspects

1Moustakas, "True Experience and the Self," p. 43
into account or appropriate work with behavior modification might be further positive approaches.

One study done with young mentally retarded adults sought to identify the influence of parental feelings toward their self concept and vocational adjustment through examining previous interrelationships. Forty functionally retarded males, age 17-28, having Binet scores ranging from 50 to 80 were evaluated. The Laurelton Self Attitude Scale (LSAS) and Nachovker Draw A Person tests were the instruments used to measure self concept. Perceived parental behavior was measured by the Parent-Child Relations Questionnaire. A vocational adjustment rating scale was used to assess the area of vocational competency.¹

Analyses of the total sample showed that self concept, parental behavior and vocational adjustment of mentally retarded males were not significantly correlated. It was found, however, that the retardates with measured high self concepts tended to perceived the attitudes of both parents as favorable to them. It was also found that perceived maternal behavior as associated with self concept was more influential than paternal behavior. It would seem

then that the early relationships of the mentally retarded with his mother are more important than those with the father in the formation of self concept.¹

In school the adolescent retardate encounters many significant others in authority as well as encountering his peers. These persons may be almost strangers to him in contrast with his parents with whom he has spent most of his life. In his school life the retardate does not put as much value on how each individual sees him as much as how others as a group feel and act toward him. A 1962 study done through the United States Office of Education showed that:

Self concept is significantly and positively correlated with the perceived evaluations that significant others hold of the student; however, it is the composite image rather than the images of specific others that appears to be most closely correlated with the students self concept in specific subjects.²

However, the same study found that there specific


areas of academic performance differ from the general self-concept of ability.\(^1\)

A further point to be considered is the type of interaction and its motivating force that exists between the teacher and the adolescent retardate. Thompson and Hunnicutt\(^2\) feel that the teacher must realize the different effects praise and blame may have on the character of a given child. They emphasize the point that either praise or blame used indiscriminantly may be harmful to the child's academic achievement and personality development. They also see blame as well as praise, when well used, as a help to general adjustment.

In the work of Davidson and Lang\(^3\) three hypotheses were tested and proven regarding children's perceptions of teacher's feelings and the child's development of self concept.

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\(^1\)Wilbur B. Brookover, Shailor Thomas and Ann Patterson, "Self-Concept of Ability and School Achievement," in Don E. Hamachek (Ed.) *Self in Growth, Teaching and Learning* p. 484.

\(^2\)George G. Thompson and Clarence W. Hunnicutt, "The Effect of Repeated Praise or Blame on the Work Achievement of 'Introverts' or 'Extroverts'," in Don E. Hamachek (Ed.) *Self in Growth, Teaching and Learning* p. 440.

\(^3\)Helen M. Davidson and Gerhard Lang, "Children's Perceptions of their Teacher's Feelings Toward Them Related to Self-Perception, School Achievement, and Behavior," in Don E. Hamachek (Ed.) *Self in Growth, Teaching and Learning* p. 425.
These were:

1. There exists a positive correlation between children's perception of their teacher's feelings toward them and children's perception of themselves. In behavioral terms, it is predicted the more favorable the child's perception of himself, the more positive will be his perception of teachers' feelings toward him.

2. There exists a positive correlation between favorable perception of teacher's feelings and good academic achievement.

3. There exists a position relationship between favorable perception of teacher's feelings and desirable classroom behavior.

In implementing school curriculum concreteness and clarity must be kept in mind. Too often curriculum changes first, deal mainly in abstractions with which the retardate cannot effectively cope and second, tend to focus on and emphasize his limited ability.

For the adolescent retardate not only his own positive self concept, but those of his parents and teachers, the significant others in his life are also very important. One view finds that children who are exposed constantly to parents or teachers with less than healthy self concepts will tend to develop negative self-attitudes themselves. Collins claimed children having spent a year in the classroom of a teacher with a negative self concept will have more negative self concepts than those taught by a teacher possessing a positive self concept. ¹

2. Compensation and Failure Avoidance

For the adolescent retardate coping with life and the person in his life may be extremely frustrating. If he realizes the image he has is not in tune with his ideal he may employ a series of defense mechanisms to approximate the ideal or create an almost new "self." For the retardate as well as for his "normal" peers, the intensity with which defenses are used are greater than for adults. Adolescent life is more intense in all ego functioning, which includes defenses. Adolescent also may use a greater number of defenses and be more flexible in their use because a full set of character traits has not been fully developed as it has in the adult.1

We have already stated the importance of the peer group in adolescence. The great "need" is to be like others. The motivation to belong may be so great as to prompt the adolescent to change his defenses. Adoption of defenses in adolescence is due to peer pressure more than real inner needs. The adolescent thinks he can alter life to suit himself; the adult deals with reality instead.2

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2 Ibid.
These views on adolescence give us insight into defense mechanisms as they shape adolescent life and particularly in providing a source of compensation and failure avoidance for the mentally retarded adolescent.

In dealing with the adolescent retardate the significant others should initiate and foster a search for reality with the individual. A point may come at which defenses have little use or almost make a situation more difficult than being one's own self. As Jersild asks:

At what juncture in his development might the child have the capacity for making allowances for others (or for himself) when they are peevish or irritable, or the ability to "see through" some of the arts and dodges, masquerades, concealments and camouflages of human motives, including his own?1

Kirk2 feels academic success which would build a more satisfactory self concept helps a person discover that interacting with others is easier without compensating and at times deviant behavior. He states the person needs time and guidance in order to "unlearn" previous traits.

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2Kirk, Educating Exceptional Children, p. 355.
It would seem once a more desirable set of traits were discovered the adolescent would readily adopt it. Hopefully this will be, but it may not be the rule. "... It is the familiar rather than the hypothetically desirable that is the comfortable role."

A person may see his self concept as divided into "good" and "bad" areas; the "good" being his abilities and assets to be emphasized and enhanced, while the "bad" encompasses his inabilities and limitations. In a classic example of compensation, "I may not be pretty, but at least I'm honest," we see character traits used as defense mechanisms for physical survival.

Combs comments that the child with apparently low intelligence might have as much a background of poor goals and values as poor heredity. If this be true, he feels we would learn much about the nature of intelligence. His statements echo, if only in part, the heredity versus environment conflict.

The true distinction between the terms "threat" and challenge" should be made in light of the lowered ability of the adolescent retardate. It is the fine line the retardate draws between the two which causes him to compen-

2Ibid. p. 3
3Combs, "Intelligence from a Perceptual Point of View," p. 144
sate in order to avoid failure. The adolescent retardate's lowered ability to judge himself and safely predict success or failure in a given situation is a constant obstacle. The perceived ability to function successfully holds the key to happiness or frustration, to challenge or threat in any experience.

In a threatening situation the person sees himself in jeopardy and feels a certain inadequacy in dealing with the threat. A challenge, on the other hand, threatens an individual, but he feels he is able to deal with the threat adequately. How the situation is perceived by the individual depends upon his competence to deal with it. A positive self concept remains a crucial factor in fostering feelings of true adequacy.

3. Integration into Regular School Classes

The successful integration of educable mentally retarded students also depends upon several factors. In the author's opinion most important would be: appropriateness of the program and curriculum; qualifications of the teachers involved; abilities of the retardates to be integrated and initial introduction to retardation for the "normal" classmates.

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1 Combs, "Intelligence from a Perceptual Point of View," p. 147.
In one study of the social acceptance of educable mentally retarded integrated into a regular classroom two questions were asked: (2) Does the length of time a retardate is integrated affect his acceptance? (b) Does social class affect his acceptance? 

Five junior high schools in eastern Iowa having integrated special education classes were used. The age range was 13 to 16 with a median of 14. IQ's ranged from 54 to 92 with a median of 73. Retarded students' participation was from one to three years. The Ohio Social Acceptance Scale (OSAS) yielded social acceptance scores and social class was estimated through use of the Socioeconomic Index for Occupations (SIO). The SIO was applied to personal data in the cumulative files and the OSAS was administered to each of the physical education classes by their instructors. The method employed was the use of a class list where the student circled his own name and then rated all classmates on a scale from 1 -- "my very, very friend," to 6 -- "dislike him." All retarded students were divided into three groups on the basis of having been integrated into the program one, two or three years.

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2Ibid., p. 23.
The kind of integration used in the schools varied. Results showed that the length of time a retardate is integrated does not influence his acceptance. A slight tendency was noted for the third year students to have lower scores than first year students which was unexpected.¹

In another study of social contact of EMR adolescents and normals Stauch² reported on differences between normals integrated with EMR's and those who were not integrated. Six junior high schools in New York communities under 45,000 population were used. Three had integrated programs, three did not. It was felt that systematic contact, per se, was not enough to build positive attitudes toward the retarded adolescents. In some instances, it was even felt that knowing that the EMR's had special classrooms and teachers as well as the fact that the chronological ages were higher might have further a negative stereotype.

In classic studies of success and failure, comparing retardates and normals, a variety of results were found. Gardner's³ study saw retardate's performance as better after

success and poorer after failure as compared with a normal group. On the other hand, Heber\textsuperscript{1} reported both normals and retardates were motivated following a failure experience. After a success condition both groups were again motivated the retardates more than their normal peers.

Dissimilar results were found by Garner.\textsuperscript{2} Failure experience heightened both the performance of normals and retardates, but the normals showed more change than the retardates. Kass and Stevenson\textsuperscript{3} found success experiences as a greater positive behavior force for normals than retardates.

One study which may harmonize the various results was done by Butterfield and Zigler\textsuperscript{4} who report that normals and retardates react opposingly to failure and success due


\textsuperscript{3}Norman Kass and Howard Stevenson, "The Effect of Pretraining Reinforcement Conditions on Learning by Normal and Retarded Children," \textit{Amer. J. Ment. Defic.} LXVI (July 1961) p. 79

\textsuperscript{4}Earl C. Butterfield and Edward Zigler, "The Influence of Differing Institutional Climates on the Effectiveness of Social Reinforcement in the Mentally Retarded," \textit{Amer. J. Ment. Defic.} LXX (July, 1965) p. 54
to their need for feeling adult approval. Need for approval seemed to be the performance criterion for the two groups.

Contrary to many findings of previous research a study has been done in which non-integrated special education class students were seen as readily accepted members of the normals' peer group. The study by Renz and Simensen report that fourteen special education class EMR's and fourteen randomly selected normals were rated by 57 normal classmates. The researchers found: (a) the EMR's were not rejected more often than normal classmates, (b) the students doing the rating described both groups with the same variables and (c) the rating group perceived and described both groups with the same terminology. The method used in the study involved showing pictures of the normal and retarded subjects, then asking the rating group how well they knew the subjects and where they had had contact with them.²

Segregated special education class students have also been studied in an effort to determine variable operative in performance areas. Educable mentally retarded students


2Ibid. p. 407.
were grouped by age and social class. The four groups consisted of high and low social class as determined by Warner's Scale and two age groups, 9 to 10 years and 14 to 15 years. Two main academic areas assessed were reading and arithmetic. Reading differences appeared to be somewhat determined by age and social class.¹

Both academic achievement and social class were examined in the study. Educational facilities and teacher experience were judged as equal, some differences were seen as related to the childrens' subcultures, dependence upon social class, parental motivation and peer group influence.²

In reading the middle class adolescent retardates were above the lower class, but their arithmetic facility was comparable. It would seem that the lower class placed less importance on reading and writing while mathematical ability, particularly in working with money was almost a criteria for survival within the subculture. Arithmetic scores may be the truest predictors of ability when crossing social classes.³


²Ibid., p. 340

³Ibid.
4. Personality

The personality of each individual is a key to self concept. It is somewhat determined by heredity even before birth and influencing life experiences have a chance to make their mark. Personality growth begins in the interaction and treatment of a being in early life and continues in each life experience. Rogers sees a healthy self concept as "related to early and repeated experiences of genuine love and affection."¹

An individual's personality is composed of his feelings concerning what he possesses in the areas of: intellectual capacity; physical ability and appearance (including body-image); character traits and degree of masculinity or femininity. Any behavior one exhibits is composed of all or some of these elements and "behavior is seen as a manifestation of the self-concept."²

In a recent study educable mentally retarded students attending special class and normal adolescents were compared on the Tennessee Self Concept Scale. The only scales showing a significant difference between the two groups were


self criticism and social self. The researchers see these results as indicative of negative self concepts and low self-esteem in the adolescent retardates.\(^1\)

Carp\(^2\) sees negative self concept as related to feelings of degradation. He views antisocial and aggressive behavior as a response from the individual who feels he is being degraded to the level of an object rather than being treated as a human being. Cyclically a retardate may in turn be rejected by his peers due to his antisocial behavior.

The Collins and Burger\(^3\) study used 32 educable adolescents and 29 normal students from a middle class background. All subjects attended coeducational Catholic day schools in St. Louis, Missouri. The result showed that both groups had negative perceptions of self. The normal adolescents were found to be more sure of their identities than the retardates, but the retardates were seen as more willing to verbalize their feelings.

Self-evaluative responses, may function as conditioned reinforcers. These responses may be valu-

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\(^3\)Collins and Burger, "Self Concepts of Adolescent Retardates," p. 29.
able reflections of other behavior without being modified themselves. In working with adolescent girls, Brodsky\(^1\) found verbal statements concerning related nonverbal social behavior increased as the social behaviors increased. The increased nonverbal behavior was seen as related to more accurate verbalizations of the given behavior. More research on maintenance of behavior needs to be done.

A difference in sex as well as sex role, may affect the performance of an individual depending upon how he sees his masculinity or she sees her femininity. In one study, both men and women scoring high in masculine identification were better problem solvers than low scorers. When an allowance for sex was made, problem solving differences were eliminated. It appears that sex role identification is more learned than biological.\(^2\)

Another study concerning gender was done with twelve year olds, just prior to reaching what we term "adolescence." Five self-concept scales and a gender questionnaire were given to 84 girls and 75 boys. Their mothers


had been interviewed and questioned regarding patterns of child rearing, seven years earlier. For both sexes high self concepts were seen as related to: (1) high reading and arithmetic achievement, (2) small family size, (3) early ordinal position, (4) high maternal and paternal warmth. Only for the boys was high self concept seen as related to father dominance in husband-wife relations.¹

It would seem that high self-esteem early in life or at age twelve is fostered by warm and accepting mothers and fathers. There seems little evidence as to whether a father's warmth is more closely related to a son's or daughter's self concept.²

In each aspect of the presentation of self concept in the educable mentally retarded adolescent we have spoken of his interaction with others as a single individual within that society. All persons, particularly those in personal contact with the retardate compose his society. It is these people, then, and the society they have built and maintain that foster full growth the self concept of the adolescent retardate or tear away at it to the point of destruction.

¹Robert R. Sears, "Relation of Early Experiences and Gender Role in Middle Childhood," Child Development XXXI (June, 1970) p. 267.

²Ibid., p. 287.
CHAPTER III

SUMMARY

The self concept of the individual is that physically unseen, but behaviorally manifested part of the person which includes all character traits and feelings, the essence of what he is and will aspire to in life. All activities of life around and including him will have a part to play in his self-concept development.

The life-functioning of the educable mentally retarded adolescent depends even more so than does that of normals upon clues within the environment and the favorable perceptions of those involved with him. The key to his actions is in the reactions of his significant others to him because he is aware of his lessened ability to judge his acts and appropriately predict his future goals.

A positive self concept is crucially important to the adolescent retardate. It is in the knowledge of himself and appropriate social handling of himself that the retardate gains confidence from the rest of the society in which he functions. It is also from this society that the retardate receives clues as to how he is perceived
by his significant others, as well as by strangers, in his
development toward an adequate social being.

The primary significant authority figures in the
life of the adolescent retardate are his parents and teach­
ers. It is in these people that the retardate places his
trusts and hopes in return to receive advice and instruction.
The retardate may not trust his own judgment and wishes to
know the traits and qualities that build and enhance the
self he is or would wish to be. A point of emphasis is that
either praise or blame must be given in total honesty, if
it is meant as an aid to these young people. An inade­
quacy or inaccuracy glossed over in early life becomes a
virtual obstacle to be overcome later in life when, through
repetition it has become set.

Patience and clarity of terminology or instruction
are essential for parent and teacher. The point cannot be
made too strongly that no remark is made or answer given to
the adolescent retardate which does not register positive
or negative feelings toward him. Parents or teachers, for­
getting their role as truly "significant" others, may not
fully appreciate the value of a moment's talk or advice.
To the adolescent retardate it could mean the difference
between dignity or disgust.

The author has spoken of the judgment of the re­
tarded as being somewhat lessened due to poor self-percep­
tions or lack of knowledge in evaluating perceptions.
This is correct, but who are the significant others to judge or even advise unless they have fully and objectively viewed the situation and given closest attention to it. Unless a parent or teacher can say he or she has the "pulse" of a situation, the judgment of the retardate, even if somewhat faulty, would be of more value.

In home or school an impossible undertaking must not be expected of the retardate. Again adult judgment needs to consider the factors: person, task, abilities and situation to determine any changes or considerations to be made before it is presented to the young retardate. The point made is small, but the value it helps the retardate place on his future undertakings is great.

A variety of studies have been mentioned within this paper. These include examples of success and failure as motivators, regular class integration of the mentally retarded, failure avoid and compensation. The range of studies is wide, as are the results. The author feels much more research needs to be done in the area of self-concept formation in the mentally retarded -- particularly during the crucial period of adolescence. At this point it would be hoped that the established self concept is stable enough to grow in a positive manner; if it is not, this is the point where positive action and motivation
must begin and previous learned behaviors be modified for future positive life-functioning.

Though the adolescent retardate has been labeled as such throughout this paper, the author feels that the more parents, teachers and all those involved with the population we have spoken of, can do in speech and action to forget the label the better rapport will evolve. Every teenager is "special" and this time of their life is "special" as well. Results for the child we have spoken of will be best if he is treated simply as a teenager and urged to be himself.

In closing, the individual must know for himself what traits are dependable and compose the totality that he is. Only he has been involved in all his life experiences; only he knows all his thoughts and feelings and what his experiences mean to him. The meaning of a situation depends on the values and background brought to it. It is this ultimate merging of traits, values and background in persons and experiences that result in the totality called the self.
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