Attitudes of various population groups toward mental retardation

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ATTITUDES OF VARIOUS POPULATION GROUPS TOWARD MENTAL RETARDATION

by

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A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN EDUCATION (EDUCATION OF MENTALLY HANDICAPPED) AT CARDINAL STRITCH COLLEGE

Milwaukee, Wisconsin
1975
This research paper has been
approved for the Graduate Committee
of the Cardinal Stritch College by

Date May, 1975

Sister M. Johanna Flanagan OSF
(Advisor)
ACKNOWLEDGMENTS

The writer is indebted to the Superiors of the Sisters of Notre Dame of Chardon, Ohio for providing her the opportunity to pursue studies in the area of the Mentally Handicapped.

Sincere appreciation is expressed to the Order of the Alhambra and the Joseph P. Kennedy, Jr. Foundation for their generosity in providing funds for graduate work in the study of Mental Retardation.

The continued encouragement and support of Sister Mary Sheila, O.S.F., Sister Mary Theodore, O.S.F. and Sister Mary Johanna, O.S.F. is deeply appreciated.

Extreme gratitude is expressed to Mrs. Patricia Eberhard for the time spent reading, correcting and making suggestions; and to the typist, Miss Candice Lyons for her generous and kind assistance and time.

Finally, the writer wishes to thank in a special way her Mother and her friends who provided the prayerful support needed to bring this paper to a successful completion.
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To assist in further research and in-depth studies.
CHAPTER I

THE PROBLEM

Introduction

"Three percent of the American population can be classified as mentally retarded." More than twice as many persons are affected by it than by blindness, cerebral palsy and rheumatic heart disease combined. Taking into consideration the families of retarded persons, 22 million Americans are directly affected by this problem, thus listing Mental Retardation as a major national problem.

The "affliction" is defined by the American Association of Mental Deficiency as "subaverage intelligence functioning which originates during the developmental period and is associated with the impairment in adaptive behavior." The descriptive words "subaverage" and "impairment" are not indicative of total incapability in the case of every mentally retarded person. They "have the same basic needs as every individual in our society and under the

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2Ibid.
constitution are entitled to the same rights and privileges. Public services, made available by the community, state and federal governments, for all its citizens, should not be denied the mentally retarded."¹ They are more normal than abnormal and can gain a great deal from community and family involvement.

Providing for the mentally retarded in the home is significantly easier for those families who have a stable family life. One of the most serious obstacles in the development of community programs for the retarded is public attitudes. In the recent past it was still thought that the best place for a retarded child was in an institution. The public is now becoming more aware that the retarded, in many cases, can live at home and live useful lives with other citizens. Many persons, because of their profession or position in the community, can be influential to encourage or to discourage the development of programs and opportunities for the retarded. Their attitudes may make the difference between acceptable services and neglect.

"The retarded are entitled to have the opportunity of maximum development of their potentials regardless of the degree of physical and mental defect."¹ When their families, communities and persons significant in their lives accept them with their limitations they will be able to use their energy more constructively to develop to the maximum of their capacity. Thus, aided by special training and educational opportunities the retarded can become more useful citizens and more completely developed personalities. All of this can come about only if retarded persons are surrounded by supportive adults. And that the adults and persons important in their lives are consistent in their attitudes, not overly demanding, undependable or nonsupportive of their efforts.

Statement of the Problem

In light of these considerations, the importance of the problem and the gravity of society's responsibility toward the mentally retarded, the purpose of this paper is to investigate the research on attitudes of various population groups towards mental retardation as well as research concerning methods and attempts to change attitudes.

Significance of the Study

In the "Report of the Task Force on Behavioral and Social Research" the following statement was made: "It is

¹Ibid.
important to stress that studies...must seek to discover the range and variability of attitudes, beliefs, and information levels in the various segments of the community."¹

With this in mind this writer was motivated, with the limitations of time, opportunity and resources, to investigate the studies made most recently in the area of attitudes toward the mentally retarded. The results are indicative of the progress being made by society at large, and of the changes that can hopefully be anticipated to provide for retarded persons' special training, educational opportunities and a useful place in the community, living to the fullest and protected by the same rights as every American citizen.

Summary

The large number of persons in our country affected by the problem of mental retardation is so great that it is of national concern. Increased knowledge about mental retardation has made the public aware that retarded persons, like all other citizens, have a right to opportunities in training, education and development. Such opportunities must be provided for them by their families, communities

and society in general. Positive attitudes of people must be developed toward a cause before efforts will be made to work for it. Therefore, the purpose of this study is to investigate the attitudes of various population groups toward mental retardation. It is also the purpose of this study to investigate the attempts to change negative attitudes. For only and if there is an increase of positive attitudes toward mental retardation among the general public will retarded persons be given rights that are legally and humanly theirs.
CHAPTER II

DEFINITION

How do the experts define the term "mentally retarded"?

There is some difference of opinion over this question, not just in our country, but throughout the world. The American Association of Mental Deficiency describes mental retardation as sub-average intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.  

What is a retarded "child"? The psychiatrist will tell us that a retarded child is one who has subnormal intelligence and a reduced capacity for learning. The psychologist will say that he is one who has an I.Q. of 74 or less. The artist may paint him as one with truly lovable and cherubic but mongoloid features. What we want to know is the BASIC definition or an "attitudinal" definition. What is a "retarded child"? A "retarded child" is a creature composed of body and soul, made to the image and likeness of God... a "human being." In his book RETARDED CHILDREN ARE PEOPLE,

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Father Charles Bauer tells us that "no discussion of mental retardation can do the subject justice unless this child is considered first and essentially a human being."¹

In the past decade there has been an almost incredible awakening of the public conscience concerning mental retardation. With the increased interest in mental retardation on the part of the federal and state governments as well as numerous private foundations, the future for increased knowledge concerning mental retardation through research is insured.

INCIDENCE

In her book, THE CHALLENGE OF THE RETARDED CHILD, Sister Mary Theodore states that every day in the United States there are about 330 babies born who are mentally retarded. This means a yearly increase of 126,000 retarded persons. In a report from the President's Committee on Mental Retardation, we are informed that

about 6.5 million people -- 3 percent of the population -- are mentally retarded. Of these, nearly 9 in 10 are considered 'mildly' retarded -- with I.Q.'s in the 52-to-67 range -- and can learn to work in competitive employment and live independent lives. Six percent are 'moderately' 

¹Charles E. Bauer, Retarded Children Are People (Milwaukee: Bruce Publishing Company, 1964), p. 41
retarded -- with I.Q.'s of 36 to 51 and can be trained to live and work in a partially sheltered environment. Five percent are 'severely or profoundly' handicapped, with I.Q.'s of 35 or below. These individuals can achieve a degree of self-sufficiency in a controlled environment. Thus: Given the opportunity, the over-whelming majority of retarded persons can live productive lives in their community.1

The number does not present a problem - but rather, as Sister Mary Theodore tells us - "a challenge our society must meet."2

ATTITUDES IN GENERAL

Bernard Posner, Deputy Executive Secretary of the President's Committee on Employment of the Handicapped, states: "An examination of attitudes toward mentally retarded people actually becomes an examination of attitudes toward ourselves and our world. It is as though we suddenly strip ourselves bare and look in a mirror."3


Ancient

In ancient times the lot of retarded children was a hopeless one, all human rights and privileges were forfeited. Some exposed their handicapped to the elements to perish. In Rome, the mentally retarded were objects of amusement of the nobility and the wealthy.

Christian

At the dawn of Christianity the mentally retarded were, for the first time, regarded with compassion. During this time, too, there were some outstanding persons who not only did all that they could for the mentally retarded, but also tried to change the attitudes of other persons toward them. Among these were St. Paul, St. Nicholas, St. Coletta and St. Vincent de Paul.

Medieval

During Medieval times many mentally defective dwarfs lived in the castles of the nobility, played with the royal children and became jesters in the courts of kings. In medieval France the mentally deficient were regarded with reverence. Later the attitude of reverence gave way to superstition. The idea then was that the mentally deficient were possessed by the devil and so
Christian kindness was submerged in an era of whips and chains.

**Recent Times**

In the 18th Century the child was considered a miniature adult and was forced to work for long hours. At the beginning of the 19th Century, the first educational and medical approach of a scientific character was made to the problem by Jean Itard. In 1900 mental deficiency appeared almost entirely as an institutional problem. Public attitudes toward the mentally retarded were affected by the developments of the Binet Intelligence Test in 1905. About 1930 parents began banding together to help each other, educate themselves and the public. 1950 marked the opening of a national organization uniting groups which had been working independently under the title "Parents and Friends of Retarded Children." In 1952 it was changed to the National Association of Retarded Children (NARC). During the 1950's the equality of education for all types of children was being advocated. In 1965 the retarded child was being considered in light of his potential contribution to society.

Over 2,000 years ago, Western Civilization came to a crossroad -- to go the way of Athens or Sparta. The way of Sparta was to destroy the
ATTITUDES OF VARIOUS POPULATION GROUPS

Attitudes of Professionals

In reviewing the recent literature of attitudes toward mental retardation, it is evident that people hold rather powerful and dissimilar attitudes about retardation and retarded people. In the area of professionals, pediatricians' and teachers' attitudes are the most numerous in the studies made. Others, e.g. nurses, social workers and psychologists receive considerably less attention.

The pediatricians are often the first professionals aware of a child's mental retardation. Since they also often become the first professionals to help parents adjust to the birth as well as to help them make future plans, their attitudes are crucial. This is particularly true in the instance of helping parents make a decision about institutionalization or home care.

In 1962 Olshansky and Sternfeld were concerned with pediatricians trained before the recent public

concern about mental retardation and if they would support modern attitudes towards institutionalization. They indicated that few of the pediatricians had any well-developed perspective to guide their interactions with parents of retarded children. In 1963 Olshansky and Kettell made a follow-up study of pediatricians still in training to note whether or not they showed more modern views and attitudes towards institutionalization. The results indicated that they preferred home care over institutionalization. But it was also evidenced in the results that these students had limited knowledge, training and interest in the area of mental retardation. Fishler, Kovh, Sands and Bills showed similar results in 1968. They used fourth year medical students and found that they, too, preferred home care to institutionalization. With this group there was also a lack of knowledge and interest in mental retardation. They favored keeping pre-school, mentally retarded children at home and almost all opposed separation of mother and retarded baby at the time of delivery. They viewed themselves rather than parents as decision makers for institutionalization. This differed from the Olshansky and Sternfeld study (1962) in which pediatricians felt themselves to be only guiding the parents in decision-making.
It is evident from these studies that the curriculum in the medical schools is deficient in courses on mental retardation. Little is being taught about the nature, incidence or kinds of retardation. Thus students are not inspired to specialize or to pursue further study or research in this area. This is unfortunate, since physicians are often the first professionals to face parents with the fact that they have a retarded child.

Oberman states that:

The pediatrician or family physician who sees retarded children can and must play an important role during these years. By virtue of his training and experience in normal child development, he can contribute to the normal personality development of the retarded child, especially if he already has an established relationship with the family and has gained their respect and confidence.

Each case must be treated individually according to the severity of retardation, stability of parents, economic status, and available facilities. Throughout the early years it is the physician's duty to be supportive and aid in decision making.

Many physicians do not relish the task of helping parents with retarded children because they feel that there are serious gaps in their knowledge.

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of the growth and development of the retarded child.

Of all professionals, teachers spend the most amount of time with retarded children. Therefore, Haring indicates that the attitudes and understanding teachers have about exceptional children are influential in determining the intellectual, social and emotional adjustment of the child. Bruininks and Rynders are in agreement with this, in their statement:

The child's educational development is thus dependent on the personal-social cognitive qualities he manifests in interaction with the personal-professional qualities of instructional staff with whom he comes into contact.¹

Children who are rejected by their peers are likely to have learning difficulties. And it is known that children who are isolated are likely to be low achievers in school. It was believed that teachers and future teachers could be taught to help rejected children improve their status in classroom groups. The result of a study of this made by Amidon (1965) indicated that appropriate helping techniques could be taught to the teachers.

Warren's (1964) investigation of the combination of "lecture-discussion-guided tour" techniques as a means of influencing the attitudes of undergraduate education students toward the handicapped indicated that there were not positive attitude changes toward the brain-injured, mildly retarded and severely retarded. In some instances attitudes became more negative. In Semmel's (1959) study of regular and special class teachers, he found that though both groups showed an equally high positive attitude score, there was no relationship between these attitudes and correct factual knowledge. Whereas LaBue (1959) did find a significant correlation between classroom attitudes of teachers and the amount of professional information they possessed. LaBue also suggested that having the students spend more time with retarded individuals would help them experience the personal rewards of working with them. In this way they could also gain in understanding and sympathy toward them. Holmann and Jorgenson's (1971) findings were in agreement with this. The main purpose of their study was to identify the attitudes of home-economics student-teachers toward the mentally retarded. Following LaBue's suggestions, the beginning teachers would be more effective in working with the mentally retarded.
Iris Major feels it is the responsibility of consultants, instructors, or directors of special education to give direction and workable plans to the regular teachers so that their attitudes can be one of acceptance of the handicapped child. The results of Brooks and Bransford's study of modifications of teachers' attitudes toward exceptional children, proved to be in agreement with Major's suggestion, to acquaint regular classroom teachers with attitudes and behavioral aspects of exceptional children. It was evidenced from this study, too, that because of a lack of knowledge concerning the role and function of special education, many regular educators are not willing to accept children found in these programs. Boekel states that there is positive evidence supplied by research that teachers' attitudes are affected by labels placed upon the children. Combs and Harper (1967) made a study, "Effects of Labels on Attitudes of Educators Toward Handicapped Children," in which it was verified that labeling does affect the educator's perception of exceptional children. The findings suggested that professionals should be extremely careful, if not reluctant, to use clinical labels in describing a child to teachers. It results in the teacher behaving toward the child in a manner that will
foster elements of his behavior that are making him exceptional.

Haring, Stern, and Cruickshank (1958) described an extensive program in which an attempt would be made to modify teachers' attitudes toward exceptional children. Their "workshop" method did bring about slight changes in a positive direction with regard to teachers' responses to handicapped children. The results of Want's (1952) study showed that teachers' attitudes toward children do not seem to be affected by teaching experiences. Proctor's investigation (1967) of the classroom teachers' attitudes toward exceptional children is contrary to Want's findings but supports Haring's idea that orientation programs designed to develop knowledge and understanding about children is an effective approach to improvement of classroom integration for exceptional children. The findings of this study were also contrary to Combs and Harper who stated that amount of experience, rather than type of experience, helps a teacher to achieve a more realistic attitude towards educational placement of exceptional children.

Panda and Bartel's (1972) study of teacher perception of exceptional children proved that when persons have obvious

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physical handicaps, they are perceived as inferior to normal or gifted persons, no matter how well they behave.

The results did not support our exception that teachers with specific experience and specialized training would perceive exceptional children in a relatively favorable way compared to teachers having no such experience, or training.1

This finding suggests that training after a certain level of education does not bring radical differences in perception of the exceptional children.

In 1967 Kingsley studied the attitudes of prospective teachers toward exceptional children. The students involved in the study had an adequate understanding of the general purpose of special education. However, when these students were asked to rank the exceptional child they would most and least like to teach, they indicated the most preferred to be the gifted and the least preferred to be the severely retarded. Further, they felt that the severely retarded needed to be placed in institutions rather than be provided special educational services. Bergan and Smith (1966), in their investigation of the attitudes of prospective teachers toward mental retardation, found that retarded children of higher

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socioeconomic status were more favorably regarded than retarded children of lower socioeconomic status. Therefore, it was noted that students of high socioeconomic status who are actually retarded might never come to the attention of the psychological services in the school because of the teacher's predisposition to regard such children as more intellectually competent and socially acceptable than they may be. On the other hand, many children of low socioeconomic status who have "borderline" intellectual ability may come to the attention of the school psychologist and end up in Special Education. Harth (1971) compared the attitudes of special education students and regular education students toward mental retardation. He found that overall, special education students had more favorable attitudes towards mental retardation than did general education students.

In considering the attitudes of teachers, Find (1967) expressed concern over the relationship between attitudes and behavior. This was a result of an investigation of the attitudes of elementary special and regular class teachers. He discovered that special class teachers placed greater emphasis on personal and social adjustment than did regular class teachers, and they also made less demands upon lower ability students to try harder. Schmidt and Nelson (1969)
found the same to be true with secondary level teachers. Are the special class teachers underestimating the ability of their students?

Dunn's (1968) report and review on the research concerning the efficacy of special classes for the educable mentally retarded showed that the academic achievement of these students was lower in special classes than in regular classes. This seemed to verify the fact of teachers contributing to lower achievement of their students. Rosenthal and Jacobson (1968), too, in their study found that when teachers were asked to expect greater achievement from randomly selected students, these students did show more improvement. Education is training and preparing for life. Therefore, "the aim of a good teacher should be to assist the child in reaching his greatest capabilities."¹

Efron and Efron's (1967) study included not only students in the field of retardation, both graduate and undergraduate and teachers in special and general education, but also persons in non-education occupations. They found that subjects in the field of retardation possessed more factual information than either persons

¹Sister Mary John and Sister Mary Annunciata, "Qualifications and Attitudes for Teachers of Exceptional Children," NAMAR Bulletin, Volume 1, No. 3 (March 1969): 5.
in general education or those in non-education occupations. Also on all of the measures students in the field of retardation, both graduate and undergraduate as well as the teachers of the retarded were the same. Likewise, teachers and students in general education and those in non-education occupations were the same on all of the measures of the study. This study as well as its results are significant because of the fact that "the type of programs a community is willing to sponsor or support is in some measure a function of the prevailing attitudes and value systems of its members."¹

In the study on teacher aides made by Strauch, Chester, and Rueker (1970), the most important result was that the attitudes of college students toward an institution and the mentally retarded appear to improve as a result of relatively brief contact with the retarded. From the studies reviewed, there appears to be a need for concern about the attitudes of professionals, especially since these attitudes affect the performance of retarded children. Because of this evidence it is apparent that greater stress needs to be placed on mental retardation in professional training programs. In Warren and Turner's (1966) study they found that the severely retarded appear

to be the least preferred type of exceptional child. Consequently, their university programs stressed this area of exceptionality least.

**Institutional Employees and Attendants**

Employees and attendants in institutions for the retarded have also been studied. As with teachers, many of these persons spend considerable time with the mentally retarded people. Babow and Johnson's (1969) study indicated that people in power were highly motivated to make the institution more humanistic. The problem was that many of the employees in direct patient care held opposing attitudes. It was wondered if plans for change were sabotaged by patient care workers. Bozarth and Daly's (1969) study differed in approach from Babow and Johnson's in that they compared occupational groups. They found that work supervisors had the tendency to view residents as significantly better than either educators or activity employees. It was noted that institutional variables may account for these differences. The performance requirements at work are quite different than performance requirements at school. Consequently, the retarded child may perform adequately on the job but he probably does not do as well in school. A few of these variables described
by Anders and Dayon are cottage and ward programs and religious ethnic and socioeconomic factors. All of these are factors affecting child-rearing practices and attendant attitudes.

Daily et al. (1974) studied the actual aide behavior within residential settings, and reported that the aides' perceptions of the attractiveness, likeability and mental level of residents related to the affective tone, content, amount of positive attention and social interactions given to the residents. Butterfield et al. (1968) concluded that

attendants constitute a majority of institution employees and have more contact with residents than any other group of employees. They are the main executors of an institution's program and they exercise a profound, if poorly understood, effect on all the policies of an institution.¹

One thing seems to be quite apparent when discussing the attitudes of institutional employees towards mental retardation. That there are more than one set of attitudes operating in institutions. Also, these are often competing attitudes that could interfere with the running of the institution. It would appear that the most effective attitude change procedures would be

to provide in-service and pre-service institutional education programs periodically for those already employed as well as for those seeking employment in the institutions.

**Attitudes of Parents**

The literature on attitudes of parents of retarded children evidences that these attitudes are quite forceful. In a paper read before the New York State Welfare Conference, Weingold remarked,

Thus the first element in society that the retarded comes in contact with is the family group where the parents, of course, are the protagonists. If they do not act positively the child is doomed. ¹

In agreement with that, Sister Audrey Fontenot states:

> The growth and development of every child, be he normal or handicapped, is greatly influenced by the world with which he first comes in contact, namely his parents, siblings, and social environment.²

Condell noted as a result of his study (1966) of parental attitudes, the attitudes of parents of retarded children are not uniform. He found that professional help is sought but not always accepted. One reason being that


professional goals and parental needs are sometimes not the same.

Fliegler and Hebeler (1960), Cummings and Stock (1962) and Appell (1964) made studies concerning the effectiveness of altering parental attitudes through counseling. The studies indicated the need for and the beneficial effects of group counseling, group discussion and group therapy. Group guidance techniques must have been improved through the years, for failure of this technique to effect change in long standing problems was recognized in the findings reported by Weingold and Hormuth (1953) and Coleman (1953). Peck and Stephens (1960), in studying the relationship between the attitudes and behavior of parents and their mentally defective child, concluded that parents of mentally defective children as a group tended to be less sociable than other parents. Of marked significance was the fact that the pattern for the acceptance or rejection of the mentally defective child in the home situation was set according to the father's and not the mother's acceptance or rejection of the child. Eyman, Digman and Sabagh (1966) proved that parents' attitudes, as well as education and socioeconomic status were more important in determining placement in an institution than was the child's handicap or his behavioral problem. Blumberg (1965) found that parents of educable and trainable retarded children had more favorable attitudes toward their children than they
did towards educable and trainable children in general.

Dingman, Eyman and Windle (1963) found that mothers with more protective child-rearing attitudes were mothers of mildly retarded children and not those of severely retarded children. Another study on child-rearing attitudes made by Klausner (1961) indicated differences between parents of noninstitutionalized and institutionalized retarded children. Parents of noninstitutionalized children were more restrictive and negative in child-rearing; and showed less feelings of depression and fewer signs of immaturity. The only study reporting rejecting attitudes of parents was made by Worchel and Worchel (1961) in which parent attitudes toward retarded and nonretarded children were compared. The comparison between retarded and nonretarded children is perhaps what made the difference; since all the other studies considered only the parental attitudes toward the retarded child.

Barber (1963) found that though the attitudes of parents of retarded children were not influenced by the sex of the retarded child, they were influenced by the intellectual capacity of the child and by the socioeconomic status of the family. The author found that parents from lower socioeconomic classes appeared to manifest defensiveness, aggressiveness, dominance, authoritarianism and rejection of their attitude toward both their retarded and nonretarded
children. These characteristics were stronger toward the retarded child. Another study relating socioeconomic status and parental attitudes was made by Takeguchi (1967); in which he found no difference in parental conceptions of "mental retardation," and "educable mentally retarded, in parents of both educable and trainable retarded children in any social class. Although parents in the lower socioeconomic status rated the concept of "trainable mentally retarded" much lower than did other parents. Religion is another variable correlating with parental attitude. Zuk, Miller, Bartram and Kling (1961) studied the relationship between religious belief and maternal acceptance of retarded children. Their findings showed a low but positive correlation between the two. Mothers who were more intense in religious practice, as well as Catholic parents were more accepting of retarded children. Hoffman (1965), too, reported that Catholic families tended to be more accepting of their retarded child. He related his finding to the Catholic notion of suffering being a part of life. He also reported on the attitudes of parents of other religious denominations.

Few attempts have been made to study the effect of the retardate on his family. The results of Farber's (1959) study showed that marital integration was negatively affected by the presence of a severely mentally retarded.
child. Contrary to these findings, Fowler (1968) reported that on an actuarial basis, there is little difference in the quality of the marital integration whether the retarded child is kept at home or institutionalized. In this study the retarded children who were kept at home were enrolled in community centers for part of the day, which may have been an influencing factor in helping to stabilize the harmony and integration of the marriages of the parents of the children served. The findings in this study on the role tension of siblings in families of the retarded agree with those of the Farber study. Both investigations have indicated that the role tension of the siblings in the family especially that of the oldest female, tended to be higher when the retarded child was kept at home than when he had been placed in a residential hospital. It was suggested that the welfare and the emotional needs of the siblings ought well to be considered when counseling parents of severely mentally retarded children.

Attitudes of Siblings

In Graliker, Fishler and Koch's (1962) study they attempted to determine the effect of a retarded brother or sister on the teenager in terms of his school, social and family life. It was apparent that an appreciation for and an understanding of the mentally retarded sibling was best developed by an explanation of the problem itself
and the attitudes instilled by the parents during the teenager's formative years. It was evident that the teenagers generally reflected the attitudes of the parents in relation to the problem of mental retardation. The parental attitude and method of handling the situation was credited to the kind of professional advice and counseling given to the parents. The findings in this study showed that the school, social and family life of the teenagers were normal, positive and adequate. The study also showed that the presence of a young retarded child in the home does not seem to have an adverse effect upon teenage siblings, especially when there is early understanding and parental guidance.

The findings of Adams (1966) study were in agreement with the study just discussed, that teenage siblings were not adversely affected by the presence of a mentally retarded family member. He went a little further and showed some interesting differences, particularly with regard to religion. Protestant siblings of retarded children showed poorer home inter-personal relationships than did Protestant siblings of normals. But the opposite was true of Catholic siblings. Therefore, religion shows up as a significant variable, just as it did in the studies of parental attitudes.
Peer Attitudes

In discussing social contact as a variable in the expressed attitudes of normal adolescents toward educable mentally retarded (EMR) pupils, Strauch is of the opinion that

Contact per se is not sufficient to produce more positive attitudes toward the EMR pupils. Having pupils work toward a common purpose or goal, with the retarded and normal pupils depending on each other, would probably be more conducive to changing attitudes in a positive direction.  

The suggestion is that programs of this kind be set up by educators so that there can be successful interaction between normal and retarded persons working together toward a common goal.

In Jaffe's (1966) study of adolescents' attitudes toward the mentally retarded he found that the label "mentally retarded" elicited negative attitudes more than did sketches of persons described as being mentally retarded or meeting persons who had been in a special class for the retarded.

The suggestion referred to earlier made by Strauch (1970) had already been attempted by Chennault (1967) wherein the unpopular children in special classes  

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were organized into special group activities with popular children from regular classes to determine whether peer acceptance and self-perceived peer acceptance could be improved. From the findings it could be concluded that improvement can be made in both areas. It would appear that it is not just social contact that is necessary to bring about attitude change, but rather direct and organized activities. Jaffe (1967) performed a study similar to Strauch's in which he showed that high school students having contact with mentally retarded persons may produce a cognitive acceptance but not necessarily an affective acceptance.

A coincidental follow-up study on this topic was made by Rucker and Vincenzo (1970) in which the results showed that the acceptance of the unpopular students was enhanced during the activities, but that the acceptance gains diminished after the project activity ceased. Thus suggesting that an organized activity may be a good beginning in producing attitude change but that an environmental situation ought to be set up in order that the raised status of the unfavorable students may be maintained.

The findings of Terrell and Stevenson (1965) simply confirm the social position of the mentally retarded child within the school situation; that they
are rejected and isolated by their normal peers.

Irrespective of the methodological considerations raised, no single educational model has been found to be clearly superior for fostering positive social attitudes and relations between EMR children and their class peers.¹

Johnson and Kirk (1950), Balwin (1958), Johnson (1950), Gottlieb (1971), Goodman, Gottlieb and Harrison (1972) and Gottlieb and Davis (1973) concur that regardless if mentally retarded children are placed in a special class, integrated into a regular elementary classroom or enrolled in a non-graded school, the social acceptability of such children is not improved. "Factors other than class enrollment may be of importance in determining friendship patterns among retarded and non-retarded children."²

Gottlieb (1969) found that there was a tendency for second and third grade non-EMR children to be more tolerant toward mentally retarded children than fourth through seventh graders. Thus concluding that the earlier the integration of EMR children the more it would be to their advantage. Balwin's (1958) findings substantiate Gottlieb's earlier findings.


study that fourth, fifth and sixth graders were less accepting of the mentally retarded than of their normal peers. It was surprising to find that Gottlieb's (1971) study reported that well-adjusted Norwegian children between the ages of 12 and 16 manifested favorable attitudes toward special class children, while younger children showed neutral attitudes. These results apparently negated his earlier findings or else significant variables effected the opposite results. In 1972 Goodman, Gottlieb and Harrison found that non-EMR children are less accepting and more rejecting of EMR children than of non-EMR children. And that young non-EMR children are generally more accepting of all other children more than older non-EMR children are. The findings in this study also showed that girls rather than boys are more likely to tolerate integrated EMR children. The data from this study also confirm Johnson's (1950) finding that EMR children are rejected more as a result of their behavioral problems than for their academic limitations.

**Self-Attitudes of Retarded Children**

The role of attitude in personality development appears to be "WHAT YOU THINK OF ME, I'LL THINK OF ME: AND WHAT I THINK OF ME, WILL BE ME." Thus is the effect our attitudes have on the attitudes the mentally retarded
have toward themselves.

In a comparison made by Meyerowitz (1962), of the self-attitudes of retarded children in regular classes and retarded children in special classes, the results evidenced that educable retarded children in special classes had poorer self-concepts than did educable retarded children in regular classes. In discussing the "special child" in the regular classroom, Bradfield seems to verify these findings, for he states, that in such an environment, not only does the "special child" "show greater improvement academically, but attitudinally as well."¹ He continues, "the 'special child' will always have to live in a world with his non-handicapped peers and experience both the benefits and indignities of that world."²

A program to help develop a positive self-concept in a retarded child, will not be successful by expecting less of the child because he is mentally retarded, but rather by expecting of the child that which he can do within the limits of his mental handicap.³

Only special class retarded children were considered in Meyer's (1967) study, in which he attempted to find a relationship between self-concept, sociometric ratings

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²Ibid.

and socioeconomic status. He found that a low correlation did suggest a relationship between self-concept and socioeconomic status; but that sociometric status is not related to self-concept. This last finding seems to suggest that retarded children are not responding to social cues from peers. Peers seem to have no effect upon their self-concept.

The findings of Ringness' (1961) study appear to be in contradiction of these results. In comparing self-concepts of children of low, average, and high intelligence, he found that retardates had the least realistic self-concepts. And that their self-concepts varied depending upon the situation the child was in (school, playground, etc.). So if their self-attitudes are dependent upon a function of the activity in which they find themselves, one would presume that retarded children are responding to "social cues from their peers." And that their peers do have an effect upon their self-concept. Another study supporting the idea that retarded children are responsive to peers in developing a self-concept, was made by McAfee and Cleland (1965) in which they found that retarded males used normal peers as ideal self-models, indicating a high responsiveness to peer relations. Unlike Ringness (1961), Knight (1968) reported that in her self-attitudes study, her retarded subjects tended to have realistic self-concepts. She compared negro retarded boys in special classes, negro
retarded boys in regular classes, and white retarded boys in special classes. The results showed the notion of self-derogation among negro retarded boys in special classes.

Professional Workers - Social Workers - Employers

According to Warren and Turner (1966) investigation into the attitudes of professional workers toward exceptional children seem to be less numerous and have generally centered on the attitudes of education personnel. With the exception of teachers who are teaching the retarded and are acquainted with severely retarded children, all professionals and pre-professionals prefer the severely retarded the least. Begab's (1970) study, "Impact of Education on Social Work Student's Knowledge and Attitudes About Mental Retardation," stated that

affective learning experiences had more impact on attitudes than knowledge alone. How rather than how much, one learns is critical to whether information is absorbed and integrated into attitudes.¹

Employer prejudice toward all handicapped, but particularly toward the retarded, certainly is a major obstacle to employment...Ways and means of over-coming employer prejudice toward retardates, for the most part, are yet to be developed.²


Although there have been studies of attitudes of various groups toward the retarded, and the attitudes of employers toward other disability groups have been measured, there was very little material in the area of employer attitude toward hiring the mentally retarded. Hartlage (1965) reported that larger industries were more receptive to the retarded than were the smaller ones. And that the education of the employers did not determine their receptivity. Cohen's (1963) study substantiated the finding of Hartlage, that the employer's attitude was independent of their knowledge of mental retardation.

The relative independence of knowledge and attitude suggests that programs should be set up to emphasize the potential of the retarded, particularly for the many kinds of jobs in which a high degree of literacy or other educational attainment is not required. This may be a means of overcoming employer prejudice toward retardates, which is a major obstacle to employment.

In Phelps' (1965) study in which he reported a survey related to the attitudes to employment of the mentally retarded in West Virginia, he found that hospital and motel personnel managers were more favorable to hiring rehabilitated mentally retarded persons than hotel, laundry and dry cleaners, restaurant, and nursing home personnel managers. He suggested that rehabilitation personnel
concentrate their efforts with groups such as nursing homes, restaurants, hotels and laundry and dry cleaners.

Community Attitudes

Studies have been reported which indicate that personal characteristics of the retarded and community attitudes toward retardation have an effect on vocational success.

The willingness of the family and the community to accept the retarded as contributing members of society, their attitudes toward the retarded, and currently existing economic conditions are some of the factors which appear to have definite relationships to vocational adjustment.¹

In Belinkoff's (1960) report of observations made during the course of locating and screening subjects for the Columbia University Teachers College Mental Retardation Project, he found that when the name of the project was changed to Special Education Research Project, instead of Mental Retardation Project, there was a considerable increase in the number of parents who applied. Most of these were of the lower socioeconomic group, whose children were most likely to be the ones in need of special educational help.

It is estimated that two percent of our population is mentally retarded, and that a significant proportion of them can be aided through special training and education to become useful citizens and more completely developed personalities.¹

Because attitudes of informed leaders in the community can make the difference between acceptable services and neglect, it seems most necessary to determine what those attitudes are.

**Clergymen**

In 1964, Stubblefield reported that only 25 percent of clergymen felt competent to help parents and families in which there was a retarded child. Attitude scores were effected positively, more by knowledge of mental retardation than by contact with retarded persons. These same observations were made by Peterson (1970) in a study of 262 clergymen. Those with training in pastoral counseling, as well as the most recently graduated, evidenced the most positive attitudes toward the retarded. This was attributed to the type of educational program currently being used in the seminaries.

**Changing Attitudes**

In some of the studies referred to in this chapter mention was made to attempts to change attitudes of certain

categories of people. Cleland and Cochran (1961) attempted to measure attitude change in high school seniors after having the subjects tour an institution. No significant change was effected. Kimbrell and Luckey (1964) in using the same procedure did bring about a change with adults. Whether age is the determining factor in this method of changing attitudes can only be speculated.

Another method used to produce change is informational procedures. The hope is that the more information given to subjects about mental retardation the more positive their attitudes will be. Lecture, discussion and booklets were used by Quay, Bartlett, Wrightsman and Catron (1961) to introduce information to attendants in institutions for the retarded. The method yielding the most positive results was the lecture method. The method with the least positive response was the discussion method. Bitter (1963) found this method unacceptable when he used it in his attempt to change the attitudes of parents of trainable retarded children. Begab (1969), found social contact rather than information procedures effective in producing attitude changes in social work students. Knowledge acquired through affective experiences had greater impact on attitude formation or change than knowledge alone.
Finally, in an attempt to change the self-attitudes of educable mentally retarded boys, Mann (1968) used the counseling method and found it produced positive results. In addition to a change in attitudes there was a notable reduction in anxiety.

One of the major reasons for studying attitudes towards any group of people is to help bring about changes in attitudes which is not a simple matter. Yet "we're hoping that a whole new thrust will develop in this country - one that will bring big changes in the attitude toward retarded citizens and their rights."

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CHAPTER III

SUMMARY

"New hope now is being held out for enriching the lives of an often-neglected minority -- America's 6.5 million mentally retarded persons."¹ The extent of this "enrichment" is dependent largely upon the attitudes of not only the immediate family, but also the public in general including professional people, physicians, teachers, psychologists, social workers, employers, clergymen and peers. "Public attitudes is one of the most serious problems confronting the development of community programs for the retarded."² Although in the past decade there has been an awakening of the public conscience concerning mental retardation which has given rise to an increase in research; Efron believes that "the paucity of attitude research is, at least in part, due to the lack of adequate instrumentation."³ The writer


sought to investigate the research on attitudes of various population groups towards mental retardation as well as research concerning methods and attempts to change attitudes.

Attitudes towards the mentally retarded have undergone an evolutionary process commencing with an attitude of rejection and ridicule in ancient times; through Christian compassion; medieval attitudes of reverence, then superstition; into the more recent centuries, during which time the first educational and medical approach was made to the problem. More recent still, a parent organization was formed to obtain rights and privileges to which every retarded person is entitled; an education and a place to live outside of an institution where they can lead lives as close to normal as possible.

Persons who are first to become aware that a child is mentally retarded and who are the first on whom parents depend for help in adjusting to the birth of a retarded child, are pediatricians.

Many physicians do not relish the task of helping parents with retarded children because they feel that there are serious gaps in their knowledge and growth and development of the retarded child.¹

It was significant in the results of the studies cited that the training programs and medical education programs are inadequate in imparting knowledge of mental retardation and in providing experiences with retarded persons. Yet heavy responsibilities are placed on physicians by parents who count on them for help and counseling, particularly in deciding whether to place their child in an institution or to keep them at home.

A group of professionals who spend more time with retarded children than any others are teachers. The attitudes of all teachers whether in special education or in general education and the attitudes of education students, are necessarily affective on the behavior, development and progress of the children on whom they will exercise any influence. It was disturbing to note that in many instances persons in the categories just mentioned, manifested negative attitudes toward the less intellectually gifted child. The only ones to manifest a more positive attitude were those in special education. Oftentimes teachers' preparation does not always include adequate techniques for handling the slower and retarded child, nor training experiences with retarded children. This is the responsibility of consultants, instructors or directors of general and special education programs.
Studies of actual attendant and aide behavior within residential settings have been extremely rare. The conclusions of those investigated give evidence of a great need for in-service and preservice institutional education programs in order to motivate more positive attitudes toward the retarded patients.

The variety of results in the studies made of parental attitudes, was due to the use of many significant variables. Among these were religious beliefs, socioeconomic status, personality dynamics of the parents in the home, amount of education of the parents, whether the retarded child was institutionalized or cared for at home and whether the child was educably mentally retarded or severely retarded. Since the attitudes and emotional reactions of the parents of retarded children are of crucial importance in planning for his effective treatment and rehabilitation, methods were always sought to bring about positive changes when needed. Group counseling was the procedure most often suggested, and the one found to be most effective in easing the personal adjustment of the parents and helping change parental attitudes.

The attitudes of siblings, particularly of teenagers, generally reflected the attitudes of the parents in relation to the problem of mental retardation. The
school, social and family life of the teenager did not appear to be adversely affected by the presence of a retarded child in the home if there had been early diagnosis, parental guidance and positive attitudes instilled by the parents during the teenager's formative years. The studies indicated that the role tension of the retardates' siblings was higher when the retardate was kept at home. And that the oldest female sibling rather than the male sibling was most adversely affected by the presence of the retarded child. Therefore, it is suggested that the welfare of the rest of the children in the family should be considered when seeking professional advice and counseling.

"The special child will always have to live in a world with his non-handicapped peers and experience both the benefits and indignities of that world."¹ Whether in special classes, regular classes, resource rooms, or in non-graded schools, the retarded child is rejected and isolated by his peers. Data from some studies attribute this rejection to the behavioral problems of the retarded children rather to their academic limitations. Others attribute it to the non-retarded child's "perceived competence" of the retarded

child more than to their degree of liking or disliking them. Other variables influencing further studies on peer attitudes were sex differences, socioeconomic status, religious beliefs, "labels" and age. In order to achieve peer attitude improvement, the suggestion was made that opportunities should be provided for the retarded and non-retarded children to interact for a common purpose, wherein they are dependent upon each other. In order to achieve permanent results, it would have to be an ongoing program.

The retarded person learns a set of attitudes, favorable or unfavorable, about himself, his worth, his talents, his threat to others, and these reflected appraisals influence many aspects of his behavior.¹

The retarded child's self-attitude varies because it is dependent upon the situation in which he finds himself. Studies in this area included variables such as regular and special class placement, socioeconomic status, sociometric ratings and race. In order to encourage the development of positive self-attitudes in retarded children, it is necessary to provide them with an environment in which they can achieve some success and receive recognition for

this success. Also needed are a "provision for emotional support, and the supplying of a training program appropriate to the child's needs and abilities."¹

There are very few investigations made on professional workers and these are concentrated in the area of education. The severely retarded are the least preferred by all professionals and pre-professionals except for those teachers who are currently teaching the retarded and are well-acquainted with severely retarded children.

The vocational success of the rehabilitated retarded person is strongly influenced by employer attitudes. Considered in studies made of them were employer education, kinds of employment, size and type of industries, length of time on the job, and economic conditions.

Employer prejudice toward all handicapped, but particularly toward the retarded, certainly is a major obstacle to employment...Ways and means of overcoming employer prejudice toward retardates, for the most part, are yet to be developed.²

There is much yet to be desired as regards community attitudes. And there is much yet to be done toward the care,


training and treatment of the mentally retarded by the community as a whole.

After physicians, the next persons to whom parents of retarded children have recourse for counsel and guidance, are the clergymen. Yet, the few studies investigated show there is little education and training in mental retardation included in the curriculum of our seminaries. Perhaps effort could be made to establish workshops, conferences or special instruction during the seminary training to increase seminarians' knowledge of mental retardation.

In investigating possible ways of changing attitudes this writer found several methods that have been tested. Among these are touring institutions, using informational procedures, such as lectures, discussions and the distribution of printed material and providing occasions for social contact with retarded persons. The research seems to indicate that direct, well-organized procedures obtain the most effective results. Only when the social contact with retarded persons requires involvement and interacting among the retarded and non-retarded persons is there any positive attitude change.
CONCLUSION

And what of the future? A value system seems to be developing. One of recognizing the intrinsic worth of all humans, retarded or not;...a value system of acceptance: of accepting life as it is, and people as they are.1

The care of our fellowman who, for whatever reason, is physically or mentally retarded in his normal development is not merely a problem for professional men, for 'experts,' but for society as a whole as well. Ultimately it is not the 'experts' but society who applies the standards by which we meet our fellow men needing our assistance.2


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