Self-concepts of retarded persons

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THE SELF-CONCEPTS OF RETARDED PERSONS

by

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I. INTRODUCTION

Man is continually relating to his environment striving for civic responsibility, economic efficiency, human relationships and self-realization.

Living and learning are adjusting. Through education each individual should be taught to live as socially useful, emotionally mature and personally satisfying a life as he is able. Skinner defines adjustment as the manner in which an individual relates himself to life situations. He reasons that individuals meet these situations differently. Some maintain sound mental health or reasonable peace of mind; others develop mental illnesses, while others become delinquents or criminals. Adjustment to the situation is thought to be related to the satisfaction of the needs, particularly to the ego and social needs of the individual.

The early years of a child's life are the most crucial. These are the years during which his intellectual, educational, social, and emotional potentialities are developing. These capacities open doors for him, or place limits on him for the remainder of his life. Early in life each child discovers himself to be different from someone else. The difference may be slight, or it may be great, but he sees a difference.

Normal children find life filled with problems. So do slow and retarded children. These latter children are intellectually less

equipped to meet the problem. The challenges are more difficult and the obstacles greater. The retarded child, similar to the normal child, has fears, desires and needs affecting his personality to various degrees.

The retarded child, with his slowed down ability, is expected to cope with normal pressures while at the same time he is told he is not capable. He eventually encounters conflict and frustration. Feeling himself rejected, unnoticed, or unacceptable he tends to devalue himself, thereby developing a negative self-concept.

If, on the other hand, his behavior is acceptable to others he tends to upgrade himself forming a positive self-concept.

Problem

In our highly socialised environment, according to Nelson,¹ success or failure in need-satisfaction and consequently the type of self-concepts an individual forms are greatly dependent upon the effectiveness of his relationships with others. The factors involving a positive self-concept are one’s native potential for adjusting, the demands of the environment, special talents or handicaps, and the opportunity for learning the skills necessary for successful adjustment. Whereas, an individual who is either mentally or physically handicapped cannot expect to form a positive self-concept in an environment which expects him to behave as if he had no handicap to meet those expectations.

The purpose of this paper is to investigate the retarded individual’s opinion of, or attitude toward himself. Only research

pertaining to self-concepts of retarded individuals, or research that could be applied to them, is included in this study as well as research concerning self-concepts of normal children versus retarded children.

II. REVIEW OF RESEARCH

Mayer\(^1\) stated there have been over 1,000 studies on the self-concept published. Few, however, pertain to children and even less deal with a mentally handicapped child. Research utilizing subjects of normal intelligence revealed that (1) self-concept is related to and dependent upon the value system of the individual; (2) the basic determinant of human behavior is the need to maintain and enhance the self-concept; and (3) attitudes towards others covary in a positive direction with attitudes toward self.\(^2\)

Definitions of Self-Concept

The self-concept is an organised, fluid but consistent, conceptual pattern of the characteristics of the "I" and the "me" and the values attached to them. Interaction of the individual with his environment causes "the self" and its awareness.\(^3\) It is the individual's recognised perception of the attributes, feelings and behavior


\(^3\)Melson, "Positive Self-Concept," p. 29.
of the individual in general. 1 Self-concept is the evaluation one has of himself, and how he perceives himself. It is a judgment of one's surroundings as well as one's identification with family, national, social class and racial culture. 2

It consists of learned anticipations that one will accept or be accepted under certain conditions or that one will reject or be rejected. Beginning with the experiences of infancy, the individual attains adulthood realizing he is a distinct person and establishing the boundaries of his influence upon the world around him and the world's influence upon him. 3

Need for Positive Self-Concept

If adjustment is to be effective, self-concepts must be positive and reality-oriented. Thinking well of one's self lends stability to the perceived environment, makes the environment predictable, and gives the individual a necessary sense of security in order to deal with the future. 4 The well-adjusted individual is one who is able to accept all perceptions, including those pertaining to self, into his personality organization. 5 Then this achievement is accompanied by feelings of comfort and freedom from tension which are experienced as psychological

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4Ibid.

5Ibid.
adjustments." The individual who feels inadequate to deal with perceptions of reality feels threatened by such perceptions and is likely to distort or reject them,\(^1\) resorting to defensive behavior designed to prove that he is really capable, adequate and competent.\(^2\) Denying to himself that others actually reject him he may try to win acceptance by being compliant, good, conforming, and amenable. Or, his imagination may build a false image or version of self overriding his weaknesses and limitations thereby avoiding the necessity to face reality.\(^3\)

The development of a fairly successful need-satisfaction in his particular environment tends to upgrade the individual forming a positive self-concept.\(^4\) However, failure in the need-satisfaction manifests itself in strong feelings of general unworthiness, causing the individual to devalue himself and therefore develop a negative self-concept.\(^5\)

**Developing a Positive Self-Concept**

**in the Mentally Retarded**

As Americans, our philosophical belief is that every child deserves an opportunity to achieve his maximum growth and development.

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Training, however, must be adapted to the needs of the individual child. Studies show that retardates have the same self-concepts as normal persons. The retardates also have similar goals in life. However, there are some goals specifically geared to the best interests of the mentally handicapped child.

Dr. Elise Martens, of the U. S. Office of Education challenged parents, teachers and others working with retardates to (1) see that all possible obstacles to each child's maximum growth are removed; (2) see that every child has a chance to reach the heights of achievements; and (3) see that no child is forced into channels of activity unsuited to his particular type and level of ability.¹

The democratic goals of self-realisation, human relationship, economic efficiency and civic responsibility are expanded by Delp to include: (1) correct diagnosis - an adequate, correct diagnosis to determine the type and level of retardation; (2) understanding - by everyone of the type and level of retardation; understanding that the retarded child thinks, but thinks slowly and therefore needs concrete training; consideration of his short attention span and lack of ability to generalize; that true mental retardation cannot be corrected; (3) acceptance - complete acceptance "as he is", by parents, family, community and by himself; by stressing capabilities rather than limitations; (4) maturation - by permitting his experiences in a simple, gradual and specific sequence rather than trying to protect him from rebuffs and failures; (5) physical defects and well-being - removal

of physical handicap, if possible, makes the child's retardation less obvious and helps him make the most of his training; (6) desirable and healthful habits of living - self care, accuracy, persistency, efficiency, courtesy, cooperation, honesty, truthfulness and the like make him more acceptable to others; (7) social adjustment - helping the child learn where and how to best fit into groups; learn to minimise other's comments about himself; accept society as it is; find his best place in it and adjust his wants to the rights of others; (8) personality - child must be taught tolerance to conflict and frustration; feelings of independence and responsibility; security and personal worth, obtained gradually by minimising failure and inability to do many things; (9) academic fundamentals - satisfactory achievement in subjects that will be meaningful and useful in making job application, performing duties, filling orders, keeping personal finances, reading everyday signs; (10) information - related to the child's experiences for daily use as well as for living in the home, on a job, and in the community; (11) day-to-day standards - with consistency, teaching him what is expected at the present, and by habit, skill and information, develop actions which will provide for future situations, (12) self care and self support - consistent with his level of ability his training includes self care in a personal, physical way; developing good habits of industry at home, school and on the job which will make him a success on any job within his capacity; (13) adequate leisure time - because he has few original ideas, the retardate must be given specific training in simple, wholesome, pleasurable leisure time activities, such as simple games, hobbies, music and art appreciation, playing a musical instrument, singing, painting, etc., (14) supervision and
guidance - he must know where to obtain help during the training period and throughout life to whatever extent as is necessary as he is apt to make more mistakes in all areas of living; (15) adequate placement - after all factors and persons have been considered, arrangements may be made for placement in a home, boarding home or institution. The possibilities in terms of training include home training, visiting teacher, special school class, regular class, or private or public institutional school.

If the proposed goals are reached, Nelson presupposed that the child has a realistic and accepting attitude toward himself, his limitations, and his place in his socio-economic environment. He believes it is not sufficient for the person working with the child to be concerned with only the process of self-concept formation, but also the nature of the self-concept in the child who is exceptional.1

Therefore this paper will explore the research on self-concept measurement scales devised for mentally retarded children, as well as the children’s intellectual, social and emotional needs which relate to a positive or negative self-concept.

Self-Concept Measurement Scales
Devised for Mentally Retarded Children

Investigations into the problems of mental retardation and experimentation with retardates are increasing. Studies of the retardates' self-concept, self-attitudes, or ideal-self, however, remain

relatively unexplored, lagging behind the measurement of his intellectual skills and social maturity. This apparent lack in the psychological field is no doubt due to the sparsity of proper personality measuring scales for retarded persons. Gallagher¹ believes this lag is not due to lack of recognition of the importance of personality to the total adjustment pattern of the retarded child, as considerable research shows that personality development is extremely important in predicting school success of the mentally retarded child and job success of the mentally retarded adult. What appears to be lacking is an instrument which is easy to apply and interpret. Gallagher, in 1959, inferred that these instruments were at that time undeveloped due to the small sample of reliable behavior obtainable from a retarded child in a testing or observation situation.

In reviewing briefly the problems relative to an adequate testing instrument Gallagher suggested (1) Self-Report Method tests are not useful because of the demand of third grade level reading ability and accurate self-perception on the part of the subject; (2) Projective Tests can be useful for some children if administered by a good clinician. However, they are limited by the retarded child's inadequate verbal ability as well as the problem of time-bound and stimulus-bound behavior in which the child's response is more likely to be influenced by the last experience he had preceding the testing, or by his feelings of the moment rather than by expressing the true depth of his personality; (3) Observation Techniques Reports by parents or others

who know the child or have observed him over a period of time, are also of limited value. The standard time approach can be marred by the "creature of the moment's" happiness or sadness giving a biased picture of his usual behavior.

In order to offset the child's inability to report adequately, Gallagher proceeded to explain a suitable instrument in which the observer would match the child's actions rather than use interpretation of actions. Although realizing children do not advance with regularity or predictability he specified examples of stages of personality development with a brief description. (1) Isolation - prefers to be alone; little attention paid to children or adults; not an affection seeker; no language communication with others except for some personal needs; barrier between child and other people which hinders closeness to him. (2) Dependency - has low opinion of own skills or abilities so he reacts to problems by adhering to nearest adult figure; seeks physical affection especially when troubled; does not seem to profit from example or experience; needs someone to tell him what to do and how to do it; completely defeated or despondent if dependent person rebuffs him. (3) Overpower - unjustified high self-opinion and potential creates problems; consistently overestimates own capabilities; tries to control others; accepts correction or reprimand from no one; interference of activity causes anger and tantrums. (4) Adult Invitation - spends much time following and watching adults in order to imitate; seeks and gives affection freely to accepting adults; prefers adults to peers. (5) Adult Identification - closely attached to specific adult and copies his attitudes, values and behavior; calls adults "mother" or "father"; has hero worship for adult;
believes adult can do no wrong and will defend adult. (6) Peer Imitation—
follows and imitates older children; lingers on edge of group, eager
and ready to learn from older children; accepts any older child as tem-
porary model who appears more knowledgeable or powerful; spends more
time with own age group than with adults. (7) Peer Identification —
closely associated with child or children his own age; identifies self
as a member of the gang, takes values, sufferings or triumphs of group
as his own; defends age group against adult's verbal attack; much be-
havior depends on attitude of gang. (8) Self-determination — not de-
pendent on wishes of adults or peers but may adjust well to both;
thinks for himself, going against wishes of others if it is necessary
to his own values; own attitudes and values set his apart from gang
even though he is a member; displays self-sufficiency in ordinary
tasks and may plan ahead.

Through these steps, the rater ascertains the child's level
of personality development, his typical reactions to stress, reveal-
ing reason for the child's fixation or regression, and his chances
of advancing to maturity.

In a review of the literature no research studies have been
found by the writer substantiating Gallagher's observations, either
by himself or by others.

Cowen\(^1\) pointed out that the trend of measuring the self-concept
\(^1\)Mary L. Cowen, Fred Hellinger, and Howard S. \(x\)elrod, "Self-
gained expression through the analysis of self-reference taken from
Concept Conflict Indicators and Learning," Journal of Abnormal and
 counseling interviews, defining these statements as indices of the
self-concept. Extending this work beyond the therapy situation, several techniques have been developed deriving two types of operational measures; (a) indices of level of self-concept (how high an individual rates himself pertaining to certain self-regarding dimensions as self-acceptance, positive self, ideal-self); and (b) self-concept discrepancy scores based on dissimilarities between self-ratings obtained from two different references as self-concept versus ideal-self, positive self-concept versus negative self-concept. The assumption typically made of the latter type is that the greater the discrepancy between ratings the less stable will be the self-concept, the greater is the amount of conflict connected with the specific trait, and finally the less well adjusted is the individual.

Measurement scales have been adapted for retardates by utilizing scales for normal subjects. Three of these studies, Guthrie, Butler and Gorlow,1 Brogulman,2 and Piers and Harris,3 developed a score measuring the level of self-concept, while one study, McAfee and Cleland,4 developed a self-concept discrepancy score. All studies however, concentrated on different aspects of personality. The

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3 Ellen V. Piers and Dale B. Harris, "Age and Other Correlates of Self-Concept in Children," Journal of Educational Psychology, 55, 1964, 21-25.
following self-concept measuring scales relate the subject's reaction to the test to a greater extent than they relate the actual self-concept findings of a retardate.

The study by Guthrie, Butler and Gorlow\(^1\) was designed to identify patterns of self-attitudes that characterise retarded subjects, thereby improving therapeutic techniques through better understanding of the retardate. This study attempted to develop a system of personality assessment based on the retardate's verbal concept of himself and his world.

A 150-item self-attitude questionnaire was developed using as subjects 50 institutionalised female retardates, age range, 11-19; IQ range, 50-80; and achievement levels from first to seventh grade. Non-institutionalised subjects were from special education classes of three rural-urban school districts, and racial distribution representative of the institutionalised group.

The 280 original items were administered to a pilot group of 20 institutionalised girls and 20 retarded girls of a special education class. The items, which were read to all subjects, required 30 minutes for administration. To test reliability, the final scale was administered to 100 institutionalised subjects with a time lapse of three weeks. Four scores were formed by tallying the number of negative characteristics which were accepted, the positive characteristics which were accepted, the positive characteristics which were rejected by the subject, statements expressing self-attitudes and statements indicating the perceived attitude.

\(^{1}\)Guthrie, Butler and Gorlow, "Patterns of Self-Attitudes," 222-229.
The generally favorable factors revealed that the girl feels "There is nothing wrong with me," "I do as well as others do," "I don't give trouble." The factors revealing feelings of failure were "I act hatefully," "I am shy and weak," "I am useless," and "Nobody likes me."

The investigators believe that other patterns of attitudes were not found because appropriate items did not appear. Nor is it known if a different set of items would have produced a different grouping. The questionnaire was designed to give broad coverage specifically to reduce the likelihood of either event.

The results indicated that the acceptance of negative statements is independent of the acceptance of positive statements. Therefore, a person can attribute both negative and positive characteristics to herself. But she shows consistency by apparently holding the same opinion of herself that she feels others hold of her.

The study indicated that retardates will respond to a structured inventory in a reliable way and in a way producing identifiable individual differences which may facilitate treatment and training.

The Guthrie scale centered upon improving techniques of personality evaluation while Brengelman's\(^1\) study is concerned with developing a reliable research tool for personality factors by means of rating scales or questionnaires. The design of this study also attempted to determine whether and at what intelligence level retardates can differentiate between types of items as compared to the discrimination of individuals of normal intelligence.

\(^1\) Brengelman, "Personality Self-Ratings," 120-126.
Bengelsman, predicting that a retardate scores higher than a normal control group on Rigidity ("Do you know what life is all about?")
Neuroticism ("Do your feelings get hurt easily?")
Excitability ("Do you often get really mad?")
and Extroversion ("With other boys, do you like listening or talking?") but lower on Achievement Concern
("Do you worry about how well you are doing at work?") selected a pool of 250 personality questions from literature, rephrased them in
more simple terms and had them evaluated by teachers of the Educational
Department for applicability to lower grades.

The subjects, 216 Woodbine State Colony, New Jersey, "helper
boys" who perform regular work duties and are permitted to walk freely
about the neighborhood, and 36 similar residents of New Lisbon State
Colony were used in the experiment. The average LMS-IQ for the 250
subjects was 1/3 ranging from below 20 to 82. The age range was 18
to 70 with a mean age of 39 years. Only two were older than 57 years.
Admission to the experiment was the ability to solve at least one
problem on the Letter Scale.

The normal controls were 96 high school boys of Salem County,
South Jersey, with an age range of 11-11 to 14-11 and mean age of
12-9. The IQ range was from 66 to 110 with an average of 103.

The questions were administered orally and individually to the
retarded subjects. Examiners noted "yes" and "no" answers while un-
certain "don't know" or "sometimes" answers were noted with a (?)
mark. The first response was accepted regardless if the subject
seemed to understand or not. The questions were repeated, however,
until some response was made. The control group, taking a self-admin-
istered test, recorded their own answers. It appears there would be
a discrepancy in answers here as some of the controls having an IQ as low as 66 would not be able to read all the questions. They are also within the IQ range of the retarded subjects.

The subjects inquired infrequently about the meaning of a question although lack of comprehension was discernable by the examiner. Many subjects were unable to produce satisfactory answers for the meaning of "worry", "nervous", "know life", and other terms.

The examiner noted that among the retardates the questionable (?) answer was typical of only a few individuals. A few subjects, below 20 IQ, grunted or showed no recognizable answer in their responses. Two subjects of mid-intelligence refused to respond during part of the testing. These subjects were not included in the results.

Some responses of individuals were of questionable usefulness because the subjects appeared in poor contact with the situation; their talk was confused and irrelevant; they repeated the last words spoken by the instructor; and answers were given before the question was finished. These answers were scored and retained. These responses were by individuals below 24 IQ with two responses by individuals in the mid IQ range.

Complicated sentence structure, sentences with opposite meanings or negative formulations did not produce desired results and lowered discrimination between individuals as well. Poor comprehension and the tendency to say "Yes" are apparently related. A "Yes" frequency of 80% occurred only among the motivational items of Rigid- ity and Achievement Concern. This shows the capacity of the retardates to differentiate between certain types of items. The data also showed that low grade retardates discriminate well despite his apparent
poor verbal comprehension and strong response set. Effects of com-
prehension may be improved by making use of positive-negative wording.

The strong endorsement by the retardates for Achievement Concern
(65%) reflects his desire for distinction and social status. Positive
endorsement is much higher for worrying about "doing the right thing"
(AC 67%), and "how well you are doing in your work" (AC 50%) than for
worrying "most of the time" (N365), "when going to bed at night" (N19%)
or for being "different from other boys" (N27%). Only three of the 21
subjects below IQ 27 endorsed the Neuroticism questions more frequent-
ly than Achievement questions suggesting that a relatively fine dif-
ferentiation is obtainable even at the lower end of severely mentally
retarded persons.

From his previous study, Brøgelman¹ found that both the retar-
date and neurotic are considered socially maladjusted because of their
common personality factor, rigidity, therefore maladjustment is more
a matter of rigidity rather than of neuroticism or introversion.

Brøgelman believes his attempt to investigate the personality
of the retardates has succeeded because he found that they discrimi-
nate significantly between certain types of items at all intelligence
levels tested. They scored higher than normals on motivational items
Rigidity and Achievement Concern and on Extroversion but responded
less frequently to emotional questions of Neuroticism and Excitability.

Brøgelman felt that despite the problem of comprehension, the
administering of personality questions to retardates, excepting the
profound, poses no great problem.

¹Brøgelman, "Personality Self-Ratings," 120-128.
In contrast to the previous studies, Piers and Harris\(^1\) have developed a self-concept instrument for use with children over a wide age range to determine correlates of self-concept.

Because they felt adult psychotherapy scales such as the Butler and Neigh were not proper instruments to measure the personality of children, Piers and Harris devised a 100-item scale chosen from Jersild's collection of children's statements about what they liked or disliked about themselves.

A list of 100 items was given to four third grade classes, four sixth grade classes, and four tenth grade classes. The elementary school classes represent a cross section of socioeconomic levels in several different schools in a large school system. At the high school level, slow, average, and bright classes participated in the experiment.

The categories tested (1) physical characteristics and appearances, (2) clothing and grooming, (3) health and physical soundness, (4) home and family, (5) enjoyment of recreation, (6) ability in sports and play, (7) ability in school, attitudes toward school, etc., (8) intellectual abilities, (9) special talent, (10) just me, myself and I, (11) personality, character, inner resources and emotional tendencies.

A retest was given after four months on half of the sample. Mean scores on the retest were consistently higher even beyond the .01 level of confidence. Increasing familiarity with the response items might account for the change but Piers and Harris found it necessary for control groups before making claims regarding changes in concept.

\(^1\)Piers and Harris, "Age and Other Correlates," 91-95.
In order to validate these reports the scale was administered to a group of 88 adolescent institutionalized retarded females whose mean age was 16-8 years and whose mean IQ was 69-6.

The questions were read to all children in both groups even though all the retardates had a reading level over third grade. The third and tenth grade girls were found not to be significantly different from the sixth grade girls at the .01 level of confidence. It appears that the relationship between self-concept scores, IQ and achievement is considerably greater at the sixth grade level. Piers and Harris find agreement in their correlation of .32 between achievement and self-concept compared with the correlation of .36 between achievement and self-esteem reported by Coopersmith1 in his study utilising fifth and sixth grade classes.

It was found that the retarded subjects fell below the normal subjects in reported self-concepts. A mean of 57 and a standard deviation of 13.6 indicated that the scale did reflect the hypothesized lower self-concept or the level of self-report.

The variance of 42% was accounted for by ten factors. Six factors being large enough to be interpreted are listed as follows: behavior, general and academic status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction.

These factors will be used by Piers and Harris as a basis for constructing teacher and peer rating scales in a future study.

The study by McAfee and Cleland\(^1\) was made to determine whether the discrepancy between self-concept and ideal-self of educable mentally retarded individuals is a reliable and valid indicator of their behavior and adjustment.

Finding disagreement concerning the use of discrepancy scores with subjects of normal intelligence, McAfee and Cleland hypothesized that a significant difference would not exist between the discrepancy scores of groups of adjusted or maladjusted educable retardates. Therefore the second purpose of their study was to develop an adjustment scale for retardates.

The subjects were 30 adjusted and 30 maladjusted institutionalized male retardates residing at Austin State School for at least a year. Their reading was at or above third grade level with a word comprehension of a mental age of eight years or above. The chronological age was between 11 and 22 years. The mean IQ for the adjusted group was 63 and for the maladjusted group the mean IQ was 63.4. Each group had a mean length of residence of 3.1 years.

The placement of each subject in an adjustment group was determined by (1) the professional staff's qualifying statements of the presence or absence of psychotic, neurotic, or behavioral reaction to the retardates' primary diagnoses and (2) the attendants' ratings of the subjects on the revised Bills, Vance and McLean Index of Adjustment and Values.\(^2\)

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\(^1\) McAfee and Cleland, "The Discrepancy Between Self-Concept and Ideal-self, 63-68.

Maifee and Claland adapted the scale to retardates by consulting references such as Thornikes and Lorge to ascertain grade level of each word. Adjectives at or below a third grade reading level were retained while synonyms were substituted for those words above level.

Since the retardates would be unable to distinguish between five different options of agreement and disagreement, the scale was revised and limited to two options: (1) "Yes, it is true of me" and (2) "No, it is not true of me." The investigator read aloud to the subjects each of the 39 self-concept and ideal-self questions.

The revised Bills Index was administered on two occasions within a one week interval in order to compute test-retest reliability and determine discrepancy scores.

It was found that (1) educable mentally retarded males of higher IQ's have significantly higher discrepancy scores than educable mentally retarded subjects with lower IQ's, and educable mentally retarded males with higher IQ's are more cognizant of the discrepancy between their capacities and those of individuals with normal intelligence, therefore (2) it is possible educable mentally retarded males may use their normal peers rather than retarded peers as models for their ideal-self formation, (3) society responds to most educable mentally retarded males in terms of distinguishing characteristics (social immaturity and retarded intellectual development) rather than perceiving each retardate as a distinct individual with his particular personality and problems, (4) higher IQ educable mentally retarded males perceive society's customs and cultures of acceptable behavior more clearly than the less intelligent mentally retarded males, (5) length
of institutionalization has little influence upon self-concept, ideal-self, and the discrepancy between them, (6) chronological age has negligible influence on self-concept, ideal-self, and the discrepancy between them, therefore, by the time educable mentally retarded males have reached their fourteenth year of age their self-concept and ideal-self have been formed.

Results suggest that the use of the discrepancy between self-concept and ideal-self as a measure of psychological adjustment does not apply to the mentally retarded males. Since this study did not prove promising for estimation of psychological adjustment some other hypothetical position or measurement scales should be explored for determining a retardate's adjustment.

Summary

A person's self-concept is dependent upon the way he perceives himself and upon the way he believes others perceive him. Throughout life he builds attitudes that he will accept or will be accepted, he will reject or will be rejected under various conditions and circumstances.

An effective and positive adjustment to self and others is formed by the development of an adequate need-satisfaction in the individual's environment. A negative adjustment arises from failure in the need-satisfaction causing feelings of unworthiness. The greatest need is acceptance by the individual "as he is" by his family, community, and himself. He in turn needs to learn to accept society as it is, adjusting his wants in relation to the rights of others.
Intellectual and Social Needs

White stated that through education each individual should be helped to live as socially useful, emotionally mature and personally satisfying a life as he is able to live in the environment in which he finds himself. What a person knows, what attitudes he has, what skills he develops contribute to his total personality. The retarded individual, as all people, wishes to gain and maintain self-respect, belongingness, and worthwhile accomplishment.

Motivation and Adjustment

This can be accomplished through the satisfaction of his ego needs. In order to help children we must conscientiously assist them to develop a set of values which includes the importance of learning. In reviewing research studies, Frymier has found that motivation is the deciding factor in a positive or negative self-image. In Frymier's report he stated findings of staff members of the Center for the Study of Motivation and Human Abilities at Ohio State University. Studies were made of dropouts, underachievers, delinquents, students in slum schools as well as overachievers, medical students and students in suburban schools.

Although Frymier does not mention retarded individuals, his study was included in this paper because it is quite possible there would be retardates included in some of the above groups.

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The staff members found (1) girls to be more positively motivated than boys; (2) students from more favorable socioeconomic environments are usually better motivated academically than students from less advantaged surroundings; (3) motivation to learn appears typically as a fairly constant and stable phenomenon, predicting it will change slowly and over extended periods of time, as a result of intensive and extensive experiences; (4) there can be too much motivation, therefore, thinking must be in terms of optimal rather than maximal motivation. The highest degree of motivation is not necessarily the most conducive to maximum school achievement.

From the operational level their studies have shown that students who desire to learn are positive in nature and optimal in level differing from those students whose motivation is less desirable. The differences were found in self-concept, values, orientation toward time and openness to experience.

Difference in self-concept is one of the most obvious factors. Highly motivated students tend to have a positive self-concept: "I can do it." "Other people like me." Students with less positive motivation tend toward a negative self-concept: "I'm no good." "I'm not sure I can do it."

Highly motivated students value the abstract, aesthetic, or general, while the poorly motivated students value the concrete and specific. There is high positive correlation between social class and motivation. Highly motivated students generally come from middle or upper class homes which provide them with more material things than do the homes of the disadvantaged children. Frydier wondered if the
values of the highly motivated students would change if the material advantages were removed. He felt these students could go beyond the concrete as they already had material advantages.

As regards perception of time, highly motivated students are generally conscious of the present, past and future, but do not remain in one aspect of time as do the poorly motivated. The low-motivated student is preoccupied by the present, obsessed with the past, or fearful of the future.

The highly motivated are more open to experience, less threatened, more curious and seeking in their behavior than the low-motivated students.

The research staff has generalised a theory that motivation to achieve in school involves internal-external, intake-output, and approach-avoidance. (1) Internal-external — some pupils learn because of the forces within themselves. They believe in knowledge and learning. Others are positively motivated by the quality and quantity of stimuli in the school; (2) Intake-output — children who consume information and experience through reading and listening are "intake" learners. "Output" children are active students who talk, write, and generate ideas and concepts; (3) Approach-avoidance — some students move toward teacher approval, good marks, social acceptance, and so forth, while other students move away from them.

It is Prymier's recommendation that teachers start each student where he is and vary the instructions to suit his immediate learning need. Children cannot be treated alike. After his motivations and other abilities have been ascertained it is necessary to use differentiated teaching techniques to help each child. Helping a child
learn means teaching him to be better motivated. Developing from this is a positive self-concept, a set of values including the need for learning, and a curiosity which refuses to quit.

Brown believes positive feelings of success can be gained if the child has opportunities to set realistic and challenging goals for himself, and can decide on ways to reach them.

Skinner envisioned individuals meeting their problems by facing them, by being realistic and by attacking the job. By these means the individual becomes increasingly confident, self-assured, optimistic and happy. Upon meeting failure, well-adjusted individuals use it as a step toward success.

Poorly adjusted individuals who have had repeated frustrations tend to create strong fears or habits predisposing them to withdrawal, rather than facing the situation or making a compromise with it. Adjustment by withdrawing into exclusiveness or excess daydreaming as a result of criticism or punishment is a form of ego satisfaction. Withdrawal due to negativism is expressed in refusal to respond or cooperate, in stubbornness, contradictory attitudes or rebellion against authority. Negativism originating in early childhood may have been caused by interference with the child’s activities and mishandling of his anger, while in later life negativism is a reaction of a person’s strong feelings of inferiority and insecurity. Skinner expressed the belief that the individual can be led to see the ineffectiveness of a negativistic attitude, thereby being more successful in making a better adjustment.


A third group of individuals adjust by using some sort of defense mechanisms which protect his ego or satisfy his need. The defense mechanisms are frequently characterized by extremely aggressive behavior which is usually unacceptable to society. They are also characterized by showing off, by compensation in one area for failure in another, by compensation of a parent through his children, by fighting against an evil thereby reducing his own tensions caused by the evil.

Skinner believes egocentric traits are usually developed in early childhood because of over-indulgence of parents or as a result of competition with others. These traits are manifested by individuals being over-aggressive, pompous, proud or feeling that others are against him. He believes attempts to compensate for feelings of guilt or inferiority, attempts to intensify prestige or status and gain attention, or attempts to find outlets for deep emotions and conflicts cause disorderly conduct, delinquency and crime.

Skinner's views of human adjustment is comparable to that of Gallagher's views\(^1\) which have been previously cited.

**Success-striving in Academics**

Four studies have been found centering research on success-striving behavior in academics.

Snyder\(^2\) in the first study to be considered, investigated the extent to which personality factors are related to academic achievement. He studied the possibility that (1) retardates of junior high age, in general, would show a significant relationship between their

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\(^1\)Gallagher, "Measurement of Personality Development," 296-301.

level of personality integration and their school achievement;
(2) retardates, in general, would show poorer personality adjustment
than "normal" age companions; and (3) there are generalized differences
in personality adjustment between retarded adolescent males and females.

The tests used in this study were the California Test of Person-
ality scores for Total, Personal, and Social Adjustment, the Laurelton
Self-Attitude Scale and the Human Figure Drawing.

The subjects were obtained from urban and rural, public and
parochial, Negro and Caucasian institutional and non-institutional
schools or hospitals. They were grouped as high or low academic
achievers. The age limit was 16-11:10 to 18-11 with an IQ range between
50 and 79.

The author administered all tests to groups ranging from 19 to
35 subjects. The subjects were given numbered answer sheets on which
they were required to circle "yes" or "no" for each question of the
CTP and LSAS. To eliminate the reading disabilities the author read
each question twice. Each testing was supervised by one adult besides
the examiner. The raw scores were used for all tests. The LSAS elimi-
nated the categories of Physical Health and Mental Health to avoid
the use of total raw score.

Reading comprehension and arithmetic comprehension scores were
combined in order to obtain an average academic attainment score.
Any score obtained during the 1963-1964 school year was acceptable.
The achievement tests used were Stanford Achievement, California Achieve-
ment and Metropolitan Achievement. The Wide Range Achievement Test
was administered by the author to the subjects of previous unacceptable
scores.
Three hypotheses were accepted. There was a significant difference between the better and poorer achievers of mild retardation. The 't' test showed strong evidence that the general personality adjustment of the two groups are not similar. The CTP also revealed superior personality of the better achievers.

There was a significant difference between better and poorer achievers on a personality test which specifically measures self-concept variables of retardates. The students who obtained more desirable self attitude scores obtained higher lie scores.

There was a significant difference between the two groups in personality adjustment and anxiety. Inspection showed that the low achievers were high in anxiety and the high achievers were relatively low in anxiety.

The fourth hypothesis was rejected. The retarded subjects scored significantly lower on the personality test than did "normal" agemates.

Hypothesis five was accepted in one category. Females obtained scores on personality tests, self-attitude scale and/or anxiety scales which indicated superior personality adjustment over males. However, the trend was significant at the .05 level only in Human Figure Drawing. There was a significant superiority of low anxiety scores earned by female subjects and a significantly higher number of scores earned by males.

Snyder's conclusion was that personality variables play a major role to the extent that the retarded adolescent makes maximum use of his intellectual abilities. The author recommended an academic
environment in which the retarded individual is encouraged to participate, minimize the use of failure-avoidant mechanisms of defense and in general improve his self-concept.

Contrary to Snyder's findings, McCoy hypothesized that academically unsuccessful pupils are more self-confident, see themselves as more accepted and valued by their parents, manifest a more realistic self-confidence and have a higher and more realistic level of ambition.

This study agreed with Skinner's research that an adjusted individual will face the problem and use his failure as a step to success. It also agreed with Gallagher's research of self-determination.

McCoy, however, makes no mention of the subjects being poorly adjusted and reverting to defense mechanisms. Skinner believes some individuals adjust by creating a mechanism which protects their ego or satisfies their needs causing them to be pompous and proud. The children in McCoy's study could be fighting against the evil of inferiority, thereby attempting to reduce their own tensions due to inferiority. Gallagher's third trait describes an omnipotent individual as having an unjustifiably high self-opinion of himself, thereby consistently overestimating his own capabilities.

Subjects in McCoy's investigation were 137 Negro and white boys and girls between the ages of 10-0 and 15-11; IQ between 50 and


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80; mental age not less than eight years; and no discernible compounded type of mental retardation. A group of 31 pupils whose achievement test scores were one grade level below the expected level for their mental age were labeled Academically Unsuccessful (AU). Each AU was paired with an Academically Successful (AS) pupil whose achievement was as high or higher than the level expected for his mental age. The subjects were matched according to sex, race, socioeconomic level, IQ and chronological age. The majority of subjects were from lower than average socioeconomic levels. The pairs were tested as: (1) 11 pairs — Negro, 17 pairs — white; (2) 12 pairs — regular classes, 19 pairs — special classes for educable mentally retarded. There was a slightly higher mean CA and IQ for the AU but was not sufficient to make it statistically significant.

The "Perceived Parent Attitude Scale" by Ausubel and associates\(^1\) was used to obtain perceived parent attitudes of acceptance-rejection. The "Could You Ever" Scale was modified to ascertain self-confidence. The measures of level of aspiration were attained from the subjects' goal discrepancy scores on motor tasks: (1) insertion of pegs in a peg board; and (2) assembly of nuts on stove bolts. The measuring instruments were administered individually in the school setting.

The pupils of the Academically Successful group were found to have (1) a .05 level of significantly higher degree of realistic self-confidence; (2) a .01 level significantly higher and more realistic.

\(^1\)David P. Ausubel, Earl K. Balthazar, Irene Rosenthal, Leonard S. Blackman, Seymour H. Schoenfeld, and Joan Walkowits, "Perceived Parent Attitudes as Determinants of Children's Age Structure," 
level of aspiration; and (3) a higher but not statistically different degree of perceived parental acceptance, intrinsic valuation and self-confidence.

McCoy interpreted these findings as indicative that ego theory provides a useful theoretical frame of reference for studying the academic adjustment of retarded children. The results of success and failure experiences seem to influence the personality of the mentally retarded child in a way similar to that of a normal child. Since the ability of the retarded child may cause him to experience failure, the educational program should include provisions which will provide him with assignments, goals, and expectations geared to his present level of attainment. This increases the probability of his attaining success.

Both McCoy and Snyder appear to deem necessary an improved and structured academic environment in order to encourage the individual to develop his self-determination, face his problems and use failure as a step toward success.

A study by Ringness1 deals with differences in reality of certain aspects of the reported self-concept of children of varying degrees of intelligence.

Children who are of average or above average intelligence may be expected to have better perception of how they compare to other children in certain areas of school achievement than will children of low intelligence. Unrealistic levels of aspirations and possible resulting frustrations in children of low intelligence may appear.

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This present study of Ringness is part of a larger study\(^1\) which dealt with emotional reactions to learning of mentally retarded children. The subjects were given individual training sessions in arithmetic. During each of five sessions during 1957-1959 the subjects were asked to rate themselves on eight scales of self-estimates of achievement in certain school areas. Since the retarded subjects had difficulty understanding the meaning of the rating scales they were assisted by the examiner. The average and bright subjects were assisted only upon request.

At the beginning of the study the subjects were of normal fourth grade age. The study utilised 20 boys and 20 girls on the WISC IQ between 50 and 80; 20 boys and 20 girls on the WISC IQ between 90 and 110; and 20 boys and 20 girls on the WISC IQ of 120 or above. Mentally retarded subjects were to have no handicapping physical deficiencies and were to be in special classes for the retarded. Average and bright students were from regular fourth grade classes.

During the second year four of the mentally retarded, seven of the average, and four of the bright subjects had to be replaced because of subjects moving out of the locales or because certain subjects tested out of their IQ range.

Ringness pointed out that although this was no random sample there should be no basis for believing that these subjects may be different in any significant way from those chosen by random sampling.

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Reported self-concepts were assessed in eight areas: success in learning arithmetic; success in language arts — English, spelling and writing; success in reading; acceptance by adults; acceptance by peers; leadership of peers; success in sports — either playground or game activities; and intelligence.

Ringness found comparisons of self-ratings by use of national norms as unsuitable as retarded subjects invariably ranked in the lowest three per cent, and therefore over-rated themselves. The bright subjects frequently under-rated themselves. The subjects also were found to use frames of reference of their classmates and friends for comparative purposes. Therefore, only classroom norms were used to test the hypothesis.

Reliability of self-ratings was obtained by administering test and retest with a three-day interval and randomization of scales.

Self-concept ratings of arithmetic, language, and reading were assessed by using the elementary form of the Cali...nia Achievement Test for average and bright students, while the primary form was used for the retarded students.

The retarded subjects were tested in groups of five. Because of the wide age range of the retarded individuals they were compared only with other retarded subjects in the study. The average and bright children were compared to their total classroom group.

Peer acceptance was ascertained by a sociometric device. All children in the study were given a dittoed classroom list on which they were to circle the names of their "very good friends." To insure that each child understood the task the names of the children were read orally to each group.
Adult acceptance, peer leadership, and success in sports or playground activities were rated by teachers.

The hypothesis was supported. Mentally retarded children do have less realistic self-concepts than do average or bright children. Mentally retarded children tend to overestimate success more than do bright or average children. This may be caused by the need to compensate for feelings of inferiority. Bright children tend to rate themselves most highly, retarded children next and average children rated themselves lowest. The self-estimate was found to vary not only with the child, but also with his sex, intelligence and situation. The self-ratings of retarded children were found to be less reliable than those of bright or average children.

The results of Ringness' research agree with Gallagher's\(^1\) behavior descriptions. The retarded children showed high opinions of themselves—complacency. His study, suggesting that the retardates' classroom atmosphere is acceptant and encouraging to them, bears a similarity to Snyder's\(^2\) ideal classroom for the retarded.

The findings of this study revealed that retarded children in a special classroom are over-confident, reasonably happy, acceptant of self and others, and they are motivated. However, they have less formulated self-concepts, are less reliable in test results, and are less accurate in self-concept when compared to reality.

Variances of self-concept ratings showed that low IQ children tend to rate themselves higher than average children do. Low IQ girls

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\(^1\)Gallagher, "Measurement of Personality Development," 296-301.

\(^2\)Snyder, "Personality Adjustment," 33-41.
rated themselves higher than high IQ girls. Low IQ girls and boys rated themselves highest of any group in adult and peer acceptance. Low IQ girls rated themselves higher than low IQ boys. Girls estimated themselves higher than boys in language, reading, acceptance by peers and adults, leadership of peers and intelligence. Boys estimated themselves higher in arithmetic achievement and in sports and games.

In the final investigation of this group, Fine and Caldwell reported on the first of their three studies. This concerned the effects of special classes for educable mentally retarded children on the children's self-perceptions and on similarities and differences between the retardates and normal children.

This study involved 12 retarded children in special classes ranging in age from 9 to 13. The IQ range of the children was not noted. Fine and Caldwell also assessed the self-concept of the retarded children by administration of a simplified questionnaire with the children ranking themselves in terms of reading, arithmetic, general ability and effort as compared to their classmates and all their agemates in other classes. The retarded children were also evaluated in relation to their own class by their teachers.

Since this study was not complete at the time of the article printing, Fine and Caldwell were unable to give the complete results. Their descriptive observations were similar to the previously cited studies. The retardates ranked themselves "as good as" or "better than" their own classmates and their agemates.

The teachers' ratings of retardates in their own class was significantly lower than the retardates rated themselves. If the teachers' judgments were accurate then the conclusion would be that the educable retardates' perception of self is inaccurate, inflated and unrealistic.

Fine and Caldwell stated that the inflated self-perceptions of retarded individuals may be the logical outcome of teacher attitudes as she tends to stress social adjustment and success in class factors and she reduces the focus on academic achievement.

Mention was made in previous studies that students who desire to learn are positive in nature. Even though they are not learning at their chronological age level they know they are learning. Therefore they would be expected to think more highly of themselves. Being less reliable in personality test results could more easily be credited to the fact that retardates have difficulty generalizing.

Agreement is maintained with the authors' statement that studies should "go beyond a comparative description of self-attitudes and should include specific consideration of both potential causal factors and means of altering self-perceptions."

Summary

The retarded individual, desiring to gain and maintain self-respect, belongingness and worthwhile accomplishment needs to be assisted in developing a set of values which include motivation to learn.
Academically successful retardates were found to have a good personality and high self-concept while a poor self-concept contributed to defense mechanisms and a lessening of academic ability.

Retarded children attending a special classroom were found to be motivated, reasonably happy, over-confident, and accepting of self and others, but they have less well formulated self-concepts and are less accurate in their estimation of self in comparison to reality.

Success-striving in Social Aspect

The following two studies, Mayer\(^1\) and Chennault,\(^2\) center research on the social aspect of self-concept of the retardates.

Mayer was interested in investigating the phenomenological self-concept of retardates. It has been defined as "the organised group of feelings an individual has concerning himself which are admissible to awareness," or which are worthy to draw influence from what one sees and hears.

Mayer believed (1) behavior is controlled, in part, by the individual's concept of himself; and (2) the phenomenological self-concept is learned or developed as a consequence of varied experiences or environmental situations.

He believed if experiential and environmental factors can be handled in such a way as to improve the development of positive self-concepts they will be reflected in the development of desired behavior.

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\(^2\) Madalyn Chennault, "Improving the Social Acceptance of Unpopular Educable Mentally Retarded Pupils in Special Classes," American Journal of Mental Deficiency, 72, 1967, 455-459.
A sample of 90 mentally handicapped students in special classrooms in six suburban school districts were selected for the study. Their chronological age was 12 to 16-11. Their measured IQ on the Binet or WISC was between 50 and 75. The criteria included absence of noticeable physical, sensory or emotional disability.

Self-concept ratings using two different scales were obtained to appraise self-concepts in relation to sociometric and socio-economic status. Sociometric status used a modified version of the "Syracuse Scale of Social Relations." Socio-economic status used the "Index of Status Characteristics." Self-concept scales used were the "Children's Self-concept Scale" and "The Way I feel about Myself."

The first hypothesis, that retarded children having a high sociometric status would have more positive self-concepts than children having lower sociometric status, was rejected at the .05 level. A positive relationship does not exist between sociometric status and self-concepts. Mayer noted that every child in the special classes in the study was rated high by at least one of his peers. He concludes that retardates, as well as normals, see the world in their own image as opposed to how others see them.

The second hypothesis, that retarded children from low-economic families would have more positive self-concepts than children from families of higher economic status, was also rejected. The study indicated a trend for high socio-economic children to have higher self-concepts, and they therefore would be better adjusted. If they see the world in their own image it may be in agreement with Skinner's

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adjustment scale which indicates that the individual adapted the
defense mechanism of compensation as a result of competition with
others.

Although this paper is not investigating the influence of others
on the self-concept of the retardate the research done by Chennault\(^1\)
was included as it contrasts the study of Ringness,\(^2\)

Ringness' study implied that all retarded children in special
classes were well accepted by their peers. However, Chennault's re-
search examined the effectiveness of a technique to improve the social
status of poorly adjusted retardates in a special room. He also in-
vestigated the unpopular children's judgment of themselves as a result
of these activities.

The subjects for Chennault's study were the 6th least popular
children in 16 special classes. Sociometric scales were administered
to 282 Negro pupils between the ages of 10 and 16. Their measured
IQ's were between 50 and 79. Four intermediate and four junior high
classes were designated for experimental techniques while four other
intermediate and four other junior high classes were the outside
controls. Four pupils from each experimental class who rated lowest
on the sociometric pre-test and two additional pupils rating highest
were assigned randomly to experimental and control groups. Miller's\(^3\)

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\(^1\)Chennault, "Improving the Social Acceptance of Unpopular
Educable Mentally Retarded Pupils," \(155-158\).
\(^2\)Ringness, "Emotional Reactions to Learning Situations,"
1959.
\(^3\)Robert V. Miller, "Social Status and Socioempathic Differences
Among Mentally Superior, Mentally Typical, and Mentally Retarded
Children," \(111-119\).
sociometric scale was administered to measure social acceptance and individual self-concept. The sociometric ratings were obtained in the classroom. After the procedures were introduced the examiner read each name and one of the four choices in descending value was circled by the subject.

The experimental technique was a group activity in the planning, rehearsal, and presentation of a one-act skit. The two experimental least accepted students and the two most accepted students in each class mutually participated in the experiment 15 minutes twice weekly for a period of five weeks. The control group least accepted students remained in the regular classroom activities.

The hypotheses were accepted. It was found that specially planned group activities can improve peer acceptance. The findings also suggested that a change in self-acceptance occurred with peer acceptance. While the improved attitude of peers may have caused an improved self-concept of the retardate, Chansuill believes the results could be reversed.

It would be interesting if future research could improve on techniques and could be included in the curriculum as described previously by Snyder and McCoy. In these curriculum programs the retarded children would be encouraged to participate in assignments geared to their ability, thereby improving their self-concepts. With teacher encouragement in specially planned programs the retarded

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1Snyder, "Personality Adjustment," 33-61.
2McCoy, "Some Ego Factors Associated with Academic Success and Failure," 50-81.
child can use his failure as a step toward success as suggested in Skinner's\textsuperscript{1} human adjustment scale.

Two studies, Kniss, Butler, Gorlow and Guthrie;\textsuperscript{2} and Gorlow, Butler and Guthrie,\textsuperscript{3} have investigated the correlates of ideal-self patterns of institutionalised mentally retarded female adolescents.

The research by Kniss, et al, investigated the ideal self-attitudes of mentally retarded institutionalised females between the ages of 15 and 23 with a mean age of 17-7 years. Their measured IQ ranged from 50 to 85 with a mean IQ of 67-8. The length of institutionalisation was one month to 36 months with a mean length of 13-0 months. Of these 79 randomly selected subjects 21 were Negro and 58 were Caucasian.

This study complements a previous study by Guthrie, Butler, and Gorlow\textsuperscript{4} in which they explored the real self-attitudes of the retardate and his world. In this study, Kniss, et al investigated (1) the discrepancies between real and ideal-self; (2) whether retardates are able to form a concept of ideal-self, and whether it remains stable over time; (3) the relationship between ideal-self, age, and intelligence data; and (4) the relation between duration of separation

\begin{itemize}
  \item \textsuperscript{1}Skinner, "The ABC's of Human Adjustment," 220-223.
  \item \textsuperscript{2}Janet T. Kniss, Alfred Butler, Leon Gorlow and George M. Guthrie, "Ideal Self-patterns of Female Retardates," \textit{American Journal of Mental Deficiency}, 57, 1962, 245-249.
  \item \textsuperscript{3}Leon Gorlow, Alfred Butler, George M. Guthrie, "Correlates of Self-Attitudes of Retardates," \textit{American Journal of Mental Deficiency}, 57, 1963, 549-555.
  \item \textsuperscript{4}Guthrie, et al, "Patterns of Self-Attitudes of Retardates," 222-229.
\end{itemize}
from his sociocultural environment, length of institutionalisation and ideal-self.

The scale used was the Q-sort technique derived from the Laurelton Self-attitude Scale developed for the previous research by the authors. The question "How good or how bad is it to be like this?" was asked for every tenth item. The subject's choice of reply "Very good," "Good," "I don't know," "Bad," "Very bad" represented her opinion of what was ideal.

The findings revealed that retardates in this study follow Gallagher's\(^1\) theory of competence in as much as ideal-self is thought of in terms of personal worth, physical health, and ways of getting along with people. These modes are described as (1) acting in a socially conforming way; (2) maintaining emotional control; (3) utilizing physical assertiveness; and (i) relating in a fearful, deceptive manner.\(^2\)

The self-attitudes of this population do not appear to depend on the variables of age, length of institutionalisation and intelligence. The authors suggested that this lack of relationship is the result of ideal-self forming early in the life of these individuals and which is in harmony with the accepted view of self-theory, that ideal self arises early in human development and is generally resistant to change.

If ideal-self is resistant to change then what would be the value or necessity of helping a retarded individual to improve the picture he maintains of himself and his behavior?

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\(^1\)Gallagher, "Measurement of Personality Development," 296-301.
The authors obtained a negative score on the tendency of society to perceive retardates as being easily influenced individuals in need of institutionalisation in order to modify their behavior.

The total reliability of the scale was considered satisfactory even though there was a wide range in consistency of individual ideal-self.

Gorlow, Butler, and Guthrie1 maintain that self-attitudes are greatly determined by the behavior and perception of retardates, and are, therefore, a source of motivation for and acceptance of the learning experiences to which the retardates are exposed.

The authors investigated self-attitudes of female institutionalised adolescent retardates to achievement, aspects of experience and other personality factors. Achievement considered intellectual level, school achievement, success in occupational training and success on parole. Aspects of experience concerned time of separation from her parental home, rural-urban background and length of institutionalisation. Other personality factors included social values and manner of expressing hostility.

Correlates of self-attitude were obtained by the administration of various tests to 164 institutionalised female adolescent retardates between the ages of 16 and 22. Their mean age was 18-7. Achievement level of the girls was between Grades 1 and 7 with measured IQ between 50 and 70. Their length of institutionalisation was from four months to eight years with a mean length of institutionalisation of 2-25 years.

Scores for the correlates were obtained from the Laurelton Self-Attitude Scale, Social Value-Need Scale, Hostility Scale, WAIS, reading achievement, arithmetic achievement, parole success, success in occupational training, length of institutionalization, rural-urban background, early separation from parents, and age.

Results indicated that higher intelligence is associated with a greater tendency to present self in a more favorable way. Self-acceptance and academic achievement may be attributed to intelligence. It was found that more training certificates were earned by those individuals who expressed a greater degree of self-acceptance. The individual's success in a six month parole experience differs according to that individual's expression of self-acceptance. The authors find this does not agree with some opinions that the more submissive and less assertive student is more likely to succeed on parole.

The study did not reveal any significant difference in comparing self-attitudes with age, or rural-urban background. It was found, however, that early separation from parents and length of institutionalization tend to create negative attitudes toward self.

Range of self-attitude scores pertaining to satisfaction with self are associated with the range of hostility and social-value need. Varying degrees of self-acceptance are compatible with varying degrees of defensive denial of all hostility and response to frustration. A slight tendency was found for less self-accepting individuals to deny impulses of hostility towards others.

It is interesting to note that this is the first research investigation found pertaining to Skinner's\textsuperscript{1} human adjustment theory of the

\textsuperscript{1}Skinner, "The ABC's of Human Adjustment," 220-223.
defense mechanism of aggression. Gorlow's study indicated that individuals who are more self-accepting have (1) less need for loyalty and protection from others; and (2) preferences for appearing dominant; and (3) a rebellious attitude toward others.

Only one study has been found which related the self-concept of retardates to body build. The research by Staffieri indicated several investigations on body build and self-concept of normal individuals. Selzter, Schonfeld, Cruickshank, and Bayley demonstrate that personality difficulties are more noticeable in individuals whose body build deviates from normal. Staffieri stated that as a group, mentally retarded individuals frequently deviate in body build. Therefore he reasoned that body build and the accompanying perceptions of body build may play an important role in the retardate's self-concept and his impression of others.

The purpose of Staffieri's study was to investigate the role of body image stereotypes in retarded individuals.

The subjects were 33 mentally retarded males from Pineland Hospital and Training Center. Their ages were 14 to 25 years with a mean age of 17 years and a mean IQ of 62 with a measured range of 50 to 75.

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The first measure was the assignment of 39 one-word descriptions which could be applied to any one of three body types. These words were applied to three full-body silhouettes placed black on white. Each profile had the same height (13 inches), head shape and facial outline. The distinguishing features were the body builds characteristic of extreme endomorph (stout, squat build), mesomorph (medium athletic build), and ectomorph (small build).

The second measure was body type preference in which each subject was presented with the three characteristic body build silhouettes in addition to two silhouettes representative of endo-mesomorph and ecto-mesomorph. These five figures were counterbalanced for order in presentation. No indication was made by the author as to the manner of giving or recording the test.

Findings of the study indicated (1) that retardates demonstrated a common concept of behavior/personality traits which they had associated with body types; (2) the significant adjectives denoting the mesomorph possessed favorable social implications (would make the best friend = 22, polite = 17, honest = 21, brave = 23, smart = 20); the adjectives denoting the ectomorph were unfavorable (naughty = 21, afraid = 21, weak = 21); the adjectives denoting the endomorph were unfavorable also (fights = 22, cheats = 23, sloppy = 25, mean = 20, ugly = 23; (3) the subjects showed a preference to look like the mesomorph, a study consistent with the results of a previous study by Staffieri\(^2\) of boys six to ten years of age; (4) the concepts of

behavior/personality traits which were associated with body types are consonant with those held by normal children. However, the normal children clearly perceived the mesomorph as strong while the retardates may have had difficulty distinguishing between mass and strength.

Staffieri speculated that this investigation may provide some clues regarding the self-concept of retarded children. If the mesomorph image is perceived as "all good things" and that males want to look like the mesomorph then, hypothetically, the further one's body build deviates from the mesomorph, the more dissatisfaction will be noted. If an individual maintains that an endomorphic body is unfavorable and his body build is endomorphic then he will have an unfavorable concept of self.

If this conclusion could be proven true, then to what extent or in what manner could all personnel working with retarded children strive to help them improve their attitude toward self?

Summary

The concept of ideal-self arising early in life controls, in part, the individual's behavior. Proper handling of experiential and environmental factors can improve the development of positive self-concepts and desired behavior.

Self-acceptance is related to intelligence, academic achievement and training but is independent of age and length of institutionalization.

The individual's body-build and his perceptions of his build influence his behavior.
Higher socio-economic retarded children, influenced by family stability, have a higher self-concept and are better adjusted because they see themselves in a more favorable light.

Planned group activities in which the retardate is permitted to participate and receive favorable notice improve his social acceptance among peers. A change in self occurs with self-acceptance.

**Failure-avoiding**

It is presumed that a person wishes to evaluate himself highly at all times. However, attitudes develop toward self in relation to other people. Experiences are reflected in one's behavior, resulting in the positively conceived self or the negatively conceived self.

Emotional adjustment is involved in a major portion of the individual's ability to learn academically. Studies by Missildine,\(^1\) Cams,\(^2\) Nickelson,\(^3\) and Hunt and Schroeder\(^4\) showed that anxiety has a hurting influence on children of normal intelligence. Cochran and Clalan\(^5\) found that retarded adolescents suffer more anxiety than normals.


Rothstein\(^1\) believed this self-devaluation is a result of lack of balance between the child's intellectual and physical competencies and the demands of his environment. Self-devaluation usually manifests itself in behaviors and attitudes of general unworthiness.

Rogers\(^2\) has demonstrated that poor self-attitudes may cause defenses of denial and withdrawal in order to deal with situations seen as threats to a good self-esteem. Retardates who are prone to quit a task rather than risk failure experience inhibitions to learning because they will not risk failure by trying. The opposite situation attributes optimal achievement to a well-adjusted retardate who is willing to risk failure.

Sarason\(^3\) counsels the psychological examiner to beware of "I don't know" responses especially in students of low intelligence who have experienced continual rejection, as this is a defense in the psychological sense.

The studies previously reviewed in this paper support the idea that there is great correlation between self-concept and the degree to which the retardate profits from his academic experiences.

While a considerable number of studies have investigated retardates' personality maladjustments centered in hostility, anxiety, and negativism, none have been found which correlated these overt behaviors with self-concepts.


\(^3\)Seymour B. Sarason, Psychological Problems in Mental Deficiency, New York: Harper and Brothers, 1957.
The following studies investigated the effects of failure on the retarded individual.

Snyder, Jefferson and Strauss\(^1\) have reported a study of defense mechanisms and academics. Their study, which concentrated on personality variables and reading success followed the hypothesis that the adequacy of self-concept attitudes would have a determining influence on the degree to which optimum use was made of native intelligence. They maintained that not only native intelligence but a combination of intelligence and personality adjustment determines the academic ability of an individual. Their research indicated that the best academic learning requires a well-functioning personality.

Snyder agreed with Skinner\(^2\) when he stated "The poorly adjusted individual makes use of maladaptive defense mechanisms and does not achieve as well as possible." Research has shown that poorly adjusted persons revert to maladaptive defense mechanisms and do not attain maximum achievement. Therefore it was surmised that if retardates have similar defense mechanisms and personality variabilities as normal persons, the retardate with the better personality will show a better academic achievement.

It has been hypothesized that (1) there is a significant difference between poor and better readers among retardates (reading


\(\text{\footnotesize \textbf{\cite{2}}}\)Skinner, "The ABC's of Human Adjustment," 220-223.
comprehension above grade 5.5 for good readers and below 5.5 for poorer readers); and (2) there is a significant personality difference between these groups. The subjects, 52 Negroes of junior high school age, were selected from two Washington, D. C., special education classes. They were below 79 IQ and were at least three years academically retarded before the junior high school program.

The California Test of Personality was given to the two groups of retardates who were equally intelligent but significantly different in reading ability. This was to ascertain whether these groups differed in personality variables. Scores for total, personal, and social adjustment were compared. Self-reliance, sense of personal worth, and feelings of belonging were selected. The elementary form of the CTA was used since its vocabulary was consistent with the subjects' reading comprehension. The test, however, was administered orally. The IQ scores were obtained from the school system which had given the Otis and California Test of Mental Maturity within a three year period of the study.

A matching technique was used to equate the IQ and assure that the "high" and "low" reading groups would be significantly different in ability. Equal IQ subjects were matched from rank distribution, pairing a subject with high reading ability with a subject of low reading ability. This process "lost" 28 subjects through the matching procedure leaving 26 pairs of greatly varying groups in reading ability, but equal in intellectual ability. There is no indication in the paper as to which reading group — high or low — became "lost."
The results proved the first hypothesis to be correct.

(1) Better readers showed a difference significant at the .01 level in adequate personality and adjustment on the total adjustment, social adjustment and personal adjustment scales. Personality variables play a major role in academic achievement for the retarded individual as well as for the normal person. (2) There was a difference significant at the .05 level between the reading ability and personality variables of the retarded Negro adolescent, showing that better readers have better self-concepts.

The second hypothesis also held true. Better achievers showed statistically significant better self-images on the combined subscores of the scales.

The authors' study supported the idea that retardates who have had constant academic failure will function poorly if they have resultant poor self-concepts.

It would have been of interest if Snyder had included some personality traits of his better readers and poorer readers in this study. The agreement of the present writer maintains the authors' suggestion that undue emphasis should not be placed on the IQ score in determining the program for special students.

More specifically it was suggested that personality variables which can negatively influence the best academic potential center around self-concept attitudes. These were enumerated as "feelings of inadequacy, low-self-esteem, fear of failure, feelings of rejection, and feelings of inferiority."

Of the studies investigating the worth of a special class for mentally handicapped children only three investigated correlates of
special class placement and self-concept. Mayerowitz\(^1\) and Carroll\(^2\) considered the stigma of segregated or partially integrated classes on the self-concept of the educable mentally retarded individual while Mayer\(^3\) emphasized the desirability of early identification and special class placement. In contrast to these studies, Mangus\(^4\) deplores the personality maladjustment of retarded or slow children in a normal class.

Mayerowitz\(^5\) conceded that special class placement is accepted but the implications of the placement on self-concept is often overlooked. As has been seen in the preceding studies, children in a special class have better self-concepts due possibly to better social adjustment. Jordan and DeCharme\(^6\) suggested this adjustment may be due to the child's fear of failure in the regular class where pressure for academic success is exerted upon him.

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Meyerowitz suggested two possibilities of change in self-concept through special class placement. Considering that the child may feel rejected because he is segregated from his age peers or feel adequate and accepted because he is among intellectual peers, he hypothesized that (1) in estimating their own inadequacy, educable mentally retarded children will be more derogatory of self than normal peers of the same chronological age; and (2) educable mentally retarded children in regular grades will be more derogatory of self than will the educable mentally retarded children in special classes.

Meyerowitz also examined the data to determine whether the nature of self-derogations would be different for normal children, educable mentally retarded children in regular grades, and educable mentally retarded children in special classes.

The subjects in this study were obtained from two essentially rural counties and a large industrial area in south-central Illinois. All first graders, 1807, in the three counties were given the Primary Mental Abilities Test, 5 to 7. Their mean age was 6-4. A score of 85 IQ or less necessitated individual testing of 280 children on the Peabody Picture Vocabulary Test and Stanford-Binet, Form L. Of these, 120 children obtained an IQ measured between 60 and 85. Through randomization, 60 children were left in their original first grade room. A control group of 60 children (PMA 95-110) was selected from the remaining population. The control group was matched with the educable mentally handicapped group according to father's occupation, family income and residence in the same community.
At the end of the academic year all 180 subjects completed the Illinois Index of Self-Derogation consisting of 30 items, each composed of two sentences. The child listened to the socially undesirable ascription "Some children do not like the child with the balloon," and the neutral or socially desirable ascription "Many children like the child with the flag." He then marked in a specific area of his score sheet his impression of the child "most" like himself. The author interpreted the child's socially undesirable response as being either the child's negative self-concept or his deliberate unapproved response. Mayerowitz defined either view as a self-derogation from the point of view of his peers basing the negative self-concept on behavior, the individuals, and others.

The results supported the first hypothesis. During the first year of school significant differences were shown between the self-concept of normal children and educable mentally handicapped children.

The second hypothesis showed significant but opposite results. After the first year retarded children in a special class showed a more negative self-concept than if they had been left in the regular class.

Mayerowitz offered an explanation by stating that a mentally handicapped child in a special class had already compiled a history of academic failure. The child's perception of himself, his attitude toward school, and his future progress in school is determined by this history of failure. Segregation from his peers in his first year of schooling did not lessen the unwholesomeness of future academic failure. The child was too young to realize that his removal from his peers to a special room was a substitute for improving his future academic ability.
His second explanation suggested that since first grade work is essentially rote learning, the control children might not have experienced the full impact of academic failure. However, the author generalised that the children in the experimental special classes will have the advantage. Retarded children can learn by rote with additional assistance but have difficulty applying and generalising their learning. Therefore, the control group progressing to higher levels will move away from rote learning, experiencing a greater history of failure. The experimental special class children, having had understanding emphasized over rote learning will improve academically, thereby improving their self-concepts.

The third possible explanation may be the derogations of the experimental group who realised they (1) are less competent in motor skills and interpersonal relations; (2) have difficulty in learning to read; and (3) will experience difficulty in academic learning.

That these experimental group children realise their unfortunate deficiency may become the basis of a positive self-concept based on what the individual can achieve rather than on his failure.

Carroll's investigation is evidently the follow-up study of Mayerowitz'. Carroll's study was the only one found which investigated the effect of a completely segregated or partially integrated school program on retarded children. It also compared growth of self-concept and academic achievement in each setting.

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Carroll hypothesized that (1) retarded children in a segregated class would show less improvement in self-concept than would a retarded child in a partially integrated class during one academic year; and (2) retarded children in a segregated class would show less academic growth than would a retarded child in a partially integrated class during one academic year.

Carroll's reasoning for her study was the same as Mayerowitz's study. The self-concepts of a child in a segregated special class would either (1) lead to his feeling rejected because he was removed from his former classmates; or (2) he would feel adequate and accepted by his intellectual peers.

Carroll employed 39 subjects from five major school districts of suburban Denver. Only elementary children obtaining a recent IQ measure between 60 and 80 were eligible. An impression was given in Mayerowitz's study that the same first grade population assigned to the special room and normal first grade would be used in the later study. However, Carroll's study involved children who had never been in a special class.

Depending on the school system, the retarded children were assigned to one of two groups — partially integrated or segregated. The partially integrated group consisted of 12 boys and seven girls with a mean CA of 8-26 years and a mean IQ of 73-91. The segregated group included 13 boys and seven girls with a mean CA of 8-77 years and a mean IQ of 70-77.

The purpose and method of Carroll's study was identical to that of Mayerowitz'.\(^1\) She used the third revision of the Illinois Index of Self-Derogation standardized on Mayerowitz's population.

In addition, after the first month of school, she administered the Wide Range Achievement Test including reading, spelling, and arithmetic, in groups of five. After eight months of schooling, each group was readministered both tests. No special treatment was given the subjects other than their class placement.

After the pretest the investigator interviewed individually all teachers of the children involved in the study. Information was provided by the teacher on the child's birth date, most recent IQ score, father's occupation, mother's occupation, length of residence in the community, and length of schooling. The teacher estimated the parents' attitude toward retardation as good, average, or poor. The child's acceptance by peers was ranked as avoided, tolerated, accepted, or popular. Information was also obtained on any physical, speech, or hearing handicap and the child's rank in the family. These data were compared with information regarding the teacher's degree and experience.

The results of the study supported the first hypothesis. Retarded children in a segregated class showed less improvement in self-concept than did children in a partially integrated class. Results only partially supported the second hypothesis that retarded children in a segregated class would show less growth in academic

achievement than retarded children in a partially integrated class.
Both groups made significant academic growth. The partially integrated
group made significant growth in reading but no significant difference
was found in spelling and arithmetic.

The results of the pretest IIISD supported the findings of
Mayerowitz.1 The educable retarded youngsters as a group, showed
the highest number of derogations, rejection by peers, hopelessness,
self-rejection, and realistic school problems. After the posttest it
was found that the segregated retarded group showed a significantly
higher number of derogations than the partially integrated group.

The patterns of derogations varied according to the school
the child attended. It seems this would be a logical outcome as the
children in the partially integrated class would have been more accepting
of self because they were more accepted by others. Conclusions
showed that the type of school program provided for retarded children
does have an effect on the concept and academic achievement of the
child. Therefore, when school programs are planned, the retarded
child's feelings about himself should be considered.

Mayer,2 an advocate of a special class for educable mentally
handicapped children, supported the premise that "the retarded child
who remains in the regular room will be judged by achievement standards
set for his intellectually normal peers and will thus be exposed to chronic failure." He theorised that if these classes are geared


2C, Lamar Mayer, "Relationships of Self-Concepts and Social
Variables in Retarded Children," American Journal of Mental Deficiency,
to the needs and abilities of retarded children they may present
standards which result in success experiences. The development of
positive self-concepts will eradicate, at least in part, the children's
self-devaluation due to failures to which they are exposed. Early
placement may help to eradicate the self-devaluation due in part to
the failures to which the children are exposed. Irreparable damage
to the child's self-concept may occur if the placement is too late.

The subjects in Mayer's study were 98 of the total population
of junior high school special classes for mentally handicapped in
six suburban school districts. Their ages were 12 to 16-11 and IQ
between 50 and 75 on a Binet or WISC. The Children's Self-Concept
Scale by Lipsett\(^1\) and The Way I feel about Myself by Piers and
Harris\(^2\) were administered in small groups. Each statement was read
to the group to avoid any inability to read the statements.

The hypothesis that pupils who have been in a special class
early in their school lives would have developed a more positive self-
concept was not supported. The study gave evidence that the retarded
individuals have developed self-concepts favorably comparable with
those of normal children. The second hypothesis that sex, chronolog-
ical age, and mental age would not be significant when comparing the
self-concepts was supported. These findings are in agreement with
the scales of Lipsett, and Piers and Harris.

Mayer agreed with Mayerowitz\(^3\) indicating fewer positive self-
concepts in retarded children in the first grade than in normal

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\(^2\)Piers and Harris, "Age and Other Correlates," 196-95.
children in the same grade. They also found a greater number of self-derogations for the retarded children in a special classroom.

Mayer's study revealed no significant difference at the junior high level which he believed may indicate accomplishment of one of the goals of the special class.

This study revealed no significant difference in children placed in a special room in the early grades, middle, or later grades. It may indicate that (1) special classes may not be providing the success experiences ascribed to them; (2) the child with the latest placement may have been in the special class sufficiently long to counteract the effect of his regular class experience or time of placement in the special class upon his self-concept; (3) children may have been selected for early class placement due to negative self-concepts; and (4) the tests may lack sufficient responsiveness.

Mayer suggested research to reveal whether a cause or effect relationship existed between special class placement and self-development.

Considering Mayer's study, it is possible this is a follow-up of Mayerowitz's study although there are not indications to confirm this.

Would there be a difference and an improvement in the self-concepts of retarded children in a special class if the situation was handled more positively and the children treated more normally by the teacher?

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Mayerowitz, "Self-Derogations," 81:3-151.
Mangus\(^1\) investigated the thesis that under present conditions retardation in mental and educational growth produces personality maladjustments in children. The so-called present conditions are the facts: (1) mental retardation is judged on intelligence test scores; (2) educational retardation is measured in terms of age and grade placement in school; and (3) personality adjustment is evaluated on the basis of tests and ratings.

Mangus did his study on the slow learner rather than on the mentally retarded child who represents extreme conditions of dullness or who may require special institutional care. His research noted that 15 to 20 per cent of school children are educationally retarded. From the report published by the U. S. Bureau of the Census for Ohio in 1950 he found that of the 118,000 school age children in Ohio only 35 percent had completed five or more grades. He found 15 per cent were in the fifth grade or lower. Since he refers rather consistently to retardation this article was included in the present research.

Mangus' thesis supported the hypothesis that the school's insistence on teaching the slow learner subjects in which he cannot experience success often leads to (1) damage of self-confidence and self-respect; (2) rejection by his teachers and peers; (3) symptoms of maladjustment; and (4) vulnerability to neurotic or delinquent behavior and arrested social development.

Of the three reasons Mangus stated for lagging in school progress (1) getting a late start in school; (2) school attendance interrupted

\(^1\) Mangus, "Effect of Mental and Educational Retardation," 208-212.
by illness, change of residence, or the like, he maintains the final reason (3) repetition of school grades, to be the main factor.

Personality development studies by the Miami Valley Mental Health Survey in Ohio indicated that one out of each five third and sixth grade children in all public schools in the county was poorly adjusted and in need of appropriate mental health aids. These children were problems to themselves, to their teachers, and to their classmates. This is in agreement with Skinner's\(^1\) theory of poor human adjustment.

The survey showed that adjustment problems were more dominant among boys than girls, and were especially crucial among those children who were academically retarded. Evidence seemed to indicate that one of the basic causes of maladjustment may be the inability of the child to learn.

Mangus' study of 1,232 third and sixth grade pupils in city, county and village schools showed 12.2 per cent, or one out of every eight students, to be age misfits in their classes. These children who had repeated one or more grades were considered as failures by family, school, and peers. Only one out of every 13 girls were age misfits as compared to one out of every six boys.

Intelligence tests revealed that 42.3 per cent of the over-aged children had intelligence quotients of 90 or above while three or four per cent were considered mentally deficient. Approximately 53 per cent were dull normal or borderline children.

Of significant importance was the fact that these retarded children generally displayed emotional disturbances and social

\(^1\)Skinner, "The ABC's of Human Adjustment," 220-223.
maladjustments on personality tests. They were found to be lacking
in self-confidence, self-esteem, and a sense of personal worth. A
lack of security was manifested in their social relations causing the
children to feel that they did not belong in their particular group.
These facts are in disharmony with Delp's\(^1\) previously mentioned goals
of self-realization.

The children in Hanus' study were found (1) to be normally
self-reliant but lacking in a sense of personal freedom; (2) to be
below standard regarding neurotic symptoms, withdrawal tendencies,
family and school relations; and (3) to display an abnormal degree
of anti-social tendencies.

With regard to personality adjustment, these over-age children
were rated by their teachers to be in the lowest 20 per cent of their
class. Many were rejected by their classmates. Poor adjustment was
scored on the index by 51.3 children while 48.7 showed average
adjustment. No one showed superior personality adjustment.

Outstanding results showed that juvenile delinquents were
generally children who did not get along well in school. Of the 206
juvenile offenders before the Ohio court in 1944 only one had finished
high school, their median age was 16, and the median offender had
completed 7 grades in school.

Personality maladjustment may be determined by the child's
retardation due to academic failure or failure may be the cause of
emotional tensions. His self-confidence destroyed, he feels like a
failure before all others.

\(^1\) Delp, "Goals for the Mentally Retarded," 472-478.
Mangus\(^1\) stated there is need for a school program better fitted to the child's social and emotional needs enabling him to meet the threats to his sense of security and self-esteem. His hope for the development of school programs suited to the slow-learning and retarded child to provide over-all guidance for life adjustment is in contrast with those investigators who deem a special school or curriculum is not advantageous for these students.

Guthrie, et al.\(^2\) conducted two studies investigating personality differences between institutionalized and non-institutionalized retardates, and expressions of their self-attitudes. These were based on their earlier studies where they have shown that retarded persons do not develop a single set of views but fall into groups, some with positive views of self and others with negative views as weak or worthless. Guthrie admitted unawareness of the factors which cause some retarded subjects to be able to function in the community while others have to be institutionalised.

Culbertson, et al.\(^3\) showed that these individuals have various ways of handling hostile feelings—defensive denial, suppression, self-blame.

\(^1\)Mangus, "Effect of Mental and Educational Retardation," 203-212.


Bolduc showed a number of patterns of solutions for the 
retardate to the conflict which arises between his desire to be loyal 
and honest to himself or to others. Solutions included compliance to 
authority and responsibility toward home, school, and employment; 
loyalty and protection of others; submission to authority but aggressive 
to peers; dominance in correcting misconduct of others; negative, 
rebellious attitude of social situations involving authority but dis-
playing a need for affection and pleasurable experiences.

In this study Culbertson, et al. investigated the differences 
between retarded girls placed in institutions and retarded girls 
remaining at home. Three inventories, Laurelton Self-Attitude Scale, 
Hostility Scale and Social Value-Need Scale developed for the above 
studies were administered to an unknown number of females between 
the ages of 14 and 18, with IQ's between 50 and 80, one-fifth of each 
group being Negro. In 33 per cent of the institutional cases the 
child had been removed from the parental home before five years of age.

The study concluded that institutionalised girls have a more 
negative self-concept. They judge themselves of little value and are 
odominated by their own needs. They do not admit that they are angered 
by circumstances which would ordinarily anger normal people. They 
agree others have an unfavorable attitude toward them. They admit to 
a certain degree that they despise themselves.

Girls living in the community have an exaggerated favorable 
view of themselves which no doubt helps keep them out of trouble.

1. Thomas S. Bolduc, "Social Value-Need Patterns in Mental Retar-

Culbertson, et al, felt these results are not representative of response habits because institutionalised subjects responded "yes" more frequently to the Self-Attitude Scale and less frequently to the Hostility Scale.

Culbertson, et al, indicated a low positive correlation between expressed self-acceptance and length of institutionalisation. They maintained that these reactions are not a result of the loss of freedom but rather that these attitudes played a significant role in the inability of the institutionalised girls to adjust to the demands of society. This and the preceding studies of reactions and conclusions are in agreement with Skinner's\(^1\) theory of poor adjustment and defense mechanisms.

The derogations and self-attitudes of the institutionalised girls are comparable to those of retarded children assigned to a special classroom.

In Guthrie's\(^2\) earlier study, he found patterns of positive self-concepts formed around "denial of shortcomings, assertion of being as good as others, and denial of mistakes." Negative attitudes formed around the individual feeling hateful, shy, useless or unloved. With his associates, Knies, et al,\(^3\) he found patterns "involving social conformity, maintaining emotional control, utilising assertiveness and maintaining fearful relationships which necessitated deception." Both

\(^1\)Skinner, "The ABC's of Human Adjustment," 220-223.


these studies showed the struggle of retardates in an environment which makes demands they cannot meet.

Since Guthrie believed the retarded individual's self-attitudes are of much importance to his "response to training and to the degree to which he utilizes his limited abilities" he investigated the extent to which retardates evaluate themselves and the actions they believed were the best thing for an individual to perform. The subjects were 59 retarded females between the ages of 11 and 26 with a measured IQ between 50 and 80.

This report obtained its information by presenting pictures in pairs. The set of 50 pictures, with a second equivalent form, were colored 35 mm slides of actors who portrayed "various needs of succorance, heterosexuality, dominance, affiliation, deference, nurturance, achievement, exhibition, and aggression." One picture in each set portrayed a need while the similar picture suggested a neutral action. As each pair was projected simultaneously on adjacent screens the subject was required to state in which picture the actress was more like herself. In a later session each subject was required to state in which picture the actress was doing the best thing. These choices portrayed the reported self and ideal-self.

By presenting the pictures in pairs the subjects' attention was directed to the aspects which the authors wished to emphasize.

The results indicated that the subjects were interpreting most of the items as the examiner intended, suggesting their comprehension of the task.
The expressions of important self-attitude toward themselves compared very well with Skinner’s human adjustment. Positively the girls indicated popularity with other girls as well as men, friendliness with peers, conformity, and compliance. Negatively their self-attitude indicated being ignored and rejected, isolated, dominant, angry with peers and giving but not receiving. These themes showed that the retardate depends on the good will and favorable attitude of others.

The data indicated that a possible cause of their ineffective social behavior may be that they differentiate sharply between peers and others, thereby trying to please both peers and others. Negatively their attitudes showed that they can feel anger and resentment without at the same time feeling ignored and rejected.

The expressions of ideal-self showed similarity. The ideal person seen by different retardates is popular and self-confident, compliant, helpful, and receiving help, loyal, aware of others, avoiding involvement with peers. The maximum achievement for the retardate is to have others consider him favorably and to avoid being criticized.

This study may shed light on the reason children in a special room over-estimate themselves. Helpfulness received unusual emphasis in ideal behavior indicating that they have little opportunity to be helpful and the help they receive is often veiled in negative feelings. Attitudes and ideals are resultant experiences of individuals striving to protect themselves from rejection because of their limitations. They also wish to gain approval through achievement.

Summary

The negatively conceived self lessens the retardate's ability to learn academically. He becomes sensitive to opinions of others concerning himself. A sense of self-devaluation is manifested in unacceptable behaviors and attitudes of general unworthiness. These poor self-attitudes cause defenses of denial and withdrawal in order to combat perceived threat to a good self-esteem. Some retardates prefer to quit a task rather than risk failure by trying, whereas a well adjusted retardate who is willing to risk failure reaches optimal achievement.

Constant academic failure results in a poor self-image, creating social maladjustment and emotional disturbance. Lack of self-confidence, self-esteem, personal worth and security cause feelings of being ignored, rejected, isolate, or dominant. Anti-social tendencies are displayed in anger, resentment or other misconduct.

Retardates depend on the good will and favorable attitudes of others. Trying to please both peers and others, they feel they are giving but not receiving and have little opportunity to be helpful.

Institutionalized girls have a more negative self-concept than institutionalized boys and find difficulty adjusting to the demands of society.

Retarded children placed in a special class have more negative self-concepts and feel segregated from their peers. On the other hand, they feel academic pressure of failure in a regular room.
Vocational Adjustment

An extremely small amount of research has been done in the area of self-concept of retardates after having finished their academic training.

1 O'Neill and Bloom investigated the work-study program of the retardate. O'Neill was concerned with the retarded adolescent's ability to understand his work performance as emphasized during his work-study training by his counselor and work foreman. He also studied their ability to apply these standards in an evaluation of the work potential of selves and peers.

The subjects were 13 retarded male trainees of the Work Experience Center in St. Louis. Their age ranged between 17-1 to 19-0 with a mean age of 18-3. Their IQ range was between 43 and 68 with a mean IQ of 58-3. The length of their training at the Center was from 7 to 17 months with a mean of 11-4 months.

A picture of each trainee was paired with the picture of another trainee making a total of 78 pages. The picture of each trainee appeared at least once in the first seven pages. Identification of each picture was necessary by the trainees to insure recognition. All trainees were taken from the caseload of one counselor to eliminate differences in counseling technique.


2 Wallace Bloom, "Effectiveness of a Cooperative Special Education Vocational Rehabilitation Program," American Journal of Mental Deficiency, 72, 1967, 393-403.
Instructions given to the trainees were to choose the person from each pair with the greatest work potential, using the work adjustment factors emphasized by the work foreman and counselor. These were the ability to "perform assigned tasks, get along with co-workers and supervisors, stay with the job, follow instructions, dress properly, maintain personal hygiene, and attend regularly." They were not to consider friendships, school relations, or other similar determinants. One point was assigned to a trainee each time his picture was selected. The results were then placed in rank order.

The training staff of the Center used the same method to rank the trainees in order to provide a standard for the evaluation.

Results showed all hypotheses were accepted: (1) trainees will understand the behaviors emphasized in training and counseling and will incorporate these in their performance. They are able to apply these standards in evaluating work potential of peers; (2) during habilitation training a self-concept related to vocational potential will develop and manifest itself in the individual's ability to rate his own work potential in comparison of self with peers; and (3) there is a relationship between the level of work adjustment and level of self-concept development.

The correlations showed that the subjects understood the work standards of the training program. They were most aware of behaviors involving speed, consistency, talking, and horseplay. They were less aware of behaviors involving ability to work without supervision, retention of instructions, perseveration, and immaturity. They tended to be influenced by a single behavior thereby rating an individual the same in all pairings.
Self rankings indicated that the trainees were aware of their own abilities, ranking themselves more consistently without fixing on a single trait. A difference was indicated between the ratings of trainees who were longer employed and those more recently employed. The more recently employed subjects were more accurate in rating peers' potential and were more objective in rating themselves.

O'Neil stated that self understanding has adjustment values not necessarily related to work potential. He indicated that retardates can evaluate their own potential when given the necessary tools. These tools include counseling and structured experiences presenting opportunities to learn more about self. He felt that retardates can learn from failure as well as from success, providing he has counseling that enables him to realise he possesses skills and understands what those skills are.

This would have been a more complete study if the investigator had included the class placement—special, partially integrated, or normal class—in his research.

Bloom\(^1\) noted in studies by Eskridge and Partridge,\(^2\) Goldstein and Heber\(^3\) and Kirk\(^4\) that mentally retarded individuals were losing

\(^1\)Bloom, "Effectiveness of a Cooperative Special Education Vocational Rehabilitation Program," 393-403.


their jobs more often not because of inability to perform specifically assigned tasks but because of their failure to adjust to work. He also noted at the four-day workshop at the University of Texas in 1962 that special education teachers and rehabilitation counselors mentioned many incidents of job failure due to the students' attitudes and personalities. Placement problems were due to lack of non-manual skills such as getting along with others, completing a task, taking orders without resentment, promptness of getting to work, controlling temper, and taking pride in one's work and responsibilities.

Bloom reported on the Texas program to improve the attitudes and personality characteristics of high school age retardates. Investigation studied the effects of level of education, sex, life style of family (socio-economic class), and ethnic identification.

Six rehabilitation counselors in the areas where the program had been operating sufficiently long enough for students to be of employment level were reviewed. Identification data on Special Education Vocational Rehabilitation were obtained from school superintendents, principals, directors of special classes, vocational adjustment coordinators, and special education teachers. Data were given on 600 boys and girls between 16 and 18 years of age, having IQ's between 50 and 75, and who were either in the classroom, on job-training, or employment. From the four groups in each of the six schools, 120 subjects were randomly chosen and were interviewed informally at school, training site, or job by the investigator. The data on the subjects

1 Bloom, "Effectiveness of a Cooperative Special Education Vocational Rehabilitation Program," 393-403.
revealed 75 Anglo-Americans, 27 Negro-Americans, and 13 Spanish-Americans which was approximately the same ethnic proportion as the areas involved.

The testing instruments used were the Gordon Personal Profile\(^1\) measuring personality characteristics of responsibility, emotional stability, ascendency and sociability; The Bowen Self-Report Inventory\(^2\) measuring attitudes toward self, others, children, authority, work, reality, parents, and hope for the future; Peck Sentence Completion\(^3\) measuring self-regard, body image, attitudes and reactions towards family and towards peers, attitudes pertaining to achievement, attitude of self-control, frustration tolerance, attitudes and reactions to school and teachers.

The results showed that the program was effective. Individuals on a higher developmental level made better scores on responsibility, emotional stability, and self-regard. Advancement from a lower to a higher level added prestige. Individuals on a higher social class scored better on attitudes, reactions and frustration tolerance. Attitudes were related to receipt or non-receipt of pay while working.

Boys showed a more positive attitude toward achievement than girls when they reached employment. Employed boys had more positive

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feelings pertaining to body-image while girls developed more negative feelings as they advanced from classroom to job-training to employment.

Ethnic differences revealed the least effects on attitudes of personality characteristics of educable mentally retarded adolescents.

Four years after the study, it was questioned whether these results were due to school experience or changes in attitudes of more growth. Using each individual's scores on an IBM computer, it was found that differences between 15 and 18 years of age did not reflect differences in measured personality or attitudes. Therefore, the results were due to school experience.

Rae conducted a study of factors influencing vocational efficiency of institutionalized retardates. His study, hypothesizing that vocational efficiency varies in accordance to the types of training programs and personality traits, is in agreement with Bloom.  

Rae found that traits such as better work ability, better work habits, and better inter-personal behavior rather than Verbal IQ, Performance IQ, Full Scale IQ, arithmetic ability level, chronological age, or length of institutionalization differentiated the "good" vocational adjustment trainees from the "fair" vocational adjustment trainees. He suggested that different factors operate in different training programs. He also implied that the retardate's success in a particular area of training does not completely account for his abilities and

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1 Agnes Y. Rae, "Factors Influencing Vocational Efficiency of Institutionalized Retardates in Different Training Programs," *American Journal of Mental Deficiency*, 72, 1968, 671-674.

2 Bloom, "Effectiveness of a Cooperative Special Education Vocational Rehabilitation Program," 393-403.
interests. Motivation and personality traits may influence his preference for a certain program and his efficiency in that program. Therefore, he generalized that a retarded individual judged unsatisfactory for a particular training program because of his personality traits may be judged a competent worker in another program.

Cortasso, studying the success of sheltered workshops found that young adults with IQ's below 50 are usually not efficient workers for the program because of their inability to cope with some basic skills of independent living. Therefore, he suggested an activity type program for this post-school age group. This program offered skills for daily living such as good grooming, traveling, use of leisure time and so on to assist the individual in assuming increasing responsibility in keeping with his potential. He felt their sociability was hindered by a poor self-image accompanied by self-devaluation.

Participating in a activity program rather than a sheltered workshop, these individuals are given the opportunity to participate with other individuals with a similar training or adjustment problem. This program helps the individual toward a decrease of social isolation and devaluation by providing training in self-care and in modifying inappropriate child-like behavior; it helps him to develop a positive relationship with family, peers, and community by being trained to do some home-making chores; to use coin-operated machinery and proper behavior in public places; enjoy leisure with social activity groups; etc.

and finally, they receive cash payment weekly for piece work in
sorting, collating, and more complex tasks.

These four studies revealed that retardates understand the
worth and dignity of the human person, and given the motivation and
opportunity, they will respond to the challenge.

Summary

Work standards are taught to the retardate by counselors and
work foremen during the work-study period. Retardates can evaluate
their potential when they receive counseling and structured experi-
ences, thus enabling them to learn from failure as well as from
success.

Failure of work adjustment rather than inability to perform
the task causes the loss of a job. Behavior problems consist in
failure to complete a task, to arrive at work promptly, to take
orders without resentment, to take pride in one's work and respon-
sibility, to get along with others and to control his temper.

Good vocational adjustment trining are recognised by their
better work ability, better work habits and better inter-personal
behavior. Success in a particular area does not completely account
for a retardate's abilities and interests, but motivation and
personality traits may influence his preference for a job and his
efficiency in it. Personality traits may render him unsatisfactory
for a particular job while at the same time he can be judged
competent in another job.

Young adults below 60 IQ are usually not efficient workers
in a job training program because of their inability to cope with
some of the independent living skills. They profit more by participating in an activity program which offers skills for daily living. Training in self-care and modifying child-like behavior directs the retarded individual to a decrease of social isolation and devaluation.

Psychotherapy

In spite of the greater interest being taken in the problems facing mental retardates, the professionals in psychiatry or psychology still hesitate to do much in the way of therapy for these individuals. Abel, citing claims against psychotherapy by psychologists and psychiatrists, stated that since therapy is largely based on verbal communication, no effective results could be achieved because of the retardates' inability to verbalise, especially at the interpretative level. This would, of course, hinder a change in his attitudes or impulses. Secondly, she stated that counselors and therapists claim that working with retardates is too time-consuming with little result.

Our culture places a premium on intelligence. The mentally deficient is a deviant treated with greater rejection or less respect, finding himself unacceptable for the help due to his as a person.

As has been seen from the previous studies in this paper, self-concept investigations have been done with retardates to the apparent satisfaction of the investigators. They have gained insight into his way of dealing with real and imagined threats, his frustrations and impulses, his opinions of self and others.

1Theodora M. Abel, "Resistances and Difficulties in Psychotherapy of Mental Retardates," Journal of Clinical Psychology, 9, 1953, 197-199.
Abel suggested that it is not the adjusted retardates that come to the attention of clinicians but rather the emotionally disturbed retardates because they place a burden on the community and institution.

Her suggestion for the clinician working with the disturbed mental deficient is similar to the attitude which should be taken by the classroom teacher. She maintained

... there first has to be a real concession on the part of the counselor or therapist that the client is worth while. The worker must feel the patient is a real human being and a likeable one, otherwise an effective interpersonal relationship cannot materialize. 3

Abel also suggested that the goal of treatment should be modest and more simple than the goal one usually anticipates in working with more intelligent individuals. Goals in some of her experiments were to have a silent boy participate to a certain extent in interpersonal exchange; an imbecile girl stop biting others; a girl stop her continual masturbatory practices.

Defeat will be the result if total attitude change is the purpose at the outset. After the achievement of one small goal has been attained another can be set up for further work.

Her third and most important value suggested that the techniques should be flexible and truly geared to the individual. She feels the counselor should feel his way with each individual and through exploration find out what mode of participation the individual seems able or willing to enter into. This participation may be the use of words, play, puppets, or crayons.

3Abel, "Resistances and Difficulties in Psychotherapy," 107.
Abel summarized her article by expressing a feeling that if we can enjoy the retardate with whom he is working, have simple goals with flexible techniques, the therapeutic results may not be less effective or more difficult to bring about. Results may often be more adequate and surprisingly easy to elicit.

Combs has published two similar articles on adjustment therapy. These do not refer to retardates but they do elaborate on the non-directive therapy technique used with retarded individuals in following studies.

1 Combs' stated nondirective therapy is in agreement with the gestalt or whole approach to behavior rather than with the traditional stimulus-response psychologies.

Discussing five principles of nondirective therapy, he stated:

1. The Phenomenological Frame of Reference - nondirective therapy is "client-centered" intent upon discovering the meaning of an event in the way it appears to the client. A patient expressing love, fear, hate, or other feelings is expressing his personal meaning of the event. A child "feeling" rejected creates damage to his behavior whether or not his parent or parents "really" reject him. In order to change his behavior it will be necessary to cause a change in meanings, but it is the client himself who must make the changes in his personality. The therapist's responsibility is to keep the client's attention focused on the relations between himself and the rest of the world as he sees them.

(2) The Concept of Need - human beings are intent upon building up and fortifying themselves for the future. It is not the physical self the individual is trying to preserve or enhance but his phenomenal self, the self of which he is aware, his self-concept. With proper circumstances the individual may commit suicide, rush into death in battle, or other actions appearing to be against his own best interests. The need to preserve or enhance our concept of self is characteristic of our every act from birth to death. A maladjusted individual is striving to maintain or enhance his concept of self which is essential to prevent himself from being wrecked.

Non directive therapy recognises this need and utilises it as a strong force for adjustment. The driving force of the client's own need for the preservation or enhancement of his "self of which he is aware" makes his progress possible.

(3) The Concept of Self - the self-concept gives consistency to our behavior. In daily life an individual behaves in ways appropriate to the manner in which he perceives himself. His feelings of adequacy or inadequacy, love or hatred, strength or weakness, beauty or ugliness, young or old greatly affect his behavior.

The outstanding effect of non directive therapy is the production of change in the self-concept and therefore the behavior of the individual. Snyder1 reported a case of a young man who changed his name after counseling because he felt like a different person.

Reorganized concepts of self affect some types of somatic, or bodily change. Referral was made to Mental Hygiene Service by the Physical Education Department because of a young man's weakness and poor concept of himself. After counseling, a feeling of unattractiveness and complete failure in everything he tried was changed to a realization that he, as well as everyone, has strengths as well as weaknesses regardless of their size. His Physical Fitness Index rose from below the twenty-fifth to above the seventy-fifth percentile.

Neither is it unusual for a client to recognize changes in his concept after therapy. Changed meaning of self, therefore, results in changed behavior.

(i) The Concept of Differentiation - an individual will behave in a manner proper to the immediate situation depending on the adequacy of the discriminating differences he makes concerning himself and the situation. Adequate behavior creates a happy, comfortable and well adjusted individual who gets along with his peers, behaving the way they expect him to behave, and they in turn behaving the way he expects them to behave.

If the discriminating differences, or differentiations, of the individual are inadequate he behaves in a way his peers do not expect. They in turn are disturbed and react toward him according to their disturbed feelings. The individual having failed to make adequate differentiations feels threatened and ineffective because others did not act in a predictable fashion. The individual's failure of adequate differentiation of himself and his relation to the world may be termed maladjusted.
Nondirective therapy may be considered a process of differentiation as the client reveals insights into his personal meanings of behavior. The process centers the client's attention upon himself and upon the meanings of the situations for him. It helps to clarify and condense concepts which he previously expressed in a hazy or jumbled manner.

Follow-up studies revealed positive adjustment gains long after counseling contacts had ceased.

(5) The Concept of Threat - the maladjusted individual finds himself puzzeled and confused by his environment driving him to defend his basic need, the enhancement of his self-concept. Defending himself against his perceived threat he cannot arrive at a new and more adequate concept. His adjustment mechanisms are his attempts to preserve his own integrity, therefore desirable differentiation cannot occur until the client feels freed of the threat as he perceives it.

Nondirective therapy provides freedom from this threat by a warm, permissive atmosphere in the counseling situation. The counselor does not push the client, ask probing questions, nor guide the client, but maintains an absolute respect for the client's integrity. The client is protected from daily life disruptions in a sheltered atmosphere which provides ease for him to examine himself freely.

Sherman\(^1\) observed that less progress was made whenever the client found self-defense necessary in therapy.

In a permissive atmosphere the client feels free to examine himself and the world around him without restriction. He then is able to make his differentiations as rapidly as he can absorb them.

Nondirective therapy permits the client to feel accepted, liked and understood in an atmosphere which is warm, friendly, and free of entangling interests. He maintained nondirective therapy was not a form of transference found in psychoanalysis. Psychoanalysis involves much personal dependence of the client on the therapist, whereas clients in a nondirective or self-directive therapy, as he prefers to call it, feel the therapist was not a crutch or a support but a human relationship which neither condemned nor approved what was said.

Combs quoted a remark from an interview as eloquently expressing the value of nondirective therapy: “The things that you find out for yourself and about yourself are the only things that you really accept.”

It can readily be seen that most retarded individuals could not verbalize adequately in the nondirective therapy method. However, as Abel suggested in the previous article, the goal and treatment should be modified, simplified, and flexible.

Two studies have been found investigating changes in attitudes of retardates after therapy. Gorlow, et al., sought to study “changes

\(^1\)Combs, “Phenomenological Concepts,” p. 206.
in the structure of self-attitudes and behavior which might accrue from participating in group psychotherapy." They hypothesized that self-attitudes accounted greatly for the retardates motivation for and acceptance of the learning experiences to which they are exposed.

Female retardates were drawn randomly from Laurelton State School. Of the 79 subjects, 42 were divided evenly into six psychotherapy groups which met three days a week for an hour over a period of 12 weeks. Two therapists were responsible for three groups. The remaining 37 subjects were designated as the control group who continued their institutional routine.

The subjects' chronological age was between 15 and 23. The mean CA for the experimental group was 18-1, and for the control group 18-3. The IQ for all subjects was between 50 and 80 with a mean IQ of 65-0 for the experimental group, and 71-2 for the control group.

Wilcoxon's Behavior Rating Scale and Hospital Adjustment Scale of Ferguson, McReynold's and Ballachey were used to measure changes in institutionalization and cottage behavior. The Laurelton Self-Attitude Scale of Othiris was used to measure self-regarding attitudes.

The subjects in the experimental group were given the opportunity to express themselves freely while experiencing the warmth and interest of a therapist who was as permissive, accepting, encouraging, and unthreatening as possible. It was felt that acceptance, appreciation, and understanding would help to generalize or reinforce the self-acceptance of the retardates.
The 12 weeks therapy sessions maintained the client-centered approach under the control of the therapist. The structured procedure anticipated the ventilation of feelings of insecurity, self-doubt, hostility, negative self-attitudes and so on. The therapist sought to reinforce any nature way of coping with problems or nature verbalization of group members with his own verbal approval.

Gorlow's study did not yield significant differences in self-attitudes and behavior between the experimental and control group. Group therapy did not promote greater self-acceptance nor did it greatly influence the institutional behavior of the subjects. It was found that "erratic attendance in group therapy is associated with less conforming behavior and more extreme positive and negative attitudes toward self."

It is obvious that nondirective therapy was utilized with these subjects. From this investigation, it appears that group therapy is not advisable for retardates.

As has been noted in the previous investigations, some retardates tend to over-emphasize while others under-emphasize their opinion of self. It is reasonable that they would act accordingly in group therapy. One wonders if there would be different results for the same hypothesis if individual nondirective therapy had been used.

In the second study of attitude changes after therapy Vail\(^1\) reported even more discouraging results of group therapy. He worked

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with approximately 21 unstable, aggressive, disturbed boys from the Rosewood Training School. These 14 to 16 year old boys had measured IQ's between 35 and 70.

The nondirective technique used for these retarded subjects was considered by Veil as a failure, not of the subjects themselves, but of the therapy technique.

It appeared from the research article that these boys were given much free rein to direct the program themselves. The project started with the mutual rejection of two boys from a previous group of older and tougher boys. These two boys were permitted to select other patients they wanted in the group. As the group increased, the therapist could suggest new members, but their admittance or any expulsion was the decision of the patients' vote. The therapist was permitted to intervene if the inclusion of the new member presented a conflict in a previously scheduled class or other activity.

Group membership tried to maintain eight members at a time. But because of the patients' admission policy, members were continually entering and leaving the group causing an approximately 200 per cent turnover in the 5½ hourly sessions over a 7½ month period.

There was much unrest in the group due to the permissive attitude required of the therapist.

It can easily be understood why this would be considered an unsuccessful attempt at group therapy. Confusion and difficulty in managing such a group is to be expected if the subjects are permitted to test the limits of permissiveness and are permitted to create new disciplinary havoc.
The therapist was undoubtedly spending his time attempting to enforce the specified rules previously decided upon, or evaluating a new situation.

It appeared that the nondirective therapy in this study was extreme. There was no indication that the investigator believed the behavior of retardates is capable of change for the better. Belief that their behavior was unwholesome and non-social may be the reason for this experimental type of therapy. The personnel involved in this study appeared to have misinterpreted the directives of nondirective therapy. The understanding derived from Coobs' article suggested that the clinician was in control of the therapy session while permitting the client to talk about and understand himself and his world in a warm, free, and friendly atmosphere.

Yepeen stated "the mentally retarded person can be reached and guided by an appeal to him on the basis of his emotional tie to a desirable object, person, or sentiment." An emotional appeal to the individual's sense of loyalty, pride, or attainment can constructively control many activities.

Suggestion, a liability of retardates, may be an asset if presented skillfully enough to overcome his inhibitions. A retardate, as a normal person, must be motivated to accomplish a certain activity. The authority must propose the activity in such a manner as to make the subject feel it came from within himself. In this manner, motivational...


2Lloyd N. Yepeen, "Counseling the Mentally Retarded," American Journal of Mental Deficiency, 57, 1952, 205-211.
patterns may be presented by a teacher, therapist, counselor or employer in order to form new desires or control already existing ones.

Play is the "work" of a child. Children learn through play, yet Sessoms stated "educators and physicians have given little attention to this fact of childhood as a means of aiding the retarded to develop." He stated a child learns, develops his personality, and accepts his culture through play. He learns to contend with his environment, to cooperate with others, to establish identity and to accept and contribute to group goals. Learning to play by rule, to conform to the group's expectations and controls are a remote preparation for adult life. However, in order to attain this goal, the child must be motivated and taught physical skills which reveal immediate success experiences.

Quoting Benoit, he stated, "It's in play that they work up a will to live, a will to do things, a will to grow."

Combs, in attempting to establish an understanding for the need of therapeutic relationship to shield a child from threat suggested play therapy as a means for the individual to arrive at new self-perception.

If retarded children are really taught how to play, will they not eventually succeed in resolving to a greater extent their undesirable behaviors or actions?


Mehlman investigated psychological changes of institutionalized retarded children as a result of non-directive group play therapy. He stated that the aim of therapy is the development of the adequate self. He reported that therapy (1) acts to free the individual from threat; (2) makes no direct attempt to give the child realistic insight concerning his problem; and (3) relationship is warm, stable, and permissive. The client is accepted by the therapist as he is, which in turn helps the client learn to accept himself. Mehlman also modified, simplified, and made flexible his therapy sessions with the children.

Mehlman hypothesized (1) positive therapeutic results; (2) an increase of intelligence; and (3) a relationship between changes in intelligence and changes in personality.

The subjects were 32 white children from the Syracuse State School for the Mentally Retarded. The children ranged in age from five to 12 years with a mean age of 10.8. The length of residence was from four to 1.8 months with a mean length of 15.0 months. IQ's ranged from 52 to 78 on the Binet, with a mean of 64-91; performance quotients on the Grace Arthur ranged from 60 to 90 with a mean of 67-11; behavior ratings on the Haggerty-Olson-Wickman was 12 to 116 with a mean of 53-11; and California Test of Personality ranged from 10 to 140 with a mean of 26-6.

The study included three groups: Group Play Therapy, Group Inactive, and Group Movie. Group Inactive's only contact with the experiment was the pretest and posttest experiences. Group Movie

was used to ascertain the influence of the therapist and the relaxing of the regular institutional routine. Several short movies were shown or stories read for 1½ one hour sessions. The author wrote a descriptive behavioral account of the proceedings after each session. A lack of available time prevented this group from having observers. Group Play Therapy met twice a week for 50 minute sessions 29 times over a 16 week period. This group had observers about half the time.

Eight judges assigned every third child to one of three groups after they had summarised the Rorschach of each child in terms of adjustment on a five point scale.

The investigator indicated that there were insufficient observers during the play sessions and movie sessions. The observer's function was to complete a rating scale and to record a descriptive account of the occurrences during the sessions.

Investigations showed no statistically significant changes in personality or intelligence. Nor was there statistically significant relationship between changes in personality and changes in intelligence.

Mehlman felt that factors militated against ideal nondirective situations, namely: (1) therapeutic experience was not continued long enough for some patients; (2) too many children in the play therapy group for the therapist to reach in a desirable manner; and (3) incompatibility of some children—emotional tumult in some children and violent aggression in others.

He believed retarded children, despite their intellectual limitations, "can grow in therapy because therapeutic progress does
not depend on intellectual ability but rather creates an atmosphere of free expression. He also believed children make unique use of therapeutic situations.

In regard to Mahlman's factors militating against ideal non-directive therapy, it is necessary to recall Combs' concept of threat. The incompatibility of some children naturally leads to emotional tumult. This in turn causes violent aggression in the maladjusted child. His inadequate behavior disturbs his playmates who in turn disturb his feelings. Puzzlement and confusion drive him to defend the enhancement of his self-concept. Before he can change his behavior, it will be necessary for the therapist to help the child differentiate between himself and the meaning of the particular disrupting situation.

Summary

A minimum of studies has been done on the value of psychotherapy for retardates. Some clinicians feel it is a waste of time since retardates are deficient in verbalisation and generalization. Other clinicians feel retardates' behavior and self-acceptance are not greatly influenced by therapy. Still other clinicians feel the retardates should have the help due to them as persons.

The emotionally disturbed retardate recommended to the clinician needs to be directed to simplified goals by direction in flexible use of words, play, puppets, or crayons.

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An individual behaves in the manner in which he sees himself and the particular situation. In order to change a behavior, it is necessary to cause a change of meaning in a particular situation.

Nondirective therapy recognizes the individual's needs for enhancement of self-concept and utilizes it to assist the individual in feeling the desired change has been brought about by himself. Inadequate behavior of the individual to others causes maladjusted mechanisms as he feels himself confused and threatened.

Nondirective therapy lessens threat by a warm, permissive atmosphere in the counseling session. It is extremely important, however, for the clinician to be in control of the situation, particularly if the session is attended by a group.

Nondirective therapy is not a crutch, but a human relationship in which the individual feels accepted, liked and understood.

Perhaps therapy should begin in early childhood by teaching the retarded child to cooperate with others, learning to play according to rule, and to conform to group expectations.

III. CONCLUSION

This research paper has investigated the self-concept of young retarded children, adolescent retardates, and adult retardates.

The individual has many selves. He can perceive himself as he believes he really is, the self he wishes to be, the self he believes he is as seen by others, the self he hopes he is now, and the self he fears he is now.

By living his daily life he staves his values upon himself. An individual cannot expect to pass for more than he is. It is
generally agreed that a self-concept formed in and reinforced during childhood will persist throughout life.

There is not much difference in the behavior of a mildly retarded preschool child and a child of normal intelligence. But as the child grows older the slow maturation of the retarded child increases the inequality of behavior.

If a mentally handicapped child is permitted to develop feelings of little worth during his school life he will approach adulthood anticipating failure.

School attendance communicates success or failure to the child. Society exerts increasing awareness and understanding of social values. Failure in this age group is readily identifiable.

Leaving school or assuming an adult roll somewhat modifies standards. If a retarded man can hold a job or provide even minimally for his family, or a retarded woman can fairly adequately take care of her house and children, he or she is not regarded as intellectually deficient. The emphasis is on interpersonal competence rather than on intellectual achievement.

The ability to cope with daily experiences and maintain society's values constitute acceptable adjustment.

There is a great need in our educational system to help retardates achieve a realistic attitude of self-acceptance. A necessity exists in our system today to give the slow and retarded youngsters an equal opportunity to learn at their own pace. They need to be given praise for work well done. This work should be in accord with the child's standards and not the adult's standards. He needs encouragement
for work not too well done and lessons adapted to his ability. He
needs a teacher who accepts him for what he is, stressing his capabil-
ities rather than his limitations.

He also needs to realise everyone makes mistakes, that he can
learn from his mistakes, and that there should be no shame for his
mistakes if he has really tried.

Proper training and acceptance in childhood will prevent the
maladjustment which leads to social disapproval and need for therapy.

Much has been said for and against special classes, partially
integrated, and normal classes for retarded children. Only when the
community has provided proper educational opportunities for him and
has accepted him as a worthwhile fellow human, will he attain self-
respect, a feeling of belonging, and a feeling of worthwhile accomplish-
ment.

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1Herb True, "Principles of Motivation." Speaker at Belleville,
Illinois, Teacher's Institute, November, 1968.
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