A study of parent and sibling relationships of mentally retarded students

Eva C. Murray
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A STUDY OF PARENT AND SIBLING RELATIONSHIPS
OF MENTALLY RETARDED STUDENTS

A THESIS
SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION
ATLANTA UNIVERSITY, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

BY
EVA C. MURRAY

SCHOOL OF EDUCATION

ATLANTA UNIVERSITY
ATLANTA, GEORGIA
AUGUST, 1968
DEDICATION

To
My Husband
Earl S. Murray
For
His kindness, devotion, inspiration and
couragement during the writing of this
thesis.
ACKNOWLEDGEMENTS

The writer wishes to express her appreciation to the individuals who contributed toward the development of this study.

The writer is deeply grateful to Mr. Charles Mosely, advisor, Mrs. Louise Boswell, Dr. William H. Denton, co-advisors and to Dr. Samuel Silverstein for their supervision which made this study possible.

E. C. M.
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CHAPTER I

INTRODUCTION

Rationale.—Approximately twenty years ago, the birth or recognition of a retarded child in the family was considered a severe tragedy. The outlook for the mentally retarded child was hopeless. Today, parents are more hopeful about the mentally retarded child. At the same time, society's attitude toward mental retardation has undergone great positive change. Parents through feeling a sense of personal tragedy, have more and more come to accept their responsibility in working with their retarded child.

Dr. Leo Kanner identified five major areas of parental concern: (1) the features of the diagnosis, (2) etiology of the disturbances, an area where much is still to be learned, (3) the prognosis, (4) therapeutic management, and (5) the child's place in the family structure.1

The writer is particularly concerned with the fifth of Kanner's five areas of parental concern. The retarded child's place in the family structure. This area presents many problems to parents. Parents may ask: "How can we explain him/her to our normal children?" "How is his presence in the home likely to affect them?" "How can we give him/her the needed extra attention without making other members feel that they are neglected?" "Is it my fault?" "Will he be able to earn his

living?" "Can he have a happy adult life?" "Will he be able to receive a high school education?" "What can I do at home to help my child?" "What should I plan for my child?" "What educational programs are possible for my child?" "Should he get married?"

Jerome Rothstein supports this concern with the following statement:

The degree of his retardation, his placidity or restlessness, sedateness or destructiveness tends to aggravate already existing attitudes. It must also be remembered that aggressiveness and irritability are not necessarily the attitude of retardation but more often than not are the child's response to pressures put upon him from without by demands exceeding his ability and from within by self-contrast with his normal siblings.

On the basis of this statement, the writer feels that jealousies may exist, especially if the mentally retarded child is made aware of his imperfections. Secondly, jealousies may exist on the part of siblings who resent an overprotective or unduly sympathetic treatment given the retarded child.

Many parents direct all of their attention to their retarded child. While others show resentment or rejection toward their retarded child.

It therefore seems feasible that the importance of this area justifies further study and research.

Evolution of the problem.--The writer was interested in this study because of the direct contact with educable mentally retarded children. Over a period of three years, the writer had encountered many behavioral problems with the mentally retarded. These problems included over-

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aggressiveness, hostility, resentment of authority, frustration, self-evaluation and others.

In many cases the source of conflict was directly related to the home and family structure which might have stimulated unacceptable behavior in the classroom.

For this reason, the writer contended that this study of the mental retardates' place in the family structure was of great significance.

Further, the writer felt that if the educable mentally retarded was permitted to develop negative behavioral patterns during the preschool and early school years, he would approach many situations in adulthood with anticipation of failure, frustration, negativism and other maladaptive behaviors.

Contribution to educational knowledge.—It was hoped that the results of this study will contribute to educational knowledge through:

1. Helping teachers and others concerned with mental retardation, understand the problems faced by families with mentally retarded children.
2. Enabling teachers of the mentally retarded, parents of the mentally retarded and others concerned with mental retardation understand the retarded child's place in the family structure.
3. Helping parents become aware of the relations between the mentally retarded and his family.

Statement of the problem.—The problem in this study was to investigate certain aspects of the family relationships of mentally retarded children.
Purpose of the study.--The purpose of this study was to investigate a small sampling of families of mental retardates, in an effort to identify the retarded child's place in the family structure.

More specifically, this study proposed to:

1. Investigate the attitudes of parents and siblings toward the mentally retarded.
2. Investigate the attitudes of the mentally retarded toward the siblings and parents.
3. Investigate the recreational activities of the retarded child.
4. Investigate disciplinary methods and practices in the family of the retardate.

Scope and limitation of the study.--This study included the families of fifteen educable mentally retarded pupils. The pupils were presently enrolled in special classes at John Carey Elementary School.

The major limitation imposed upon this study was its dependency upon the reliability of the responses of the subjects and the representativeness of the sample.

Locale of the study.--This study was conducted at an elementary school in the metropolitan Atlanta area. (John Carey Elementary School). The compilation and statistical treatment of the data were carried out both at John Carey Elementary School, where the writer teaches and Atlanta University, Atlanta, Georgia, where the writer was a student.

Subjects and materials.--The subjects consisted of parents and siblings in fifteen families in the Bowen Homes area (a low income government housing project). Each family had one retarded child living in the home. The retarded children were enrolled in one of the three special
classes at John Carey Elementary School. The retarded children were selected at random from the three classes, each of which had an enrollment of fifteen. Every third person from each class was selected for this study.

Two or three siblings were selected at random from each family. Each sibling was interviewed by the writer. In families where there were only three children, two siblings were interviewed. Forty-three siblings were involved in this study.

**Definition of terms.**—The writer felt that an understanding of the following terms, applicable to this study, was necessary.

1. The term "Siblings" refers to brothers and sisters.

2. The term "educable mentally retarded" refers to those who are incapable of coping with the normal-class program; children who have been individually assessed and found to be mentally retarded, but who are still capable of profiting from a special education program designed to make them economically useful and socially adjusted.\(^1\) (I. Q. range of 50-75).

3. The term "attitude" refers to an acquired or learned, and established tendency to react toward or against something or someone.\(^2\)

4. The term "special class" refers to a class designed to provide special educational services for those persons

\(^1\)Ibid., p. 163.

who are incapable of profiting from regular class situations.

5. The term "family structure refers to a group of individuals typically represented by father, mother and children, but including also groups lacking one parent or groups embracing other relatives and adopted children. ¹

Methods of research.—The descriptive survey method of research, employing the techniques of questionnaires and personal interviews was used in this study.

Research procedure.—The interviews and questionnaires provided the data for this study.

The writer interviewed each subject in his or her home at an appointed time. Whenever possible, both parents were interviewed. The interview for parents consisted of oral and written sections. The writer filled in sections of the questionnaire whenever necessary.

The entire questionnaires for the retardate and siblings were read and interpreted to them and the responses recorded by the writer.

The data obtained from questionnaires and interviews were compiled and treated in a manner appropriate to achieve the purposes of the study.

Conclusions, implications, and recommendations were based upon the findings of the study and included in the final thesis copy.

Survey of related literature.—The literature which appeared to

be pertinent to the present study and which seemed most likely to make significant contributions to the understanding sought was organized, reviewed and presented under the following captions:

1. Effects of the retarded child on parents.
2. Parental attitude toward the retardate.
3. Parental responsibilities in teaching self-care skills (Dressing, Personal hygiene, Grooming, Nutrition training habits, Discipline and others).
4. Interest and play, recreational and leisure activities of retarded children.
5. Effects of retardates on siblings.
6. Parent organizations and information.

The presence of a retarded child in the family may have serious effects on the parents and family. In many cases, mental retardation strikes the parents much harder than it does the child, mainly because the child is unaware of his condition. The mental health of parents may also be affected by the retarded child's presence in the home. From the time parents suspect something wrong to final acceptance of their condition, many sleepless nights are encountered. To some, the experience of being the parents of a retarded child is so severe that family relations are permanently disrupted. Sometimes it affects normal children in the family. Many parents withdraw from active civic life and other social functionings.

Levinson stated that parents go through many reactions in the rearing of a retarded child and in their struggle with their misfortune. Refusal to accept the verdict, shame, guilt, bitterness and envy are some
of the reactions of parents.¹

Although parents suspect that something is wrong with their child and in some cases have proof of the fact, many of them are afraid to face the truth. They fear reality. Instead of meeting the situation, they go through wishful thinking: "It can't be!" "I'm sure he'll outgrow it." "He is just a little slow that's all."

Many parents at first refuse to accept the statement of the doctor that their child is mentally retarded. They even try to convince the doctor that there is nothing wrong with their child. The reactions of parents depend upon their physical and mental makeup.

Many parents of retardates develop shame. They are ashamed to face their neighbors, their relatives and their friends. Some parents hide their child behind closed doors. They do not realize that hiding troubles do not solve anything.

Some parents of mentally retarded children suffer from a guilt complex. Parents frequently blame each other for their misfortune and blame each other for the child's condition. This misunderstanding may end in quarrels, separation, and even in divorce and the breaking up of families.

The guilt complex is often accompanied by a sense of inferiority, inadequacy and failure. The mother, who may have been very sociable, may withdraw from society.

Another outstanding reaction on the part of many parents is one of bitterness and envy. Levinson states that the higher the intellect-

ual or social scale of the parents, the more resentful their attitude.¹ This is particularly true in cases where mental retardation exists in families of teachers, doctors, lawyers, and other professionals.

In a recent study of effects of the retarded child on family integration by Farber, the findings were as follows:

1. For families with a retarded child at home, it was found that the marital integration of parents with a retarded boy was lower than the marital integration of parents with a retarded girl.

2. An analysis by social status of the family indicated that in lower class families the presence of a mentally retarded boy had a more adverse effect on marital integration than the presence of a mentally retarded girl. In middle class homes, however, this difference was not marked.

3. When age of the retarded child was taken into account, the finding was that as the mentally retarded boy grew older, he tended to have a disruptive effect on the marital relationship of the parents.²

The attitudes parents take toward their mentally retarded child varies considerably. Some feel sorry for their retardate and tend to overprotect and shower him with affection. Others go to the opposite extreme. They reject their retardate and show resentment toward him.

French defines rejection as a negative reaction which rejects the child forcibly by turning to stringent discipline, by maintaining

¹Ibid., p. 36.

a pseudo-objective "clinical" detachment, or by setting unattainable goals for the child by attempting to enforce their attainment through intense pressure. This reaction may take the form of favoring his brothers and sisters, or even other people's children.¹

It is sometimes tempting to parents to believe that increased "training", the setting up of stringent rules, is what the child needs in order to bring up his performance level. However, strict training can never substitute for the capacity to learn.

Many times, parents who appear to be objective about their child's retardation, may in reality have a cold rejection for the child. Very often the objective mother will show favorable first impressions by appearing to be well adjusted, and cooperate with professional persons. Only on closer acquaintance does it become clear that her attitude is a mask covering severe feelings of guilt and anxiety.

The parents of the retarded child must reach the level of real acceptance of the retarded child. The retarded needs the warmth and affection of loving parents, not parents who regard him as a problem.

French stated that many parents overindulge their child by buying him too many toys and by giving him expensive gifts. It appears on the surface that they are being kind to the child in not denying him anything he wants. But, they are denying him real love. They are unable to give of themselves and therefore give money or bought objects. But the retarded child needs love, acceptance, support and help -- not gifts.²

² Ibid., p. 28.
This implies an understanding of the child. Parents must understand his level, his abilities, his disabilities, his strengths, his weaknesses and his problems. Parents have a responsibility of gaining this understanding so that they can accept the child. They must seek knowledge and facts from those most qualified to give them. Parents must accept the truth in order that the home contributes to the development of the child.

Stott states that only the parent who truly loves his child can safely discipline that child. Only the parent who truly accepts the retarded child's limitations, and understands his situation in life can help in training the child.¹

The home and family provide the greatest opportunities for training and helping the child develop in the abilities leading to social maturity. Through teaching him self-care skills, the parents aid in the retardate's growth toward social maturity. These skills consist of caring for his own dress, eating, toilet training, cleanliness, and discipline. These skills are learned if the parents do not pressure the retardate. When the parents are familiar with the order in which the expected age at which various skills develop, it is much easier for the parents to teach the child.

Teaching the child to be independent in self-care is one of the first and most important responsibilities of the parent. It may take months of patient training to get him to accomplish one skill. But, parents must be careful not to do the task themselves. Doing the task for

him is not teaching him.

Parents must realize that the retarded cannot undertake too much at one time. One skill, or a specific part of a skill, should be mastered before moving on to another skill. If an experience has been broken down and taught as a series of specific skills, each must be learned in turn, with finally considerable drill and practice on the whole.

Perry states some general principles for helping the retarded learn to dress, feed, wash and toilet himself.¹

1. Know the child. Find out what his level of development is and how he learns best.
2. See that the learning experience is a pleasant one. One way of doing this is through an enthusiastic attitude.
3. Teach each skill the simplest way, one step at a time. Try out different techniques to see which one is more effective. Teach the easiest part first.
4. Give the child ample time and opportunity to work on the new task.
5. Be consistent. If a child is expected to put his shoes on, he should do so every day.
6. Give encouragement and praise. Retarded children need more adult approval than other children.
7. Don't expect perfection. Mistakes are common when a child is learning.
8. Be flexible. If one method or technique does not work after adequate trial, try a new approach.

Almost every child can be expected to take some responsibility for hanging up his own coat and putting his shoes in place. He has to learn many steps in getting into and out of his coat, especially in the winter. Some of these steps are much harder than others. However, the retarded child should not be expected to learn how to do everything at once. Parents must see that he is not becoming frustrated in undertaking this task.

The retarded child needs much more time than normal children. This is due mainly to his mental retardation and because of the clumsiness of his movement. Parents must give him a chance to practice several times a day.

Retarded children must be taught habits of cleanliness. He must be taught to bathe and how to wash his face and hands. During the day, he must be given the firm understanding that he is to wash at certain times. It must be made clear to him that he is not to come to breakfast unwashed, that he must wash his hands before every meal.

Brushing the teeth can be quite a task for both mother and child. Many retarded children resist having their teeth brushed because they cannot open their mouth properly. In the case where the child's tongue is too large to keep behind the teeth, it is particularly difficult to teach him skills in brushing the teeth properly.

The retarded child will usually be slower in toilet training than the average child. The mother must consider the child's mental level. However, the child can be helped to gain this control through understanding and patient routines by the parents.

Parents should take their retardate to the toilet at regular times during the day and this should be part of his routine.
In training the retarded, parents must remember that what the child eats is just as important as how he eats it. The retarded child must have well-balanced meals each day. Parents must help him develop good habits of eating basic food and not candy and other sweets in between meals. Table manners should be so good that they blend in everywhere, even in a restaurant.

Every child needs discipline. The retarded child needs discipline. French defines discipline as a process of instilling in the child certain values which he must have to live with other human beings. Further, discipline implies "following" that is adopting the ways and standards of love of the older and wiser person.¹

French further states that the retarded child must know the "rules of the game" and the acceptable limits of behavior. It is the duty and responsibility of the parents to help the child stay within his limits.

As in all other training, parents must be consistent in matters of discipline. If rules remain consistent, the child has an opportunity to learn that certain results are consequences of certain behaviors. A child may become confused, uncertain, and insecure or possibly rebellious if he is scolded for something one day and ignored the next. Consistent, patient, unemotional teaching is the basic tool of discipline. Punishment when necessary should be administered objectively, never in anger.

Most children find their own playmates. But, this is not true in the case of the mentally retarded. The parent must plan for the

¹French, Child in the Shadows, p. 120.
child in order that loneliness and isolation will not be of danger to the child. Acceptance by other children is a big problem for the retarded child and failure of the parents to solve it may result in their child undergoing suffering and emotional disturbance.

If there is real understanding on the part of neighbors, they may encourage their children to accept the retarded child. At the same time, if real understanding does not exist among the neighbors, they will hesitate to permit their children to associate with them. In many cases, the community attitudes are transmitted to the children of the community, thus causing the retarded child to be isolated and lonely.

Also, the unwillingness to accept the retarded child may stem from other children. Often the normal child finds him too slow, unable to keep up with their games, or, in many other ways, "different".

Heiser states that because the mentally retarded child's abilities, interests and behavior are below his chronological age, the retarded child will often gravitate to, or be forced into, the company of younger children.¹ This problem of adequate and problem companionship becomes greater as the child grows older.

The fact that he himself chooses younger children as playmates indicate the sensitivity, conscious or unconscious, the retarded child has toward his own inadequacies and his ability to withstand competition at his own age level.

The National Association for Retarded Children points out that for the mentally retarded children, recreation is of the utmost impor-

Normal youngsters usually have many opportunities to learn to play and become outgoing and friendly. The mentally retarded -- because they are generally shunned as being "different" may never have those opportunities.¹

Through play, and other forms of recreational facilities, the mentally retarded can experience success, enjoyment, and a sense of accomplishment. As a result, they benefit. So do their parents and, in the long run, so does society.

Davies states that when there are other children in the family, the problem of the retarded child becomes more complicated. The two questions that come up most frequently are: (1) Should the other children be told of the condition of the retarded child? (2) Should the retarded child be kept at home with normal sisters and brothers?²

Davies answers the first question by stating that they should be told at one time or another. It is much better to hear the truth from their own mother than from neighbors or playmates.³

When they should be told depends on the reactions the sisters and brothers show to the mentally retarded child. If they notice something is wrong and ask what it is, they should be told the truth immediately. If the children do not ask questions about the retarded child, it is best to wait until they are a little older.


³Ibid., p. 112.
The answer to the second question, whether the retarded child should be kept at home with his sisters and brothers, again depends upon their reactions. If they love their retarded brother or sister, they will certainly have no difficulties in helping and understanding them. However, parents should be careful not to permit the normal children to overdo their sense of responsibility.

Many parents make mistakes of showering too much affection on their retarded child and giving him too much of their time. This reaction of the parent may cause the other children to grow resentful toward their brother or sister because of the parents' overprotective attitude. The parents should not neglect their normal children and they should be careful not to show the mentally retarded child too much affection. To prevent development of complexes in normal children, it is sometimes necessary to remove the retarded child from the home and send him to boarding school.

Perry lists many organizations which are formed by interested parents of the retarded. An example is the Association for Help of Retarded Children. It works for the betterment of retarded children encouraging action along such lines as: public understanding of the problem, public school classes for mentally retarded children, community recreational programs, proper institutional care and provisions for professional training of needed personnel. The A. H. R. C. gives considerable attention to research. The N. A. R. C. is an effective local group which includes professional and other citizens interested in the field as well as parents.

Many states have their own chapters of the State Association for Retarded Children. The American Association on Mental Deficiency has
also devoted itself to increasing the understanding of mental retardation. It has made particular progress in the professional areas where new interests are being generated which will lead to searches for answers in treatment, training and prevention.

There are magazines and journals which are helpful to parents of retarded children. They are as follows:

1. **American Journal of Mental Deficiency**, published four times yearly by the American Association on Mental Deficiency. This magazine deals primarily with technical articles and papers on all aspects of mental retardation.

2. **Children Limited**, published four times yearly by the National Association for Retarded Children. This magazine is published for parents of the National Association. It covers news and developments in mental retardation throughout the country.

3. **The Exceptional Children**, published eight times a year by the International Council for Exceptional Children. This magazine deals with non-technical articles on all aspects of handicapped children.

4. **Mental Retardation**, published ten times yearly by The Training School, Vineland, New Jersey. The magazine publishes technical, non-technical and human interest articles on mental retardation.

Because of the many organizations, literature and research for the mentally retarded, one can readily see that there is new hope for the mentally retarded's future.
CHAPTER II

INTERPRETATION AND ANALYSIS OF DATA

Introduction.—Parents of educable mentally retarded children are faced with many problems. Perhaps the most difficult to resolve is whether or not the mentally retarded child is able to find his place in the family structure and adjust to other members of the family. Frequently, parents receive contradictory advice from both professional persons and friends. Some suggest that parents should tell the siblings of the retarded child's condition immediately. Other suggest that parents should wait until the normal children are older before they are told about the retarded child's condition. Only systematic investigation of families with retarded children can produce reliable information which could be helpful to parents. To fill this need, the present study was undertaken by the writer.

Purpose.—The purpose of this chapter is to present an analysis of the data collected in this study.

Description of subjects.—To determine the parent and sibling relationships of educable mentally retarded children, an investigation of fifteen families in the Bowen Homes area was undertaken. Each family had one retarded child. The families were chosen by randomly selecting children from the three special classes at John Carey Elementary School. Each of the classes had an enrollment of fifteen students.
The retardates' ages ranged from ten to thirteen years old. The normal siblings' age ranged from nine to fourteen years old. In six families, only the mother was used for the study because the father did not live in the home.

Of these fifteen families, eight of the retardates were males, seven were females. Each had been identified as educable mentally retarded on the basis of an intelligence test falling into the range of 50-75. The intelligence tests were individually administered to each of the retardates. The WISC, the Stanford Binet and the Kuhlman-Anderson were used to determine the I. Q. scores.

There were forty-three normal siblings used in this study. There were twenty-five males and eighteen females.

Description of instruments.—The data for this study were collected by the interview and questionnaires, the samples of which are included in Appendixes A, B, C and D. The questionnaires were constructed by the writer. The interviews were conducted by the writer.

The writer interviewed each subject in his or her home at an appointed time. Whenever possible, both parents were also interviewed. The interview which lasted an average of one hour, consisted of oral and written sections. When interviewing the retardates and siblings, the questionnaires were read and interpreted to them and the responses were recorded by the writer.

Three sets of questionnaires were used in the study. The first dealing with the parental attitudes toward the retardates. The second, dealing with the retardate's attitude toward siblings and parents and the third dealing with the attitude of siblings toward the retardates. An analysis was made of the sets of data.
Social and economic characteristics of the families.—In socio-economic characteristics, the families were typical of the lower socio-economic group. Table 1 gives some of the social and economic characteristics of the fifteen families used in this study.

**TABLE 1**

**DESCRIPTION OF FAMILIES INCLUDED IN STUDY**

| 1. Number of families studied | 15 |
| 2. Number of retarded children | Boy 8, Girl 7 |
| 3. Mean age of Retardate | Boy 11.3, Girl 10.6 |
| 4. Number of siblings | Boy 25, Girl 18 |
| 5. Mean age of siblings | 10.5 |
| 6. Number of families with both parents in the home | 6 |
| 7. Number of families with one parent in the home | Father 0, Mother 9 |
| 8. Number of parents who had completed high school (12 years of education) | Mother 4, Father 4 |
| 9. Mean age of parents | Mother 39.5, Father 34.6 |
| 10. Mean number of children living in the home | 6 |
| 11. Occupations of parents | Mother | Father |
| Unskilled and semi-skilled workers | 9 | 5 |
| Unemployed | 6 | 1 |
| Unknown | 0 | 9 |
| 12. Median annual family income | $4,833.00 |
Inspection of Table 1 reveals that, in general, the families tended to be in unskilled and semi-skilled occupations, had an average of six children and did not have a high school education. The median annual income for the fifteen families was $4,833. The table further reveals that, of the fifteen families, there were only six families with both parents living in the home. And, nine families with only the mother in the home.

The occupations of parents are shown in Table 2.

**TABLE 2**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mother</th>
<th>Father</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truck Driver</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Maid</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Factory Worker</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Cook</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Janitor</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Cab Driver</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 2 reveals that six out of fifteen mothers were unemployed. These six parents indicated on the questionnaire that they were on welfare. The fathers tended to have semi-skilled and unskilled occupations.

Number of children in each family.--Figure 1 shows the number of children in the families interviewed.
An examination of Figure 1 reveals that only two families had fewer than five children. While seven families had more than six children. The average number of children per family was six.

Fig. 1.—Size of Families

Ages of normal siblings.—The ages of normal siblings interviewed are shown in Figure 2.
Figure 2 reveals that the normal siblings interviewed ranged from ages eight to fourteen years old. The average age for the forty-three normal siblings was 10 years 5 months.

Ages of the retardates. -- The ages of the retardates interviewed are shown in Figure 3.

An examination of Figure 3 reveals that the retardates' ages ranged from ten to thirteen years old. The average age of the fifteen retardates is 10 years 10 months.
Fig. 3.—Ages of Retardates
**Ordinal position of retarded children.**—The ordinal position of the retarded children according to age is shown in Table 3.

**TABLE 3**

SEX AND POSITION OF RETARDED CHILDREN ACCORDING TO AGE

<table>
<thead>
<tr>
<th>Family</th>
<th>Number of Children</th>
<th>Position of Retardate</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>2</td>
<td>M</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>F</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>2</td>
<td>M</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>3</td>
<td>F</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>3</td>
<td>F</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>2</td>
<td>F</td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>3</td>
<td>F</td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>6</td>
<td>M</td>
</tr>
<tr>
<td>13</td>
<td>7</td>
<td>6</td>
<td>M</td>
</tr>
<tr>
<td>14</td>
<td>8</td>
<td>5</td>
<td>F</td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>7</td>
<td>F</td>
</tr>
</tbody>
</table>

An examination of Table 3 indicates that only two of the retarded children were the first ones born to a family, while none of the children were the last ones born to a family.
Initial impact upon parents.—Many parents reported severe emotional reactions when their children were initially diagnosed as retarded by a physician, psychologist or social worker. Table 4 indicates the responses received from parents concerning the initial emotional impact parents experienced when their children were initially diagnosed as retarded.

**TABLE 4**

**EMOTIONAL IMPACT OF THE DIAGNOSIS OF RETARDATION**

<table>
<thead>
<tr>
<th>Responses to Question</th>
<th>When you found out definitely that your child was retarded, how did you feel?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Bitter and Angry</td>
<td>0</td>
</tr>
<tr>
<td>Shocked</td>
<td>2</td>
</tr>
<tr>
<td>Miserable</td>
<td>2</td>
</tr>
<tr>
<td>Depressed</td>
<td>1</td>
</tr>
<tr>
<td>Hurt</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
</tr>
</tbody>
</table>

An analysis of Table 4 indicates that ten families reported that they were hurt when they found out that their children were retarded.

Out of fifteen families, fourteen families reported that they found out about their child's retardation from the school psychologist. None of the parents indicated that they found out about their child's retardation on their own. One indicated that the doctor informed them of their child's retardation. Friends and relatives were not indicated as a means of finding out about the child's condition.
Initial effects on siblings.—Findings concerning the relationships between normal and retarded siblings, as reported by parents are presented in Table 5. Because this question was subjective, the writer received different responses from the parents. Table 5 reveals the responses which were based on the question, "How did the normal siblings treat the retardate after they realized the retardate was different?"

**TABLE 5**

<table>
<thead>
<tr>
<th>Treatment of Retardate</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change of behavior</td>
<td>10</td>
</tr>
<tr>
<td>Referred to as dumb or stupid</td>
<td>2</td>
</tr>
<tr>
<td>Completely ignored</td>
<td>1</td>
</tr>
<tr>
<td>Called by other names</td>
<td>1</td>
</tr>
<tr>
<td>Accepted and treated as though normal</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

An analysis of Table 5 indicates that out of fifteen families, nine stated that there was no change in the normal siblings' attitude toward the retardate after they found out about the child's condition.

Parental attitude toward the retarded children.—When parents were asked if their children received more or less attention from them after being identified as mentally retarded, the responses indicated that five retardates received a little more attention while in ten families there was no change. The five parents who reported that their children received a little more attention indicated that this attention did
not affect the other children's attitude toward the retarded child.

All fifteen parents reported that their retardates were generally included in family activities and that the retarded children appeared to be happy most of the time.

Parental description of children's social behavior.--The social behavior of the children in the families interviewed is described in Table 6 based on the tabulation of responses to the Interview Schedule.

<table>
<thead>
<tr>
<th>Personality Characteristics</th>
<th>Number of Siblings</th>
<th>Number of Retardates</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Excitable</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>b. Inactive</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>c. Active</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>d. Has temper tantrums</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>e. Timid</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>f. Destructive</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>g. Stubborn</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>h. Teases others</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>i. Physically aggressive</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>j. Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>26</td>
</tr>
</tbody>
</table>

In comparing the personality characteristics of the retardates to the personality characteristics of the normal siblings, the results in Table 6 indicate that the retardates were generally stubborn while the
normal siblings were generally active.

The total number indicated in the table is greater than the number of children involved because some parents checked more than one behavior characteristic.

All fifteen parents reported that their retarded children maintained a friendly relationship with the normal siblings most of the time.

Analysis of data on the disciplinary measures used by parents revealed that the normal siblings and the retardates were disciplined by the same method.

**Retardates' attitude toward parents.**—Interview results concerning the relationships of the retardates with their parents are shown in Table 7.

**TABLE 7**

**RETARDATES' RELATIONSHIP TO PARENTS IN THE HOME**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you feel that you get the same attention as other members of the family?</td>
<td>14</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Do you feel that you get more attention than other members of the family?</td>
<td>1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>3. Do your parents make you feel &quot;different&quot;?</td>
<td>1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>4. Do your parents compare you with your brothers and sisters?</td>
<td>1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>5. Are you given any tasks to perform?</td>
<td>10</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Do your parents blame you for most of the disturbances in the home?</td>
<td>3</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>
TABLE 7--Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Do your parents seem interested in you?</td>
<td>Yes 12</td>
</tr>
<tr>
<td></td>
<td>No 3</td>
</tr>
<tr>
<td></td>
<td>Sometimes 0</td>
</tr>
<tr>
<td>8. Do you love your parents?</td>
<td>Yes 14</td>
</tr>
<tr>
<td></td>
<td>No 1</td>
</tr>
<tr>
<td></td>
<td>Sometimes 0</td>
</tr>
<tr>
<td>9. Do your parents spend much time with you?</td>
<td>Yes 3</td>
</tr>
<tr>
<td></td>
<td>No 0</td>
</tr>
<tr>
<td></td>
<td>Sometimes 12</td>
</tr>
<tr>
<td>10. Do your parents buy you more gifts than for the other children?</td>
<td>Yes 2</td>
</tr>
<tr>
<td></td>
<td>No 12</td>
</tr>
<tr>
<td></td>
<td>Sometimes 1</td>
</tr>
<tr>
<td>11. Do your parents insist that you practice habits of cleanliness?</td>
<td>Yes 5</td>
</tr>
<tr>
<td></td>
<td>No 10</td>
</tr>
<tr>
<td></td>
<td>Sometimes 0</td>
</tr>
</tbody>
</table>

Table 7 indicates that the retardates generally felt that they were getting the same attention as other members of the family. Generally, the parents did not make retardates feel any different from siblings. Table 7 also reveals that parents usually did not compare the retardates with normal siblings. In general, the retardates loved their parents, spent a considerable amount of time with them and were treated as normal siblings.

Retardates' relationship to siblings.--Interview results concerning the relationships of the retarded children and their siblings are shown in Table 8.

An analysis of Table 8 indicates that the children apparently treated all their siblings alike, whether normal or retarded in most cases. In general, the retardates' relationship with his siblings was very good.
TABLE 8
THE RETARDATES’ RELATIONSHIPS TO SIBLINGS

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you like your brothers?</td>
<td>13</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2. Do you like your sisters?</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Do you feel your brothers like you?</td>
<td>10</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Do you feel your sisters like you?</td>
<td>11</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5. Do your brothers treat you as they do the other members of the family?</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6. Do your sisters treat you as they do the other members of the family?</td>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7. Do your brothers include you in their play activities?</td>
<td>10</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Do your sisters include you in their play activities?</td>
<td>12-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Do your sisters and brothers spend much time helping you with your homework, domestic tasks and other activities in the home?</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>10. How do you spend most of your time?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Playing 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working   2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Siblings' relationships to retardates.—Questionnaire results concerning the relationships of the normal siblings and the retardates are shown in Table 9.

An analysis of Table 9 indicates that the normal siblings liked their retarded sibling and there was a good relationship between the retardates and normal siblings.
TABLE 9
THE SIBLINGS' RELATIONSHIPS TO RETARDATES

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you like__________?</td>
<td>Yes: 41</td>
</tr>
<tr>
<td></td>
<td>No: 1</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 1</td>
</tr>
<tr>
<td>2. Do you feel that _______ likes you?</td>
<td>Yes: 43</td>
</tr>
<tr>
<td></td>
<td>No: 0</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 0</td>
</tr>
<tr>
<td>3. Do you like to play with _______?</td>
<td>Yes: 40</td>
</tr>
<tr>
<td></td>
<td>No: 2</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 1</td>
</tr>
<tr>
<td>4. Is ________ kind to you?</td>
<td>Yes: 43</td>
</tr>
<tr>
<td></td>
<td>No: 0</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 0</td>
</tr>
<tr>
<td>5. Does _______ get the same attention from your parents as you do?</td>
<td>Yes: 43</td>
</tr>
<tr>
<td></td>
<td>No: 0</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 0</td>
</tr>
<tr>
<td>6. Does _______ help with the jobs around the house?</td>
<td>Yes: 42</td>
</tr>
<tr>
<td></td>
<td>No: 0</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 1</td>
</tr>
<tr>
<td>7. Do you feel that your parents spend more time with _______ than they do</td>
<td>Yes: 1</td>
</tr>
<tr>
<td>more time with _______ than they do with you?</td>
<td>No: 40</td>
</tr>
<tr>
<td></td>
<td>Sometimes: 2</td>
</tr>
<tr>
<td>8. How do you spend most of your time?</td>
<td>Playing: 42</td>
</tr>
<tr>
<td></td>
<td>Working: 1</td>
</tr>
<tr>
<td></td>
<td>Other: 0</td>
</tr>
</tbody>
</table>

In comparing the results of Table 8 and Table 9, it is indicated that the relationships between the retardates and normal siblings are good. Both the normal siblings and the retardates indicated that they were all treated alike in the home. The parents treated all siblings alike, whether normal or retarded.

In investigating the play activities of the children, it was found that the retardates and normal siblings enjoyed playing with children of their own ages and sex.
CHAPTER III

SUMMARY, CONCLUSIONS, IMPLICATIONS AND
RECOMMENDATIONS

This study was concerned with an investigation of the relationships between educable mentally retarded children and other family members.

The data was classified according to three categories: (a) social psychological factors -- parents' attitudes toward the retarded child, initial impact of the diagnosis of retardation upon the parents, current personal impact on the normal siblings in the family, the retardates' attitudes toward the siblings and parents and the normal siblings' attitudes toward the retarded children; (b) social organization factors -- within the family: present relationships between family members, social status of the family; (c) ecological factors -- number, age and sex of family members.

Recapitulation of research design.--The significant aspect of the locale and research design of this study are described as follows:

1. Period and locale of the study.--This study was conducted during the spring of 1968 in the Bowen Homes area.

2. Subjects - The subjects involved in this study were parents of fifteen educable mentally retarded children, and forty-three siblings of the retardates. The fifteen retardates were enrolled at the John Carey Elementary School, Atlanta, Georgia, during the 1967-1968 school year.
3. **Method of research** - The Descriptive Survey method of research was used, employing the use of questionnaires and interviews in gathering the data needed for this study.

4. **Criterion of reliability** - The criterion of reliability for appraising the data obtained was the accuracy and authenticity of the responses of those who were interviewed.

5. **Research procedure** - The data were gathered, analyzed, interpreted and presented through the following procedural steps:

   a) Related literature pertinent to this study was reviewed and summarized.

   b) Questionnaires were conducted with the aid of faculty members in the School of Education and Special Education Department of Atlanta University.

   c) Letters were written to parents asking for their cooperation and permission to include their children in this study.

   d) Conclusions, implications and recommendations were made in accordance with the analysis of the data.

**Summary of related literature.**—The results of this study would appear to add support to many previous studies as described in the literature.

Levinson found that parents go through many reactions in the rearing of the retarded child. Refusal to accept the verdict, shame, guilt, bitterness and envy are some reactions of parents.\(^1\) He further stated that the higher the intellectual or social scale of the parent, the more resentful the attitude.

Farber's findings were as follows:

   a) Marital integration of parents with a retarded boy was lower than the marital integration with a retarded girl.

b) An analysis by social status of the family indicated that in lower class families, the presence of a retarded boy had a more adverse effect on marital integration than the presence of a mentally retarded girl. In middle class homes, however, the difference was not marked.

c) When age of the retarded child was taken into account, the finding was that as the mentally retarded boy grew older, he tended to have a disruptive effect on the marital relationship of the parents.¹

French found that parents may react by rejecting the retarded child. He defines rejection as a negative reaction which rejects the child forcibly by turning to stringent discipline, by maintaining pseudo-objective clinical detachment, or by setting unattainable goals for the child and attempting to enforce their attainment through intense pressure. The parent may tend to favor the brothers and sisters of the retardate.²

French also found that many parents overindulge their children by buying them too many toys and by giving them expensive gifts. It appears on the surface that they are being kind to the child in not denying him anything. But, they are denying him real love.³

Stott reports that only the parents who truly accept the retarded child's limitations and understand his situation in life can help in training the child.⁴


³Ibid., p. 28.

Heiser found that the retarded child is often forced into the company of younger children. This is due to the fact that the mentally retarded child's abilities, interests and behavior are below his chronological age.¹

Davies found that when there are other children in the family, the problem of the retarded child becomes more complicated. Two questions come up most frequently: (1) Should the other children be told of the condition of the retarded child? (2) Should the retarded child be kept at home with normal sisters and brothers? He concluded that the normal children in the family should be told at one time or another and it is much better to hear the truth from their own mother than from neighbors and playmates. He states that, if the normal children notice something is wrong and ask what it is, they should be told the truth immediately. If the children do not ask questions about the retarded child, it is best to wait until they are a little older.²

Rosen found that parents who have more or less accepted their child's retardation apparently pass through about five successive stages in the process. The first stage is characterized by an awareness that a serious problem exists. The second, by recognition of the retardation and what it is; the third, by a search for a cure; the fourth, by a search for a solution; and the fifth, by acceptance of the problem, a goal which is seldom fully attained.³

³L. Rosen, "Selected Aspects in the Development of the Mother's
Ritter found that the attitudes of parents and the way they interact with their retarded offsprings affect the mental health and happiness of the whole family.¹

Summary of findings.—The findings as indicated by the data presented and interpreted in Chapter II are an attempt to satisfy the outlined purposes of the thesis.

The findings as related to the identification of social and economic characteristics of the families were as follows:

The sample consisted of parents in fifteen families in the Bowen Homes area with a retarded child living at home. The retarded children were students in special classes at John Carey Elementary School. Eight of the pupils were male, seven were females. The I. Q. of the students ranged from 57 to 72. The mean age of the males was 11.3 years and the females, 10.6 years.

All of the parents participating in this study were in the lower socio-economic strata. Most of them depended upon public welfare for their total income. In nine families, only the mother was present in the home. The mean age of mothers was 34.6 years and the mean age of fathers was 39.5 years.

The data further revealed that parents included in the sample were semi-skilled and unskilled workers with an average of six children in each family, and had a median income of $4,833.00 per year, and had very little education.

Parents' initial attitude toward the retarded child.—Ordinarily, parents experience severe emotional reactions when their children are initially diagnosed as retarded by a physician, psychologist or social worker. Results in this study indicate that parents experienced some type of emotional reaction when their children were diagnosed as mentally retarded. These results were:

1) The children in this study were diagnosed by the school psychologist and a medical physician.

2) The emotional reactions expressed by the parents described them as being hurt, miserable, shocked and depressed.

The results described above are consistent with those found in previous studies, indicating that parents of the retarded experience severe emotional reactions when their children are initially diagnosed as mentally retarded.

Effects on siblings.—The results concerning the effects of the retarded child upon normal siblings are indicated as follows:

1) The retarded child has little or no effect on the normal siblings.

2) The normal siblings apparently experienced little change in attitude when they found out that there was a retarded child in the family.

3) In general, the relationship between the normal siblings and the retarded child was a very good one.

Parental attitude toward retardates.—When effects of the retardates on parents were considered, it was found that:

1) The retardate generally received the same attention as normal siblings.

2) The parents of the retardate did not make the retarded children feel "different" from the normal siblings.

3) The retarded children were generally included in family activities and appeared happy most of the time.
4) The retarded child maintained a friendly relationship with other members of the family most of the time.

In general, the retarded children's presence in the home did not have a disrupting influence on family relations.

**Retardates' attitude toward parents.**—The findings concerning the retardates' attitude toward their parents are as follows:

1) The retardates generally felt that they were getting the same attention as other members of the family.

2) The retardates' parents did not make the retardate feel any "different" from the other children.

3) The retardates were not compared to normal siblings in the family.

In general, the retarded children were treated the same as normal children.

**Attitudes of siblings and retardates.**—In investigating the attitudes of siblings toward the retardates and the attitudes of retardates toward siblings, it was found that:

1) The children treated all their siblings alike, whether normal or retarded, in most cases.

2) The relationship between the retarded and normal siblings was a very good one.

**Interest and play activities of children.**—With respect to the retardates' and normal siblings' play activities, it was found that:

1) The retardate and the normal siblings spent most of their leisure time playing with other children.

2) The retarded children preferred children their own age and sex.

3) The normal siblings preferred children their own age and sex.

The results indicate that the retarded and the normal children enjoyed playing during their leisure time and both retardates and normal
siblings preferred children their own age and sex.

Disciplinary method and practices.—It was found that parents of the fifteen families interviewed, used the same disciplinary method for all of their children.

Conclusions.—An analysis and interpretation of the data collected from the fifteen families, warrant the following conclusions:

1. The retardates were not treated any differently from the normal siblings.
2. The attitudes of the retardates toward the parents were no different from the attitudes of normal siblings.
3. There was no difference in the relationships of parents and normal siblings as compared to the relationships of retardates.
4. Parents treated all their children alike.
5. Both retardates and normal siblings indicated a good relationship in the family.
6. Both normal siblings and retardates agree that there was no difference in the attention the retardates got as compared to normal children.
7. Parents used the same disciplinary methods for all children.
8. All children enjoyed playing regardless of mental ability.

Implications.—The following implications were derived from the findings:

1. Teachers at John Carey Elementary School must realize that children are no different as far as parents are concerned.
2. Behavior in classrooms cannot be regarded as having been influenced by differential treatment in the home.
3. Teachers and principals should make the retardates feel just as important as normal children.
Recommendations.—As a result of this study, the following recommendations were made:

1. Follow-up study of older children to find out if the results hold true for older children.

2. In parent-teacher relations, teachers should react to retardates' behavior the same as they would react to normal children's behavior.

3. Retardates should be given greater opportunity for social interaction with normal children in school.

4. Teacher recommendations to parents regarding extracurricular activities should be the same as those recommended for normal children.
Appendix A. -- Letter of Permission

John Carey School
1157 Sixth Street, NW
Atlanta, Georgia 30318
March 21, 1968

Dear Parents:

I have received permission to conduct a study of the children in my class to see how parents feel about their children in the special education program. This study will need your assistance and cooperation. Each parent will be asked certain questions, concerning their children. No names will be used in this study.

I feel that this study will be beneficial to both myself and your child in his future education.

Please indicate below whether or not you will be able to cooperate with this study.

1. ______ I will cooperate with this study.
2. ______ I will not cooperate with this study.

Check the day or days that you will be available to see me:
Monday___, Tuesday___, Wednesday___, Thursday___, Friday___,
Saturday___, Sunday___.

The best time is: ____________.

Thank you for your cooperation.

Cordially yours,

(Mrs.) Eva C. Murray
Teacher
Appendix B. -- Interview Schedule for Parents of the Mentally Retarded

1. Father:
   Age________
   Highest grade completed________
   Occupation_________________ Salary (Annual)________

2. Mother:
   Age________
   Highest grade completed________
   Occupation_________________ Salary (Annual)________

3. Are both parents living in the home: Yes_______ No_______
   If no, what is the current status of marriage:
   Separated_______, Divorced_______ Widow_______ Intact_______

4. Which parent lives in the home? Mother_______, Father_______

5. How many children live in the home?________

6. What is the child's rank in the sibling group?
   1st_______, 2nd_______, 3rd_______, 4th_______, 5th_______, 6th_______, 7th_______

7. When did you first become aware that your child was different from other children?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. How did you find out for sure that your child was retarded? by whom?________
   Kind of specialist ________________________________
   How old was he then? Age________

9. What services did you seek?
   Medical_______ Psychological_______ Other__________
10. When you found out definitely that your child was retarded, how did you feel?

Bitter and angry_____, Shocked_____, Miserable_____, Depressed_____, Hurt_____, Blamed your spouse_____, Disbelieving______.

11. How did the other children treat the retarded child after they realized he was different?______________________________

Please describe their reactions______________________________

12. In comparison to your other children, would you say that you have given your retarded child:

Much more attention_____

A little more attention____

Less attention____________

13. If your retarded child received more attention, do you feel that this affected your other children's attitude toward him?

Yes________ No______ Don't know____. If yes, how?________

14. Do you make a point of including your retarded child in family activities?

Yes____ No______ Sometimes_______ Rarely________

15. Does your child maintain a friendly relationship with the family?

Sometimes______, Most of the Time______, All the time______,

No______

16. Below are some behavior characteristics of children. Please check those that describe your child.

My Child:

______________ is excitable
______________ is active
______________ is overactive
______________ has temper tantrums
______________ is timid
17. Does your retarded child accept any of the home responsibilities?
   Yes______, No______, Sometimes______

18. How does your child spend most of his time?
   Playing with others________
   Playing alone___________
   Other______________, Explain______________________________________

19. What disciplinary measures are most effective with your retarded child?
   Spanking_________________  
   Scolding_________________
   Taking away privileges_______
   Isolation_______________
   Others__________________________________________

20. Is this method different from the method used with your other children?
   Yes__________  No__________
Appendix C. -- Interview Schedule for Retardates

1. What is your age?
   Age_____
   Sex____ Male____ Female____

2. Do you like all of your brothers?
   Yes____ No____ Sometimes____

3. Do you like all of your sisters?
   Yes____ No____ Sometimes____

4. Do you feel that all of your brothers like you?
   Yes____ No____ Sometimes____

5. Do you feel that all of your sisters like you?
   Yes____ No____ Sometimes____

6. Do your brothers include you in their play activities?
   Yes____ No____ Sometimes____

7. Do your sisters include you in their play activities?
   Yes____ No____ Sometimes____

8. Do your brothers treat you as they do the other children in the family?
   Yes____ No____ Sometimes____

9. Do your sisters treat you as they do the other members of the family?
   Yes____ No____ Sometimes____

10. Do your sisters and brothers spend much time helping you with homework, and other jobs around the house?
    Yes____ No____ Sometimes____

11. What type of children do you enjoy most?
    Older____ Younger____ Same Age____

12. How do you spend most of your time?
    Playing____, Doing domestic tasks____ Others____
13. Compared with other members of the family, how much attention do you get from your parents?
More_______ Less_________ Same_________

14. Do your parents make you feel that you are "different?"
Yes_______ No_________ Sometimes_________

15. If yes, explain______________________________________________

16. Does your mother compare you with your brothers and sisters?
Yes_______ No_________ Sometimes_________

17. If the answer is yes, explain______________________________________________

18. Do your parents give you tasks you cannot do?
Yes_______ No_________ Sometimes_________

19. How do you feel about "rules" in the home? Please answer the following questions:  (Yes (No)
   Too Strict _______ _______
   Not Strict _______ _______
   No rules _______ _______
   Too many rules _______ _______

20. Do your parents blame you for most of the confusion in the home?
Yes_______ No_________ Sometimes_________

21. Do your parents seem interested in you?
Yes_______ No_________ Sometimes_________

22. Do you love your parents?
Yes_______ No_________ Sometimes_________

23. Do your parents spend much time with you?
Yes_______ No_________ Sometimes_________
24. Do your parents buy more gifts for you than they do the other children?

Yes________  No________  Sometimes________

25. Do your parents insist that you practice habits of cleanliness?

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Appendix D. -- Questionnaire for Siblings

1. What is your age?
   Age________________
   Sex:  Male____  Female_____

2. Do you like____________?
   Yes_____  No____  Sometimes_____

3. Do you feel that_________likes you?
   Yes_____  No_____  Sometimes_____

4. Do you like to play with____________________?
   Yes_____  No_____  Sometimes_____ 

5. Is_________kind to you?
   Yes_____  No____  Sometimes_____

6. Does_________get the same attention from the parents as you do?
   Yes_____  No_____  Sometimes_____

7. Does_________help you with the jobs around the house?
   Yes_____  No_____  Sometimes_____

8. Do you feel that your parents spend more time with__________ than they do you?
   Yes_____  No_____  Sometimes_____

9. What type of children do you enjoy most?
   Older____  Younger____  Same Age____
   Males_____  Females_____

10. How does your mother punish you?
    Spanking____  Scolding____
    Taking away privileges____  Isolation_____
    Other_____________________________
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