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## The Effect of Order Upon a Selected Measure of Human Strength

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MENTAL RETARDATION: SEVERITY, RECOGNITION,  
AND PARENTAL ATTITUDES

being

A Thesis Presented to the Graduate Faculty  
of the Fort Hays Kansas State College in  
Partial Fulfillment of the Requirements for  
the Degree of Master of Science

by

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Date June 13, 1961

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## ABSTRACT

This study was designed to test two specific hypotheses: (1) the mother of a severely mentally retarded child will become aware of the child's retardation earlier than the mother of a mildly mentally retarded child, and (2) the mildly mentally retarded child will be seen for more psychological evaluations than will the severely mentally retarded child.

Forty-four mothers were contacted, 27 of whom participated in the study. Mental retardation in their children had been determined by prior evaluation at the Psychological Service Center, Fort Hays Kansas State College. The mothers were interviewed and four areas involving the mother's perception of the child's mental retardation were investigated: (a) the age of the child when mental retardation first became apparent to the mother, (b) the number of psychological evaluations made of the mentally retarded child, (c) the professional identity of the informant first telling the mother of her child's mental retardation, and (d) the attitudes of the mother as measured by the Parental Attitude Research Instrument (PARI).

The mothers were divided into two groups: Group I consisted of the mothers of the "severely retarded children,"

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## CHAPTER I

### INTRODUCTION

Professional people have long been aware of the importance of parental attitudes and behavior in the performance of all children, but these factors assume even greater importance for the mentally retarded. By the very nature of their handicap, these children have a greater dependence upon the family group and their circle of contact is smaller. They, as well as "normal" children, internalize the concept of themselves as viewed by the parents. Since their abilities are limited, this self-concept needs to be as realistic and as positive as possible in order for them to maximize their capacities.

Harms (1953) has stated that families and peer groups frequently experience difficulty in accepting mentally handicapped children. As Thurston (1959) has indicated, American culture places great value upon the highly intelligent, and the parents of the mentally deficient child tend to feel "frightened and concerned; guilty and anxiety ridden" (p. 148). Often the feeling of inadequacy experienced by the parents at having brought into the world an inferior child is so strong that the parents are unable to do anything to help the child use the capacities he does have. Parental reactions to mental retardation

will usually range on a continuum from mature acknowledgment of the child's limitations and acceptance of them to a complete denial of any retardation.

Jolles (1947) reported that the parents of mentally retarded children often neglect to meet the basic needs of these children, such as needs for love, security, and the feeling of being wanted. Peck and Stephens (1960) reiterated that the personality dynamics of the parents as well as those of the child determined the behavior of the child and they found that a lack of emotional security was present in many homes of the mentally retarded.

In a study by Call (1958) the presence of what he called an "inhibiting parent-child symbiosis" was proposed. This, he said, affected the relationship between the handicapped child and the parents. The symbiosis is a cycle of emotions between parent and child which steadily deteriorates as the child grows older. The cycle is fed by the overly dependent parent who feels guilty about the rejection of the child; and the child, in turn, senses the rejection and responds to it by demanding more and more of the parent's time and energy. The parent resents these new demands, and then feels guilty about his resentment; thus the cycle grows until neither the child nor the parent is able to free himself from the destructive and demoralizing relationship.



Sarason (1953) believed that whatever was termed "intelligence" was related to and affected by attitudinal factors which had been acquired as a result of earlier life experiences. He found that parents had a tendency to perceive and report behavior of the retarded child in a highly favorable light. Sarason emphasized that caution was necessary in evaluating any information supplied by parents of handicapped children.

A study by Abel (1953) was concerned with the psychological aspects of facial disfigurement. She stated that individuals with minor facial defects were more seriously mentally disturbed than were the grossly or severely disfigured persons. As a result of her psychiatric interviews with patients seeking plastic surgery, about one-half of the patients were classified as "complainers" and persons with mild disfigurement were found in the majority in the group. The grossly or severely disfigured were found, chiefly, in the "non-complainers" group. The more severely disfigured persons seemed to have accepted their deformities and to have adjusted to their handicaps.

In attempting to devise a rating chart for securing an objective measure of parents' acceptance or rejection of their mentally retarded children, Worchel (1955) found that these children were less favorably rated on personality traits than were normal or "ideal" children.

Shaefer and Bell (1958) developed a set of homogeneous measures, the Parental Attitude Research Instrument, for research purposes to measure parental attitudes. This instrument could be administered to the mother of the child and they felt that it would be useful in investigating theories of the influence of maternal attitudes upon the development of the child.

The mentally retarded child's need for acceptance by the parents has been acknowledged, but the parents often need help in making their adjustment to the child's handicap. A statement by Murray (1959) that the first severe problem that parents of retarded children face is the "acceptance" of the child's mental retardation emphasized the need of the parents for "constructive professional counselling at various stages in the child's life ..." (p. 1084).

Mahoney (1958) mentioned the need to evaluate parents of the mentally retarded child as individuals with unique personality structures--as are all parents and all persons--rather than as "parents of mentally retarded children." Although the experiences of having a retarded child makes them members of a common group and although the social and cultural pressures tend to be rather consistent for them, nevertheless they adjust differentially in a manner not unrelated to their pattern of functioning before the birth of the child.

Watterman presented an important factor to be considered in regard to adjustments made by parents of retarded children:

Another factor which makes it hard for parents to accept feeblemindedness is that it is often recognized late. Even in markedly retarded children, the differences between them and normal infants are not outstandingly noticeable in the first years of life. In the "dull normal" and "borderline feebleminded" children, the parent has little opportunity to recognize anything wrong in the child until he starts school and there can be comparison with the accomplishments of other children. This late recognition of the condition tends to make acceptance more difficult because the parent believes that the preschool years have been normal. Parents of such children are the ones who put extreme pressure on the child to achieve scholastically (1957, pp. 402-403).

The review of the literature revealed a scarcity of studies on the reactions of parents to the manner in which they learned of their child's retardation. Much of the literature was devoted to the need for factual interpretation and presentation of information to the parents, but the writer found no studies regarding the parents' perception of this need.

#### Statement of the Problem

This research was conducted in an attempt to investigate (a) the relationship between the severity of the child's mental retardation and the age of the child at the time the mother first recognized the condition, (b) the relationship between the severity of the child's mental retardation and

the number of psychological evaluations made of the retarded child, (c) the professional identity of the informant first telling the mother of her child's mental retardation, and (d) the attitudes of mothers of mentally retarded children as measured by the Parental Attitudes Research Instrument (PARI).

Two specific hypotheses were tested:

1. The mother of a severely mentally retarded child will become aware of the child's retardation earlier than the mother of a mildly mentally retarded child.

2. The mildly mentally retarded child will be seen for more psychological evaluations than will the severely mentally retarded child.

The term "mentally retarded child" was used to refer to an individual under the age of eighteen who met the following criteria: (a) an intelligence quotient of seventy or below as determined by either the Stanford-Binet Intelligence Scale or the Wechsler Intelligence Scale for Children, (b) a developmental history of retardation characterized by a retarded rate of walking, talking, and becoming proficient in the normal activities of living, and (c) a current level retardation characterized by an inability to approximate peer group norms with regard to social and performance capacities.

The term "severely mentally retarded child" was used to indicate a child who obtained an I.Q. of less than fifty



on either of the above mentioned intelligence tests.

The term "mildly mentally retarded child" was used to indicate a child who obtained an I.Q. between fifty and seventy on the standardized intelligence tests.

## CHAPTER II

### METHOD

#### Subjects

The subjects were 27 women who were living with their husbands and who were mothers of mentally retarded children that had been raised in the home since birth. These subjects were (1) mothers whose retarded children were seen for psychological evaluation in the Psychological Service Center, Fort Hays Kansas State College, Hays, Kansas, between June, 1960, and November, 1960; or (2) mothers who were residents of Ellis, Gove, or Sheridan Counties in Kansas and whose children had been evaluated at the Psychological Service Center between January, 1955, and November, 1960.

#### Procedure

These subjects were contacted by telephone or letter requesting their cooperation. A total of 44 mothers were contacted. Of those contacted, ten mothers did not wish to cooperate in the study, and seven were not eligible because the child had been institutionalized; the remaining 27 mothers participated in the study.

All mothers were interviewed and the data were collected between June 1, 1960, and November 1, 1960. Interviews were held in the mother's home or at the Psychological Service Center, and all interviews were completed by either



Joseph Hubbard, graduate student in psychology, or the investigator.

In order to standardize the interviews as much as possible without losing flexibility, the interviewers worked from a semi-structured interview guide (see Appendix A). Several practice sessions were held before actual collection of data was begun. Each mother was (a) interviewed and (b) administered the PARI.

The Stanford-Binet Intelligence Scale or the Wechsler Intelligence Scale for Children had been previously administered to each child; the intelligence quotients ranged from 28 to 68. The chronological ages of the children ranged from four years to seventeen years at the time their mothers were interviewed by the examiners. A more complete summary of the characteristics pertaining to subjects is presented in Table 1.

### Interview

The interview consisted of two divisions. The first division contained identification questions designed to secure information concerning the educational achievement of the parents, their age, approximate socioeconomic status, ages of other children, and other information (see Appendix B).

In the second division, the mother was asked to tell the interviewer about the retarded child--when she first "realized something was wrong," "what happened," etc. The

Table 1

## Characteristics of Subjects

Subject	Mother's	Child's	Child's
	Age-Years	Age-Years	I.Q.
1	55	17	28
2	30	4	30*
3	42	5	30*
4	34	6	35
5	42	8	40
6	28	8	43
7	35	11	45
8	38	15	45
9	35	6	49
10	26	6	49
11	24	7	49
12	38	11	49
13	50	6	49
14	32	8	50
15	58	11	50
16	43	8	51
17	27	7	51
18	30	10	54
19	49	15	56
20	43	11	59
21	30	8	61
22	36	10	64
23	43	11	65
24	51	17	66
25	36	9	66
26	45	10	67
27	35	7	68

\*Exact I.Q. could not be determined. This score represents the maximum level of intellectual functioning.

interviewer noted the descriptive term the mother used for her child (e.g., mongoloid, retarded, slow, etc.), and for the remainder of the interview this term was used by the interviewer. The mother was allowed to give her own version of the child's history and the interviewer encouraged her to elaborate upon information pertinent to the present study. At the conclusion of the interview, the interviewer checked the items on the check-list (see Appendix A) to be certain that the areas had been covered. Three areas involving the mother's perception of the child's mental retardation were investigated during this phase of the interview: (a) the age of the child when mental retardation first became apparent to the mother, (b) the number of psychological evaluations of the mentally retarded child, and (c) the professional identity of the informant first telling the mother of the child's mental retardation.

Parental Attitude Research Instrument. This inventory of attitudes toward child rearing and family life was assembled by Shaefer and Bell (1958). The form used in this study consisted of Final Form IV (see Appendix C). This form of the PARI is made up of 115 items, arranged into 23 scales of five items each which measure 23 attitudes of mothers. The entire scale of 115 items was administered to each mother. The subject was instructed to indicate her agreement or disagreement with each specific statement along a four-

point continuum as follows: strong agreement, mild agreement, mild disagreement, or strong disagreement.

The score for each of the 23 scales was obtained by totaling the values received on the five items making up each scale. Strong agreement with the item expressed was given a value of four, mild agreement was given a value of three, mild disagreement earned a value of two, and strong disagreement was given a value of one. If a mother strongly agreed with every item, she received a score of 20. If she strongly disagreed with every item, she received a score of five. A mother who mildly disagreed on every item received a score of 10, while a mother who mildly agreed on every item received a score of 15. The score of 12.5 was the theoretical neutral point for each of the scales.



## CHAPTER III

### RESULTS

The results of this study will be presented in the following four divisions: (a) the severity of retardation and the age of the child when the mother recognized the mental retardation, (b) the severity of retardation and the number of psychological evaluations made of the mentally retarded child, (c) the professional identity of the informant first telling the mother of her child's mental retardation, and (d) the attitudes toward child rearing and family life of the mothers of the mentally retarded children, as shown by the PARI.

Severity of retardation and age of child when mental retardation was recognized. Group I (hereafter termed the Severe Group) consisted of 13 mothers whose children were severely mentally retarded, these children having I.Q.'s of less than 50 on either the Stanford-Binet Intelligence Scale or on the Wechsler Intelligence Scale for Children. For this group the I.Q. range was from 28 to 49. Group II (hereafter termed the Mild Group) consisted of 14 mothers whose children were mildly retarded, these children having I.Q.'s between 50 and 68. The ages of the children when their mothers became aware of the mental retardation varied from

one month to six years. In the Severe Group the age range at the time of recognition was from one month to forty-one months, while in the Mild Group the range was from one month to seventy-two months. These results are presented in Table 2.

Table 2

<u>Child's Age When Mental Retardation First Recognized</u>		
Subjects	Before	After
	12 months	12 months
Severe Group (N=13)	10	3
Mild Group (N=14)	5	9
Total	15	12

An inspection analysis of the frequency distribution obtained suggested that twelve months would be a reasonable cutting point. A Chi-square test, using Yate's correction, was applied. Chi-square of 3.12 was obtained. Since the sample was small and the Chi-square approximated the .05 level of significance (3.84), Fisher's Exact Test for a chance distribution of these frequencies was computed. Additive scores of .03294, .00449, .00027, and .00005 were obtained, yielding a probability value of .037., indicating that there is some variable other than chance operating to



explain the obtained distribution.

A Pearson product-moment coefficient was computed between the age of the child when mental retardation was recognized and the I.Q. score. A correlation coefficient of .45 was obtained, significant at the .05 level, indicating a substantial relationship between these two variables. Both the contingency table and the correlation coefficient were interpreted as supporting the hypothesis that the mother of a severely mentally retarded child will become aware of the child's retardation earlier than the mother of a mildly mentally retarded child.

Severity of retardation and number of psychological evaluations. In the severe group the number of psychological evaluations for the children ranged from one to three, with the total number of evaluations for the 13 children totaling 18. In the mild group the number of evaluations ranged from one to four, with the total number of psychological evaluations for the 14 children being 29. These results are presented in Table 3.

An inspection analysis of the obtained frequency distribution suggested that one evaluation would be a reasonable cutting point. A Chi-square test, using Yate's correction, was applied. This yielded a Chi-square of 3.88, significant at the .05 level of confidence, suggesting that

there is a relationship between the two variables. The results supported the hypothesis that the mildly mentally retarded child will be seen for more psychological evaluations than will the severely mentally retarded child.

Table 3

Number of Psychological Evaluations of Subjects  
In the Severe Group and the Mild Group

	Only 1 eval.	More Than 1 eval.
Subjects		
Severe Group (N = 13)	9	4
Mild Group (N = 14)	3	11
Total	12	15

A Pearson product-moment coefficient was computed between the number of psychological evaluations and the I.Q. scores. A correlation coefficient of .28 was obtained, not significant at the .05 level of confidence. The range of scores on the variable of the number of evaluations was small. The dispersions of scores on the two variables, number of psychological evaluations and the severity of mental retardation, was unequal and could account for the small coefficient.

Number of psychological evaluations and age at which mental retardation was recognized. A Chi-square, using Yate's

correction, was applied to a contingency table composed of the two variables previously evaluated in relationship to the Severe Group and the Mild Group. These are presented in Table 4.

Table 4

Number of Psychological Evaluations of Mental Retardation  
Recognized Before One Year and After One Year

Mental Retardation Recognized	Only 1 eval.	More Than 1 eval.
Before 1 year	10	5
After 1 year	2	10
<b>Total</b>	<b>12</b>	<b>15</b>

A Chi-square of 4.91 was obtained, significant at the .05 level of confidence, suggesting that when mental retardation of the child is recognized after one year of age, there is a trend toward more than one psychological evaluation.

A Pearson product-moment coefficient was computed between these two variables and a correlation coefficient of .23 was obtained, not significant at the .05 level. The narrow range of scores contributed to the small correlation coefficient.

Identity of the informant. Each mother was asked, "Who told you, for the first time, of your child's mental

retardation?" Many of the mothers "already knew it" but the name of the person who first told them was obtained. They were asked to tell the manner in which they were told, and whether they believed the informant. The results are presented in Table 5.

Table 5

<u>First Informant of Child's Mental Retardation</u>		
Informant	Number of Mothers	
	Believing It	Not Believing It
Family physician	2	3
Other M.D. (Child Specialist, Neurologist, etc. Family M.D. referral*	5	2
Psychologist M.D. referral*	3	2
School teacher		1
School psychologist		1

\*The parent was referred to either the other medical doctor or to the psychologist by the family physician, in order to obtain more information about the child. The family physician had not told the parent that the child was mentally retarded.

Twenty-five of the 27 mothers first learned of their children's mental retardation from either a physician or a psychologist. In two-thirds of these cases, the mother



accepted the informant's diagnosis of mental retardation, and in one-third of the cases the mother did not accept the diagnosis of the informant.

Parental Attitude Research Instrument. A mean score was computed for the Severe Group and for the Mild Group on each of the 23 scales of the PARI. The greatest differences in the means between the two groups were found on the scales of Ascendancy of the Mother, Avoidance of Communication, and Rejection of the Homemaking Role. Although t-tests were computed for these three areas, the t's obtained were not significant. Since the three largest differences obtained were not significant, t-tests were not made on the other scales. These results are presented in Table 6. It was concluded that the data did not show any significant differences between the attitudes of the mothers of severely mentally retarded children and the mothers of mildly mentally retarded children on the PARI.

On the PARI scale the Mild Group presented more variance in their attitudes than did the Severe Group. On only three scales did the mothers of the mildly retarded children have the most variance. These were the scales evaluating Encouraging Verbilization, Suppression of Aggression, and Equalitarianism. These results are presented in Table 7. F tests of the differences between the variances were made.

On the scale concerned with Marital Conflict, the F value obtained was significant at the .05 level of confidence. This result was attributed to chance, and it was felt that the two groups did not differ significantly.

Table 6

PARI Scale	Largest Mean Differences on the PARI			
	Severe	Mild	Difference	t
Ascendancy of Mother	12.61	11.14	1.47	1.19*
Avoidance of Communication	12.15	10.93	1.22	1.30
Rejection of Homemkg. Role	12.07	10.57	1.50	1.09

\*t needed at .05 level of significance with 26 degrees of freedom is 2.05.

Additional data obtained from the interview. At least three mothers expressed frustration at the lack of available professional resources in their immediate area. A need both for trained counselors in the field of mental retardation and for special educational facilities was expressed. Eight of the 27 mothers spontaneously commented that after their children were evaluated psychologically, it was easier for the parents to accept the fact that the children did have limited capacities. The mothers felt that they



Table 7

Mothers' Responses to Parental Attitude  
Research Instrument

PARI Scale	Group I (Severely Retarded)		Group II (Mildly Retarded)	
	Standard		Standard	
	Mean	Deviation	Mean	Deviation
Encourg. Verbalization	17.23	2.20	17.21	2.15
Fostrg. Dependency	12.00	2.39	11.50	3.38
Seclusion of Mother	14.77	2.45	13.69	3.57
Breaking the Will	12.61	3.18	11.93	3.47
Martyrdom	11.08	2.81	10.14	3.64
Fear of Harming Baby	14.08	2.92	13.50	3.41
Marital Conflict	14.77	1.44	14.43	2.79
Strictness	14.53	3.05	13.71	3.65
Irritability	14.23	2.47	13.36	3.75
Excludg. Outside Infl.	12.92	3.28	12.21	3.75
Deification	13.23	3.16	14.36	3.67
Suppression Aggression	11.54	3.63	10.93	2.89
Rejecting Homemkg. Role	12.07	2.79	10.57	3.93
Equalitarianism	15.61	2.27	16.57	1.81
Approval of Activity	13.54	2.24	12.78	2.73
Avoid. of Communication	12.15	2.11	12.78	2.60
Inconsiderate of Husbd.	13.00	2.75	11.86	3.38
Suppression of Sex	11.54	3.19	10.36	3.24
Ascendancy of Mother	12.61	2.80	11.14	3.33
Intrusiveness	10.77	2.35	10.71	3.55
Comradeship and Sharg.	18.38	1.44	18.43	1.87
Acceleration Develpt.	13.23	3.32	13.00	4.16
Dependency of Mother	13.00	2.60	11.93	3.53

were able to ease the pressure to achieve, since they no longer felt that the children were "not trying" or that the children were in rebellion against them as parents. The other 19 mothers made no comment regarding this aspect of the psychological evaluation.

Three mothers indicated that the hardest task was accepting the fact of retardation in their children, and five of the 27 mothers expressed indignation at individuals who had encouraged them to believe that their children would be normal instead of presenting to them a more realistic picture of the children's condition.

Four of the 13 mothers of the severely retarded children felt that institutionalization of their children would isolate them from positive contact with "normal" children.

## CHAPTER IV

### DISCUSSION

The two hypotheses stated were supported by the results of this research. These results indicated a trend toward earlier recognition of mental retardation when the child functioned below 50 I.Q., intellectually.

In this study the mothers of the severely mentally retarded children showed a tendency toward earlier recognition and acceptance of their children's limitations than did the mothers of the mildly retarded children. Abel's study of the psychological aspects of facial disfigurement indicated a similar trend. These results suggest that the more severe the handicap, the less the parents attempt to deny its existence. Five of the 27 mothers seemed to resent factual information about their children's mental retardation, since they felt that the informant "made their child appear stupid."

Programs of public education about mental retardation have helped the parents of these children accept their children's difficulties and have helped alleviate the parents' sense of guilt, but the parents seem to need education as to the retarded children's need for acceptance by their peers. Some of the parents of the severely mentally retarded children seemed to feel that institutionalization of these

children would isolate them from positive contact with "normal" children. Some educational program would, perhaps, be beneficial to help these parents accept the idea that retarded children could and would enjoy the company of other mentally retarded children rather than that of "normal" children.

The data obtained regarding "acceptance" of factual information about the child's mental retardation by the mother suggested that it is difficult for parents to accept such knowledge regardless of the informant's position. Twelve of the 27 mothers refused to believe their child was mentally retarded the first time they were told. Even five of the eight mothers who sought psychological evaluations without being referred to anyone refused to believe the report the first time they were told. This suggests that more research in this area would be informative and useful to professional persons. It suggests, also, that parents may need to be told many times and by more than one person of their child's limitations.

The mothers who were participants in this study were not matched on any variable, due to the smallness of the sample. A study using more subjects and having a control group would be of interest. Klebanoff (1959) made a comparison of the attitudes of mothers of schizophrenic, brain injured and mentally retarded, and normal children using the



PARI. He found that the mothers of the normal children differed from the mothers of the schizophrenic and mentally retarded children, but that the mothers of the schizophrenic children did not differ from the mothers of the brain injured and mentally retarded children. Klebanoff has indicated the possibility that the fact that these children were mental deviates accounted for the mothers' attitudes regarding child rearing and family life. He suggested that "the element of hopelessness associated with the irreversibility of the organic condition may have served to frighten and embitter these mothers" (p. 453). Additional research, using a control group of mothers of normal children; matched as to age of mother, age of child, educational level of the mother, and as to socioeconomic level; with mothers of severely mentally retarded children and mothers of mildly mentally retarded children would be of value. This research would, perhaps, indicate whether these groups of mothers of mental deviates differ, significantly, from the mothers of normal children in their attitudes toward child rearing.

## CHAPTER V

### SUMMARY AND CONCLUSION

This study was designed to test two specific hypotheses: (1) the mother of a severely mentally retarded child will become aware of the child's retardation earlier than the mother of a mildly mentally retarded child, and (2) the mildly mentally retarded child will be seen for more psychological evaluations than will the severely mentally retarded child.

Forty-four mothers were contacted, 27 of whom participated in the study. Mental retardation in their children had been determined by prior evaluation at the Psychological Service Center, Fort Hays Kansas State College. The mothers were interviewed and four areas involving the mother's perception of the child's mental retardation were investigated: (a) the age of the child when mental retardation first became apparent to the mother, (b) the number of psychological evaluations made of the mentally retarded child, (c) the professional identity of the informant first telling the mother of her child's mental retardation, and (d) the attitudes of the mother as measured by the Parental Attitude Research Instrument (PARI).



The mothers were divided into two groups: Group I consisted of the mothers of the "severely retarded children," those children who obtained an intelligence quotient of less than 50 on the Stanford-Binet Intelligence Scale or on the Wechsler Intelligence Scale for Children; and Group II, consisting of the mothers of the "mildly mentally retarded children," those children who achieved an intelligence quotient of 50 to 70 on one of the standardized tests.

Statistical analyses of the obtained data did support the two hypotheses proposed by this research. The two groups of mothers did not differ significantly on the 23 attitudes toward childrearing and family life measured by the PARI. The data obtained regarding the influence of the professional identity of the first informant upon the mothers' "acceptance" of their children's mental retardation suggested a need for further research in this area and the possibility that parents of mentally retarded children need to be told more than once and by more than one informant of their children's limitations.

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APPENDIX A

Age and relationship of retarded children to family  
Age and relationship of retarded children to family

Age and relationship of retarded children to family

Age of the child when mental retardation first became apparent

0 to 5 yrs.

6 to 10 yrs.

11 to 15 yrs.

Other

Was information regarding child first sought by parents?

Why?

Information on retardation first sought by \_\_\_\_\_

APPENDICES

- Family Physician
- Psychologist
- Other Doctor
- School Worker
- Minister
- Teacher
- Relative
- Other

- They suggested child be referred to medical clinic?
- They suggested child be referred to psychological clinic?
- They suggested child be seen again at a later date?

Parents believed it \_\_\_\_\_ Did not believe it \_\_\_\_\_

Following initial information regarding retardation, other evaluations?

None None of these, other Site Referred?

- 1.
- 2.
- 3.
- None

Source of information during later psychological evaluations



APPENDIX A

Ages of other mentally retarded children in immediate family

Ages and relationship of retarded children on maternal side of the family

Ages and relationship of retarded children on paternal side of the family

Age of the child when mental retardation first became apparent

- 0 to 6 mo.
- 6 mo. to 1 yr.
- 1 to 6 yrs.
- other

Was information regarding child first sought by parents?

Why?

Information on retardation given by:      What was said?

- Family physician
- Psychologist
- Other doctor
- Social worker
- Minister
- Teacher
- Relative
- Other

- They suggested child be referred to medical clinic?
- They suggested child be referred to psychological clinic?
- They suggested child be seen again at a later date?

Parents believed it \_\_\_\_\_      Did not believe it \_\_\_\_\_

Following initial information regarding retardation, other evaluations?

None      Name of Clinic, Hosp., other      Date      Referred?

- 1.
- 2.
- 3.
- More

Trend of information during later psychological evaluations

APPENDIX B

IDENTIFICATION QUESTIONS

Child \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_

Birthday Child \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Occupation (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Education (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Socioeconomic Status: High \_\_\_\_\_ Upper Middle \_\_\_\_\_  
Mid-Middle \_\_\_\_\_ Low-Middle \_\_\_\_\_ Deceased \_\_\_\_\_

Mother's age \_\_\_\_\_ Father's age \_\_\_\_\_ Living Together \_\_\_\_\_

Child Natural \_\_\_\_\_ Adopted \_\_\_\_\_ Foster \_\_\_\_\_ Step \_\_\_\_\_

Siblings: List ages and sex of all children; circle age of  
child seen; underline age of children not in home.

Problem and symptoms: Check those applicable  
Organicity \_\_\_\_\_ Enuresis \_\_\_\_\_ Mentally retarded \_\_\_\_\_  
Headaches \_\_\_\_\_ Obesity \_\_\_\_\_ Socially aggressive \_\_\_\_\_  
Masturbation \_\_\_\_\_ Gifted (above 140 IQ) \_\_\_\_\_  
Socially Withdrawn \_\_\_\_\_

Child sleeps alone \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Brother \_\_\_\_\_  
Sister \_\_\_\_\_

Tests administered \_\_\_\_\_

IQ \_\_\_\_\_

Comments: \_\_\_\_\_

## APPENDIX C

### INVENTORY OF ATTITUDES ON FAMILY LIFE AND CHILDREN

Read each of the statements below and then rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

Indicate your opinion by drawing a circle around the "A" if you strongly agree, around the "a" if you mildly agree, around the "d" if you mildly disagree, and around the "D" if you strongly disagree.

There are no right or wrong answers, so answer according to your own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike but all are necessary to show slight differences of opinion.

1. Children should be allowed to disagree with their parents if they feel their own ideas are better.
2. A good mother should shelter her child from life's little difficulties.
3. The home is the only thing that matters to a good mother.
4. Some children are just so bad they must be taught to fear adults for their own good.
5. Children should realize how much parents have to give up for them.
6. You must always keep tight hold of baby during his bath for in a careless moment he might slip.
7. People who think they can get along in marriage without arguments just don't know the facts.
8. A child will be grateful later on for strict training.
9. Children will get on any woman's nerves if she has to be with them all day.
10. It's best for the child if he never gets started wondering whether his mother's views are right.
11. More parents should teach their children to have unquestioning loyalty to them.
12. A child should be taught to avoid fighting no matter what happens.

13. One of the worst things about taking care of a home is a woman feels that she can't get out.
14. Parents should adjust to the children some rather than always expecting the children to adjust to the parents.
15. There are so many things a child has to learn in life there is no excuse for him sitting around with time on his hands.
16. If you let children talk about their troubles they end up complaining even more.
17. Mothers would do their job better with the children if fathers were more kind.
18. A young child should be protected from hearing about sex.
19. If a mother doesn't go ahead and make the rules for the home the children and husband will get into troubles they don't need to.
20. A mother should make it her business to know everything her children are thinking.
21. Children would be happier and better behaved if parents would show an interest in their affairs.
22. Most children are toilet trained by 15 months of age.
23. There is nothing worse for a young mother than being alone while going through her first experience with a baby.
24. Children should be encouraged to tell their parents about it whenever they feel family rules are unreasonable.
25. A mother should do her best to avoid any disappointment for her child.
26. The mother who wants lots of parties seldom makes a good mother.
27. It is frequently necessary to drive the mischief out of a child before he will behave.
28. A mother must expect to give up her own happiness for that of her child.
29. All young mothers are afraid of their awkwardness in handling and holding the baby.
30. Sometimes it's necessary for a wife to tell off her husband in order to get her rights.
31. Strict discipline develops a fine strong character.
32. Mothers very often feel that they can't stand their children a moment longer.
33. A parent should never be made to look wrong in a child's eyes.
34. The child should be taught to revere his parents above all other grown-ups.



35. A child should be taught to always come to his parents or teachers rather than fight when he is in trouble.
36. Having to be with the children all the time gives a woman the feeling her wings have been clipped.
37. Parents must earn the respect of their children by the way they act.
38. Children who don't try hard for success will feel they have missed out on things later on.
39. Parents who start a child talking about his worries don't realize that sometimes it's better to just leave well enough alone.
40. Husbands could do their part if they were less selfish.
41. It is very important that young boys and girls not be allowed to see each other completely undressed.
42. Children and husbands do better when the mother is strong enough to settle most of the problems.
43. A child should never keep a secret from his parents.
44. Laughing at children's jokes, and telling children jokes makes things go more smoothly.
45. The sooner a child learns to walk the better he's trained.
46. It isn't fair that a woman has to bear just about all the burden of raising children by herself.
47. A child has a right to his own point of view and ought to be allowed to express it.
48. A child should be protected from jobs which might be too tiring or hard for him.
49. A woman has to choose between having a well run home and hobnobbing around with neighbors and friends.
50. A wise parent will teach a child early just who is boss.
51. Few women get the gratitude they deserve for all they have done for their children.
52. Mothers never stop blaming themselves if their babies are injured in accidents.
53. No matter how well a married couple love one another, there are always differences which cause irritation and lead to arguments.
54. Children who are held to firm rules grow up to be the best adults.
55. It's a rare mother who can be sweet and even tempered with her children all day.
56. Children should never learn things outside the home which make them doubt their parents' ideas.
57. A child soon learns that there is no greater wisdom than that of his parents.

58. There is no good excuse for a child hitting another child.
59. Most young mothers are bothered more by the feeling of being shut up in the home than by anything else.
60. Children are too often asked to do all the compromising and adjustment and that is not fair.
61. Parents should teach their children that the way to get ahead is to keep busy and not waste time.
62. Children pester you with all their little upsets if you aren't careful from the first.
63. When a mother doesn't do a good job with children it's probably because the father doesn't do his part around the home.
64. Children who take part in sex play become sex criminals when they grow up.
65. A mother has to do the planning because she is the one who knows what's going on in the home.
66. An alert parent should try to learn all her child's thoughts.
67. Parents who are interested in hearing about their children's parties, dates and fun help them grow up right.
68. The earlier a child is weaned from its emotional ties to its parents the better it will handle its own problems.
69. A wise woman will do anything to avoid being by herself before and after a new baby.
70. A child's ideas should be seriously considered in making family decisions.
71. Parents should know better than to allow their children to be exposed to difficult situations.
72. Too many women forget that a mother's place is in the home.
73. Children need some of the natural meanness taken out of them.
74. Children should be more considerate of their mothers since their mothers suffer so much for them.
75. Most mothers are fearful that they may hurt their babies in handling them.
76. There are some things which just can't be settled by a mild discussion.
77. Most children should have more discipline than they get.
78. Raising children is a nerve-wracking job.
79. The child should not question the thinking of his parents.
80. Parents deserve the highest esteem and regard of their children.

81. Children should not be encouraged to box or wrestle because it often leads to trouble or injury.
82. One of the bad things about raising children is that you aren't free enough of the time to do just as you like.
83. As much as is reasonable a parent should try to treat a child as an equal.
84. A child who is "on the go" all the time will most likely be happy.
85. If a child has upset feelings it is best to leave him alone and not make it look serious.
86. If mothers could get their wishes they would most often ask that their husbands be more understanding.
87. Sex is one of the greatest problems to be contended with in children.
88. The whole family does fine if the mother puts her shoulders to the wheel and takes charge of things.
89. A mother has a right to know everything going on in her child's life because her child is part of her.
90. If parents would have fun with their children, the children would be more apt to take their advice.
91. A mother should make an effort to get her child toilet trained at the earliest possible time.
92. Most women need more time than they are given to rest up in the home after going through childbirth.
93. When a child is in trouble he ought to know he won't be punished for talking about it with his parents.
94. Children should be kept away from all hard jobs which might be discouraging.
95. A good mother will find enough social life within her family.
96. It is sometimes necessary for the parents to break the child's will.
97. Mothers sacrifice almost all their own fun for their children.
98. A mother's greatest fear is that in a forgetful moment she might let something happen to the baby.
99. It's natural to have quarrels when two people who both have minds of their own get married.
100. Children are actually happier under strict training.
101. It's natural for a mother to "blow her top" when children are selfish and demanding.
102. There is nothing worse than letting a child hear criticisms of his mother.
103. Loyalty to parents comes before anything else.
104. Most parents prefer a quiet child to a "scrapy" one.
105. A young mother feels "held down" because there are lots of things she wants to do while she is young.



106. There is no reason parents should have their own way all the time, any more than that children should have their own way all the time.
107. The sooner a child learns that a wasted minute is lost forever the better off he will be.
108. The trouble with giving attention to children's problems is they usually just make up a lot of stories to keep you interested.
109. Few men realize that a mother needs some fun in life, too.
110. There is usually something wrong with a child who asks a lot of questions about sex.
111. A married woman knows that she will have to take the lead in family matters.
112. It is a mother's duty to make sure she knows her child's innermost thoughts.
113. When you do things together, children feel close to you and can talk easier.
114. A child should be weaned away from the bottle or breast as soon as possible.
115. Taking care of a small baby is something that no woman should be expected to do all by herself.



## SCORE SHEET

## PARENTAL ATTITUDE RESEARCH INSTRUMENT

NAME				DATE	#			
						Score	Sub-Test	Title
1	24	47	93			1	Encourg. verb.	
2	25	48	94			2	Fostrg. Depen.	
3	26	49	95			3	Seculsn Mother	
4	27	50	96			4	Breaking the Will	
5	28	51	97			5	Martydom	
6	29	52	98			6	Fear of Harming Baby	
7	30	53	99			7	Marital Conflict	
8	31	54	100			8	Strictness	
9	32	55	101			9	Irritability	
10	33	56	102			10	Excl. Outsd. Infl.	
11	34	57	103			11	Deification	
12	35	58	104			12	Suppresn. Aggres.	
13	36	59	105			13	Reject. Homenkg.	
14	37	60	106			14	Equalitarianism	
15	38	61	107			15	Approvl. of Actvt.	
16	39	62	108			16	Avoid. Communica.	
17	40	63	109			17	Inconsid. of Husbd.	
18	41	64	110			18	Suppresion of Sex	
19	42	65	111			19	Ascend. of Mother	
20	43	66	112			20	Intrusiveness	
21	44	67	113			21	Comrdship.	
22	45	68	114			22	Accel. Develpt.	
23	46	69	115			23	Dependency. of Mother	

INSTRUCTIONS: Enter the number 4, 3, 2, or 1 on each line according to whether the response was Strong Agreement, Mild Disagreement, or Strong Disagreement respectively. All items in a given row belong to the same scale, therefore summing across gives the score for that scale.

## ABSTRACT

This study was designed to test two specific hypotheses: (1) the mother of a severely mentally retarded child will become aware of the child's retardation earlier than the mother of a mildly mentally retarded child, and (2) the mildly mentally retarded child will be seen for more psychological evaluations than will the severely mentally retarded child.

Forty-four mothers were contacted, 27 of whom participated in the study. Mental retardation in their children had been determined by prior evaluation at the Psychological Service Center, Fort Hays Kansas State College. The mothers were interviewed and four areas involving the mother's perception of the child's mental retardation were investigated: (a) the age of the child when mental retardation first became apparent to the mother, (b) the number of psychological evaluations made of the mentally retarded child, (c) the professional identity of the informant first telling the mother of her child's mental retardation, and (d) the attitudes of the mother as measured by the Parental Attitude Research Instrument (PARI).

The mothers were divided into two groups: Group I consisted of the mothers of the "severely retarded children,"

those children who obtained an intelligence quotient of less than 50 on the Stanford-Binet Intelligence Scale or on the Wechsler Intelligence Scale for Children; and Group II, consisting of the mothers of the "mildly mentally retarded children," those children who achieved an intelligence quotient of 50 to 70 on one of the standardized tests.

Statistical analyses of the obtained data did support the two hypotheses proposed by this research. The two groups of mothers did not differ significantly on the 23 attitudes toward childrearing and family life measured by the PARI. The data obtained regarding the influence of the professional identity of the first informant upon the mothers' "acceptance" of their children's mental retardation suggested a need for further research in this area and the possibility that parents of mentally retarded children need to be told more than once and by more than one informant of their children's limitations.