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**COMMUNITY KNOWLEDGE OF MENTAL RETARDATION
AND ATTITUDES TOWARD THE RETARDED**

**A Thesis
Presented to
the Graduate Faculty
Central Washington State College**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Education**

**by
Mary C. Speed
August, 1967**

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SPECIAL
COLLECTION



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APPROVED FOR THE GRADUATE FACULTY

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TABLE OF CONTENTS

	PAGE
THE PROBLEM	1
Statement of the Problem	1
Hypotheses	2
Definitions	2
Review of Selected Literature	3
PROCEDURE	10
Questionnaire	11
Subjects	13
Response to Questionnaire	13
RESULTS	14
Results of <u>t</u> Test on Knowledge	18
Results of <u>t</u> Test on Attitudes	20
Correlations	22
DISCUSSION	24
Implications	25
Recommendations	26
REFERENCES	27
APPENDIX A Questionnaire	31
APPENDIX B Raw Data	36

LIST OF TABLES

TABLE	PAGE
1. Scores on Factual Information	16
2. Scores on Attitudes	17
3. Comparison of Results on Factual Information . .	19
4. Comparison of Results on Attitudes	21
5. Correlations of Scores on Factual Information and Attitudes	23

The Problem

Most research concerning knowledge of mental retardation and attitudes toward the retarded is oriented toward parents of the retarded child or to the professionals who are directly concerned with the child as teachers, social workers, and doctors. The attitude of the entire community toward the retarded will reflect in the provisions of schools, employment, and social acceptance for these children and adults. La Bue (1959) states ". . . to a great extent, the attitudes of a person toward objects, persons, and processes have been shown to be dependent on the amount and quality of information he possesses with respect to them [p.433]."

Statement of the Problem

It was the purpose of this study to survey the community of Pasco, Washington, in order to determine the general knowledge of mental retardation and the attitudes toward the retarded. The techniques used to collect data was an anonymous, mail-out questionnaire which contained two types of questions. One type revealed the respondent's knowledge of the currently accepted facts about mental retardation. The other revealed his expressed attitude toward the retarded. The broad areas covered in the questionnaire were facts about mental retardation, educational provisions for the retarded, employment for them, and religious education for them. The population sampled were the regular class

school teachers, local clergymen, and a group of citizens chosen at random.

Findings were related to the respondent's profession, political affiliation, and religious affiliation in an effort to determine if any particular professional group or occupation, religious denomination, or political party would evidence more knowledge of mental retardation and a more accepting attitude toward the retarded.

Hypotheses

1. The null hypothesis of no significant difference between factual knowledge of mental retardation of any professional group, religious group, or political group was postulated.

2. The null hypothesis of no significant difference in attitudes toward the retarded between any of the professional groups, religious groups, or political groups was postulated.

3. The hypothesis of a significant correlation between the factual knowledge of mental retardation and attitudes of acceptance toward the retarded for all groups was postulated.

Definitions

1. Knowledge as used in this study referred to acquaintance with the known facts and information about mental

retardation as sampled in the questionnaire. These facts are currently accepted by leaders in special education.

2. Attitude as used in this study meant feelings about the retarded expressed in a negative or positive manner.

Review of Selected Literature

A review of selected literature on knowledge of mental retardation and attitudes toward the retarded revealed many misconceptions about mental retardation. Mendelsohn (1954) said: "Mental deficiency is an area which is, for the most part obscured by veils of myths, irrational taboos, negative stereotypes, and misinformation of all sorts [p.506]."

Semmel (1959) stated: "Little is known of the prevalent attitudes and information regarding the mentally retarded, held by various groups in the retardates' secondary environment. . . Limited attention has been given to the basic factors influencing community reaction to the retarded [p.566]."

Badt (1957) found that non-education college students ". . . perceived the mental handicap as synonymous with severe mental deficiency rather than with the less marked degree of retardation which makes up most of the mentally handicapped population [p.287]."

Jaffee (1966) and Belinkoff (1960) reported strong negative feelings attached to the label "Mentally Retarded." Both felt this was a stereotyping label. Many private physicians, pediatricians, school principals, civic and fraternal organizations, and social agencies indicated that they rarely referred an educable mentally retarded child to a Mental Retardation Clinic because of the parents' feelings about the term "retardation." A change in the name from Mental Retardation Clinic to Special Education Research Project resulted in the enrollment of more children by the parents.

Negative attitudes are expressed by student groups and professionals. Badt (1957) revealed that 210 university students indicated willingness to work with the retarded as their next to last choice.

Warren and Turner (1966) compared the attitudes toward seven types of exceptional children of 403 subjects who planned to enter professions which focus on children or who were already in such fields. Among these were psychologists, teachers of mentally retarded, social workers, student nurses, medical students, graduates of school administration, and education and psychology students. Findings indicated "the severely retarded are the least preferred by all professionals and pre-professionals except those teachers who are currently teaching the mentally retarded [p.140]."

Warren and Turner (1966) further stated: "The consistently low ranking of mental retardation, especially severe retardation, is a matter for considerable concern for those who are so keenly aware of the need for more professional personnel to work with the mentally retarded [p.143]."

Appell, Williams, and Fishell (1963) found that medical doctors ranked mental retardation as their last choice among fields of exceptionality. Nine-tenths of the teachers of the retarded ranked this field higher. Social workers, psychologists, elementary teachers, ranked retardation lower or neutral. The indication by teachers of the mentally retarded that their interest in the field had developed due to exposure to the retarded, caused investigators to suggest stimulation of this area to eliminate the shortage of professionals in the area of mental retardation.

The "lecture-discussion-guided tour" technique used by Warren, Turner, and Brody (1964) to influence attitudes of undergraduate education students toward the handicapped resulted in either no positive change toward the mildly and severely retarded, or in a negative attitude.

An investigation by Semmel (1959) revealed that while special education teachers have more knowledge of the condition of retardation, there was no difference in the

high positive attitude toward the retarded between those teachers and regular grade teachers. These findings questioned the relationship of knowledge of a condition and positive attitudes toward the condition.

Haring (1958) reported some modification of the attitudes of teachers toward a greater acceptance of the mentally handicapped as a result of lectures and workshops.

Studies (Winthrop and Taylor, 1957; Polonsky, 1961; Murray, 1963) are based on the Mental Deficiency Misconception Scale developed by Winthrop and Taylor using facts about mental deficiency published in 1926. Winthrop and Taylor (1957) stated, "A large percentage of a current sample of adults, among whom are to be found laymen somewhat familiar with the problem of mental deficiency, still hold to some of the misconceptions that were common three decades ago [p.348]."

Polonsky (1961) tested 173 psychiatric technicians on the Mental Deficiency Misconception Scale. Even though they had been taught facts about mental retardation, one-half the technicians felt that the feebleminded could be recognized as such and that it was a mental disease. Technicians did not respond similarly to laymen. Female attendants showed a slight, significant tendency to hold fewer misconceptions. Polonsky recognized the possibility that extremes of mental retardation as seen by technicians

may have influenced their answers. "The amount of schooling, length of service, number of special courses, . . . were not related to the responses to the Mental Deficiency Misconception Scale [p.157]."

Murray (1963) used the same scale to test 342 men and women teacher education students from metropolitan New York on the facts about mental deficiency. These students evidenced more knowledge of mental deficiency than had previous studies. Murray asserted ". . . the present study indicated a slight trend toward more accurate conceptions of mental deficiency [p.167]."

Mahoney and Pangrac (1960) used an adaptation of Winthrop and Taylor's scale to compare college seniors who had at least one course in psychology where mental retardation was a part of the course with freshmen without such a course. The seniors had more knowledge of mental retardation, but the relationship between their scores, courses taken, the information gained, and attitudes changed was less than had been expected.

Schomer (1946) pioneered in the field of religious education for the mentally retarded. His study of fifty boys and girls in an institutional setting led him to say that any retardate with a mental age of four may profit from religious education and to urge classes in local churches for noninstitutionalized retardates.

Parshall (1960) after testing factual Bible knowledge of institutionalized educable retarded patients stated, "A concomitant of enlightened treatment programs for defectives is increased professional attention in all areas, including religious training [p.960]."

Agee (1962) and Nichols (1962) asserted that the church has a three-fold responsibility to the mentally retarded in the community. This involves a ministry to the retardate himself, to his family, and to the community to help interpret mental retardation to the community in such a way that attitudes toward the mentally retarded will be changed in a positive manner.

Stubblefield (1964) sampled the thinking of pastors on mental retardation by use of a mail-out questionnaire, which went out to 645 ministers in Nashville, Tennessee. The 220 white Protestant ministers and Catholic priests who responded reported some contact with the mentally retarded. "Ninety-six per cent of the clergymen felt the church was responsible for religious care and training of the retarded [p.143]."

Only nine per cent said their church had made any provisions for them and only four per cent said their church had plans to do so. Ministers indicated that a pastoral ministry to the retarded was limited both by the person's degree of retardation and the pastor's lack of training in mental retardation. Ninety per cent of the clergymen believed the

mentally retarded were capable of becoming members of the church.

Mayo (1963) felt that prospective employers were not aware of the educable mentally retardate's work potential. Eighty-five per cent of employers contacted by Hartlage (1965) felt that a retardate would be a less valuable worker than a nonretarded employee. Manufacturers expressed the most positive attitude toward the retarded as prospective employees. Employers connected with service jobs were least accepting of them. Nonmanufacturing, clerical, and sales persons were in between the two extremes in their willingness to accept the retarded.

Counselors listed acceptance by fellow employees as the mentally retarded's greatest on the job problem (Peckham, 1951). "The mentally retarded youth on his first job seems to fall into the role of that familiar psychological prototype, 'the rube,' a role he finds quite painful [p.452]."

Neuhaus (1967) stated acceptance by fellow employees and aid in social adjustment as vital in the successful work performance of the retarded workers. "Once the normal work force saw that the retarded could function without extra considerations, the worker gradually became accepted by co-workers [p.628]."

Meyers, Sitkei, and Watts (1966) used household interviews to determine the nature of community information on retardation and the attitudes toward the retarded. Subjects were 188 random sample and 24 parents of special class children. Findings were related to social characteristics of respondents, as educational level, socio-economic status, religious affiliation, geographic mobility, educational aspirations, and ethnic groups. Findings indicated that non-Caucasians of both samples, and liberal, casual religious groups were more accepting of a retarded child. They also found there was less acceptance of the trainable child as the responsibility of the public school. They stated, "Distressing percentages of respondents in both samples appear to misunderstand the potential of the EMR child, many feeling that they should be institutionalized, should not go to school, that the public schools should not have provisions, etc. That result, together with results generally, bespeak a still considerable public misunderstanding of the potentialities of the educables, and of the possibilities of decent community living for the trainables [p.84]."

Procedure

The technique used to collect data was a mail-out questionnaire designed for this study. The questionnaire (Appendix A) was on facts about mental retardation as these

are currently known and accepted and on attitudes toward the retarded. Three groups were chosen for the subjects. These were clergymen in the community, regular class public school teachers, and a random sample from the community at large.

Questionnaire

Since the questionnaire was intended to detect the knowledge of facts about mental retardation, no definition of mental retardation was given. The terms "educable mentally retarded" and "trainable mentally retarded" were not used since it was felt that some members of the community might not be familiar with the terms. The questions which referred to educable and trainable mentally retarded described the child in terms of his functioning in school in relation to academic learning and social adjustment.

Items on the questionnaire were written as statements to which respondents were asked to give their opinions of the best possible answer on a 5-point scale. The responses listed were: Agree Strongly, Agree, No Opinion, Disagree, and Disagree Strongly.

Each statement had a possible value of 1 to 5 points with the answer indicating the greatest knowledge of mental retardation or the most favorable attitude toward the retarded receiving 5 points and the answer indicating the least knowledge or the least favorable attitude toward the retarded receiving 1 point.

Statements on the questionnaire were divided into factual and attitudinal ones. Those judged to be factual were numbers 1, 2, 3, 4, 5, 7, 8, 9, 17, 18, 20, 21, 24, 26, 34, and 40. Statements judged to be attitudinal were numbers 10, 11, 12, 15, 16, 22, 23, 25, 27, 28, 29, 30, 33, 35, 36, 37, 39. Seven statements on the questionnaire when analyzed indicated they had caused great confusion to the respondents. These statements were eliminated from the final scores. These were numbers 6, 13, 14, 19, 31, 32, 38.

The questionnaires were scored with a total being obtained for factual statements and a total for attitudinal ones for each respondent. The total high score possible for the factual part was 80 points. The highest possible score for the attitudinal part was 85 points. Scores for each respondent are listed in Appendix B.

The final section of the questionnaire asked for the respondent's occupation, religious preference, political affiliation, if he had a retarded child or grandchild, and if a retarded child lived on his block. This information was included in the tabulation for each subject. The occupation, religious affiliation, and political preference of each respondent are listed in Appendix B.

Data were treated for statistical significance and correlation. The questionnaire was anonymous to insure complete freedom of the respondents in answering and to encourage a better return.

Subjects

1. The ministers who received questionnaires were chosen by taking the entire listing of pastors of local churches in the church directory of the local newspaper.

2. Teachers chosen were residents of Pasco, and teachers in local schools where at least one special education class was housed.

3. Those from the community were chosen at random from their residential listing in the 1966 telephone directory.

The questionnaire, a letter of request and explanation, and a stamped, self-addressed envelope were mailed to the subjects. One or two follow-up postal cards were sent from one to two weeks later.

Response to Questionnaire

A total of 280 questionnaires were mailed out, resulting in 128 usable returns which was 46%. From 200 questionnaires mailed to the group selected at random, 83 usable returns, or 42%, were received. Returns from teachers were 31 out of 50 for a percentage of 62. Ministers returned 14 out of 30 questionnaires, or 46%.

Different color labels on the return envelopes enabled the investigator to keep the replies separated. Since the profession was checked on each questionnaire, this was pertinent in only seven returns. Seven teachers responded in the random sample. In the final computation, their

scores were treated with other teachers. The 21 housewives who responded in the randomly chosen group were treated as a separate group, Housewives. The small number in each of the many professions listed by the remaining 55 random subjects resulted in their being treated as one group designated as Others.

Results

The primary concern of this study was to check the knowledge of mental retardation and the attitudes toward the mentally retarded as held by various professional groups, religious groups, and political groups within the community to see if there was any significant difference between the groups and to find if there was a significant correlation between the factual knowledge of retardation and attitudes toward the retarded in the different groups and for the group as a whole.

The means, standard deviations, standard error, nature of subject, and number of subjects for factual scores are listed on Table 1. Teachers with 65.5 mean, Democrats with 64.57 mean, and Catholics with a 65.81 mean were high for the various groups of professions, political affiliation, and religious affiliation. A high score of 80 points was possible here.

Attitudinal scores listed on Table 2 indicate that Ministers with a mean of 70.43 were high for professional groups, Nonpartisans with 65.22 mean were high for political affiliation, and Catholics were high for religious groups with a mean of 65.88. A total of 85 was possible on the attitudinal part of the questionnaire.

Table 1
Scores on Factual Information

Subjects	Number Subjects	Mean	Standard Deviation	Standard Error
Professions				
Housewives	21	65.33	10.08	2.20
Ministers	14	66.35	5.38	1.43
Teachers	38	65.65	5.58	.90
Others	55	61.90	8.96	1.20
Political Affiliation				
Democrats	57	64.57	7.38	.97
Republicans	30	63.80	5.96	1.08
Nonpartisan	41	63.56	10.30	1.60
Religious Affiliation				
Protestant	102	64.40	7.01	.69
Catholic	16	65.81	4.30	1.07
None	10	57.90	17.24	5.45

Table 2
Scores on Attitudes

Subjects	Number Subjects	Mean	Standard Deviation	Standard Error
Professions				
Housewives	21	65.62	8.15	1.77
Ministers	14	70.43	5.63	1.50
Teachers	38	66.63	6.96	1.12
Others	55	61.25	7.88	1.06
Political Affiliation				
Democrats	57	64.44	8.26	1.09
Republicans	30	63.93	7.62	1.39
Nonpartisan	41	65.22	8.09	1.26
Religious Affiliation				
Protestant	102	64.88	7.88	.69
Catholic	16	65.88	4.43	1.10
None	10	59.30	11.87	3.75

Results of t Test on Knowledge

The t test of significance was used to test the null hypothesis of no significant difference in the factual knowledge of mental retardation between professional, religious, or political groups. Results of t test on factual information are shown on Table 3. Comparisons between the professional groups showed no significant difference between groups in four instances. A comparison between Housewives and Others showed no significant difference. A comparison between Housewives and Teachers showed no significant difference. A comparison between Teachers and Ministers showed no significant difference. A comparison between Others and Teachers showed a significant difference favoring Teachers. A comparison between Others and Ministers showed a significant difference favoring Ministers.

Comparisons between Democrats and Republicans, Democrats and Nonpartisans, and Republicans and Nonpartisans showed no significant difference on factual knowledge of mental retardation between any political party.

Comparisons between Protestants and Catholics, Protestants and No Preference, and Catholics and No Preference showed no significant difference between religious groups.

The null hypothesis of no significant difference in the factual knowledge of mental retardation between any groups was rejected for the two groups explained above (Others and Teachers, and Others and Ministers).

Table 3
Comparison of Results on Factual Information

Groups	t Test Results	Degrees of Freedom
Professions		
Housewives with Others	1.36	74
Housewives with Teachers	-.136	57
Housewives with Ministers	-.389	33
Others with Teachers	-2.48 *	91
Others with Ministers	-2.36 *	67
Teachers with Ministers	-.41	50
Political Affiliation		
Democrats with Republicans	-.53	85
Democrats with Nonpartisans	.54	96
Republicans with Nonpartisans	.12	69
Religious Affiliation		
Protestants with Catholics	-1.10	116
Protestants with None	1.18	110
Catholics with None	1.42	24

* significant at .05 level of confidence

Results of t Test on Attitudes

Results of t test on attitudes of various groups toward the mentally retarded are shown on Table 4. Significant differences were found in five out of six comparisons between professions. A comparison between Housewives and Others showed a significant difference favoring Housewives. A comparison between Housewives and Ministers showed a significant difference favoring Ministers. A comparison between teachers and Ministers showed a significant difference favoring Ministers. A comparison between Teachers and Others showed a significant difference favoring Teachers. A comparison between Ministers and Others showed a significant difference in favor of Ministers.

Comparisons between political groups showed no significant differences. No statistically significant difference between religious groups was found.

Significant differences between professional groups caused the null hypothesis of no significant difference in attitudes expressed toward the mentally retarded by any of the groups to be rejected.

Table 4
Comparison of Results on Attitudes

Groups	t Test Results	Degrees of Freedom
Professions		
Housewives and Others	2.11 *	74
Housewives and Teachers	-.48	57
Housewives and Ministers	-2.07 *	33
Others and Teachers	-3.47 **	91
Others and Ministers	-4.98 **	67
Teachers with Ministers	-2.02 *	50
Political Affiliation		
Democrats with Republicans	.29	85
Democrats with Nonpartisan	-.47	96
Republicans with Nonpartisan	-.68	69
Religious Affiliation		
Protestants with Catholics	-.73	116
Protestants with None	1.46	110
Catholic with None	1.68	24

* significant at .05 level of confidence

** significant at .01 level of confidence

Correlations

Pearson Correlations between scores on Factual questions and Attitudinal questions were obtained for each professional group, religious group, and political group, and for the total group. These correlations are shown on Table 5. Correlations were significant for Housewives, Ministers, Teachers, and Others at .05 level of confidence.

All political groups showed significant correlations between factual knowledge and attitudes. Republicans and Nonpartisans were significant at the .05 level and Democrats at .01 level of confidence.

Protestants showed a significant correlation at .01 level of confidence. Catholics and No Preference were not significant. All groups together showed a significant correlation at .01 level.

The lack of a significant correlation between the factual score and attitudinal score for Catholics and No Religious Preference groups caused the hypothesis of a significant correlation between factual knowledge of mental retardation and attitudes for all groups, professions, political parties, and religious groups to be rejected.

Table 5
 Correlations of Scores on Factual
 Information and Attitudes

Number	Subjects	Correlation	Needed for Significance
Professions			
21	Housewives	.443 *	.430
14	Ministers	.547 *	.525
38	Teachers	.405 *	.319
55	Others	.582 *	.264
Political Affiliation			
57	Democrats	.679 **	.260
30	Republicans	.567 *	.359
41	Nonpartisan	.428 *	.307
Religious Affiliation			
102	Protestants	.557 **	.194
16	Catholics	.239	.492
10	None	.506	.619
	All	.549 **	.173

* significant at .05 level of confidence

** significant at .01 level of confidence

Discussion

The expected correlations between factual knowledge and attitudes toward the retarded were found in all groups except among Catholics and those of No Preference.

Tables 1 and 2 show that means for factual knowledge and attitudes for Catholics were highest in the religious groups. This lack of correlation may have resulted from the size of the sample rather than being indicative of a trend by a religious group. Zuk, Miller, Bartram, and Kling (1961) found that Catholic mothers were more accepting of their retarded children than mothers in other religious groups. Findings from the present study did not necessarily disagree with Zuk since he checked attitudes of mothers to their own mentally retarded children and this study checked Catholics who responded without regard to sex, or parenthood.

The high mean on factual information scored by Ministers, with Teachers second, was surprising to the investigator.

The significant correlation between factual knowledge and attitudes for the Total Group (All) was as expected. This concurs with La Bue (1959) ". . . to a great extent, the attitudes of a person toward objects, persons, and processes have been shown to be dependent on the amount and quality of information he possesses with respect to them [p.433]."

The high percentage of returned questionnaires by teachers (62%) seemed indicative of a positive attitude or an interest in retardation by this profession. The fact that they had more knowledge of the subject than the general public may have influenced their response. The low percentage of returns from Ministers (46%) and the random sample (43%) indicated a somewhat apathetic attitude on the part of the public toward the problem of mental retardation, since it may be assumed that the interested individuals responded.

Since this study did not use a previously tested measure, it was difficult to make comparisons about trends in knowledge of various groups about retardation or attitudes toward the retarded with results from other studies.

Confusion by some respondents over terminology was evident from comments on some returns. "Sheltered Workshop" elicited some such comment, which was surprising since one serves the mentally retarded in the area from which the sample was taken.

Comments on returns showed a number thought of the trainable mentally retarded as the child with visible, physical stigmata.

Implications

1. More information about mental retardation is needed for all sections of the population.

2. More information about mental retardation is needed in specific areas of the population. One of these is the teaching profession, where regular class school teachers scored lower than ministers on the factual part of the questionnaire. More attention should be given to mental retardation in education and psychology courses required of prospective teachers.

Recommendations

Some suggestions in light of this study are as follows:

1. Continued efforts to inform the general public about mental retardation through the use of all available media should lift the level of positive attitudes toward the retarded.

2. Studies dealing with knowledge of mental retardation and attitudes toward the retarded in particular professional groups such as doctors, dentists, nurses, who might work with them; and with occupational groups such as farmers, mechanics, truckers, and others who might employ the mentally retarded would perhaps reveal pertinent information.

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APPENDIX A
QUESTIONNAIRE

Disagree strongly																			
Disagree																			
No opinion																			
Agree																			
Agree strongly																			

- 31. The mentally retarded are welcome to attend the worship services of my church or synagogue.
- 32. The mentally retarded can profit from religious training.
- 33. Churches should provide special classes for the religious training of the mentally retarded who are handicapped to the degree that they cannot profit from instruction in classes with the normal pupils.
- 34. Any person who has compassion for the retarded can teach in church classes for the retarded.
- 35. Individuals who teach in special religious classes for the mentally retarded should have special training for the task.
- 36. The mentally retarded should be hired for jobs which they are capable of performing.
- 37. I would hire a mentally retarded person for a job he was capable of performing.
- 38. Other employees would resent working with a mentally retarded person.
- 39. Mentally retarded children should not accompany their parents on shopping trips.
- 40. It is always possible to tell a mentally retarded person by looking at him.

Do you have a retarded child? Yes No

Do you have a retarded grandchild? Yes No

Is there a retarded child living on your block? Yes No

Will you please give the following information:

Occupation _____ Political Affiliation _____

Religious preference (check which)

None _____ Jew _____ Catholic _____ Protestant _____

(if Protestant, specify denomination) _____

DO NOT SIGN YOUR NAME

February 11, 1967

ANONYMOUS QUESTIONNAIRE
ON MENTAL RETARDATION

This is an anonymous questionnaire designed to detect community understanding of mental retardation and attitudes toward some of the problems of the retarded such as education, employment, and religious training.

There is a choice of five possible answers for each question. These are as follows: Agree Strongly, Agree, No Opinion, Disagree, and Disagree Strongly. Since you will not be identified, please check the answer which you feel will best express your opinions and feelings about each question.

The information requested at the close of the questionnaire, such as occupation, religious and political affiliation, will be used to determine the possible need for additional information concerning mental retardation in various areas of community life.

Please feel free to add any comments on any question or to add additional aspects which you feel should have been included on the questionnaire.

The data derived from the questionnaire will be used in a master's thesis.

A self-addressed, stamped envelope is enclosed for the return of the questionnaire to the sender. DO NOT SIGN YOUR NAME!

Thank you for your help.

Sincerely yours,

Enclosure

Please Note:
Address redacted due to privacy concerns.

Recently you were mailed an anonymous questionnaire on mental retardation. I am especially grateful to those of you who responded. However, I need the help of all if the survey is to give an accurate picture.

If you have not done so, will you check your opinions on the questionnaire and return it as soon as possible?

Sincerely yours,

Mary Carolyn Speed

Please Note:

Address redacted due to privacy concerns.

APPENDIX B

RAW DATA

Raw Data

No. - respondent
 F - score on factual information
 A - score on attitudes toward retarded
 P - Profession of respondent
 1-Housewife
 2-Other (any except 1,3,4)
 3-Teacher
 4-Minister

PA - Political Affiliation
 1-Democrat
 2-Republican
 3-Nonpartisan

R - Religious Preference
 1-Protestant
 2-Catholic
 3-None

No.	F	A	P	PA	R	No.	F	A	P	PA	R
1	72	79	1	3	3	18	71	63	1	1	1
2	70	72	1	3	2	19	77	70	1	3	1
3	74	70	1	1	2	20	63	69	1	1	1
4	65	64	1	3	2	21	70	67	3	1	2
5	63	70	1	3	3	22	57	63	2	3	1
6	71	76	1	1	1	23	74	74	2	1	1
7	64	70	1	1	1	24	49	51	2	1	1
8	64	66	1	3	1	25	68	69	1	1	1
9	65	61	1	1	1	26	62	58	2	1	3
10	58	50	1	3	1	27	73	70	2	1	3
11	71	70	1	2	1	28	64	53	2	3	1
12	65	61	1	3	1	29	56	54	2	1	1
13	26	54	1	3	1	30	63	64	2	1	2
14	66	56	1	3	1	31	60	60	2	1	1
15	71	52	1	1	1	32	65	71	2	1	1
16	65	60	1	1	1	33	70	71	2	1	1
17	63	77	1	3	1	34	57	67	2	2	1

No.	F	A	P	PA	R	No.	F	A	P	PA	R
35	62	63	2	3	2	59	69	72	2	3	1
36	67	49	2	3	3	60	70	67	3	1	1
37	63	62	2	1	1	61	26	33	2	1	3
38	59	41	2	1	1	62	53	64	2	3	1
39	65	61	2	3	1	63	65	56	3	2	1
40	64	61	2	1	1	64	75	75	2	2	1
41	56	47	2	2	1	65	69	77	3	1	1
42	62	54	2	1	1	66	64	67	3	3	3
43	62	71	2	3	1	67	66	67	2	2	1
44	62	63	2	1	1	68	66	67	2	1	2
45	59	61	2	3	1	69	64	61	2	1	1
46	63	59	2	2	1	70	60	58	2	2	1
47	56	56	3	2	1	71	62	63	2	2	1
48	64	59	2	3	1	72	57	62	2	2	1
49	69	62	2	1	1	73	64	65	2	1	2
50	68	62	2	1	1	74	62	69	2	1	2
51	75	63	2	1	1	75	27	58	2	3	3
52	68	67	2	1	2	76	69	66	3	2	1
53	73	68	2	1	1	77	67	58	2	1	2
54	53	62	2	2	1	78	52	54	2	1	1
55	66	49	2	2	1	79	62	65	2	1	1
56	70	68	2	3	1	80	67	69	2	1	1
57	61	64	2	3	1	81	63	65	2	2	1
58	58	57	2	2	1	82	64	61	2	1	2

No.	F	A	P	PA	R	No.	F	A	P	PA	R
83	60	58	2	1	1	107	65	53	3	2	1
84	78	53	3	3	3	108	67	69	3	2	3
85	63	62	3	2	1	109	72	71	3	3	1
86	59	65	3	2	1	110	65	62	3	1	1
87	74	76	3	2	1	111	57	54	3	3	1
88	67	74	3	3	1	112	71	75	3	1	1
89	66	73	3	2	1	113	55	58	3	2	1
90	61	63	3	1	2	114	59	69	3	1	1
91	60	66	3	1	3	115	63	77	4	3	1
92	70	75	3	1	1	116	71	77	4	1	1
93	76	75	3	3	1	117	68	73	4	1	2
94	57	66	3	1	2	118	58	70	4	2	1
95	66	71	3	2	1	119	67	70	4	1	1
96	63	73	3	1	2	120	73	77	4	3	1
97	66	70	3	1	1	121	76	80	4	3	1
98	67	76	3	2	1	122	70	66	4	2	1
99	65	70	3	3	3	123	69	71	4	1	1
100	63	71	3	1	1	124	65	64	4	2	1
101	71	61	3	1	2	125	57	66	4	3	1
102	64	61	3	3	1	126	66	62	4	3	1
103	64	59	3	3	1	127	64	66	4	3	1
104	68	66	3	2	1	128	62	67	4	3	1
105	63	65	3	1	1						
106	74	74	3	2	1						