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Investigation of the attitudes of normal siblings and of parents toward their mentally retarded family member

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AN INVESTIGATION OF THE ATTITUDES OF NORMAL SIBLINGS AND OF PARENTS TOWARD THEIR MENTALLY RETARDED FAMILY MEMBER

by

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The Problem

Introduction

No child is born into a vacuum. A child is born into "the first and vital cell of society",[1] that is, the family. It is a delicate organism in which a balance must be maintained among all the members.

The explosion of knowledge in the social and biological sciences as well as the physical sciences has opened our minds to the interrelationship of all aspects of life. The pattern of development for each individual, formed by the warp and woof of his environment and inheritance, is just becoming discernable. We are just now becoming capable of changing the pattern.[2]

Having thus entered "The Era of Human Ecology",[3] it is more vital than ever that those responsible for the

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1 Walter M. Abbott (ed.), The Documents of Vatican II, "Decree on the Apostolate of the Laity," (New York: Guild Press, 1966), #11, p. 502.

2 Report of the President's Committee on Mental Retardation, M.R. '71 Entering the Era of Human Ecology (Washington, D.C.: U.S. Government Printing Office, 1971), p. 3.

3 Ibid., p. 1.

creation of change have a thorough understanding of the primary unit of society, that is, the family.

Statement of the Problem

In view of the fact that recent studies have been focusing considerable attention on families that include persons who are mentally retarded, this study was undertaken for the purpose of investigating the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member.

The specific objectives under consideration in the development of this study are:

I. To compare the attitudes of the normal siblings with the attitudes of the parents toward their mentally retarded family member.

II. To compare the attitudes of the mothers with the attitudes of the fathers toward their mentally retarded family member.

III. To compare the attitudes of the normal siblings with the attitudes of the parents toward whether their religious beliefs helped them cope with their mentally retarded family member.

Justification of the Study

In today's world people are, through the Madison Avenue approach, conditioned to work for and expect instant and observable results. Education, which is certainly not a once only event, is also influenced by this attitude. Since Dunn's[4] article in 1968, educators and others are continually being required to demonstrate the efficacy of special programs. With ever-increasing efficacy studies being carried out, it is becoming more evident that specialized programs, by themselves, are unable to meet all the requirements of the mentally retarded and their families. Scheerenberger writes:

> Recent years have witnessed many advances in the field of mental retardation, especially as they relate to the development of specialized community programs and services. Paralleling this development has been the growing realization that specialized programs are not the sole answer to meeting the total needs of the retarded and their families.[5]

In more recent times there is a move from the "change-the-child" approach to a wholistic view of the child which seeks to take into account, "the physical, emotional, mental and social characteristics of the child

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4 Lloyd M. Dunn, "Special Education for the Mentally Retarded--Is Much of It Justifiable?," Exceptional Children, XXXV (1968), pp. 5-22.

5 R. C. Scheerenberger, A Study of Generic Services for the Mentally Retarded and Their Families (Springfield, Illinois: Illinois Department of Mental Health, 1969), p. 2.

which comprise the totality of his being."[6] Such an approach must of necessity place the child within the framework of the family. As Schaefer postulates:

> An interpretation of research on early education and the role of the family in child development suggests the need for family-centered child care and education programs.[7]

Therefore, in order to help the child we must be willing to help the family. This will require an understanding of the forces at work within the family unit.

Studies of families that include a child who is mentally retarded are of recent vintage. As Grossman indicates:

> A highly regarded review of research in mental retardation does not have a single chapter on the family or the community; the focus is on the handicapped child and the possibility of achieving personal improvement in that child through changes in care or treatment (Stevens and Heber, 1964).[8]

What research has been done on families that include a child who is mentally retarded has concentrated on the problems of the parents. There has been a great

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6 Carter V. Good, ed., Dictionary of Education (New York: McGraw-Hill Book Co., Inc., 1959), p. 90.

7 Earl S. Schaefer, The Family and the Educational Process: Current Issues in Mental Retardation and Human Development (Washington, D.C.: U.S. Government Printing Office, U.S. Department of Health, Education, and Welfare, 1972), p. 1.

8 Frances Kaplan Grossman, Brothers and Sisters of Retarded Children: An Exploratory Study (Syracuse, N.Y.: Syracuse University Press, 1972), p. 2.

paucity of information on how the normal siblings are affected by the mentally retarded family member. In an exploratory study, Grossman comments:

> In our search for knowledge about how families might cope successfully with retardation, our interest was drawn to a less studied component of the social system affected by, and itself influencing, the retardation of a child. We began to wonder about the effects on the normal brothers and sisters in these families.[9]

With this in mind one can easily see the need for further research and application of its findings in order to help the normal siblings cope with their mentally retarded family member. The purpose of the writer was to find out if the attitudes of the normal siblings differed from the attitudes of the parents toward their mentally retarded family member. This is a most important piece of information because it is basic data in the construction of any program aimed at helping normal siblings cope with their mentally retarded family member.

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9 Ibid., p. 5.

Limitations of the Study

The present study solicited the attitudes of the normal siblings and of the parents toward their mentally retarded family member through the use of a questionnaire administered in a personal interview with each of the normal siblings and parents involved.

The subjects of the study belong to families with children who attend the weekly program of religious instruction and liturgy conducted by the Apostolate to the Mentally Retarded, Diocese of Birmingham, Alabama in the cities of Birmingham, Decatur, and Huntsville. All the normal siblings, the mentally retarded family member, and at least one of the parents were of the Roman Catholic faith.

All the families surveyed lived in an urban setting with the mentally retarded family member living at home. Degree and nature of the handicap of the retarded was not controlled as a variable.

Only normal siblings between the ages of six and eighteen inclusive, as of October 1, 1974 took part in the study. They were selected without regard to whether or not the retarded family member was younger or older than the normal siblings; and whether or not the normal siblings themselves were living in the parental home.

No assessment was made of family attitudes of the community, and it is presumed that these would have some impact on the members of the family. Socio-economic and educational status of the families were not scrutinized.

Definition of Terms

The investigator has used certain terms in this study. The following definition of terms is included in order to clarify their meaning as used in this study.

Sibling - One of two or more persons who have the same parents but are not necessarily of the same birth.[10]

Parent - One that begets or brings forth offspring or a person standing in loco parentis although not a natural parent.[11]

Attitude - Behavior representative of feeling or conviction.[12]

Coping - Facing or encountering and finding necessary expedients to overcome problems and difficulties.[13]

Mental Retardation - Refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.[14]

Mentally Retarded Family Member - Refers to persons who are mentally retarded and who are still living in the parental home.

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10 Webster's 3rd New International Dictionary (Unabridged) (Chicago: Rand McNally & Co., 1966), p. 2110.

11 Ibid., p. 1641.

12 Ibid., p. 141.

13 Ibid., p. 502.

14 Rick Heber and Harvey A. Stevens, Mental Retardation (Chicago: University of Chicago Press, 1964), p. 1.

Research Hypothesis

Relative to the primary purpose of this study, the following research hypothesis was formulated: There is no difference between the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member.

Research Questions

The secondary purposes of this study were to investigate the following questions:

1. How do the attitudes of the normal siblings compare with the attitudes of the parents toward their mentally retarded family member?
2. How do the attitudes of the mothers compare with the attitudes of the fathers toward their mentally retarded family member?
3. How do the attitudes of the normal siblings compare with the attitudes of the parents toward whether their religious beliefs helped them cope with their mentally retarded family member?

Summary

This study involved an investigation of the attitudes of 64 normal siblings and of 52 parents toward their mentally retarded family member.

The instrument used was a questionnaire which was administered in a personal interview with each of the normal siblings and of the parents involved.

CHAPTER II

Review of the Literature

Introduction

In recent years many studies have stressed the relationship between the child's environment and the condition of mental retardation. The quality of the environment is vital to the development of the child and in some cases will be the determining factor in regard to the presence of mental retardation in a child. Sometimes this type of retardation is referred to as functional retardation.

In view of the above, one can readily see the importance of understanding the child's primary environment, that is, the family which is composed of parents and siblings. It was in this spirit that the present investigation was undertaken.

For the purposes of this investigation, the writer will examine the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member under seven headings: acceptance, knowledge, family impact, friends, conflict, relationships, and religion.

Finally, the author will investigate why one would choose to use the questionnaire administered in a personal interview as a tool for research.

Parents

Acceptance.--In searching through the literature one finds that research on the attitudes of parents toward the mentally retarded family member is meager and of recent origin. In his classic study on Counseling the Parents of the Retarded, Wolfensberger states:

> In scanning the early literature on retardation, one is struck by the fact that very little mention was made of parents, of their feelings and sensibilities, or of the impact of the diagnosis upon them.[1]

It is clear from various studies that the attitudes of parents are numerous and oftentimes are determined by factors distinct from Mental Retardation. Schild points out:

> The intensity of responses and manifestations varies widely among and between parents, depending upon a variety of dynamic factors: individual personality, nature of the marital interactions, parental aspirations, feelings about deviancy, social class, etc.[2]

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1 Wolf Wolfensberger, "Counseling the Parents of the Retarded," Mental Retardation, ed. by A.A. Baumeister (Chicago: Aldine Publishing Co., 1967), p. 351.

2 Sylvia Schild, "The Family of the Retarded Child," The Mentally Retarded Child and His Family, ed. by Richard Koch, M.D. and James C. Dobson, Ph.D. (New York: Brunner/Mazel Inc., 1971), p. 434.

The one thing that authors seem to agree upon is the fact that the success of the family in coping with the mentally retarded family member is closely linked to the attitudes of the parents.

How effectively the parents cope with their mentally retarded family member will determine not only their quality of life but also the quality of life attainable by their child who is mentally retarded. Hutt and Gibby state:

> Considerable attention in the literature has been devoted to study of many aspects of the retarded child, but very little has been given to study of the emotional reactions of the parents. This is unfortunate, since it is a truism that the welfare of the child depends, in large measure, upon the well-being of the parents; in general, 'as the parent goes, so goes the child.'[3]

The most encouraging piece of information uncovered by this investigation was found in the new book by Perske who says:

> This is a book on attitudes. They are meant to point out new directions. They are a series of fresh principles to which you as parents can cling as you map your family living in order to provide acceptance and love for your retarded child, as well as to insure his maximum growth and development.[4]

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3 Max L. Hunt and Robert G. Gibby, The Mentally Retarded Child, (Boston: Allyn and Bacon, Inc., 1965), p. 293.

4 Robert Perske, New Direction for Parents of Persons Who Are Retarded (Nashville: Abingdon Press, 1973) p.6.

We have moved out of the era of labeling. Today's thrust is concerned with providing positive help to parents who have a child who is mentally retarded. The place to begin, it would seem, is in the formation of correct attitudes.

Knowledge.--Parents are not prepared by ordinary education for the fact of mental retardation within their own family. For this reason, their knowledge of the condition is no different than that of the rest of the population. However, once the condition is diagnosed, studies indicate that parents have a need for information in the following areas: the condition of the child, the effects on the other children, available help in the community, and what future can be expected for the child. Since knowledge is vital to the making of wise decisions, the information should be provided as soon as possible. Advances in the biomedical sciences mean that one can begin transmitting this information prior to the birth of the child. In cases where functional retardation is likely to occur due to the child's being deprived of basic needs, such knowledge can help prevent, or at least alleviate, the condition of mental retardation. Late in 1972, the United States Department of Health, Education and Welfare's Office of Education and the Office of Child Development jointly initiated a major program aimed at teaching teenage boys and girls how to become good parents, potentially

capable of raising children who are mentally, socially, emotionally, and physically healthy.[5] The program is called Education for Parenthood.

Aside from acquiring the necessary knowledge, parents must be able to pass it on to the normal siblings in the family. A recent study illustrates difficulties in this area because in giving the results Grossman comments:

> More frequently they (normal siblings) described a situation in which the parents seemed willing to explain and discuss but in which they, as young children, had great difficulty in understanding their sibling's handicap. Again this is reminiscent of the course of events as young children come to understand sex. Their view of this matter often involves distortions and misunderstandings, regardless of their parents' ease and clarity in trying to explain it.[6]

Family Impact.--The birth of any child necessitates change upon the part of the parents. An additional member coming into the family unit gives birth to a whole series of new relationships and responsibilities. This need to change should not frighten parents, because as Newman reminds us:

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5 Report of the President's Committee on Mental Retardation, M.R. '72: Islands of Excellence (Washington, D.C.: U.S. Government Printing Office, 1972), p. 7.

6 Frances Kaplan Grossman, Brothers and Sisters of Retarded Children: An Exploratory Study (Syracuse, N.Y.: Syracuse University Press, 1972), p. 139.

> Here below to live is to change
> and to be perfect is to have changed often.[7]

When parents give birth to a child who is mentally retarded there is a similar need to change. The retardation may determine the degree of change required but not the process. Perske contends that:

> One of the basic reasons why the birth of a retarded son or daughter is so hard to face is that you will be forced to make some major changes in your way of life. There is nothing wrong with change.[8]

One thing that seems evident from the literature is that all parents of children who are mentally retarded must go through a number of stages. The description and number of these stages vary from author to author but all accept the fact that they exist. According to Zuk, "the three major ones are disappointment, anger and guilt."[9]

Looking at the various stages, one naturally asks the question, how can the parents successfully cope with the situation? It is obvious that there is no one single solution to the problem. In describing her own child Stevie and the successful outcome of his parents' efforts to cope, Murray makes the following comments:

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7 John Henry Newman, An Essay on the Development of Christian Doctrine (Garden City: Doubleday, Image Books, 1960) p. 63.

8 Perske, New Directions for Parents of Persons Who Are Retarded, p. 14.

9 G. H. Zuk, "Cultural Dilemma and Spiritual Crisis of the Family with a Handicapped Child," Exceptional Children, XXVIII (April, 1962), p. 405.

> It is not by mere chance that this is so. Three factors have contributed to make the happy ending of his story possible: first, the dozens of professional people down through the years who have worked patiently and persistently to help Stevie develop and use his limited mental faculties to the maximum; second, the growth and understanding on our part as his parents in learning how to cope with and adjust to the multiplicity of problems that confront families with a retarded member; and third, the dedicated efforts of thousands of laymen and professionals working through the local and state groups and the National Association for Retarded Children to bring about a social revolution that is helping to create a new world for the mentally retarded--a world in which they can eventually live with the same privileges and dignity accorded to all other citizens.[10]

This writer would like to add a fourth factor: a faith community in which one's spiritual qualities can flourish and grow to their full potential.

With all these forces working together, full development can successfully take place not only in the mentally retarded family member but also in the parents and in the other members of the family. In this way the parents will be able to cope with any of the stages and they will not have to feel that they are alone in facing the problem.

Friends.--In this instance it is well to remember that friends will react very much like the general population, despite the existence of friendship. In

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10 Dorothy Garst Murray, This is Stevie's Story (Nashville: Abingdon Press, 1967), pp. 149-150.

summarizing the attitudes of the general population by Begab, it can be seen that there are a number of social factors that will affect the attitudes of friends. They can be listed as follows:

1. The ordinary lay citizen has not kept up with the changing concepts of treatment and understanding of mental retardation.

2. Persons with no experience in the area of mental retardation are prone to adopt extreme attitudes ranging anywhere from an object of scorn to an object of extreme helplessness.

3. The concepts of the causes of mental retardation may determine attitudes toward the parents. For example, if they view the cause as heredity they may view the person as a 'defective parent.' Should they view the cause as environmental, they may feel that the child can become normal and put undue emotional pressure on the parents to change themselves and their home.[11]

Friends are often a source of advice even when it is not asked for by the parents. What advice they have to offer should be judged in the light of the points just mentioned and accepted on its own merits. Of course, friends can be a great source of help since they can provide the added extra of empathy. They also have an intimate knowledge of the parents involved, their strengths as well as their weaknesses, and because of

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11 Michael J. Begab, "Factors in Counseling Parents of Retarded Children," American Journal of Mental Deficiency, LX (January, 1956), p. 518.

this are in a unique position to be of real help.

However, the attitude of the parents of the retarded toward their friends seems to be one of selectivity. Following the birth of the child who is retarded, a number of things are reported to happen. There is a change in the relationships of the family with extra-familial groups. The family will seek help from some individuals and avoid others who might hurt the family. Thus, the family may be more selective in its friends.[12]

Finally, parents must beware of asking too much of their friends. They may feel that the ease and relaxation they are looking for in their social relationships are being curtailed if they have to cope with someone else's difficult child. They may feel that strain is put on social relations, because they find it necessary to be cautious in discussing the child's disability or problems, and because they fear the affected family's reaction to such discussions. Casual, apparently innocent remarks may set off a series of unintended reactions and add to the discomfort in social relationships.[13]

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12 B. S. Farber and D. B. Ryckman, "Effects of Severely Mentally Retarded Children on Family Relationships," Mental Retardation Abstracts II (1965), pp. 1-17.

13 Helen L. Beck, Social Services to the Mentally Retarded (Springfield, Ill.: Charles C. Thomas Publisher, 1969), p. 58.

In conclusion, it can be stated that parents with a child who is mentally retarded tend to be more selective in their choice of friends.

Conflict.--If one of the parents gives all of his or her attention to the child who is mentally retarded to the neglect of the emotional needs of the spouse, the marriage can become strained. In such a case the child becomes a rival in the quest for affection and attention.

Authors constantly indicate that the presence of a mentally retarded family member is an added strain on the marriage. Schild states:

> Families of the retarded, in general, tend to have more problems in individual and marital adjustment.[14]

But this investigator was unable to find in the review of the literature a correlation between the break-up of marriages and mental retardation, per se. The President's Committee on Mental Retardation stressed that:

> The families of today are subject to many stresses and the rate of family breakup is alarming. This is, of course, one of the conditions in which mental retardation and other social ills thrive.[15]

It is obvious that socio-economic stresses, ethnicity, cultural backgrounds, religious aspects, and

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14 Schild, "The Family of the Retarded Child," p. 436.

15 President's Panel on Mental Retardation, National Action to Combat Mental Retardation: A Report to the President (Washington, D.C.: U.S. Government Printing Office, 1962), p. 89.

parental adequacies are also factors in the marriage relationship. The literature merely confirms that having a child who is mentally retarded is one additional strain for the marriage partners in their attempts to deal with a very complex and multifaceted situation.

Relationships.--In the family, a new baby upsets the old relationships and new roles result for the different members of the family. In order to understand the change in relationships brought about by the birth of a child who is mentally retarded, one can examine the findings of a study by Farber and Ryckman. They found that the families go through the following stages of change in their relationships:

I. An attempt is made to handle the deviant member within the existing family arrangements by ignoring the fact that anything unusual has happened.

II. There is a distortion in the conditions of the family. This is the basis for defining the problem which will not just go away. The feelings of each member change and new relationships are created. For example, the mother will have to give more time to the child and the father will receive less companionship from the mother.

III. There is a revision of age and sex roles within the family. Children are often expected to assume responsibility and behave as adults. Sometimes a parent who is inadequate will be treated as a child. The normal siblings will sometimes act as parent substitutes.

IV. There is a change in the relationships of the family with extra-familial groups. The family will seek help from some individuals and avoid others who might hurt the family. Thus, the family may be more selective in its friends.

V. Finally, there is the elimination of the deviant member as the remaining alternative when family relationships become impossible.[16]

It is foolish to think that the birth of a mentally retarded child does not involve a family in a crisis that will include problems in relationships. From the remarks of parents it can be seen that the crisis may have a positive effect. How it will be handled will vary from one family to another, but every member of the family, including the siblings, is affected. Every family will not go through all five stages.

Religion.--Many publications suggest that the church can provide a great deal of help to the family whose child has been diagnosed as mentally retarded. Stubblefield's[17] list of areas needing help from professionals in religion can be paraphrased as follows:

I. Incorrect attitudes regarding the causes of mental retardation.

   A. Mental retardation is the punishment of God.
   B. Mental retardation is a "disguised blessing."

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16 Farber and Ryckman, "Effects of Severely Mentally Retarded Children on Family Relationships." pp. 1-17.

17 Harold W. Stubblefield, The Church's Ministry in Mental Retardation (Nashville, Tennessee: Broadman Press 1965), pp. 43-45.

C. Mental retardation is due to "original sin."

II. Personal responsibility and guilt. Guilt is probably the most commonly reported response to the diagnosis of mental retardation.

However, despite the theories on how the church can help, studies tend to show that parents rarely view the church as a source of help in the area of mental retardation. In reporting the results of a study planned as an inquiry into how a specific group of mothers perceived their retarded children, and what were their actions in seeking and utilizing services, Ehlers concludes:

> The data were analyzed to see if there were any correlations with religion or ethnic groups in the way families were able to cope with the child, in their feeling of acceptance, institutionalization, relationship, satisfaction with service, and so forth; but no such correlation appeared. It would seem, therefore, that any differences that exist in regard to these aspects of the problem are related more to socio-economic status than to religion or ethnic group.[18]

It is interesting to note that 79 per cent of the sample was of the Roman Catholic faith and the majority attended mass regularly.

In cases of mental illness, the clergy are often consulted by those with mental or emotional problems prior

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18 Walter H. Ehlers, Mothers of Retarded Children (Springfield, Ill.: Charles C. Thomas, Publishers, 1966), p. 44.

to going to a psychiatrist. Parents of the retarded, however, seem to regard their child's problem as a physical one and therefore do not go to the clergy. The one exception being when such children are ready for communion in the Roman Catholic faith, or for possible attendance at a parochial school.[19]

Some studies have been done on whether parents belonging to a particular religious group have been better able to cope with a mentally retarded family member. Scheerenberger reports:

> Both Protestant and Jewish churches indicated that their outstanding difficulty involved parental acceptance of retardation. This was not the attitude of the Catholic church, whose doctrine reduces parental feelings of anxiety and guilt.[20]

One must be careful in interpreting such statements. For example, in reporting aspects of Repond's study, Jordan writes:

> The Catholic families seem more likely to accept the problems of children passively, while Protestant families are more likely to seek assistance.[21]

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19 Ibid., p. 94.

20 R. C. Scheerenberger, A Study of Generic Services for the Mentally Retarded and Their Families (Springfield, Ill.: Illinois Department of Mental Health, 1969), pp. 85-86.

21 Thomas E. Jordon, The Mentally Retarded (Columbus, Ohio: Charles E. Merrill Publishing Co., 1972), pp. 107-108.

From this, it can be seen that there are right and wrong forms of acceptance and people in religion must take care to help create the correct form of acceptance on the part of the parents.

Existing studies do not show that religious affiliation to a particular group, per se, will provide parents with more help in coping with the situation and in obtaining services for the mentally retarded family member. In dealing with this topic in his classic study, Farber comments:

> It is impossible to determine whether religiosity or Catholicism was responsible for the Catholic-Protestant differences. Because past investigations have failed to explore specific belief systems, the influence of religion on parental reaction to retarded children remains unclear.[22]

The writer's personal contact with numerous priests, ministers, and other church personnel leads him to believe that a great deal needs to be done in order to educate such people about persons who are mentally retarded and the problems that the mental retardation causes for the rest of the family. The necessity of this has been underlined by Stubblefield who states:

> Although ministers routinely offer pastoral services to the physically ill, to couples experiencing marital trouble, and to persons with other personal difficulties, some ministers

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22 Bernard Farber, Mental Retardation: Its Social Contact and Social Consequences (Boston: Houghton Mifflin Co., 1968), p. 157.

> absolve themselves of responsibility to families affected by mental retardation. They claim they are not "specially trained" for this type of ministry.[23]

From a review of the literature, it is evident that the three areas that will need attention, if churches are to become sources of help to families affected by mental retardation, are:

I. Education of church personnel in mental retardation.

II. Education of parents to show how the churches can help.

III. A more aggressive approach on the part of the churches.

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23 Stubblefield, The Church's Ministry in Mental Retardation, p. 11.

Normal Siblings

Acceptance.--One method of finding out about the attitudes of normal siblings toward the mentally retarded family member is to find out what these young people with similar problems talk about when they are assembled. In 1966 a Sibling Seminar was held in Calgary, Canada. Eighteen siblings participated and the discussions centered around the following specific areas:

I. Invasion of privacy: The retarded child did not always respect the privacy of the normal child and would wander in and out of his room from time to time.

II. Table manners of the retarded child: The teenagers said that their parents catered to the whims of the retarded child. They were unable to eat due to the poor table manners of their retarded brothers and sisters. Arguments and reprimands were frequent at meal time.

III. Responsibility: They all expressed concern and felt that they must help their parents. Great concern was expressed for the burden that the retarded sibling placed upon the mother.

IV. Embarrassment: This was caused by revealing the retarded brother or sister to others; by the teasing of others; the over affectionate display of the retarded child to strangers; immature behavior, peculiar noises, misunderstanding and perseverations.

V. Activities curtailed: They were all annoyed because outings had to be curtailed due to the presence of the retarded child in the home. They felt that this was unfair to them.

VI. Attitudes of friends: Their friends generally accepted the retarded child as did the neighbors.

VII. Jealousy and resentfulness: Nearly all admitted that this was present from time to time. They felt that the retardate received special treatment and that he should be given the same chores to do as they had to perform.[24]

There were, however, some positive effects. Some of the normal children were very proud of the achievements of their retarded brothers or sisters, such as their musical abilities and artistic talents. They found their retarded sibling very affectionate and were grateful for the useful tasks he performed for them.

There were specific areas of concern determined by the age of the normal siblings. They are as follows:

Privacy---------- 6-10 years
Responsibility----------11-12 years
Embarrassment----------13-16 years
Parent's emotional problems--17-21 years

Knowledge.--Examination of a guided group experience with normal siblings who have a mentally retarded family member can provide us with insights in the area of knowledge.

The following were the major areas of discussion at these meetings:

I. How could the concept of mental retardation be communicated to friends and the community?

II. How will it effect their chances of marriage and will it affect their children?

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24 S. Abramson, "A Sibling Seminar," Mental Retardation (Canadian) XVI (1966), pp. 22-24.

III. How can a teenager make plans to deal with this life long problem?

In summarizing the results of the experience, the authors of the report list three areas of need. They are as follows:

I. Education--The normal sibling needs knowledge on how to cope with the situation NOW and in the future.

II. Reassurance and Support--The normal sibling needs help from the community and to know that he or she is not alone.

III. Meetings where their problems can be discussed--The normal siblings need to be able to express and to share concerns with others in the same situation.[25]

It can be seen from this that knowledge is vital to the normal siblings' adjustment to the presence of the mentally retarded family member.

In the report of a study of generic services for the mentally retarded and their families which was made in the State of Illinois, it is stated that while "most pediatricians and practitioners serve siblings of the retarded, but the majority (73%) were concerned only with basic medical attention. One general practitioner, however, was acutely sensitive to the need for counseling siblings with respect to retardation: 'Besides general medicine, I do counsel the children a little in helping

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25 M. Schrieber & M. Feeley, "Siblings of the Retarded: A Guided Experience," Children, XII (1965), pp. 221-225.

them to understand the retardate. This is an area parents often neglect.'"[26] However, Grossman's exploratory study[27] points out that even with parents who are willing to discuss and explain the problem, it was found that young children had great difficulty understanding their sibling's handicap. This should not discourage parents from doing their part because normal siblings are continually asking for knowledge. The benefits of such efforts are underlined by Grossman who says:

> These and other clinical experiences with families with normal and retarded children led us to believe that normal children in such families are better off when the parents can discuss the retarded child's handicap openly and comfortably, and when the young people have a realistic understanding of it.[28]

Family Impact.--Every child is affected by the presence of a sibling in the family. But this investigation is concerned about the impact of a retarded sibling on the other children in the family.

Findings indicate that the effect of a retarded sibling will have a greater impact on the normal sister than on the normal brother. This is due to the fact that girls are more often required to act as parent substitutes.

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26 Scheerenberger, A Study of Generic Services for the Mentally Retarded and Their Families, p. 34.

27 Grossman, Brothers and Sisters of Retarded Children: An Exploratory Study, p. 139.

28 Ibid., p. 138.

In a survey of twenty-one teenagers[29] it was reported that, in general, these young people reflected the views of their parents. Most of them were told immediately that their brother or sister would be "slow." There was no criticism of the parental decision as to what should be done with the child. Only one had any hesitation about their friends meeting the retarded sibling and explaining the situation. All stated that they helped at home in some way with their retarded sibling, and in no case did anyone feel burdened by the presence of the child.

Modern life presents each person with a multiplicity of goals. The choice of a goal must be consistent with a person's environment. The question dealt with is: Does the interaction with the retarded sibling affect the life goals of the normal sibling?[30] The results of research show that the normal sibling is affected by the presence of the retarded sibling. The effect will be determined by the frequency of the interaction. Those who interacted daily with the retarded sibling had life goals that included improving mankind

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29 B. V. Granliker, K. Fishler and R. Koch, "Teenage Reactions to a Mentally Retarded Sibling," American Journal of Mental Deficiency, LXVI (1962), pp. 838-843.

30 Bernard Farber and William C. Jenne, "Interaction with Retarded Siblings and Life Goals of Children," Perspectives in Mental Retardation, ed. by Thomas E. Jordon (Carbondale: Southern Illinois University Press, 1966), pp. 30-34.

and included a life that would require dedication and service. The life goals of those who interacted less frequently were aimed at goals involving interpersonal relationships--friends, marriage, being a respected community leader. This would seem to indicate that those who engaged in daily interaction had more personal security since they did not need reinforcement from other people. Those who had less interaction still had a need to prove themselves and to receive the approval of others in order to enable them to build up their own self concept.

Having considered an aspect of interaction, it would be appropriate to consider the question of institutionalization. What effect will the institutionalization of a retarded child have on the normal siblings in the family? This question is asked by parents who are considering this possibility for their retarded child. A study conducted by Caldwell and Guze[31] of thirty-two families provides some information. Sixteen of the families were referred to as the home group, that is, those who kept the retarded children at home. The other sixteen were called the institutional group since these consisted of children whose brothers and sisters had been

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31 B. M. Caldwell and S. B. Guze, "A Study of the Adjustments of Parents and Siblings of Institutionalized and Non-Institutionalized Retarded Children," American Journal of Mental Deficiency, LXIV (1960), pp. 845-861.

institutionalized. Neither group showed a statistical difference when given an anxiety test. The home group was aware of the problem of mental retardation and had been told from the start. For the institutional group, this notion often remained a mystery. As they grew, someone outside the family informed them of the sibling's affliction. With regard to an explanation about the situation, both groups had similar experiences. However, in the case of the institutional group, the parents stressed the hopelessness of the situation. The explanation of mental retardation satisfied both groups, but the institutional group found it necessary to talk it over with someone outside the home. There were positive and negative effects with regard to keeping the child in the home. The answers of these normal siblings generally reflected the existing family policy and on a four point scale of level of positive effect, no significant difference between the two groups was noted. This would seem to indicate that the question so often posed concerning the effects of institutionalization on the other siblings should not be taken into account when institutionalization is considered, since the normal siblings will adjust to a united family policy.

While the retarded child is young, it is easier for the family to make an adjustment. New problems, however, will arise when the retarded person enters adulthood.

Modern medicine has extended the life of the retarded person. Few studies have been made on the effect of the retarded adult on the normal siblings in his family.[32]

Katz, in his book, The Retarded Adult in the Community, describes two cases:

> Greta, whose brother was a mongoloid--aged 22 years--did not bring any of her friends into her home until the whole family had discussed the matter with a psychiatrist.[33]
>
> Thomas, whose IQ was 68, resented his brighter younger brother and slashed the tires of his brother's car on graduation night. He was given parole on condition that he and his mother seek help. She agreed to this and the younger, normal sibling was sent away to college.[34]

From these examples, it can be seen that the presence of a retarded adult can affect the normal siblings. To determine the exact nature and extent of these effects further studies are needed.

Friends.--In general, findings indicate that normal siblings, with adequate help and support, do not view the presence of a mentally retarded family member as an unmanageable problem with regard to the attitudes of their friends toward them or toward the mentally

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32 Elias Katz, The Retarded Adult in the Community (Springfield, Illinois: Charles C. Thomas Publisher, 1968) pp. 30-31.

33 Ibid., pp. 174-177.

34 Ibid., pp. 181-184.

retarded family member. A recent investigation by Schmith[35] confirms this fact.

However, from discussions among the normal siblings it is evident that there is one area that is of great concern to them, namely, that of dating with a view to marriage. This can be an especially stressful situation for teenagers who are still developing toward psychological maturity. The key to solving the evidenced anxiety is accurate knowledge presented in an understandable form. One of the newer ways in which a person can acquire this knowledge is through genetic counseling.

Genetic counseling has three main objectives: to advise parents of risks of abnormality in future children; to alert the medical profession to special risks in as yet unborn children; to reduce the number of children born with genetic predisposition to serious abnormality including mental subnormality.[36] The importance of genetic counseling has been stressed by Bintliff who says:

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35 Sister Mary Carolita Schmith, RSM, "An Investigation of the Attitudes of Normal Siblings Toward the Mentally Retarded Family Member." (Unpublished Masters' Dissertation, Cardinal Stritch College, 1973), p. 57.

36 O. Carter, "Genetic Counseling," Genetic Counseling in Relation to Mental Retardation, ed. by J. M. Berg (Oxford: Pergamon Press, 1971), p. 1.

> Health professionals must recognize that genetic counseling is a major factor in the management of conditions of mental retardation.[37]

Kirman's[38] description of conditions that must be fulfilled for successful genetic counseling can be summarized as follows:

I. A knowledge of relevant genetic principles.

II. A familiarity with the special field in which the advice is being given, with intimate knowledge of the clinical problem both as it affects the child and his family.

III. An understanding of the psychological and social relationships within the family and the neighborhood, school and workplaces.

IV. An ability to hold a useful dialogue with the particular parents and other relatives.

According to Danks,[39] it is not the role of the genetic counselor to tell people whether or not to have

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37 Sharon Bintliff, "Prevention of Mental Retardation in Today's Environment," The First Pacific Forum on Mental Retardation (Washington, D.C.: U.S. Government Printing Office, 1972), p. 11.

38 Brian Kirman, "Genetic Counseling of Parents of Mentally Retarded Children," Genetic Counseling in Relation to Mental Retardation, ed. by J. M. Berg (Oxford: Pergamon Press, 1971), p. 9.

39 David Danks, "Genetic Counseling," Conference on Genetics and Mental Retardation (Sydney, Australia: North Ryde Psychiatric Center, 1963), p. 120.

more children, but to supply the information on which the family can make the decision themselves.

Genetic counseling is in its infancy. The majority of the studies in this field have been concerned with parents who have already had a child born with some defect. Aside from isolated remarks by individual writers, this reviewer was unable to find any study in this area dealing directly with normal siblings who have a mentally retarded family member. However, there is an obvious need for these normal siblings to have such information since they have expressed their need in numerous discussions. Two problems facing the person who undertakes this work will be to explain advice in an understandable way and to realize that understanding advice on the intellectual level does not mean that the person will be able to deal with it on the emotional level.

The lack of studies in the area of normal siblings with a mentally retarded family member does not mean that existing knowledge in the discipline of genetics cannot be of help to them. In a study of parents given genetic counseling, Carter reports:

> These findings show that genetic predictions are on the whole reliable, and that parents do on the whole make sensible decisions on the basis of the advice given them.[40]

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40 Carter, "Genetic Counseling," p. 7.

It seems reasonable to assume that the normal siblings would benefit from the same type of advice and that it would provide help in giving knowledge upon which sensible decisions could be based.

It should be kept in mind that the genetic counselor is only one part in a team that should be providing help to the normal sibling. For this reason, findings should be transmitted to the normal sibling's own family doctor. Very often at the time of the interview with the genetic counselor the person is unable to take in all the facts and their implications. This is where the family doctor can play a vital role and his help should be actively sought.

Finally, it should be remembered that genetic counseling will not solve all the problems for the normal siblings. It is only one aspect of preconceptual counseling which will also involve medical, psychological, and socio-economic concerns. Pointing to the limitations of genetic counseling as regards the overall problem of mental retardation, Kirman indicates:

> There is, however, reason to believe that changes in maternal nutrition and health and also general improvements in the standard of living may have effects far in excess of anything that may be achieved through genetic counseling.[41]

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41 Kirman, "Genetic Counseling of Parents of Mentally Retarded Children," pp. 10-11.

Conflict.--In the normal family situation, a new baby upsets the old relationships, and new roles result for the different members of the family. Jealousy arising from the attention given to the sibling may distort a person's whole attitude and development in life.[42]

From the age that a child becomes aware of what other children are doing there will be rivalry. The children will strive for the affection of their parents and later on for prestige in society.[43] Hostility will often arise between siblings. It has been asserted that there may be a better relationship between siblings who occasionally react against each other than between those who live peacefully aloof. Such siblings may be very loyal and united against the outsider.[44]

The necessity of normal healthy hostility between siblings is condoned by Verville,[45] who believes that the presence of the retarded child has an effect on sibling social relationships. Very often, though, the

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42 Frieda K. Merry and Ralph V. Merry, "How the Home Affects Personality Development," Readings in Child and Adolescent Psychology, ed. by Lester D. Crow and Alice Crow (New York: David McKay Co., Inc., 1961), pp. 404-405.

43 Arthur T. Jersild, Child Psychology (New York: Prentice-Hall Inc., 1954), p. 222.

44 Ibid., p. 308.

45 Elinor Verville, Behavior Problems of Children (Philadelphia: W.B. Saunders Co., 1967), pp. 287-288.

retarded child is the scapegoat for some other inadequacy. For example, the normal child becomes moody and silent due to the lack of parental affection. The fault in this instance lies in the parents and not in the retatded child. Siblings often do not have the maturity to deal with the taunts of the bully.

On the positive side, it was found that the situation, if handled well, could be ego-strengthening for the normal siblings. However, it does place demands upon them, and parents are not trained to cope with the siutation and give little direct help.[46]

A study by Schmith found that:

> The attitudes of the normal siblings toward their retarded brother or sister on the whole indicate a positive outlook. Genuine sincerity was observed in the display of regret toward the defectiveness of the siblings, and an acceptance on the normal sibling's part of the retarded person's handicap. Normal siblings did not find it excessively embarrassing to have a retarded sibling present in the family.[47]

The attitude of the mother toward the retarded child is closely correlated with the adjustment of the normal sibling.[48] Real difficulties for the normal

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46 Helen L. Beck, Social Services to the Mentally Retarded (Springfield, Ill.: Charles C. Thomas, 1969),

47 Schmith, p. 57.

48 Bernard Farber, "Effects of a Severely Mentally Retarded Child on the Family," Readings on the Exceptional Child, ed. by E. Philip Trapp and Philip Himelstein (New York: Appleton-Century-Croft, Inc., 1962), pp. 227-246.

siblings exist when the retarded children are placed in a "never-never land." The normal healthy hostility between siblings enables them to draw off their anger and aggression in a friendly environment and provides the retarded child with a valuable learning experience. The retarded child needs to know that there are limits. In families where the normal siblings are not allowed any direct retaliation for anything inflicted, we find that the retarded child is unmanageable, and the normal child takes out his hostility some other place--on the dog, teacher, or schoolmates. Parents should not expect their children to be adults, nor should parents underestimate their ability to deal with the situation. The problem for the normal siblings is that the parents very often tell them to put up with the situation and very little about how to integrate it.[49]

Relationships.--To investigate the effects of a mentally retarded family member on the relationships of the normal sibling, it would seem prudent to begin by checking what the said siblings have to say about it. From this it should be possible to draw certain conclusions about the situation and about what might be done to give them the help and the support that they require.

One such effort has been reported and deserves recognition.[50] The project arose out of a need met by those working with families having a retarded child. The aims of the project were: (1) to learn about the siblings and (2) to learn ways of preventive intervention. It was hoped that the group experience would provide preventative information through retrospective analysis of the mutual difficulties encountered. It was also expected that it would have a therapeutic effect upon those who took part in it. The organizers of the group encountered difficulties due to lack of motivation, parental fear of disclosing family secrets, parental unwillingness to permit their children to discuss the subject, and transportation. In spite of this, the meetings took place every week over a four-month period and lasted for one and a quarter hours. The results of the meetings can be summarized as follows:

I. The siblings were not used to talking, and so long silences occurred and tended to frighten the group.

II. The changing membership of the group hurt dialogue.

III. The parents were not wholly reliable in transportation.

IV. The leaders felt that progress was made with those who stayed and a group loyalty was created.

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50 F. Kaplan, "Siblings of the Retarded," Psychological Problems in Mental Deficiency, ed. by Seymour B. Sarason and John Doris (New York: Harper & Row, 1969), pp. 186-208.

In forming the second group, composed of fourteen members, some changes were made--structurally and functionally. Structurally, the group met every other week for a two-hour period. The most important change was a functional one--the siblings would actually work with retarded persons. This would enable them to talk about mental retardation without explicitly talking about their brothers and sisters. It would also broaden their horizon for communication.

The group was excited about the idea of going to work. Silences did not occur. However, it was noticed that they were distracted from their original aim. They had become a kind of club with a social outlook. Once this was pointed out to them, they resumed their primary purpose. A new relationship with the retardates developed. Initially, the teenagers felt that they had to organize recreation for an unresponsive group. As soon as the retardates began to realize that these young people would be constant, they began to seek them out instead of having to be sought themselves. Recreational activities no longer had to be planned, since things to do developed from natural friendship. The siblings were also changed, and they began to verbalize their relationships with the retarded. This provided a "half-way house" for the sibling as it gave them a safe context for discussion and perspective in dealing with the problems of mental retardation.

Conclusions reached as a result of the group experience were as follows:

I. These clinical findings needed to be translated into hypotheses.

II. Mental retardation is a family affair and the family must deal with the handicap.

III. Preventive intervention must involve helping families with retarded children so that growth and development of the other members are not ignored.

IV. A few words in the beginning will prevent having to spend lengthy periods later in life.

V. The sibling relationship to the retarded sibling will depend upon:

A. the way the family talks about the retarded child.

B. the way the parents handle their own aggression towards the child.

C. the way the parents teach their normal children to handle the retarded child, the community, and their understanding of mental retardation.

What is the value of such discussion groups and experiments? They do not always change basic attitudes. Their value is summed up in the words of one teenager who wrote, "...we helped each other. We learned to 'talk' about retardation and felt free to discuss our problems. We helped each other to be better prepared for any unexpected behavior of our brothers and sisters. We knew we were not alone."[51]

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51 Ibid., p. 208.

In view of the lack of research findings regarding the needs of normal siblings, it is impossible to arrive at very definitive conclusions about what should be done on their behalf. Common sense must be the approach to the problem. However, there are some things that should be kept in mind if the normal sibling is going to be helped to deal with the situation.

It must always be remembered that the child who is mentally retarded is part of the whole family in which each member has a unique relationship with that child. No individual member of the family, whether parent or child, can hand over his or her role to someone else. The normal child should be allowed to play with the retarded child. When he begins to notice deficiencies the normal child should be told, in simple language, about the retarded sibling. This educational process should be a growing thing--it should be continuous. The use of insensitive phrases such as, tragic, dumb, helpless, crazy, etc., should be avoided and the differences between mental illness and mental retardation should be explained.

It is important for the parents to enlist the aid of their normal children. However, they should not burden them with responsibility. If the situation is handled properly, the natural generosity of the teenagers will not fail to respond. It should be pointed out that the retarded child, like any other child, has the need to

be accepted and loved by his fellow human beings. The concept of the marriage vows--"for richer, for poorer"--could be used to stress the family unity and their interdependence upon each other. The normal sibling should be encouraged to join organizations such as scouting programs, so that they can learn about the services they can render to others.

The normal sibling should be taken with the retarded child to the doctor occasionally. This will help to allay the fears that he might have about his brother or sister going so often to the doctor. The help of the doctor should be sought to counsel the normal sibling.

It would also be prudent to enlist the help of the religious leaders of the community (priest, minister, or rabbi) to point out the dignity and worth of every human being; that we all have an immortal soul; that we <u>are</u> our "brother's keeper."

The retarded child should be part of the normal family activities--Christmas, birthdays, etc. He should not become the scapegoat for the failures of the other children as they grow older. Neither should he be used for ego-strengthening.

The normal sibling should be encouraged to take part in social drives in the community. This will broaden his sympathies. He should also be permitted his own activities--camp, parties, clubs--without having to take his

retarded brother or sister. The retarded child will be aware of his limitations and will find his own friends and games.

In summation, it can be said that each of these children must grow up differently but with love for each other. It is the task of the whole community to make this philosophy of "to each his own" workable in the individual family situation.

Religion.--In a recent investigation of normal siblings with a mentally retarded family member that asked whether or not religion helped, Grossman reports:

> We found few differences in the impact of H (handicapped sibling) on a sibling or on the parents in Catholic and Protestant families, despite the literature that reports numerous differences. (Too few Jewish students participated in the study to draw conclusions about this group.) A number of the families did emphasize religious explanations in their understanding of the hows and whys of H's (handicapped sibling) handicap, but we found no clear relationships between the use of such explanations and the sibling's ability to adapt to H's (handicapped sibling) handicap.[52]

This would tend to support the contention that while religion can be of help, in practice, it is not used as such to the full.

The available literature on the subject also indicates that the role of religion depends upon things

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52 Grossman, Brothers and Sisters of Retarded Children, p. 183.

other than the condition of mental retardation. It would seem reasonable to assume that in the case of the younger normal siblings the ideas and attitudes of the parents would be followed. This, of course, is the case in other areas aside from religion according to the available literature on the subject.

In conclusion, the role of religion for the normal siblings depends on factors other than the family member's mental retardation. In general, religion is not used as a source of help by the normal siblings.

Research Methods

Research.--Examination of the progress of man in many fields discloses four activities that have aided him in gaining knowledge: experience, philosophizing, revelation, and empirical research.[53] This underlines, for us, the importance of research which Good defines as:

> Careful, critical, disciplined inquiry, varying in technique and method according to the nature and conditions of the problem identified, directed toward the clarification or resolution (or both) of a problem.[54]

From the above definition, it can be seen that research is a generic term and that it can be conducted by following a number of different methods. The one thing that writers agree about is the value of research irrespective of the method used. As Barnes says:

> Belief in the superiority of research-based information about teaching has come to be characteristic of the modern teacher.[55]

Since there are many designs available to the researchers, it is most important that he understand the

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53 William J. Gephart and Robert B. Ingle, ed., Educational Research: Selected Readings (Columbus, Ohio: Charles E. Merrill Publishing Co., 1969), p. 2.

54 Carter V. Good, ed., Dictionary of Education (New York: McGraw-Hill Book Co., Inc., 1959), p. 464.

55 Fred P. Barnes, "We are All Researchers," Educational Research: Selected Findings, ed. by William J. Gephart and Robert B. Ingle (Columbus, Ohio: Charles E. Merrill Publishing Co., 1969), p. 27.

function of research in choosing a research instrument. The function of research design is to provide for the collection of relevant evidence with minimal expenditure of effort, time and money.[56]

Investigative Research.--This type of research has been defined as: research that has for its purpose the discovery of conditions or causes of conditions that exist or have recently existed at a particular time and place; a loose term, implying concern with phenomena of local or temporary character, in contrast to experimental research designed to discover universal or permanent generalizations.[57] Many times people have a stereotyped idea of the nature of research, and see it as solely consisting of clinical experiments that produce a mathematical result. To broaden this narrow understanding of the nature of research, Good states:

> An older description or definition of science and research during the present century was in terms of mathematical precision and accuracy, objectivity, verifiability, impartiality, and expertness, with the first letters of these five characterizations spelling out the word movie. We now recognize, however, that many historical, descriptive-survey, and case-clinical studies cannot be phrased or reported in mathematical terms, and that precision may be in either mathematical or verbal terms.[58]

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56 Claire Selltiz, et al., Research Methods in Social Relations (New York: Holt, Rinehart, and Winston, 1967), p. 78.

57 Good, Dictionary of Education, p. 464.

58 Carter V. Good, Essentials of Educational Research (New York: Appleton-Century-Croft, 1966), p. 2.

Descriptive Survey.--This type of investigation may be used to secure evidence concerning an existing situation or current condition.[59] Many samples of this type of research can be found in everyday life, e.g. election straw polls, status studies conducted by various government agencies, studies by colleges on students' opinions of courses offered at the colleges, etc. The purpose of this research is to establish a clear description of materials and phenomena under investigation.[60] In examining the relevant literature, one finds that survey research is generally accepted, the only question is how to develop a high quality survey.

In order to achieve a high quality survey, Good and Scates suggest that the investigator allow the following points to guide his thinking:

1. The research report usually has a distinctive form, with definite attention given to describing the methodology, the sources, the population, the trait being studied, and other appropriate methodological or technical details.

2. Presumably original observations are taken.

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59 Ibid., p. 192.

60 Finley Carpenter, "Wanted: More Descriptive Research in Education," Educational Research: Selected Readings, ed. by William J. Gephart and Robert B. Ingle (Columbus, Ohio: Charles E. Merrill Publishing Co., p. 216.

3. Each step in the work proceeds with meticulous care and with due consideration for the large plan and purpose of the work. The data are verified and evaluated.

4. The data are resolved, or organized into certain more general terms, and are sometimes related to a single, over-all thesis. Certainly the data will be summarized in some form or other, as systematic as possible. What is done with the data is a definite part of the contribution of the study.

5. The background, sensitivity, and general competence of the investigator, as well as the spirit with which he works, are vital elements.[61]

Use of the Questionnaire in Survey Research.--Questionnaires are widely used by educators to obtain facts about current conditions and practices and to make inquiries concerning attitudes and opinions.[62] In developing the questionnaire one must make sure it is constructed in such a way that the data obtained will be useful and reliable. For this reason Good warns:

> To function effectively and without bias, the interviewer needs techniques for formulation of questions, for motivation of the respondent, and for focusing communication on the content objectives of the interview; he also needs a deep

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61 Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Croft, Inc., 1954), p. 271.

62 Debold B. VanDalen, Ph.D., Understanding Educational Research (New York: McGraw-Hill Book Co., 1966), p. 301.

> understanding of the dynamics of interaction and of the psychological forces that affect the processes of the interview.[63]

The researcher has two options in presenting the questionnaire: through the mails or in a face to face interview. Both forms have their advantages and drawbacks, but, in general, the face to face interview is the preferred method. In using this method there are fewer refusals to respond, the interviewer can clarify points and answer questions and motivate the respondent to answer carefully and truthfully.

There are a number of ways in which a question can be presented: closed, open, and pictorial. Pictorial techniques are useful with children and adults with limited reading ability, but pose certain limitations with regard to certain situations and are difficult to standardize. A combination of open and close questions is most efficient.[64] The closed question will supply factual information about an issue (fact) whereas the open-ended question is called for when information about the respondent's own formulation of the issue (process) is being sought.

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63 Good, Essentials of Educational Research, p. 238.

64 Selltiz, Research Methods in Social Relations, p. 192.

This review of the available literature corroborates the opinion that a questionnaire administered in a personal interview is a scientific instrument for the purposes of gathering data in a descriptive survey. It should also be noted that this adequate survey data in the hands of an investigator of insight can be used for forward-looking purposes.[65]

Good, Essentials of Educational Research, p. 192.

Summary

In this chapter two areas of concern were investigated: the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member. The investigation was carried out by means of a summary of the literature related to the two areas of concern.

In general, the literature reveals that the attitudes of the normal siblings, which are on the whole positive, are similar to the attitudes of the parents toward their mentally retarded family member. The two groups indicate a need for accurate knowledge about mental retardation. The condition does have an impact upon the family and necessitates changes. Such a family seems to be more selective in its friends. Rivalry within the family can become a problem unless a healthy balance is maintained among all the members. It is also important that the members of the family do not cut themselves off from their extra-familial relationships and activities because of the mental retardation. In most families, religion and church personnel are not utilized as sources of help in coping with the fact of mental retardation within the family.

The investigator also explored the nature and value of survey research. It seems that a questionnaire administered in a personal interview is a scientific instrument for the purposes of gathering data in a descriptive survey.

CHAPTER III

Procedure

Statement of the Problem

The problem of the study is to investigate the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member.

The specific objectives under investigation in this study are:

I. To compare the attitudes of the normal siblings with the attitudes of the parents toward their mentally retarded family member.

II. To compare the attitudes of the mothers with the attitudes of the fathers toward their mentally retarded family member.

III. To compare the attitudes of the normal siblings with the attitudes of the parents toward whether their religious beliefs helped them cope with their mentally retarded family member.

Population of the Survey

An attempt was made to survey all the normal siblings and the parents of the children who attend the weekly program of religious education and liturgy conducted by the Apostolate to the Mentally Retarded, Diocese of Birmingham, Alabama in the cities of Birmingham,

Decatur, and Huntsville. Out of a possible 65 normal siblings and 62 parents, 64 normal siblings (98.5%) and 52 parents (83.9%) participated in the survey. All the normal siblings involved were between the ages of six and eighteen inclusive as of October 1, 1974.

Method

A questionnaire to be administered in a personal interview, designed by Schmith,[1] was adapted and extended to include questions related to religion for use in this survey.

A letter was sent out to the parents telling them about the survey and asking for their help and cooperation. It was left to the parents to inform the normal siblings about the survey.

The letter was followed up by a telephone call to the parents in order to arrange a suitable time for the interviews. All were interviewed individually and in their own homes.

The questionnaire asked for the following biographical details: relationship to the mentally retarded family member, religion, occupation or grade in school, age, number of children in family, age of handicapped child, and position of handicapped child in family.

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1 Sister Mary Carolita Schmith, RSM, "An Investigation of the Attitudes of Normal Siblings Toward the Mentally Retarded Family Member." (Unpublished Masters' Dissertation, Cardinal Stritch College, 1973), pp. 68-69.

Data Analysis

A comparison between the normal siblings and the parents was made on the basis of the following:

1. Role (sibling/parent, sister/brother/mother/father)
2. Response Categories (including religion)
3. Age
4. Sex
5. Rank Order of Age
6. Family Constellations

Analysis of the results will be provided through the use of descriptive techniques such as tables and discussion.

Summary

This study involves 64 normal siblings (ages 6-18) and 52 parents who have a mentally retarded family member who attends the weekly program of religious instruction and liturgy conducted by the Apostolate to the Mentally Retarded, Diocese of Birmingham, Alabama in the cities of Birmingham, Decatur, and Huntsville. The purpose of the study is to investigate the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member. This information was obtained through the analysis of a 25 item questionnaire administered in a personal interview to all those involved in the investigation.

CHAPTER IV

Interpretation of the Data

The present study was conducted to investigate the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member on the basis of role, response categories, age, sex, rank order of age, and family constellations.

The population of the study was sixty-four normal siblings and fifty-two parents of children who attend the weekly program of religious education and liturgy conducted by the Apostolate to the Mentally Retarded, Diocese of Birmingham, Alabama.

A questionnaire composed of twenty-five items was administered in a personal interview to all those involved in the investigation. Analysis of the results will be provided in this chapter through the use of descriptive techniques: tables and discussion.

In order to report the findings of the questionnaire, the tables will be constructed using three basic divisions. These divisions will denote an attitude of coping, non-coping, and neutral. To prevent experimenter bias on the part of the investigator, a person, not at all involved in the collection of the data assigned the

answers to the appropriate divisions. In addition, the questionnaires were collected and filed without scoring until the conclusion of the investigation.

TABLE 1

QUESTIONNAIRE RESPONSES
GENERAL FINDINGS
(P[a]-52, NS[b]-64)

Item	Coping		Non-Coping		Neutral	
	P	NS	P	NS	P	NS
1	46.2	18.8	53.8	76.6	0.0	4.6
2	44.2	48.4	55.8	50.0	0.0	1.6
3	96.2	62.5	0.0	21.9	3.8	15.6
4	100.0	79.7	0.0	10.9	0.0	9.4
5	96.2	73.4	3.8	26.6	0.0	0.0
6	80.8	73.4	19.2	25.0	0.0	1.6
7	92.3	56.3	7.7	43.7	0.0	0.0
8	98.1	98.4	1.9	1.6	0.0	0.0
9	80.8	57.8	15.4	40.6	3.8	1.6
10	42.3	25.0	57.7	75.0	0.0	0.0
11	67.3	68.8	21.2	23.4	11.5	7.8
12	28.8	26.6	67.4	71.8	3.8	1.6
13	75.0	78.1	9.6	12.5	15.4	9.4
14	50.0	43.8	28.8	53.1	21.2	3.1
15	75.0	59.4	25.0	35.9	0.0	4.7
16	82.7	87.5	3.8	4.7	13.5	7.8
17	98.1	85.9	1.9	4.7	0.0	9.4

TABLE 1 -- Continued

Item	Coping		Non-Coping		Neutral	
	P	NS	P	NS	P	NS
18	73.1	90.6	3.8	1.6	23.1	7.8
19	86.5	93.8	5.8	3.1	7.7	3.1
20	59.6	79.7	21.2	12.5	19.2	7.8
21	96.2	79.7	1.9	14.1	1.9	6.2
22	98.1	70.3	1.9	25.0	0.0	4.7
23	78.8	89.1	21.2	10.9	0.0	0.0
24	88.4	75.0	7.7	14.1	3.9	10.9
25	80.8	75.0	13.5	14.1	5.7	10.9

[a]The letter, P, refers to the parents in the study.

[b]The letters, NS, refer to the normal siblings in the study.

Comparative data from the questionnaires are depicted in Table 1. Out of the twenty-five items on the questionnaire, in the coping division, the percentage score of the parents was higher than the percentage score obtained by the normal siblings on 16 of the items. However, upon examination of the non-coping responses, it can be noted that the percentage score of parents was lower than the percentage score of the normal siblings on 19 of the items. This seeming discrepancy can be accounted for by the neutral responses on items 11, 13, and 16. The overall results suggest that, for the

population studied, the responses of parents indicate that they are better able to cope with the mentally retarded family member than are the normal siblings.

The findings recorded above are reported in greater detail in Table 2, which divides the parents into fathers and mothers and the normal siblings into normal brothers and normal sisters. Comparisons based on the data yielded that out of 25 items on the questionnaire, in the coping division, the percentage score of fathers was higher than that of the mothers on 15 items. This indicates that the fathers, in this study, are better able to cope with the presence of a mentally retarded family member. This was substantiated by the responses in the non-coping division, where fathers obtained a lower percentage score on 15 of the items.

A similar examination of percentage scores in the coping division revealed that the normal brothers only obtained a higher percentage score on 7 items when compared with the normal sisters. This suggests that the normal brothers are less able to cope with the presence of a mentally retarded family member than are the normal sisters. Analysis of the non-coping responses of the normal brothers and the normal sisters supports this idea.

Table 2 also shows that the percentage scores of the normal brothers, in the coping division, when compared

13	76.2	74.2	75.9	80.0	19.0	3.2	13.8	11.4
14	57.1	45.2	41.4	45.7	19.0	35.5	55.2	51.4
15	76.2	74.2	58.6	60.0	23.8	25.8	34.5	37.1
16	81.0	83.9	86.2	88.6	0.0	6.5	3.4	5.7
17	100.0	96.8	82.8	88.6	0.0	3.2	3.4	5.7
18	81.0	67.7	86.2	94.2	0.0	6.5	0.0	2.9
19	85.7	87.1	93.2	94.2	9.5	3.2	3.4	2.9
20	61.9	58.1	65.6	91.4	14.3	25.8	17.2	8.6
21	95.2	96.8	79.4	80.0	4.8	0.0	17.2	11.4
22	100.0	96.8	69.0	71.4	0.0	3.2	31.0	20.0
23	85.7	74.2	86.2	91.4	14.3	25.8	13.8	8.6
24	85.7	90.3	75.9	74.3	14.3	3.2	13.8	14.3
25	76.2	83.9	65.6	82.9	14.3	12.9	24.1	5.7

[a]The letter, F, refers to the fathers in the study.

with the fathers and the mothers, were lower on 18 items in each instance. This result implies that the normal brothers' level of coping with the mentally retarded family member is not any closer to the father than to the mother. An inspection of the percentage scores of the normal sisters, in the coping division, likewise demonstrate that they, too, are not any closer to the fathers than to the mothers. Additional evidence for the above can be seen in the percentage scores in the non-coping division.

Taking the average percentage scores for each of the seven general categories contained in the questionnaire (acceptance, knowledge, family impact, friends, conflict, relationships, religion) there can be observed in Table 3 that the parents obtained a higher percentage score in the coping division in five of the categories, indicating that the parents are better able to cope in these five areas.

It is interesting to note that the normal siblings obtained a higher percentage score in the categories of family impact and conflict. Inference can be drawn from the family impact category that the normal siblings are better able to cope with the presence of a mentally retarded family member and with what his or her presence means for the future. The category of conflict is unique in that it seeks to compare the attitudes of

TABLE 3

RESPONSE CATEGORIES
(P[a]-52, NS[b]-64)

Category	Items	Coping		Non
		P	NS	P
Acceptance	1,2,6	57.1	46.9	42.
Knowledge	3,4,5	97.4	71.9	1.
Family Impact	8,18,20	76.9	89.6	9.
Friends	7,9,10,21,22	81.9	57.8	16.
Conflict	11,12,13	57.1	57.8	32.
Relationships	14,15,16,17,19	78.4	74.1	13.
Religion	23,24,25	82.7	79.7	14.

[a]The letter, P, refers to the parents in the study.

[b]The letters, NS, refer to the normal siblings in the

the parents with the attitudes of the normal siblings in regard to the existence of conflict between the normal siblings and the mentally retarded family member. It does not deal with the existence of conflict between the parents and the mentally retarded family member. The percentage score of the normal siblings in the category of conflict evidences that, in comparison to how the parents view the situation, the normal siblings see themselves as better able to cope with the mentally retarded family member.

However, upon examination of the percentage scores obtained by the parents, the difference between the scores is negligible (0.7%). Therefore, it can be concluded that both groups view the existence of conflict between the normal siblings and the mentally retarded family member in a similar manner.

Table 4 presents the statistical data indicating the effect of the dimension of age on the part of the normal siblings in relation to whether they are older or younger than the mentally retarded family member. The percentage scores of the parents are also compared with the two groups mentioned above.

The most striking finding, in the coping division of Table 4, is that the older normal siblings earned a higher percentage score on 20 of the items. This leads to the conclusion that older normal siblings are better

TABLE 4

DIMENSION OF AGE
(P[a]-52, NSO[b]-35, NSY[c]-29)

Item	Coping			Non-Coping		
	P	NSO	NSY	P	NSO	NSY
1	46.2	25.7	10.3	53.8	74.3	79.3
2	44.2	57.1	37.9	55.8	42.9	58.6
3	96.2	82.8	37.9	0.0	14.3	31.0
4	100.0	94.3	62.1	0.0	5.7	17.2
5	96.2	77.1	69.0	3.8	22.9	31.0
6	80.8	85.7	58.6	19.2	14.3	37.9
7	92.3	62.9	48.3	7.7	37.1	51.7
8	98.1	100.0	96.6	1.9	0.0	3.4
9	80.8	54.3	62.1	15.4	45.7	34.5

13	75.0	88.6	65.5	9.6	2.9	24.1
14	50.0	37.1	51.7	28.8	57.1	48.3
15	75.0	62.9	55.2	25.0	34.3	37.9
16	82.7	100.0	72.4	3.8	0.0	10.4
17	98.1	94.3	75.9	1.9	2.9	6.9
18	73.1	94.3	86.2	3.8	0.0	3.4
19	86.5	100.0	86.2	5.8	0.0	6.9
20	59.6	77.1	82.8	21.2	8.6	17.2
21	96.2	82.8	75.9	1.9	11.4	17.2
22	98.1	68.6	72.4	1.9	28.6	20.7
23	78.8	97.1	79.3	21.2	2.9	20.7
24	88.5	80.0	69.0	7.7	20.0	6.9
25	80.8	71.4	79.3	13.5	25.7	0.0

[a]The letter, P, refers to the parents in the study.

able to cope with the presence of a mentally retarded family member. Further inspection of the Table reveals that, in the coping division, parents obtained higher percentage scores than the older normal siblings on 14 items, and a higher percentage score than the younger normal siblings on 21 items.

Table 5 deals with a comparison of the coping abilities of the parents and of the normal siblings on the basis of sex in relation to the sex of the mentally retarded family member. Examination of the Table reveals that, in the coping division, parents of the same sex as the mentally retarded family member achieved a higher score on 15 items when compared with the parents of the opposite sex. This suggests that the sex of the parents, in relation to the sex of the mentally retarded family member, is a determining factor with regard to their ability to cope with the situation.

A further analysis of the Table shows that the normal siblings of the opposite sex as the mentally retarded family member received higher percentage scores on 14 items in the coping division, when compared with the normal siblings of the same sex.

Thus, it appears from the results contained in Table 5, that when, on the basis of sex, the coping abilities of parents are compared with parents and normal siblings are compared with normal siblings, sex is a

14	52.0	55.6	48.1	35.1	28.0	40.7	29.6	62.2
15	80.0	59.3	70.4	59.5	20.0	33.3	29.6	37.8
16	84.0	85.2	81.5	89.2	4.0	3.7	3.7	5.4
17	100.0	85.2	96.3	86.5	0.0	0.0	3.7	8.1
18	80.0	88.9	66.7	91.9	0.0	0.0	7.4	2.7
19	88.0	92.6	85.2	94.6	4.0	3.7	7.4	2.7
20	68.0	63.0	51.9	91.9	20.0	18.5	22.2	8.1
21	96.0	85.2	96.3	75.7	4.0	11.1	0.0	16.2
22	96.0	66.7	100.0	73.0	4.0	29.6	0.0	21.6
23	72.0	85.2	85.2	91.9	28.0	14.8	14.8	8.1
24	88.0	70.4	88.9	78.4	8.0	14.8	7.4	13.5
25	80.0	63.0	81.5	83.8	20.0	22.2	7.4	8.1

[a]The letters, PS, refer to the parents of the same sex a
retarded family member.

[b]The letters, NSS, refer to the normal siblings of the s
mentally retarded family member.

determining factor. However, when parents are compared with the normal siblings, on the same basis described above, the Table reveals that sex is not a determining factor in comparing the abilities of the two groups to cope with the presence of a mentally retarded family member.

TABLE 6

DIMENSION OF RANK ORDER OF AGE

Age	Subjects	Coping	Non-Coping	Neutral
Parents				
Under 44	28	76.6	18.6	4.8
Over 44	24	76.7	17.3	6.0
Normal Siblings				
6-12	29	60.7	31.3	8.0
13-18	35	73.8	23.4	2.8

Table 6 represents the average percentage scores of the parents and the normal siblings on the basis of rank order of age. In the coping division, a comparison of the average percentage scores obtained by the younger and the older parents reveals a difference of 0.1 per cent. This minute difference was not considered by the investigator to be of any consequence when comparing the coping abilities of the two groups. A similar comparison

of the normal siblings, on the basis of age, shows that the older normal siblings obtained an average percentage score of 73.8% in contrast with the 60.7% achieved by the younger normal siblings, a difference of 13.1%.

The most striking finding in Table 6 is that, while the parents maintained a higher average percentage score than either group of the normal siblings, as the normal siblings progress in age, their average percentage score becomes closer to the average percentage score of the parents. This suggests that the normal siblings, as they grow older, become more and more like the parents in their abilities to cope with the mentally retarded family member.

Table 7 reports the effect of family constellations. In ranking the average percentage scores of parents from highest to lowest, the following order of family constellations can be determined: 7 children-over, 3-4, 5-6, 1-2. Comparison of the normal siblings' average percentage scores, on the same basis, reveals the order: 5-6, 7-over, 3-4, 1-2. In both groups, it can be noted that in families of 1-2 children, parents and normal siblings obtained the lowest average percentage scores. From this it can be concluded that parents and normal siblings have a better ability to cope with the mentally retarded family member in families of three or more children.

TABLE 7

FAMILY CONSTELLATIONS

Family Size of Children	Number of Families	Parents in Study	Normal Siblings in Study	Coping	
				P[a]	NS[b]
1-2	8	13	4	71.4	63.0
3-4	12	21	21	79.4	64.2
5-6	5	9	12	73.3	70.7
7-over	6	9	27	80.9	70.3

[a]The letter, P, refers to the parents in the study.

[b]The letters, NS, refer to the normal siblings in the stu

Case Study of Intra-Family Scores

Having examined the total population of parents and normal siblings within the scope of this study, the investigator felt the necessity to compare the intra-family percentage scores. The families chosen for this aspect of the study were selected because of their ability to fulfill the following criteria: the presence of both father and mother and the presence of at least one normal sibling of each sex. Six families met the above requirements (12 parents, 13 normal brothers, 12 normal sisters).

Examination of the intra-family percentage scores reveals that in all six families, parents obtained a higher percentage score than did all of the normal siblings in each of the same families. Thus it can be concluded that the parents, in the six families in question, are better able to cope with the mentally retarded family member. Upon comparing the father and the mother in each of the same six families it is evidenced that the mother obtained a higher percentage score in three of the families and gained an equal percentage score as did the father in two of the families. This suggests that in these six families, mothers appear to be better able to cope with the mentally retarded family member. A similar comparison of the normal brothers and the normal sisters in each family demonstrates that the brother obtained a higher percentage score in three of the families, and a

TABLE 8

INDIVIDUAL FAMILIES
CASE STUDY
(F^a-6, M^b-6, B^c-13, S^d-12)

Families	Coping				Non-Coping			
	F	M	B	S	F	M	B	S
Family #1	72.0	72.0	66.0	68.0	20.0	20.0	34.0	32.0
Family #2	72.0	80.0	72.0	68.0	24.0	16.0	20.0	28.0
Family #3	68.0	76.0	52.0	72.0	24.0	20.0	36.0	28.0
Family #4	84.0	76.0	80.0	68.0	16.0	16.0	18.7	30.0
Family #5	76.0	92.0	78.0	68.0	16.0	8.0	20.0	27.2
Family #6	88.0	88.0	58.0	72.0	8.0	8.0	38.0	28.0

[a]The letter, F, refers to the fathers in the study.

[b]The letter, M, refers to the mothers in the study.

lower percentage score in the remaining three families. This indicates that both groups, normal brothers and normal sisters, cope equally well with the mentally retarded family member.

Further inferences can be drawn from an intra-family comparison of the normal brothers with parents, revealing that the average percentage score of the normal brothers is closer to the percentage score of the fathers in three families. In the remaining three families, the percentage score of the normal brother is equidistant from the percentage obtained by the fathers and the mothers. A similar consideration of the normal sisters depicts that their average percentage score is closer to the percentage score of the fathers in two of the families; closer to the mother in one family; and equidistant from either parent in two of the families. These results suggest that both the normal brothers and the normal sisters, in the six families under consideration, are closer to their fathers than to their mothers in regard to their ability to cope with the mentally retarded family member. However, it should be remembered that the percentage scores obtained by the mothers in these particular families indicate a better ability to cope than did either the fathers or the normal siblings.

Summary

This chapter has considered and compared the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member. The general findings demonstrate that the parents are better able to cope with the situation. With regard to the attitudes of the parents in this study, the fathers' percentage scores, obtained from the individually administered questionnaires, were higher than the percentage score of the mothers. It should be noted that 10 fathers did not participate in the survey.

Furthermore, it can be seen that religious beliefs benefit both groups, normal siblings and parents, similarly.

An intra-family analysis of six families, revealed that while parents cope better than the normal siblings, the mothers' percentage scores evidenced a greater coping ability.

According to the data reported in this chapter, the research hypothesis, stating that there is no difference between the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member, is rejected.

CHAPTER V

Summary and Implications

Problem

The purpose of the present study was to investigate the attitudes of the normal siblings and the attitudes of the parents toward their mentally retarded family member.

The specific objectives under investigation in this study were:

I. To compare the attitudes of the normal siblings with the attitudes of the parents toward their mentally retarded family member.

II. To compare the attitudes of the mothers with the attitudes of the fathers toward their mentally retarded family member.

III. To compare the attitudes of the normal siblings with the attitudes of the parents toward whether their religious beliefs helped them cope with their mentally retarded family member.

Population

Sixty-four normal siblings and fifty-two parents participated in the study. All belonged to families with children who attended the weekly program of religious instruction and liturgy conducted by the Apostolate to

the Mentally Retarded, Diocese of Birmingham, Alabama, in the cities of Birmingham, Decatur, and Huntsville. The normal siblings in the study were between the ages of six and eighteen inclusive as of October 1, 1974.

Treatment of the Data

The data were collected by means of a twenty-five item questionnaire which was administered in a personal interview.

The questionnaire was composed utilizing the following categories: role, response categories, age, sex, rank order of age, and family constellations. The responses to the questionnaire were divided according to coping, non-coping, and neutral and were reported through the use of descriptive techniques: tables and discussion.

Appraisal of the data in the questionnaire served to illustrate the fact that the parents, when compared with the normal siblings, were better able to cope with the presence of their mentally retarded family member. Analysis of the scores obtained by the Fathers, Mothers, Normal Brothers, and Normal Sisters demonstrated the superior coping ability of the fathers, when compared with the mothers, and of the normal brothers, when compared with the normal sisters. Neither group of normal siblings attained a score which was closer to the score of the fathers than to the score of the mothers.

The questions were also categorized in groups with a variety of headings, these being: acceptance, knowledge, family impact, friends, conflict, relationships, and religion. The data concerning the various categories substantiate the superior coping ability of the parents, except in the categories of family impact and conflict. Both groups viewed the existence of conflict between the normal siblings and their mentally retarded family member in a similar way, but the normal siblings were better able to cope with the impact on the family created by their mentally retarded family member.

Data analysis which deals with the effect of the dimension of the age of the normal siblings in relation to whether they were older or younger than their mentally retarded family member, indicated that the older normal siblings were closer to the parents in their ability to cope.

A comparison of the coping abilities of the parents and of the normal siblings on the basis of their sex in relation to the sex of their mentally retarded family member revealed that sex was not a determining factor in comparing the two groups. However, intra-group comparison revealed sex to be a determining factor with parents of the same sex and the normal siblings of the opposite sex evidencing a better ability to cope.

Data suggest that the normal siblings, as they grow older, are better able to cope with their mentally retarded family member. In doing so they become more and more like their parents.

The data support the position that the parents and the normal siblings are better able to cope with the mentally retarded family member in families of three or more children.

Finally, examination of six intra-family scores revealed the following in regard to ability to cope with their mentally retarded family member: the parents coped better than the normal siblings; the mothers coped better than the fathers, and the normal brothers and the normal sisters coped equally well when compared with each other.

Implications and Observations

From the evidence presented in the previous pages, it would seem that the normal siblings and the parents are coping with their mentally retarded family member fairly well. A superior ability to cope was found on the part of both groups in families of three or more children.

The results of the questionnaires indicate that the parents are better able to cope with their mentally retarded family member. This might be based on the fact of their superior knowledge. It should be remembered that the greatest difference in percentage scores obtained

by the two groups in the response categories was in the category of knowledge. This would also suggest that the parents have not communicated their knowledge to the normal siblings or that the children had not as yet been able to fully assimilate it. It might be also conjectured that the parents might have, in a spirit of protection, tried to shield their normal children from the impact of retardation in the family.

Observable in the results of the percentage scores in the questionnaire is the fact that the fathers coped better than the mothers with their mentally retarded family member. It is the contention of the writer that this could have been due to the fact that ten of the fathers did not participate in the study, because they were not living in the home or because the mothers requested that they not be approached. The sample of fathers, therefore, was not completely representative. This contention is supported by the intra-family scores of families with both parents present, in which the mothers appeared to be better able to cope. Another rather simple explanation might be given to these findings. Typically, mothers spend more time with the child who is mentally retarded and on the mothers fall the burden of toilet training, feeding, behavior management, etc. Their coping role might be more challenging than that of the fathers.

In this study, it was found that although the normal siblings became more like their parents in their ability to cope with the mentally retarded family member, they were not influenced by the father more than by the mother. This might indicate that the parents were substantially in agreement about the management of the mentally retarded family member. The findings of the intra-family study were in agreement with this finding. It should be noted that in the response category of family impact the normal siblings were better able to cope. It is the query of the investigator whether or not this was due to the normal siblings' inabilities to comprehend the scope of the problem and its implications for the future.

All who completed the questionnaire felt the need for religion. Even those who did not attend church wanted to discuss it with the interviewer.

Most involved in the study were apprehensive during the interview, even those who knew the interviewer. It was the feeling of the interviewer that the normal siblings were more open and less defensive. This time involved a period of questions and discussion on topics such as: the purpose of the study, how other members of the family answered the questions, validation and explanation of their own answers, and marital problems.

The findings presented here concur in some respects with the studies investigated in the past, according to related literature.

Suggestions for Further Study

1. That the present study be replicated on the same population, employing an investigator unknown to the participants.

2. That the present study be replicated with the normal siblings at an interval of twenty years in order to compare their percentage scores with the percentage scores of the parents and of the normal siblings in the present study.

3. That an investigation of the intra-family percentage scores of the same population be conducted to determine how the parents and the normal siblings are coping with an individual mentally retarded family member.

4. That the present study be replicated with families living in a rural setting.

5. That a similar study be conducted to investigate the effect that the degree of mental retardation has on the parents and the normal siblings.

6. That an investigation be made to determine the influence of the socio-economic and educational levels of the families on the ability to cope with their mentally retarded family member.

Summary

Research pertaining to the comparison of the attitudes of the normal siblings with the attitudes of the parents toward their mentally retarded family member is very limited. The present investigator's concern is an attempt to explore the relationship of attitudes between the two groups. It was hoped that by such a comparison, this study could provide for all families a better understanding of how to cope with their mentally retarded family member.

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APPENDIX

QUESTIONNAIRE FOR PARENTS

Biographical details:

Relationship_____Religion_____Occupation_____

Age_____Number of Children in Family____Age of H. Child___

Position of H. Child in Family____Birthdate of H. Child___

***

1. Do you feel sorry that ___ is handicapped? _____
2. Does it bother you that _____ is handicapped? _____
3. Do you think that mental retardation is a disease? ___
4. Do you think that it is catching? _____
5. Do you ask people about "why" you have an exceptional child? _____
6. Do you feel embarrassed that you have an exceptional person in your family? _____
7. Do you talk to your friends about _____? _____
8. Does your child participate in family outings? _____
9. Has it ever happened that your friends do not accept _____?
10. Has it ever happened that you have told other people to stop making fun of _____? _____
11. Does _____ bother the siblings when they do their homework? _____
12. Does _____ ever fight with the siblings about what show they will watch on T.V.? _____

13. Do the siblings think that _____ should do some chores around the house? _____

14. Do you get angry when _____ is allowed to get away with things that the other children can't do? _____

15. Do you think that you give all or most of your attention to _____? _____

16. Do you feel that your children love you less because of _____? _____

17. Do you think that _____ is being trained at home to be as normal as possible? _____

18. Will one of your children take care of _____ when you can no longer do this? _____

19. Would you let _____ live in the home of one of your children when they grow up? _____

20. Do you think that having _____ in your family has in any way helped you to have a happier family life? _____

21. Do you let _____ visit with you and your friends?__

22. Do you include _____ when you go places? _____

23. Do you attend church every week? _____

24. Have religious beliefs helped you to accept _____'s handicap? _____

25. Have religious beliefs helped you to understand _____'s handicap? _____

QUESTIONNAIRE FOR NORMAL SIBLINGS

Biographical details:

Relationship_____Religion_____Level in School_____

Age____Number of Children in Family____Age of H. Child__

Position of H. Child in Family___Birthdate of H. Child__

*****

1. Do you feel sorry that _____ is handicapped? _____
2. Does it bother you that _____ is handicapped? _____
3. Do you think that mental retardation is a disease?__
4. Do you think it is catching? _____
5. Do you ask Mom or Dad about "why" _____ is different? _____
6. Do you feel embarrassed that you have an exceptional person in your family? _____
7. Do you talk to your friends about _____? _____
8. Does _____ participate in family outings? _____
9. Has it ever happened that your friends do not accept _____? _____
10. Has it ever happened that you have told your friends to stop making fun of _____? _____
11. Does _____ bother you when you do your homework? ___
12. Does _____ ever fight with you about what show you will watch on T.V.? _____
13. Do you think _____ should do some chores around the house? _____
14. Do you get angry when Mom or Dad lets _____ get away with things you can't do? _____

15. Do you think your parents give all or most of their attention to _____? _____

16. Do you feel that your parents love you less because of _____? _____

17. Do you think that _____ is being trained at home to be as normal as possible? _____

18. Will you or one of your brothers or sisters take care of _____ when your parents can no longer do this? _____

19. Would you let _____ live in your home when you grow up? _____

20. Do you think that having _____ in your home has in any way helped you to have a happier family life?

_____

21. Do you let _____ play with you and your friends?___

22. Do you include _____ when you go places? _____

23. Do you attend church every week? _____

24. Have your religious beliefs helped you to accept _____'s handicap? _____

25. Have your religious beliefs helped you to understand _____'s handicap?