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A study of parents' attitudes toward their educable mentally retarded children

James E. Walker
Atlanta University

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A STUDY OF PARENTS' ATTITUDES TOWARD THEIR EDUCABLE MENTALLY RETARDED CHILDREN

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

BY
JAMES E. WALKER

SCHOOL OF EDUCATION
ATLANTA UNIVERSITY
ATLANTA, GEORGIA
AUGUST, 1967
DEDICATION

To

My Parents

Reverend and Mrs. Curtis Walker

For

Their kindness, devotion, inspiration
and encouragement

J. E. W.
ACKNOWLEDGEMENTS

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

The writer is deeply grateful to Dr. Mildred Barksdale, Dr. Robert Smothers, Dr. C. McDaniels, and Mrs. Ellern Hudson, for their helpful suggestions in this study.

The writer is also indebted to the many parents of mentally retarded children at the David T. Howard High School whose experience and responses have made this study possible.

Special gratitude is due Mrs. Vera C. Penn for her guidance, patience, understanding, and for her generosity in giving her time to this study.

J. E. W.
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CHAPTER I

INTRODUCTION

Rationale.—The process of bringing up a child is rarely entirely pleasant, although to most families the rewards more than compensate for the discomforts. Patience, understanding, ingenuity, and strength are required in large measures from the parents of even a bright and healthy youngster. Whatever their temporary anger, guilt, disappointment, or deprivation, the parents of normal children can usually maintain an atmosphere of confidence and acceptance, sustained by the reasonable assurance that "everything will turn out all right."

The writer's subject is parents attitudes and the concern of parents for their retarded children, and it is his understanding that this covers all handicapped children. Looking for answers that would make life less the horror which they fear for their children has led the parents of the mentally retarded into some very unexpected areas. Their fears, coupled with a sort of external hope that the new day will be a better one, has motivated many parents to look for new areas and new ideas and approaches in serving our children. We are always anxious to turn these pathways, however narrow, into a variable future.

for them. Parents are keenly aware of the needs and handicaps of these children as compared with those who are normal. Their children are forever exposed to the curiosity and ridicule of those who do not understand and throw stones without knowing what they are doing.

It would be less than the normal parent who immediately, philosophically, and unemotionally accepted the fact of mental retardation. Once the initial shock has worn off, and he has had time to reflect, he will usually do one of three things. He may deny that his child is mentally retarded. He may accept the idea and assume there is nothing he can do about it. Or, he may fulfill his parental responsibilities by seeing that the child is given opportunities to develop those native potentialities he does possess. Probably no child is born without some possibilities of growth.¹

One of the most heart-warming aspects of being the mother of a retarded child these days is in being a part of a profound partnership which is developing between lay and professional people. Of all life's problems, those presented by a handicapped child (and particularly a mentally handicapped child) requires the utmost in teamwork within professions, among professional people, and between professional and lay people, especially parents.²

Twenty-five years ago the birth or recognition of a retarded child in a family was considered a severe tragedy and the outlook for

him was quite hopeless. Today the same situation is still considered a tragedy, but at the same time it is possible to be more hopeful about the child's future prospects. Society's attitude toward mental retardation has changed greatly in the last decade. No longer is the retarded child considered "a forgotten child." Parents, though feeling a sense of personal tragedy, have more and more come to accept their responsibility, and working together, have fostered programs that augur well for all retarded children.¹

When a parent, who while waiting for his baby's arrival into this world, has filled his thoughts with bright dreams for his child's future, is informed that his child is mentally retarded, the suddenness and unexpectedness of the news may leave him in a state of bewildered disbelief. His parental dreams are abruptly and rudely shattered.

Is it strange then, that, impelled by frustrations and the sheer necessity to defend their own, parents grasp at every straw? We find that they are prey for quackery of many kinds. I am talking about the parents who fly from clinic to clinic, from psychologists, to counselors. Let there be news of a new frug or treatment, or shot, and the first ones in line looking for miracles are these parents. There is much we do not know medically, and there are no miracles for our children. Just as in life, when results only come about from patient, painstaking, devoted efforts, so it is with us. We have learned that we have to put much effort in before we begin to see that little glimmer

¹Ibid., p. 451.
that tells us that we are on the right track.¹

California has started information centers for the parents of
california has started information centers for the parents of
retarded children, set up in Los Angeles and San Francisco by the
State Department of Mental Hygiene. The psychiatric social worker
assigned to this task has a variety of functions - counseling in-
dividual parents, putting them in touch with resources, providing
information to public and private agencies, and serving as consultant
in community planning.²

Workers in the field of mental retardation tend to believe that
the handicapped child's attitudes regarding himself and his handicap
are in major part determined by parental reaction toward the child and
his disability.³

Evolution of the problem.—During the first semester of the 1966-
1967 school year at the Atlanta University, as a graduate student in
the area of mental retardation, the problem of how parents' felt about
their educable mentally retarded children became very interesting to
the writer.

Contribution to educational research.—It is hoped that this
study will help the classroom teacher understand the parents' attitudes
of their children, thereby helping the teacher to understand and solve

¹ Stella Stillson Slaughter, The Mentally Retarded Child and His
p. 1.

² Rothstein, op. cit., p. 472.

³ A. M. Grebler, "Parental Attitudes Toward Mentally Retarded
475.
some of the problems that she will be confronted with in the classroom. It may also show a need for parents' counseling in our public schools, to help the parents understand what mental retardation really is.

Statement of the problem.—The problem in this study was to determine the parents' attitudes toward their educable mentally retarded children.

Purpose of the study.—The major purpose of this study is to identify the kinds of attitudes parents have toward their educable mentally retarded children.

Specifically, the purposes of this study are as follows:

1. To identify family characteristics.
2. To identify parents' initial attitudes toward their child's retardation.
3. To identify parents' present attitudes toward their child's retardation.
4. To determine changes in attitudes, if any.
5. To determine what factors have caused changes in their attitudes.
6. To determine the parents' attitudes toward the school in relation to what it is doing for the child.
7. To determine parents' hopes for their mentally retarded child.

Definition of terms.—For the sake of clarity in terminology, the following definitions are proposed.

1. "Attitude," a feeling or emotion toward a fact or state.¹
2. "Educable Mentally Retarded," one who has potentialities for development in (1) minimum educability in the academic subjects

of the school, (2) social adjustment to such a point that he can get along independently in the community, and (3) minimum occupational adequacy to such a degree that he can later support himself partially or totally at the adult level.¹

3. "Mental Retardation," refers to sub-average intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.²

Limitation of the study.—This study was limited to the parents of educable mentally retarded children. It was also limited to the time of the study whereas next year the attitudes may not be the same. It was limited to all the shortcomings eminent to using the questionnaire technique.

Period and locale of the study.—This study was conducted during the spring of 1967 at homes of parents of educable mentally retarded children of David T. Howard High School. Analysis and interpretation of data was conducted at the Atlanta University, Atlanta, Georgia.

Subjects and materials.—The subjects and materials that were used for gathering data necessary for this study are identified in the statements which follow:

1. Subjects
   a) The subjects involved in this study were parents or guardians of educable mentally retarded children enrolled at the David T. Howard High School, Atlanta, Georgia, during the 1966-1967 school year.

2. Material
   a) The data necessary for this study was gathered by the

Method of research.—The descriptive-Survey method of research was used, employing the use of questionnaires and interviews in gathering the data necessary for this study.

Research procedure.—The data necessary for the development of this study was gathered, organized, analyzed, interpreted, and presented through the following procedural steps:

1. The related literature pertinent to this study was reviewed, summarized, and presented in the final thesis copy.

2. Questionnaires were constructed with the aid of members of the Special Education Department of Atlanta University.

3. Letters were written, questionnaires were taken to the homes of parents of educable mentally retarded children at David T. Howard High School, Atlanta, Georgia.

4. Conclusions, implications, and recommendations were made in accordance with the analysis of the data for the final thesis copy.

Survey of related literature.—For the family of a retarded child, the situation is more complicated and more hazardous. The particular handicaps of the child, the slowness of his development, the necessity of special arrangements for his physical care, training and companionship, and the adjustment which must be made in the family's expectations for the future combine to create pressure on parents which tends to disrupt the normal family equilibrium. Added to this pressure may be tensions created by the child's difficulties in interpersonal relationship, his slowness to learn, his immature self control, and his handicap in communication. At the same time, the parent-child relationship is intensified by the child's prolonged immaturity and isolation from a peer group. In some instances, the child will remain
emotionally and economically dependent upon his family throughout his life.¹

Rosen found that parents who have more or less accepted their child's retardation apparently pass through about five successive stages in the process. The first stage is characterized by an awareness that a serious problem exists; the second, by recognition of the retardation for what it is; the third, a search for the cure; the fourth, by a search for a solution; and the fifth, by acceptance of the problem, a goal which is seldom fully attained.²

Michael and Schucman brought out an important factor entering into the adaption between parents and child is the parents intelligence. For bright families, for example, in which intellectual attainment is highly valued, the discrepancy between the ideal child and the retarded child is greatest in precisely that quality which may be valued most highly. Contact with brothers and sisters and neighborhood playmates is highlighted. In some homes, even a child of above average intelligence faces the same problem as those of a retarded child because he achieves less than his parents expect of him and differs in his interest from the rest of the family.³

Grebler in his study found that many parents attempt to deny their irritation with the child who has disrupted their lives, bringing

¹ Robinson and Robinson, op. cit., p. 506.
them frustration, disappointment, and a sense of futility. Some feel guilty because they are more spontaneously drawn to their normal children in ways which they consider unfair to the handicapped child. The depth of these feelings sometimes leads to denial that any problem even exists, to overcompensation by treating the handicapped child more royally than his siblings, and to keeping him more dependent than appropriate for his level of maturity.¹

Saenger found several external variables to be related to the frequency of overprotection. It was more common, for example, in families whose children sustained a physical handicap, appeared mongoloid, or had a vacant expression, suggesting to Saenger that in these instances overprotection might serve to compensate for real or expected rejection based on the appearance of the child. In Saenger's group, overprotection was also related to the cultural background of the parents. Jewish parents were more frequently over protective; Italian parents were least so. There was not, however, a significant relationship with educational level, although there was a slight tendency for less highly educated parents to be more overprotective. Embarrassement based on having a retarded child was on the other hand, more frequently found among the highly educated parents.²

¹ Grebler, op. cit., p. 478.
² G. Saenger, The Adjustment of Severely Retarded Adults in the Community (Albany, New York: Interdepartmental Health Resources Board, 1957), Table 10, Chapter 22.
Thurston found that virtually all parents experienced emotional upset and anxiety when they learned that they had a handicapped child. While they differed in their initial reaction, most displayed helplessness, grief, or guilt in varying degrees. The passage of time has apparently done little to ameliorate this condition.\(^1\)

Condell found in his study that parents of retarded children have a good deal of concern about anxiety of the future. What happens to them determines, in part, what happens to the child. An opportunity is needed for them to explore the unknown. The exploration could be more meaningful if the counselor understands the nature of the parents anxiety, or attitudes about the future.\(^2\)

Boyd has described three stages in the growth of a parent of a mentally retarded child: (1) Why did this happen to me? (self-pity); (2) What can I do for my own child and family? (3) What can we do to help others?

These stages can be intermingled. The fact that a parent is working in an organization "to help all retarded children," does not necessarily mean that he has grown with his own problem. Some can be a stage - 3 leader, without having graduated from stage - 1, such self-pitying parents are hardest to help. It often takes a long wait and the greatest skill on the part of professional counselors and their

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\(^2\) J. F. Condell, "Parents Attitude Toward Their Retarded Child," American Journal of Mental Deficiency, (1960), 64, p. 528.
counterparts to help them to begin to make realistic plans for their own child.\(^1\)

Cummings and Stock stated that mentally retarded children and their parents face extremely taxing adjustment problems in our society is a patent certainly to every active participant in this field of study. In addition to the sizeable reality problems deriving from the life-long low social adaptability of the retarded individual, a combination of other factors further increases the psychological stresses bearing on the retarded person and his family. Limited knowledge of the origins and likely courses of many of the syndromes, conflicting and often given professional advice, the paucity of treatment and training facilities, the stigmatization of the effected families by neighbors, friends, and relatives - all combine to increase psychological stress.\(^2\)

Dittman states that parents usually make the decision to place a child in a residential institution with mixed feelings. Reluctance is present, that is, if it is a decision at all, rather than compliance with advice given by a physician or someone else. Placement may be undertaken shortly after the birth of a child when the parents are in a state of numbness and ignorance about the true nature of the child's condition. If the baby is placed at that time, most parents have to arrive at the decision, independently, at a later time. Many, who do,


\(^2\) S. T. Cummings and D. Stock, "Brief Group Therapy of Mothers of Retarded Children Outside of the Specialty Clinic Settings," American Journal of Mental Deficiency (1962), 66, p. 739.
feel they would have acted differently had they been helped to consider all the factors. Those who are never able to review their actions, after hastily placing a child in the first days or weeks of his life probably are never able to develop true parental feelings about that child at all.¹

The PARI was administered to mothers of children who were candidates for placement in a state institution; to women who were licensed to care for mentally retarded children in their own home (family caretakers); to social workers; and to employees of the institution.

The responses of each group to each PARI question were presented and comparisons made. Differences in educational level of these groups. Extreme positions of protectiveness and permissiveness were characteristic of family caretakers and social workers, respectively.²

Appell states that a series of group counseling sessions with two similar groups of parents of retarded children was undertaken during the school years 1959-1960 and 1960-1961. Each group met for approximately 60 group sessions. The two groups were composed of 21 parents to whom a revised version of the Thurston Sentence Completion form was administered pre and post. The results indicated that the modified TACF was a valid instrument for determining changes in parents' attitudes brought about through group counseling.

Evaluation of these results points to both general and specific conclusions:

1. In general, the counseling served as a catharsis for the parents. There was a general decrease in the "no response" category in the post data.

2. It is well known that initial shock and confusion prevent a frank recognition of the facts in a situation. The parents indicated initial confusion on diagnosis. After counseling, however, they were much more able to accept the medical diagnosis of mental retardation. The more the parents were willing to admit to the medical diagnosis, the less they were willing to insist on self-discovery of the retardation.

3. It was also revealed that counseling contributed to a free, and more realistic discussion of retardation between parents and the retardates' siblings and thereby increased their understanding of the condition.

4. According to the parents, counseling helped them to understand that others were sympathetic and not merely curious and pitying.

5. It was noted that parents' goal orientation changed after counseling, i.e., from immediate and short range to more sophisticated and long range. The latter involved needs in research, trained personnel, coordinated service, and life span programming.

6. Group counseling generally resulted in greater optimism related to a child's future. The few who saw the future as pessimistic were nevertheless realistic about its foreboding.1

Bitter states that the parents of a mentally retarded child needs counseling, is well recognized by educators, social workers, physicians, and other professional workers who come into contact with such parents. Counseling the parents of severely mentally retarded children is an especially acute problem because these children will be either dependent

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or nearly dependent throughout their lives. The attitudes of parents and the way they interact with their retarded offspring affect the mental health and happiness of the whole family. Farber (1959, 1960) studied the effects of a retarded child in the family and found that marital integration was negatively affected. He also found that institutionalization was less a crisis than was the orientation and education of the family concerning retardation.¹

Kenney, in her study, sought to determine how mothers whose children differ with respect to I.Q. and adjustment in school might also differ with respect to: level of ego development; authoritarianism in child-rearing practices.

A matched quadruplet design was used, having four groups of mothers: mothers who have a retarded adjusted child; mothers who have a retarded maladjusted child; mothers who have a normal I.Q. adjusted child; mothers who have a normal I.Q. maladjusted child. Eleven variables were controlled for according to pre-established criteria: school adjustment, I.Q., sex, chronological age, birth position of the child, race, religion, social class (mother's education, father's occupation), number of children of the family, marital status, mother's chronological age.

Home visits were made to 126 mothers to administer the Loevinger Family Problems Scale and a sentence completion test, which gives measures of authoritarianism and ego development, respectively. From

this population, 10 matched mothers were selected, 10 in each experimental group. The sampling process did not result in the hoped for stratified sample, wherein differences between sets might enhance differences between groups. Instead, all quadruplet sets proved homogeneous with respect to the eleven variables selected for matching purposes within single sets. This fact could mean that results are subjects to type 2 error, wherein differences that are present may not be apparent and apparent differences are real.

Results were discussed in terms of implications they may have for future research related to the mother of the adjusted retarded child, with the ultimate purpose of enhancing knowledge of professionals who counsel mothers of both maladjusted and adjusted retarded children in the community.¹

Meyerowitz studied the responses of 120 parents of educable mentally handicapped children (Binet I.Q. 60-85) were compared with responses of 60 matched parents of children with Binet I.Q.'s 90-110. Attention is focused upon awareness of deficiency and its implications for the child's future. Three interviews were conducted during the child’s first two school years.

The EMH children were alleged by the parents to have responded obliquely, in an immature manner, to their environment. Such an observation was interpreted as signifying parental awareness. They were also expected to complete fewer years of formal schooling. However, no implication of liability, as an adult, is made on this basis.

The life-goals and occupational expectations for the EMH child are statistically undifferentiated from those of the matched criterion group.

Half of the EMH children were placed in special-education classes. Parents of this experimental group manifested greater awareness and consistent, but statistically less than significant, tendencies to derogate and devalue their child.¹

CHAPTER II

INTERPRETATION AND ANALYSIS OF DATA

Introductory statement.—The purpose of this Chapter is to present an analysis of the data which has been contributed by the parents of educable mentally retarded children at the David T. Howard High School, Atlanta, Georgia for the 1966-1967 school year.

Description of the pupils.—During the 1966-1967 school year there were forty-two children enrolled in the educable mentally retarded classes at the David T. Howard High School. Thirteen of the pupils in the educable mentally retarded program were females, while the other twenty-nine were male. The I.Q.'s of these students ranged from 56 to 72. Other than their ability as slow-learners, there were no physical handicaps that were outstanding. Physically, they were as normal as the so-called normal child. There was one set of twins enrolled in the special education program.

Description of subjects.—There were 67 parents in the homes of these 42 students enrolled in educable mentally retarded classes at the David T. Howard High School. Thirty of the 67 parents were randomly selected for this study. Twenty-nine of the original samples were able to complete the study. One of the parents was not used in this study because after having her daughter in the special class for two years, she had not been informed of it. The study continued with
the use of 29 parents. Of these 29, nine of the children were girls and the other 20 were boys. Husbands and wives were used in some cases, but in most of the homes the only parent present, as far as parents were concerned, would be the mother. Many times the children had lived with grandparents or guardians since birth. In cases such as these, the acting parents were used. Many of the mothers had 5 to 6 children and had never been married. Some had been married 2 to 3 times. In many cases all of the children would have different fathers; sometime there were men just living in the home as if married to the mother. Most of the parents participating in this study were in the lower socio-economic group. Many of them depended upon the welfare or some related source for their total income.

Description of the instrument.—The data for this study was collected with a questionnaire constructed and administered by the writer. The instrument was of the subjective type and contained 42 items devised to satisfy the seven purposes of the study. For each purpose several specific questions were devised, ranging from a low of 5 to a high of 9. For example, one of the purposes of the study was to identify parents' present attitude toward their child's retardation. Three of the specific questions related to this question were: "Do you worry about what friends, neighbors, and relatives think about ________?", "Do you feel free to discuss ________ with me?", and "Do you think you show more or less favoritism toward ________ compared to your other children?" The blank space or the space to be completed was filled in with the child's name.

These questions were answered by the parents in an interview
session. The responses were recorded on the questionnaire by the writer. The responses were tallied to determine the frequency of each response. The frequency count was then converted into percentages for tabular analysis.

Characteristics of the family.—The ages of the parents of children enrolled in educable retarded classes at the David T. Howard High School, Atlanta, Georgia are shown in Table 1.

**TABLE 1**

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</tbody>
</table>

An analysis of Table 1 indicates that of the 29 parents, 3 of them were in the age group 25 to 30, which was 10.4 per cent of the total sample. It is not unusual for parents in this early age group of low socio-economic standing to have children in high school. Seventeen and two tenths per cent of the parents were in the age group 31 to 35.
years of age. In the 36 - 40 age group there were 7 parents which was 24.2 per cent of the total sample. Five of the parents that participated in the study were in the age group 41 - 45 which was 17.2 per cent of the total population used in the study. There were also 5 parents in the 46 - 52 age group which was 17.2 per cent of the total population. Finally, there were 4 parents or 13.8 per cent of the total group used in the study who were in the age group 55 and over. Normally, parents in this age group will not have children in high school, but rather grandchildren in elementary school.

The educational level of the parents.--The highest educational level attained by the parents of this study are shown in Table 2.

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5 Grade</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>6 - 9 Grade</td>
<td>10</td>
<td>35.5</td>
</tr>
<tr>
<td>10 - 12 Grade</td>
<td>8</td>
<td>27.6</td>
</tr>
<tr>
<td>Completed high school</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Attended College</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>Completed College</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

An analysis of Table 2 indicates that of the twenty-nine subjects used, there was not a single parent that completed college. Many of
these parents may have had the opportunity to attend and complete college but this will not be brought out in this study. Of the twenty-nine samples only 1 or 3.4 per cent of the total population used in the study attended college. While on the other hand, 13.8 per cent which is 4 of the total group finished high school. Eight of the parents or 27.6 per cent stopped school some where between the tenth and twelfth grade. The majority, 34.5 per cent of the total group concluded their formal education between the sixth and ninth grades. There were 10 parents in this category. Six or 20.7 per cent of the total were on the educational level of zero to fifth grades. For many of these parents, this was as far as they could go due to economic factors. Many had to stop school to take over the job as mothers and fathers while the real parents were out working. Some had to stop school to help support the family.

Parents occupations.—The present occupations of the parents used in this study are shown in Table 3, page 22.

An analysis of Table 3 indicates that 16 or 55.2 per cent of the parents were housewives. This also indicates that over 50 per cent of the parents that were used in this study were unemployed. Most of this group indicated that their only means of support was funds provided by the welfare. The next most frequently found occupational group was maid service with a frequency of 4. These parents made it very clear that they were not live-in-maids because they were parents and had growing children of their own. All other occupational categories that are indicated in the Table had only one of each or 3.4 per cent. The categories were baker, cook, cosmetologist, hospital workers, laundry workers, postal
TABLE 3
PARENTS' OCCUPATIONS

<table>
<thead>
<tr>
<th>Occupational Title</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Cook</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Cosmetologist</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Hospital Worker</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Housewife</td>
<td>16</td>
<td>55.2</td>
</tr>
<tr>
<td>Laundry Worker</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Maid</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Postal Clerk</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Secretary</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Self-employed</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td>Service Station Attendant</td>
<td>1</td>
<td>3.1*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

clerk, secretary, self-employed, and service station attendant.

Distribution of parents living in the home.—The number of the parents living in the home is discussed in the following paragraph.

Of the twenty-nine parents used in the study, 11 of them indicated that both parents were living in the home. Twelve of the total population used stated that both parents were not in the home for one reason or another. Five of the 12 that said both parents were not in the home indicated that the other parent was deceased. In all 5 cases the father was deceased. Of the remaining 3 parents in this study, 2 were
stepparents and I was a grandparent.

**Distribution of children in each family.**—The number of children in each family is shown in Table 4.

| TABLE 4 |
| CHILDREN IN EACH FAMILY |

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>2-4</td>
<td>16</td>
<td>55.2</td>
</tr>
<tr>
<td>5-8</td>
<td>8</td>
<td>27.6</td>
</tr>
<tr>
<td>9-11</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>Above 11</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

An analysis of Table 4 indicates that 3.4 per cent of the total population that was used had one child. In the age group of 2-4 there were 16 or 55.2 per cent of the total sample group. Eight or 27.6 per cent of the sample group were in the 5-8 group. Three or 10.4 per cent of the total group were in the above eleven group. While in a smaller group the 9-11 group had only 1 or 3.4 per cent.

**Types of deliveries that the parents had with their retarded children.**—The types of deliveries that these parents had with their children who are now in the special class are shown in Table 5, page 24.

An analysis of Table 5 indicates that over half of the births of
TABLE 5
TYPES OF BIRTH

<table>
<thead>
<tr>
<th>Types of Birth</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>17</td>
<td>59.6</td>
</tr>
<tr>
<td>Breech</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>Premature</td>
<td>7</td>
<td>24.2</td>
</tr>
<tr>
<td>Cesarean</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

these children were normal. Fifty-nine and six tenths per cent or 17 of the total population of the parents that were used in this study reported that their retarded child's birth was normal. At the same time, only 1 or 3.4 per cent admitted that they had a breech delivery. Premature births were high for a group of this size. Seven or 24.2 per cent of the sample had premature births with their retarded child. Finally, 13.8 per cent of the sample were cesarean deliveries.

**Ordinal position of the retarded child.**—The ordinal position of the retarded children is shown in Table 6, page 25.

An analysis of Table 6 indicates that 11 or 37.9 per cent of the parents' children were their first child. Seven of the total samples were in the second ordinal position. Seventeen and two tenths per cent or 5 of the children were the third child in the family. Six of the children or 20.7 per cent was in the group of "other." Of this group, 3 or 10.4 per cent was the fourth child while the remaining 3 were divided equally among the sixth, ninth, and the tenth child with 3.4 per cent each.
<table>
<thead>
<tr>
<th>Ordinal Position</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>11</td>
<td>37.9</td>
</tr>
<tr>
<td>Second</td>
<td>7</td>
<td>24.2</td>
</tr>
<tr>
<td>Third</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

When parents were asked, at, or right after birth did you notice anything unusual about the growth and development of your child, that is, sleeping, walking, eating, talking and etcetera, the findings are that 15 or 51.7 per cent of them that participated in the study answered the question "yes." This was over half of the total sample. Forty-eight and three tenths per cent or the remaining 14 parents answered the question "no." Some of the statements that were associated with the question are listed below.

"I know he did not develop right. He was 1½ months before he started walking and he would cry all the time."

"He was slow growing up he has always been slow."

"She was as normal as any other baby."

"She was not slow but when she tried to talk she would stutter."

"I didn't notice anything unusual about his growth."

"There was nothing unusual about her growth, she use to eat starch."
When asked if they had been told or had they noticed that their child was slow to learn, or that there was anything unusual about their child's achievements in school, 29 responded "yes," and 1 responded "no." The parents that responded "no" was the individual who was excluded from the study. The same parent's child had been in the special class for two years and the parent had not been told this. Some of the parents included comments on the latter question; they are listed below.

"I first noticed here in kindergarten."

"All of the teachers said that she was slow in school."

"I have not been told this."

Parents initial attitude toward their child's retardation.—Table 7 contains the percentages of parents' responses to items regarding the initial attitude of the parents toward their retarded child.

**TABLE 7**

**PARENTS' INITIAL ATTITUDE**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you find out about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>School officials</td>
<td>26</td>
<td>89.7</td>
</tr>
<tr>
<td>Friends</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Relatives</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

How did you feel when you first learned of ________ condition? (Data will be given in analysis of Table)
<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think that it was something you, or your husband might have done before birth to cause ______ condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>51.6</td>
</tr>
<tr>
<td>Yes, My husband</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Yes, my wife</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>I don't know</td>
<td>7</td>
<td>24.2</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>When you first learned that ______ was a slow-learner did you want to place him in an institution?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>96.6</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Did you believe that ______ condition could be cured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>62.1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>I don't know</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>There is no condition</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>How did you feel about taking ______ out in public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt all right</td>
<td>27</td>
<td>93.1</td>
</tr>
<tr>
<td>I did not like it</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>
An analysis of Table 7 indicates that 89.7 per cent of the parents reported that they had found out about their child's retardation from the school or some school official. Two of the parents or 6.9 per cent of the complete sample stated that they found out about it on their own. They also stated that they were officially told later in the years by the school. Only one person indicated that she found out about her child's retardation from a doctor to see if he was mentally retarded but for a physical condition, and this was brought out by the doctor at that time. Friends and relatives were not indicated as means of finding out about their child's retardation. Listed below are examples of a few of the statements given by the parents in relation to the question:

"I noticed it myself"

"They just told me she was retarded that's all."

"The school told me she was in the special class and nothing else."

"I noticed it when he was young but the school told me later."

When asked how did they feel when they first learned of their child's retardation, most of the parents indicated that they had hoped that it was something that he would get over. All of the subjects answered the question and all of the answers were different. Some examples of the answers are listed below:

"It like to have killed me."

"I hoped that she would outgrow it."

"I felt good about it because I understand it."

"I did not believe it than and I still do not."

"I did not feel no kind of way. I wanted to raise her up."
"I felt as if it was something he would grow out of."

"I can't really say, how are you suppose to feel? I guess I felt all right."

Fifty-one and six tenths per cent of the parents indicated that they did not think that it was anything that they or their mate might have done before birth to cause their child's retardation. At the same time, 24.2 per cent stated that they thought it was something their mate might have done before the child's birth to cause his condition. Of this 24.2 per cent, 13.8 per cent of the husbands were blamed for the child's retardation. While 10.4 per cent of the mothers were accused as being the cause of the child's condition. Seven of the parents did not take sides either way but rather stated "I don't know." This answer, the writer thinks, was the most honest answer but it was also 24.2 per cent of the total population sample. Some of the answers given to the question are listed below.

"Not as I know of."

"I really think so my wife did not eat the proper food."

"Well, I thought of that, I think she got it from her father."

"Just before she was born her father hit me over the head with an axe handle."

"I can't really say, his mother is dead, and his father is in prison."

"It might have been that I worried all the time when I was pregnant with him."

"I had not thought about that."

"No, I think she is just a slow learner."

When asked if they wanted to place their child in an institution when they first learned that their child was retarded, 96.6 per cent
said that they had not wanted to place their child in an institution. Three and four tenths per cent or 3.4 per cent of the total sample stated that, "a nurse told me that I should have her put away in an institution, so that they could give her the proper care." The answers of "no" were the most prevailing one among parents.

Mental retardation is a condition that can be helped but can never be cured. Many times parents go throughout their life hoping for a cure. When the parents involved in this study were asked if they thought their child's condition could be cured, 62.1 per cent said "yes." This was over 50 per cent of the total sample group. Only 17.2 per cent said "no" to the latter question. Six and nine tenths per cent said that they did not know, evidently they had not given it much thought. Thirteen and eight tenths per cent, which is the largest frequency stated that there was no condition and that their child was normal as the next child. Some of the responses are listed below:

"He is not mentally retarded and I don't like for him to be called that."

"Yes, I think he can if he gets the right kind of teaching."

"I think she will be like that all of her life."

"I don't believe that she has a condition."

"I think he is a very bright boy."

"He is normal but he is slower in class because he does not like school."

"Yes, after the doctor said that it could."

"Yes, I believe that it could be cured."
When asked how they felt about taking their child out in public when they first learned of their child's retardation, 93.1 per cent of the total sample stated that they felt all right about it. The wording might have been different but the writer thinks the meaning was the same. Only 6.9 per cent of the sample indicated that they did not like it because sometimes they were embarrassed. One parent stated, "I leave him at home because I am embarrassed if people ask him questions that he should know at his age and he does not know." Another parent stated that "He worries me so bad until I just leave him at home." Most of the parents answered by saying they thought nothing of taking their child out in public.

Present attitude of parents.---Most parents develop an understanding of their child's condition in a slow and painful manner. Many spend a great deal of time, energy, and money in a desperate search for some acceptable diagnosis or for some type of cure. The process of acceptance seems to follow a rather regular pattern, whether it covers a period of years or its telescoped into a single interview. Table 8, page 32, presents these data.

An analysis of Table 8 indicates that 96.6 per cent of the total sample group did not worry about what friends, neighbors, or relatives thought about their child's condition. Three and four tenths per cent admitted that they do worry about what other people think of their child. Many of the parents made statements in relation to the above data such as: "No, I don't worry about them," "Yes, they see the way she is and I am trying to bring her out of it," "No, I can't worry about it," and "No, I know that it could have happen to anyone."
<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you worry about what friends, neighbors, and relatives think about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>________?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>96.6</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you feel free to discuss ________ with me?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you feel free to discuss ________ condition with your friends,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neighbors and relatives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>89.6</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you think you show more or less favoritism toward ________ compared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to your other children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>87.2</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you fear that ________ may become pregnant?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When asked if they felt free to discuss their child with the writer, all of the parents said, "yes." In just about every home it was found that most of the parents were looking for someone that would be able to help them but in most cases, there was no one. The statements listed below are some of the ones made by parents when asked if they felt free to discuss their child with the writer.

"I feel free I have always wanted someone to talk to me about it."

"Yes, you may be able to help her."

"Yes, I will talk to anyone that can help her."

"Yes, because it no secrets."

Ninety-six and six tenths per cent of the parents stated that they did not worry about discussing their child with friends, neighbors, and relatives. While 89.6 per cent stated that they felt free to discuss their child's condition with their friends, neighbors, and relatives.

**TABLE 8—Continued**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>I hope she will not</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>31.0</td>
</tr>
</tbody>
</table>

Do you fear that might sexually assault a girl?

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>58.6</td>
</tr>
<tr>
<td>I hope he will not</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Ten and four tenths per cent of this group stated that they did not feel free to discuss their child's condition with friends, neighbors, and relatives. Some of the statements that were given by the parents concerning the above data are listed below:

"Yes, if it comes up we will talk about it, but they don't know too much about mental retardation."

"Yes, but most of the time I talk about it with my in-laws."

"I don't discuss it with my friends, neighbors, or relatives. I only discuss it with my doctor."

"Yes, because sometimes it helps to talk about it."

"No, I never talk about it with them."

When asked, if they thought that they showed more or less favoritism toward their retarded child, 13.8 per cent said that they did. It is understandable that the average parent will be tolerant with a retarded child because of his slow ability to learn. At the same time, there may be parents who will punish the child for not doing or for doing things the child will not understand. This also shows that the parents do not understand their child. Eighty-seven and two tenths per cent stated that they did not show favoritism among their children but said that they try to treat all of them the same. Below are some of the statements that were made by parents in relation to favoritism toward their retarded child.

"I go along with him more than I do the others."

"Yes, and I think the other children understand."

"I treat all of my children the same."

"Yes, because I hate to scold her for anything, she is so pitiful."
"I treat all of them about the same, she is the smartest one I have in school."

For the parent of a normal child the problem of sex and development is in most cases, a great problem. But for the parent of a retarded child, this can be somewhat more serious. Many parents have thoughts of their daughter being taken advantage of, due to their low reasoning ability. In the case of a boy, he might be encouraged to participate in delinquent activities due to his low-intelligence.

Parents, who had daughters in the special class, were asked if they feared that their child would become pregnant. Three and four tenths per cent of the parents admitted that they do worry and have worried for sometime about this problem. Thirteen and eight tenths per cent stated that they did not fear that their child would become pregnant, while 13.8 per cent stated that they hoped that she would not. Three and four tenths per cent of the total group admitted that they worried but this is also 11.1 per cent of the parents that had daughters. Thirteen and eight tenths per cent said they did not worry or fear that their daughter would become pregnant. This was 13.8 per cent of the 9 parents that had daughters. The 13.8 per cent that stated that they hoped she would not become pregnant is also 44.4 per cent of the 9 parents.

There were 20 other parents who had sons. They were asked if they feared that their son might sexually assault a girl; none of the parents said yes. Fifty-eight and six tenths per cent said that they did not think that their child would do anything like that. While 10.4 per cent stated that they hoped that their son would not do anything to harm a girl. It is common for most parents to think that their child would not
do anything wrong. Some of the responses that were offered along with the questions are listed below:

Parents that had Daughters

"I don't think she will."

"I just hope that she will not."

"Yes, that's a great worry."

"No, she does not have boys on her mind."

Parents that had Sons

"I don't think he would."

"I hope that he will not, we try to teach him what's right."

"I don't think he would do that."

"I don't think he is that type of man."

Changes in parents' attitudes.—Table 9 contains the per cent of parents' responses to items regarding changes in initial attitude.

TABLE 9

CHANGES IN PARENTS' ATTITUDE

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you wish that you had placed in an institution now that you know more about the condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>89.6</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>
When parents were asked how they felt about their child's condition, of all the answers given, there were no two answers the same. Many of the parents had the same attitude as before. Only a small number had changed their original attitude. There were still a few parents who did not know how they felt then or how they feel now. Some of the more meaningful statements that were made by the parents are listed below:

"I feel the same way now that I did then,"

"I don't think it's the school, it's just him."

"She seems to be doing all right now, I think she will be all right."

"I don't feel too good about it, I think he should be showing some sign of improvement, he has been in the special class a long time."

"I feel kind of bad about it, he is the slowest one I have."

"There is no condition. I still don't like it and I might take court action against the one that placed him in the special class."

"She is not mentally retarded. The mentally retarded are crazy children, they should not be in the same class with her, they are dangerous."

The parents were asked if they still thought it was (or was not) something that they, or their husband (wife) might have done before birth to cause their child's condition. Forty-eight and four tenths per cent said "no." While this is not quite 50 per cent, we must note that this is high for people to carry this type of attitude over the years. Thirty-seven and eight tenths per cent of the sample said "yes," 13.8 per cent were still in doubt, stating that they still did not know. The difference between Table 7 and Table 9 should be noticed. In Table 7, the initial attitude question was asked and 51.6 per cent said "no," while in Table 9, 48.4 per cent said "no," a decrease in the percentage
of 3.4 per cent. In Table 7, 34.2 per cent said "yes," but in Table 9, 37.8 per cent said "yes." This is a change in attitudes that increased by 3.4 per cent. In Table 7, 24.2 per cent said "I don't know," while only 13.8 per cent said "I don't know" in Table 9. This is a change in the percentage of attitudes of 10.4 per cent.

When parents were asked if they would often take their child out in public now, regardless of his condition, 96.6 per cent said "yes." One per cent or 3.4 per cent said "no," as compared to the initial response in Table 7. The parents that had answered "yes," had increased 1 per cent while the parents that answered "no," decreased by 1 per cent.

The parents were next asked if they believed that their child's condition could still be cured. Seventy-two and four tenths per cent said "yes." This is a change in attitudes that increased 10.3 per cent from when the question was first asked. Thirteen and eight tenths per cent of the parents said "no." This is a change that decreased by 3.4 per cent from the original. Ten and four tenths per cent said "they did not know." This also was 3.4 per cent of an increase in the change in attitudes. Three and four tenths per cent said that "there was no condition." This had changed by 13.8 per cent in the original question.

Most of the parents appeared to have resented the question asked of them if they wished that they had placed their child in an institution now that they know more about the condition. In the question related to the initial attitude, 3.4 per cent of the parents said "yes" while in the latter question it had increased to 10.4 per cent. In
the latter question 89.6 per cent responses said "no" to the question while in the initial attitude 96.6 per cent answered "no." There was an increase in the "yes" answers of 7 per cent on the latter question while there was a decrease of 7 per cent in the "no" answers on the same question.

Factors that have caused changes in parents' attitudes.—The attitudes of most of the parents changed one way or another. For some of the parents it was a change to acceptance, for others, it was a change to rejection. There were many things that have possibly caused a change in their attitude but it was at that point that the writer wanted to find out what factors had caused a change in these parents attitudes.

Due to the subjectivity of the responses, the writer concluded that it would not be possible to place this information in Tables or Graphs. Therefore, the writer has chosen to list some of the responses to the questions that he considers pertinent to the study.

When asked why did (or why didn't) they worry about what friends, neighbors and relatives think about their retarded child, all responses appeared to be honest and to the point. Some of the responses that were made are listed below.

"If my child bothers them I worry about them, if they don't then I don't worry."

"Because I am not ashamed of him."

"Some of their children are real slow in school too."

"No, I don't worry about it because they don't know."

"I don't worry about neighbors too much."
"Don't look like it's that much to worry about."

The parents were next asked, why did (or why didn't) they feel free to discuss their child's condition with their friends, neighbors, and relatives. Most of them stated that they did not mind it. There were a few who said they did not want to discuss it with anyone. Some of the statements that were made to the question are listed below.

"I am not ashamed of him. We can talk about it."

"Because I think my relatives understand more than other people."

"It's not their business. I am not ashamed of him."

"If they think something is wrong with him, I can explain it to them."

"Well it's not their business."

When the parents were asked why do you (or why don't you) feel free to discuss your child's condition with me, most of them stated that it was because they thought that the writer was interested in their child and his condition. Some of the statements that agree with this analysis are listed below.

"You might be able to find something to help him."

"I figure you are doing something that will help him."

"You are interested in him or you would not be here."

"I am suppose to talk to you because you are working with his teachers."

All of the parents have already been asked if they showed favoritism to their retarded children. Most of them responded that they try to treat them all the same. So, the writer's next question was in relation to this. The parents' were asked, why did they (or why didn't they) show more or less favoritism to their retarded child compared to
their other children. Below are some of the responses that were given to the question.

"That would make her feel sorry for herself and be more conscious of her condition."

"I show less to him because she is the oldest."

"If I show favoritism for her the other children will not like it."

"Because I believe in doing as much for one as the other."

When the parents were asked if they thought that their son might sexually assault a girl, most of them said "no." When they were asked why they did not think that their son would sexually assault a girl, they answered with such responses as:

"I teach him to respect girls."

"He does not hang around too many girls, he plays with the boys most of the time."

"We talk about sex, I try to teach him."

"He might, he is not mature enough in his mind, he might not understand."

The parents that had daughters then were asked why do you (or why don't you) fear that your child might become pregnant. Some of their responses were:

"She is very friendly, children might take advantage of her."

"She is not interested in boys."

"She is not interested in anything but education."

"The doctor has her on pills that will keep her from having children."

The writer was then very interested in the reasons parents had held onto the idea that their child could be cured. The parents were
then asked, why do you (why don't you) still think your child's condition can be cured. Some of the reasons given are listed below.

"I believe that with special attention she can be cured."

"The older she gets, the better she gets in her school work."

"She is not as bad as she was. She has improved since she has been in the special class."

"I think that he can because I was a slow learner and I got over it."

Parents' attitude toward the school in relation to what is being done for the child.—Many parents cannot see what the special class is doing for their child, in terms of would they rather have their child in the special class. Some of the parents thought that their child should not be in the special class since "there is nothing wrong with him." While some of the parents thought that the school was doing a good job. Table 10, page 43, presents these data.

An analysis of Table 10 indicates that when parents were asked, did they really want their child placed in the special class, 55.1 per cent said "yes." Thirty-four and five tenths per cent said, "no," and 10.4 per cent said "not at first but now they did." Some of the statements that were related to this question are listed below.

"Yes, I thought that she would be getting individual attention but she is not."

"It was not my idea but they said it would help him."

"At first I did not but after the teacher explained it to me it was all right."

"Yes, because she was behind in her school work, I wanted her to catch up."

The parents were then asked, if they thought that their child was
<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you really want _____ placed in the special class?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>55.1</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>34.5</td>
</tr>
<tr>
<td>Not at First</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you think _____ is happy in the special class?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>37.9</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>24.2</td>
</tr>
<tr>
<td>I don't know</td>
<td>4</td>
<td>37.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100</td>
</tr>
<tr>
<td>At the present, what are your feelings about the progress _____ is making in his studies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think he (she) could do more</td>
<td>11</td>
<td>37.9</td>
</tr>
<tr>
<td>I think he (she) is doing his best</td>
<td>18</td>
<td>62.1</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Generally, do you think _____ gets a better chance, not as good a chance, or about the same chance to take part in extra curricula activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>About the same chance</td>
<td>10</td>
<td>34.5</td>
</tr>
<tr>
<td>Not as good of a chance</td>
<td>17</td>
<td>58.6</td>
</tr>
<tr>
<td>I don't know</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 10—Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of school program would you like for ______?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay as he is now</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Vocational</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Academic-Vocational</td>
<td>17</td>
<td>58.6</td>
</tr>
<tr>
<td>I don't know</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

happy in the special class. Sixty-nine per cent of the parents said "yes," while 17.2 per cent of the parents said "no," and the remaining 13.8 per cent said they did not know. Most of the parents that answered yes, said that their child appeared to be happy. They were not certain.

When the parents were asked how well they thought the school was preparing their child for some type of life after school, 37.9 per cent said that they thought the school was doing a good job of preparing their child for some life after school. Twenty-four and two tenths per cent of the total sample group stated that the school was not doing a very good job of preparing their child for life after school. There was also 37.9 per cent of the parents who said that they did not know. Some of the statements that were made by the parents are listed below.

"They are not doing a thing for her."

"I don't think she will be prepared."

"I don't know how well they are preparing her."

"I think the school is doing a fine job."
I will have to wait until after he gets out of school to see."

Many parents are upset over the slow progress that their child is making in school. The writer asked the parents of this study how they felt about the progress their child was making in school. Thirty-seven and nine tenths per cent of the parents stated that their child could do more in class. This also shows that they are not pleased with their child's school work. It also shows a lack of their understanding of their child's problem of low intelligence. Sixty-two and one tenth per cent said that they were satisfied with the progress that their child was making in school. Below are some of the statements that were made by the parents in relation to this section of the study.

"I think that he can do better if he wanted to, but he does not like school."

"I think that he is learning but he does not know what a tenth grader should know."

"She is not making any progress, she is at a stand still."

Most parents of mentally retarded children tend to think that their child is discriminated against because of his condition. When parents were asked if they thought their child had the same chance as other children to take part in extra-curricula activities, 31.5 per cent said that their child has the same chance as the other children to take part in extra-curricula activities. Fifty-eight and six tenths per cent said that they did not think their children were getting the same chance as the other children. While 6.9 per cent said that they did not know whether their child was getting the same treatment or not. Below are some of the responses that these parents made in relation to this section of the questionnaire.
"No, she was in a play once and forgot her lines, now they will not let her be in anything else."

"No, she said that the other teachers call them stupid."

"I think that they have about the same chance."

"Yes, I think that they will have the same chance."

When the parents were asked, what type of school program do you want for your child, most of them did not respond. They would ask the investigator, what do you mean by school program? The writer explained it to them by asking whether they would like for their child to stay as he is now, come to school a half-day and take up a trade the other half, or would they like to see him in a vocational school only. Twenty and seven tenths per cent said that they wanted their child to stay as he is now. Thirteen and eight tenths per cent said that they wanted their child to learn a trade. Fifty-eight and six tenths per cent of the parents said that they would rather for the child to go to school half-a-day and then to take some type of trade for the other half of the day. Six and nine tenths per cent said that they did not know what type of school program their child needed.

Parents' hopes for their mentally retarded child.—This section of the study was devoted to determining parents' hopes for their mentally retarded child.

An analysis of Table 11, page 47, indicates that when parents were asked what did they think of their child's chances of supporting himself in the future, 62.1 per cent stated that they thought their child's chances would be good. Thirty-one per cent of the parents used in the study indicated that they thought that their child's chances of supporting himself
TABLE 11
PARENTS' HOPES FOR THEIR RETARDED CHILD

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you think of chances of supporting himself in the future?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chances will be good</td>
<td>18</td>
<td>62.1</td>
</tr>
<tr>
<td>Chances will not be good</td>
<td>9</td>
<td>31.0</td>
</tr>
<tr>
<td>I don't know</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>What are your hopes for educational advancement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finish high school</td>
<td>19</td>
<td>65.6</td>
</tr>
<tr>
<td>Go to college</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>To do what's best for him</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>I don't know</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you think will have trouble holding a job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>17.2</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>62.1</td>
</tr>
<tr>
<td>I don't know</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>In the event that you become unable to care for how do you think he will get along?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will be taken care of by someone</td>
<td>16</td>
<td>55.1</td>
</tr>
<tr>
<td>Will have to take care of himself</td>
<td>7</td>
<td>24.2</td>
</tr>
<tr>
<td>I don't know</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE II--Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Although ________ is a slow-learner, what would you like for him to do in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the future or after finishing high school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Data will be given in analysis of table)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you one day hope that ________ will get married?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>69.0</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>I don’t know</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Do you one day hope that ________ will have children of his (her) own?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>93.1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

in the future was not too good. While 6.9 per cent of the parents stated that they did not know whether their child would be able to support himself or not. Neither did this 6.9 per cent show much interest in whether their child would be able to support himself in the future or not. Some of the responses that were made by the parents are listed below.

"I believe he will be able to support himself."

"I think they will be good, she really knows how to make money."
"They will not be good because he will not have any education in the special class."

"He is not going to be able to get the job he should have because he will not have the education."

The parents were then asked what are your hopes for your child's educational advancement? Many of the parents had great hopes for their child, some of which might cause frustration among the parents if the child cannot reach their expectations. For example, 17.2 per cent of the parents stated that they wanted their child to go to college. Many of the parents were just thinking of today's demand for a college education and not thinking of the child's low-reasoning ability. Sixty-five and six tenths per cent of the parents said that they just wanted their child to finish high school. Thirteen and eight tenth per cent of the total sample group stated that they did not know what they wanted for their child's educational advancement. Some of the statements that parents made in relation to the question are:

"I hope that he will finish high school."

"I hope that he will make it through high school and go to college if we have the money."

"I hope he will go as far as his ability will let him."

"I think he should complete his education in high school."

The problem of getting a job and holding it is in many ways a problem for the so-called normal child. When the parents were asked if they thought that their child would have trouble holding a job, 20.7 per cent said I don't know. Many of these parents that continued to answer "I don't know," are in many cases the same ones. Seventeen per cent of the total group stated that they thought that their child would
have trouble holding a job. While 62.1 per cent of the sample group said "no." Most of the answers of "no," are the parents who continued to say that there is nothing wrong with their child.

Many times parents have not thought of their retarded child in the same sense that if something would happen to them, what would happen to their child? When these parents were asked, that, in the event that you became unable to care for your child, what would happen to him? Fifty-five and one tenth per cent of the parents stated that their child would be taken care of by some of their relatives or friends. Twenty-four and two tenths per cent of the parents said that their child would have to make it on their own. While 20.7 per cent of the parents said that they did not know. Some of the statements that were made by the parents are listed below.

"I hope he will be able to make it on his own."

"I really can't say what will happen to him."

"A friend of mine would take care of him."

"I hope that my older children will take care of him."

When parents were asked, although their child's a slow-learner, what would they like to see him do in the future, or after finishing school, the answers were so different and varied that it was impossible to place them in any type of tabular form. Some of the statements made by the parents are listed below.

"I would like for him to be a honest man."

"If he can get that far, I would like for him to be a teacher."

"Whatever she is able to do."

"The only thing I would like for him to do is get a job and maybe
work his way through college."

"I would like to see him get a decent job so that he can support himself."

"That would depend on what he would be able to do. Whatever he does I hope he will be a success."

It is the hope of most parents that their child will one day get married and have children. When we asked the parents used in this study if they hoped that one day their child would get married, sixty-nine per cent said yes. Seventeen and two tenths per cent of the parents said that they did not want their child to get married. This percentage of the parents that did not want their child to marry, were overprotective parents. Thirteen and eight tenths per cent of the parents which was only 3.4 per cent less than the group that said "no," stated that they did not know whether they wanted their child to get married or not. While at the same time, only 6.9 per cent of the total group stated that they did not want their child to have children of their own. Ninety-three and one tenths per cent of this sample stated that they wanted their child to have children. Some of them stated that, "I can't wait to be a grandmother, everybody should have children, and "children will not be good for her."
CHAPTER III

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

Introductory statement.--This was a study of parents' attitudes toward their educable mentally retarded children enrolled at the David T. Howard High School, Atlanta, Georgia. An effort was made to identify the parents' family characteristics, initial attitudes, present attitudes, changes in attitudes, factors causing changes, attitudes toward the school, and their hopes for their child.

Recapitulation of research design.--The significant aspects of the locale and research design of this study are described in the paragraphs that will follow:

1. Period and locale of the study - This study was conducted during the spring of 1967 at the homes of parents of educable mentally retarded children of David T. Howard High School. Analysis and interpretation of data were conducted at the Atlanta, University, Atlanta, Georgia.

2. Subjects - The subjects involved in this study were parents or guardians of educable mentally retarded children enrolled at the David T. Howard High School, Atlanta, Georgia, during the 1966-1967 school year.

3. Material - The data necessary for this study was gathered by the interview method, employing the use of questionnaires.

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

5. Method of research - The Descriptive-Survey Method of research was used, employing the use of questionnaires and interviews in gathering the data necessary for this study.
6. Research procedure - The data necessary for the development of this study was gathered, organized, analyzed, interpreted and presented through the following procedural steps:

a) The related literature pertinent to this study was reviewed, summarized and presented in the final thesis copy.

b) Questionnaires were constructed with the aid of members of the Special Education Department of Atlanta University.

c) Letters were written, questionnaires were taken to the homes of parents of educable mentally retarded children at David T. Howard High School, Atlanta, Georgia.

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

Summary of related literature.—A review of the literature revealed that the attitudes of parents toward their retarded children have been noted as leaving much to be desired. These attitudes have been found to be of extreme importance in the rehabilitation of the parents and the retarded child's attitude.

A summary of the related studies appear in the paragraphs that will follow:

1. Rosen found that parents who have more or less accepted their child's retardation apparently pass through about five successive stages in the process. The first stage is characterized by an awareness that a serious problem exists; the second, by recognition of the retardation for what it is; the third, by a search for the cure; the fourth, by a search for a solution; and the fifth, by acceptance of the problem, a goal which is seldom fully attained.1

2. Michael and Schueman brought out an important factor entering into the adaption between parents and child that is the parents intelligence. It was also brought out that in some homes, even a child of above average intelligence faces the same problem as those of a retarded child because he achieves more than his

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parents expect of him and differ in his interest from the rest of the family.1

3. Grebler, in his study, found that many parents attempt to deny their irritation with the child who has disrupted their lives, bringing them frustration, disappointment and a sense of futility.2

4. Seanger found several external variables to be related to the frequency of over-protection. In Seanger's group, over-protection was also related to the cultural background of the parents. Jewish parents were more frequently over-protective; Italian parents were least so.3

5. Thurston found that virtually all parents experienced emotional upset and anxiety when they learned that they had a handicapped child. While they differed in their initial reaction, most displayed helplessness, grief, or guilt in varying degrees.4

6. Condell found in his study that parents of retarded children have a good deal of concern about anxiety of the future. What happens to them determines, in part, what happens to the child.5

7. Boyd has described three stages in the growth of a parent of a mentally retarded child: (1) Why did this happen to me? (self-pity); (2) What can I do for my own child and family? and (3) What can I do to help others?6

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3 G. Seanger, The Adjustment of Severely Retarded Adults in the Community (Albany, New York: Interdepartmental Health Resources Board, 1957), Table 10, Chapter 22.
5 J. F. Condell, "Parents Attitude Toward Their Retarded Child," American Journal of Mental Deficiency, (1960), 64, p. 528.
8. Cummings and Stock found that there were increases of psychological stresses bearing on the retarded person and his family. Limited knowledge of the origins and likely causes of many of the syndromes, conflicting and often given professional advice, the paucity of treatment and training facilities, the stigmatization of the affected families by neighbors, friends, and relatives — all combine to increase psychological stress.1

9. Dittman stated that parents usually make the decision to place a child in a residential institution with mixed feelings.2

10. Dingman, Eyman and Windle found extreme positions of protective-ness and permissiveness were characteristic of family care-takers and social workers, respectively.3

11. Appell revealed that counseling contributed to a free and more realistic discussion of retardation between parents and the retardates' siblings and thereby increased their understanding of the condition.4

12. Bitter found that the attitudes of parents and the way they interact with their retarded offsprings affect the mental health and happiness of the whole family.5

13. Meyerowitz found that the parents in his experimental group manifested greater awareness and consistent, but statistically less than significant, tendencies to derogate and devalue their child.6

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1 S. T. Cummings and D. Stock, "Brief Group Therapy of Mothers of Retarded Children Outside of the Specialty Clinic Settings," American Journal of Mental Deficiency (1962), 66, p. 739.
14. Kenny in her study found that mothers whose children differ with respect to I.Q. and adjustment in school also differ with respect to: level of ego development; authoritarianism in child-rearing practices.1

Summary of findings.—The findings as indicated by the data presented and interpreted in Chapter II are an attempt to satisfy outlined purposes. The findings related to the identification of family characteristics are revealed in the paragraphs that follow:

During the 1966-1967 school year, there was a total of 42 children enrolled at the David T. Howard High School, in the educable mentally retarded classes. Thirty-one per cent of the pupils were female and 69 per cent of the pupils were male.

The I.Q. of the students ranged from 46 to 72. Of the 67 parents in the homes of these 42 students, 30 were randomly selected for this study. Twenty-nine of the original sample were able to complete the study. Of the 29, nine of the children were girls and 20 were boys.

Most of the parents participating in this study were in the lower socio-economic group. Many of the parents depended upon the government or a related source for their total income.

Ten and four tenths per cent of the parents were in the age group 25-30. Whereas, 17.2 per cent of the parents were in the age group of 31-35. There were 7 parents, or 24.2 per cent of the total sample in the age group 36-40. In the age group of 41 to 45, there were 17.2 per cent of the parents. There were also 17.2 per cent of the parents in the age group of 46 to 50. Thirteen and eight tenths per cent of the parents were above the age of 50.

None of the parents completed college. Three and four tenths per cent of the parents attended college; 13.8 per cent completed high school. Twenty-seven and six tenths per cent of the parents stopped school somewhere between the tenth and twelfth grades. While 34.5 per cent stopped school somewhere between the sixth and ninth grades. There were 20.7 per cent who terminated their education somewhere before grade five.

Fifty-five and two tenths per cent of the parents were housewives or unemployed, 13.8 per cent were maids, and the other 31 per cent were

equally distributed in low-income jobs.

Three and four tenths per cent of the parents had only one child. Sixteen, or 55.2 per cent of the sample had from 2 to 4 children. There were 27.6 per cent who had from 5 to 8 children. There was one parent or 3.4 per cent who had from nine to eleven children, and there were 3 parents or 10.4 per cent who had more than eleven children.

Fifty-nine and six tenths per cent of the parents had normal births with their children, 3.4 per cent were breech births, 24.2 per cent were premature births, and 13.8 per cent were cesarean births.

Thirty-seven and nine tenths per cent of the retarded children were the first child, 24.2 per cent were the second child, 17.2 per cent were the third child, 10.4 per cent were the fourth child and 3.4 per cent were the sixth, ninth and tenth child.

Fifty-one and seven tenths per cent of the parents noticed something unusual about their children’s early growth and development. The remaining 18.3 per cent noticed nothing unusual about their children’s early growth and development.

Twenty-nine of the parents had been told that their children were retarded. One parent had not been told of her child’s retardation. It may be noted in Chapter II that this parent was eliminated from the sample as a result of this response.

The findings related to parents’ initial attitudes toward their mentally retarded children are revealed in the paragraphs that follow:

Eighty-nine and seven tenths per cent of the parents found out about their children’s retardation from the school officials, 3.4 per cent from doctors and 6.9 per cent found out on their own.

Fifty-one and six tenths per cent of the parents did not think that the condition was a result of something that they (husband or wife) might have done before birth. Thirteen and eight tenths accused the husband, 10.4 per cent accused the wife, and 24.2 per cent were undecided on whom to accuse.

Ninety-six and six tenths per cent did not wish to place their children in an institution when they first learned of the children’s retardation. Three and four tenths per cent, or 1 parent wished that her child had been placed in an institution.

Sixty-two and two tenths per cent believed that their children’s condition could be cured, 17.2 per cent did not believe this, 6.9 per cent did not know if the condition was curable, and 13.8 per cent believed that no condition existed.
Ninety-three and one tenth per cent of the parents felt all right about taking their children out in public and 6.9 per cent did not feel all right about taking their children out in public.

The findings related to parents' present attitudes toward their mentally retarded children are revealed in the paragraphs that follow:

Ninety-six and six tenths per cent of the parents did not worry about what friends, neighbors and relatives thought about their children and 3.4 per cent, or 1 parent did worry about this matter.

All of the parents stated that they felt free to discuss their children's condition with the writer.

Eighty-nine and six tenths per cent of the parents felt free to discuss their children's condition with their friends, neighbors and relatives. Ten and four tenths per cent did not feel free to discuss the condition.

Eighty-seven and two tenths per cent of the parents did not show favoritism toward their retarded children and 13.8 per cent did not show favoritism toward their retarded children.

Three and four tenths per cent or 1 parent feared that her daughter would become pregnant, 13.8 per cent did not have fears of their daughter becoming pregnant, and 13.8 per cent hoped she would not become pregnant.

None of the parents thought that their son would sexually assault a girl, 10.4 per cent hoped he would not sexually assault a girl.

The findings related to the attitudinal changes of parents are revealed in the paragraphs to follow:

Thirty-seven and eight tenths per cent of the parents still thought that it was something that they (husband or wife) might have done before birth to cause the children's condition. Forty-eight and four tenths per cent did not think so, and 13.8 per cent did not know.

Ninety-six and six tenths per cent of the parents take their children out in public regardless of his condition, and 3.4 per cent, or 1 parent do not take his child out in public.

Seventy-two and four tenths per cent of the parents still believe that their children's condition can be cured, 13.8 per cent said that it cannot be cured, 10.4 per cent did not know and 3.4 per cent still believe that there is no condition.

Eighty-nine and six tenths per cent of the parents did not wish
that they had placed their children in an institution now that they
know more about the condition. Ten and four tenths per cent of the
parents wished that they had placed their children in an institution.

The findings related to parents' attitude toward educational
programming for the children are revealed in the paragraphs to follow.

Fifty-five and one tenth per cent of the parents wanted their
children placed in the special class, 34.5 per cent did not, and 10.4
per cent did not want their children in the special class at first but
now it is all right.

Sixty-nine per cent of the parents thought that their children
were happy in the special class, 17.2 per cent thought that their
children were unhappy in the special class, and 13.8 per cent did
not know.

Thirty-seven and nine tenths per cent of the parents thought the
school was doing a good job for preparing their children for life after
school, 21.2 per cent thought that the school was not doing so good,
and 37.9 per cent did not know.

Thirty-seven and nine tenths per cent of the parents thought that
their children could do more in their school work and 62.1 per cent
thought that their children were doing their best.

Thirty-four and five tenths per cent of the parents thought that
their children had about the same chance as other students in the
school to take part in extra-curricular activities, 58.6 per cent thought
that they did not get the same chance and 6.9 per cent did not know.

Twenty and seven tenths per cent of the parents did not want to see
their children's school program changed but remain the same. Thirteen
and eight tenths per cent wanted a vocational program for their children.
Fifty-eight and six tenths per cent wanted a combination of academic
and vocational training for their children and 6.9 per cent did not know
what they wanted.

The findings related to parents' hopes for their mentally retarded
children are revealed in the paragraphs to follow:

Sixty-two and one tenth per cent of the parents thought that their
children's chances of supporting themselves in the future would be good.
Thirty-one per cent of the parents thought that their children's chances
would not be good, and 6.9 per cent said that they did not know.

Sixty-five and two tenths per cent of the parents wanted their
children to finish high school, 17.2 per cent wanted their children to
go to college, 13.8 per cent wanted what was best for their children
and 3.4 per cent did not know.

Fifty-five and one tenth per cent of the parents reported that if something should happen to them their children would be taken care of by someone else. Twenty-four and two tenths per cent revealed that their children would have to take care of themselves, and 20.7 per cent did not know.

Sixty-nine per cent of the parents hoped that their children would eventually get married, 17.2 per cent did not want their children to get married, and 13.8 per cent did not know whether they wanted their children to marry or not.

Ninety-three and one tenth per cent of the parents wanted their children to eventually have children, 6.9 per cent of the parents did not want their children to have children.

Conclusions.—The analysis and interpretation of the data warrants the following conclusions:

1. There were more boys in the special class than girls at the David T. Howard High School.

2. The I.Q.'s of these students ranged from 46 to 72.

3. Most of the parents were in the lower socio-economic group.

4. Most of the parents were in the 36 to 40 age group.

5. The majority of parents terminated their education somewhere between the sixth and ninth grades.

6. Most of the parents were unemployed at the time of the study.

7. Most of the parents had between two to four children.

8. The majority of the parents reported normal births for their retarded children.

9. Most of the retarded children were the first child in the family.

10. Most of the parents found out about their children's retardation from the school.

11. Most of the parents did not think that it was something that they (husband or wife) might have done before birth to cause their children's condition.

12. The majority of the parents objected to placing their children
13. The majority of the parents thought that their children's condition could be cured when they first learned of their children's retardation.

14. Most of the parents stated that they felt all right about taking their children out in public.

15. Most of the parents did not worry about what friends, neighbors and relatives thought about their children's condition.

16. All of the parents felt free to discuss their children with the writer in the interview.

17. Most of the parents felt free to discuss their children's condition with their friends, neighbors and relatives.

18. Most of the parents stated that they did not show favoritism toward their children.

19. Most of the parents have no fear of their daughter becoming pregnant.

20. None of the parents feared that their son might sexually assault a girl.

21. Most of the parents presently do not think that it was something that they (husband or wife) might have done before the child's birth to cause the condition.

22. Most of the parents did not mind taking their children out in public.

23. Most of the parents presently think that their children's condition could be cured.

24. A few of the parents wished that they had placed their children in an institution now that they know more about the condition.

25. Most of the parents wanted their children placed in the special class.

26. Most of the parents thought that their children were happy in the special class.

27. A few of the parents did not think the school was doing a good job of preparing their children for life after school.

28. Most of the parents were pleased with the progress their
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children were making in school.

29. Most of the parents thought that their children had an equal chance to participate in the extra-curricula activities of the school.

30. Most of the parents thought that their children should remain in the special class.

31. Most of the parents thought that their children's chances would be good for supporting themselves.

32. Most of the parents' hopes were that their children would finish high school.

33. Most of the parents did not think that their children would have trouble holding a job.

34. A few of the parents wanted their children to go to college.

35. Most of the parents had made provisions for their children to be taken care of in the event that something happened to them.

36. Most of the parents wanted their children to get married eventually.

37. Most of the parents wanted their children to have children of his own eventually.

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

1. Responses suggested that many of the parents who have children in the special class are in many cases from the lower socio-economic group.

2. Parents seem to have a negative attitude toward their children's condition when they first learned of him being mentally retarded.

3. Though parents did not have any counseling or guidance from professional people, many of the parents had managed to change their attitudes. This change was based mainly on their own experiences.

4. Parents appeared to have wanted their children placed in the special class and was pleased with the progress that their children were making in class.

5. These parents appeared not to worry too much about the future of their children. They seemed to believe that if their
children can get a job they will be able to take care of themselves.

6. Parents in a few cases had not realized the limitations of their children; this is evident from the fact that they were hoping the children would one day go to college.

7. It appeared that many of the parents wanted their children to get married so that taking care of them would no longer be a problem for them.

Recommendations.—As a result of this study, the following recommendations are made:

1. Counseling service should be made available to the parents of educable mentally retarded children at the David T. Howard High School, Atlanta, Georgia.

2. Additional studies of this type should be conducted with the use of about twenty schools and a representative number of parents from each school.
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Books


Periodicals


Condell, J. F. "Parents Attitudes Toward Their Retarded Child," American Journal of Mental Deficiency, 64 (1960), 528.


Grebler, A. M. "Parental Attitudes Toward Mentally Retarded Children," American Journal of Mental Deficiency, 56 (1952), 475.


U. S. Documents

Dear Parents:

The Special Education Department of Atlanta University would like to conduct a study to see how parents feel about their children and the special education program. This study will be conducted by asking the parents certain questions about their children. **No names will be used in this study.**

This study has been approved by your child's special education teacher, and he or she, thinks that your child will benefit from this study in school.

We would like to know if you will be willing to answer questions that will help your child in his or her future education. If you check number one (1) below please fill in the necessary information at the bottom of the page.

1. ☐ I will cooperate with the study.
2. ☐ I will not cooperate with the study.

Name __________________________________________

Address __________________________________________

Phone Number ______

The best day to see me is: Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday. (Please underline one or more.)

The best time is: __________

Thanking you in advance for your help in this study, I remain,

Sincerely yours,

/s/ James E. Walker
Atlanta University
A STUDY OF PARENTS' ATTITUDES TOWARD
THEIR EDUCABLE MENTALLY
RETARDED CHILDREN

Directions: The information in this study will be gathered through the interview method and will be recorded in the Questionnaire by the investigator.

I. Identification of Family Characteristics

1. What is your present age?
   _____ a. 25-30    _____ d. 41-45
   _____ b. 31-35    _____ e. 46-55
   _____ c. 36-40    _____ f. Above 55

2. What is the highest educational level you completed?
   _____ a. Grades 0-5    _____ d. Completed high school
   _____ b. Grades 6-9    _____ e. Attended college
   _____ c. Grades 10-12   _____ f. Completed college

3. What is your present occupation?

4. Are both parents living in the home?
   _____ a. Yes    _____ b. No    _____ c. Other

5. How many children are there in your family?
   _____ a. 1    _____ d. 9-11
   _____ b. 2-4    _____ e. Over 11
6. Is ________ your 1st ___, 2nd ____, 3rd ____ , or other ________ child?

7. Was ________ birth:
   _____ a. Normal   _____ c. Premature
   _____ b. Breech   _____ d. Cesarean

8. At, or right after birth did you notice anything unusual about
   ___________________ growth and development, that is, sleeping, walking, eating, talking, etc.

9. Have you been told, or did you notice that ____________ was slow to learn, or that there was anything unusual about your child's achievements in school.
   _____ a. Yes   _____ b. No   _____ c. Other ____________________

II. Parents' Initial Attitudes Toward Their Mentally Retarded Children

1. How did you find out about ____________ condition?
   _____ a. Doctor   _____ d. Relatives
   _____ b. School officials   _____ e. Other ____________________
   _____ c. Friends ____________________

2. How did you feel when you first learned of __________________ condition?

______________________________
3. Did you think that it was something you, or your husband might have done before birth to cause __________ condition? __________

4. When you first learned that __________ was a slow-learner did you want to place him (her) in an institution? __________

5. Did you believe that __________ condition could be cured?

6. How did you feel about taking __________ out in public? __________

III. Parents' Present Attitudes Toward Their Mentally Retarded Children

1. Do you worry about what friends, neighbors, and relatives think about __________? __________

2. Do you feel free to discuss __________ with me? __________
3. Do you feel free to discuss _________ condition with your friends, neighbors, and relatives?

_____________________________________________________________________

_____________________________________________________________________

4. Do you think you show more or less favoritism toward __________, as compared to your other children?

_____________________________________________________________________

_____________________________________________________________________

5. Do you fear that __________ may become pregnant?

_____________________________________________________________________

6. Do you fear that __________ might sexually assault a girl?

_____________________________________________________________________

IV. Attitudinal Changes of Parents

1. How do you feel about __________ condition now?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

2. Do you still think that it was (or was not) something you, or your husband might have done before birth to cause __________ conditions?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

3. Do you often take __________ out in public with you, regardless of his condition?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
4. Do you still believe that ______________ condition can (or, cannot) be cured? ________________________

5. Do you wish that you had placed ______________ in an institution, now that you know more about the condition? ________________________

V. Factors Causing Change in Attitudes

1. Why do you (or, why don't you) worry about what friends, neighbors, and relatives think about ______________? ________________________

2. Why do you (or, why don't you) feel free to discuss ______________ condition with your friends, neighbors, and relatives? ________________________

3. Why do you (or, why don't you) feel free to discuss ______________ with me? ________________________

4. Why do you (or, why don't you) think you show more or less favoritism toward ______________ compared to your other children? ________________________
5. Why do you (or, why don't you) fear that ________________ might sexually assault a girl? ________________________________________________________________________________

6. Why do you (or, don't you) fear that ________________ might become pregnant? ________________________________________________________________________________

7. Why do you (or, why don't you) still think ________________ condition can be cured? ________________________________________________________________________________

VI. Parents' Attitude Toward Educational Programming for the Child

1. Did you really want ________________ placed in the special class? ________________________________________________________________________________

2. Do you think ________________ is happy in the special class? ________________________________________________________________________________

3. How well do you think ________________ School is preparing him for life after school? ________________________________________________________________________________

4. At the present, what are your feelings about the progress ____________ is making in his studies? ________________________________________________________________________________
5. Generally, do you think ______________ gets a better chance, not as good, or good, or about the same chance to take part in extra-curricular activities?

6. What type of school program would you like for ______________?

VII. Parents' Hopes for their Mentally Retarded Child

1. What do you think of ______________ chances of supporting himself in the future?

2. What are your hopes for ______________ educational advancement?

3. Do you think ______________ will have trouble holding a job?

4. In the event that you became unable to care for ______________ how do you think he will get along?
5. Although ____________ is a slow-learner, what would you like to see him do in the future, or after finishing school? ________

6. Do you one day hope that ____________ will get married?

   a. have children

      _____ yes
      _____ no
      _____ other
VITA

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Field of Concentration:

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