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A STUDY OF PROBLEMS AND SATISFACTIONS IN THE  
REARING OF MENTALLY RETARDED CHILDREN

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ERNEST P. WILLENBERG  
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A STUDY OF PROBLEMS AND SATISFACTIONS IN THE  
REARING OF MENTALLY RETARDED CHILDREN

APPROVED BY

P. T. Tesha  
Dail Shannon  
A. Heiman  
M. Wilson  
M. B. Ragan

DISSERTATION COMMITTEE

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A STUDY OF PROBLEMS AND SATISFACTIONS IN THE  
REARING OF MENTALLY RETARDED CHILDREN

CHAPTER I

INTRODUCTION

Studies on growth and development have reported systematic information on the characteristics of evolving change in children. With the concept of human growth has been associated the concept of human needs. More recently the developmental task<sup>1</sup> has come to represent a position midway between an individual need and a societal demand. All these concepts have afforded important guidelines in the study of the human individual in his society.

Most psychologists and educators attach much significance to the circumstances and conditions of the child's home life. Strangely though, it was not until 1949 that the first systematic information concerning the practical operations, issues, and day-to-day emotional and general behavioral aspects of child rearing resulted from an investigation

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<sup>1</sup>Robert J. Havighurst, Developmental Tasks and Education (New York: Longmans, Green and Co., 1951).

of these experiences.<sup>2</sup> The process used was that of studying the parent in relation to the child instead of the child in relation to his parents, and is illustrative of an approach which may yield good developmental data from the context of the family circle. Furthermore, such material has a certain advantage in being expressed in the language of the child rearers themselves.

The fact that most studies of this nature tend to stress concern with children's problems is understandable. It is somewhat more unique, though, to view the expression of these problems through the eyes of the parents. The additional step of cradling the child between the expressions by his parents of problems and satisfactions lends an element of singularity which is seldom found in studies of family relationship. Even more so would the problems and satisfactions of rearing mentally retarded children stand out as an area for investigation. The mere suggestion that having and raising a mentally retarded child can yield pleasant, happy, and satisfying experiences may challenge the credulity of those who are accustomed to viewing mental retardation as a pathology only. Such persons may be enlightened to find a wide discrepancy between their concepts regarding children who are mentally retarded as compared with the viewpoints

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<sup>2</sup>Arthur T. Jersild and Associates, Joys and Problems of Child Rearing (New York: Bureau of Publications, Teachers College, Columbia University, 1949).

of the parents of these children.

In this study an attempt was made to determine not only the problems, but also the satisfactions which parents reported in the rearing of mentally retarded as compared with average ability children. The data were derived from school records, teachers' reports, and electrically recorded interviews of fifty parents of mentally retarded children matched as closely as possible with fifty parents of average ability children. The mentally retarded children were those who had qualified under California law for placement in special training classes. The average ability children were selected from the same schools, but were enrolled in the regular grades. The study was conducted during school year 1953-1954.

#### The Problem

The purpose of this study was to establish the identity of problems and satisfactions in the rearing of a group of mentally retarded children, and ascertain how these problems and satisfactions differ, if they do, from those experienced in the rearing of a comparable group of average ability children. The questions considered for investigation in the research included the following:

1. What problems and satisfactions would be expressed by both groups of child rearers?
2. In what ways would the expressed problems and

satisfactions differ between the two groups?

3. In what areas would the expression of problems and satisfactions be common to both groups?

4. In what ways would the individual differences in the child groups be reflected in the parent interviews?

5. In what ways would the differences in the parent groups be reflected in the expressions of problems and satisfactions on rearing their children?

#### Significance of the Problem

The rapid increase in the number of special classes for mentally retarded children in the United States imposes the obligation of a comprehensive evaluation of the conditions, circumstances, and influences that affect the growth, development, and education of the children. The importance of the home is commonly accepted for all child groups including the retarded. The major body of literature on the subject of parent-child relationships, however, tends to view the child as the end result of the relationship, and to study the end product in the light of parental influences. Usually lacking in this approach is a clear delineation of the reciprocal influences in the parent-child relationship as experienced in the process of child rearing.

That the need for study of parent-child relationship is especially pronounced with the mentally retarded is a matter of rather general recognition in the professional circles concerned with the care and training of such children.

French and others were able to epitomize this need:

The parents of average children have the resource of their own life experience as a basis for social, educational and career planning for their offspring. By contrast, parents of the handicapped must plan for their children, who are in some respects so deviant from average, that planning for them cannot follow patterns drawn from parental experience. As a result, parents of the handicapped feel 'at a loss' on a very realistic basis, and with this sense of inadequacy come feelings of guilt and anxiety.<sup>3</sup>

Sarason<sup>4</sup> supports this point of view by adding that the culture of the garden variety defective has not as yet been studied and analyzed in a systematic manner. The fact, too, that child rearing problems are seldom studied in relation to the counterbalancing satisfactions has given the role of parenthood of a retarded child a somewhat grim prospect. The literature seldom contains a reference<sup>5</sup> that a retarded child can be anything but a problem or burden to his parents.

Reference to the problems and satisfactions of rearing mentally retarded children in the natural setting of family life has the potential of yielding information leading

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<sup>3</sup>Anne C. French, M. Levbarg, and H. Michal-Smith, "Parent Counseling as a Means of Improving the Performance of a Mentally Retarded Boy: A Case Study Presentation," American Journal of Mental Deficiency, LVIII (July, 1953), 13-20.

<sup>4</sup>Seymour B. Sarason, Psychological Problems in Mental Deficiency (New York: Harper and Brothers, 1949), p. 160.

<sup>5</sup>Percy T. Teska, "Some Problems in the Adjustment of the Mentally Handicapped," Journal of Consulting Psychology, XI (September, 1947), 277.

to better home-school management and training of the children. Issues relative to the choice of educational objectives and practices stand a better chance of clarification and solution. There should be better identification of the specific nature of problems encountered in rearing children in this group. Areas of conflict with respect to differences in values held by parents as compared to the values of the schools may be suggestive of possible innovations in methods of improving parent-teacher relations. Emphasis and verification of the positive attributes of care and training make more circumspect the approach to a study of individual parent-child relationships in which the school may prove to be a vital influence.

If the concern that most parents have for their children is an indication they want to learn, then it would seem that educational practices could better help them cope with the problems they reveal as most distressing. The fact that the Jersild study<sup>6</sup> indicated parents made relatively little use of "expert" educational theories and practices emphasizes the need for a more thorough investigation of the reasons why they seek sources of help outside of the educational institutions maintained for their children. This problem becomes more pertinent as the provisions for training in home and school become increasingly common. Such is especially true

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<sup>6</sup>Jersild and associates, op. cit., p. 123.

of training programs for mentally retarded children. If there is something wrong or lacking in the kind of educational programs available, any such discrepancies as may arise in the attitudes of the parents of mentally retarded as compared with mentally average children may be revealed by a specific behavior in the child which the parent may feel reflects the inadequacy of the school's program. Inversely, to the extent that problems and gratifications among the two parent groups agree in terms of specific types of children's behavior, agreement may indicate certain elements of consistency in the management and training of the children in both home and school which would confirm the value of home-school planning and cooperation. It may be said for the mentally retarded group as Jersild concluded in his study:

Studies of the practical and behavioral details of the rearing of children within the home will not, of course, solve all of the problems of child rearing. The findings such as those in the present study, indicating as they do the values that parents derive from their children and, along with these, problems that parents face in the upbringing of their children, emphasize the point that unless and until the home situation is made the subject of a realistic study the offerings of child development, child psychology, and mental hygiene will continue, to fall far short of the needs of the parents.<sup>7</sup>

#### Limitations of the Study

Each parent of the mentally retarded group was selected on the basis of having a child who had been classified

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<sup>7</sup>Ibid., p. 126.

by a school psychologist as mentally retarded. Each parent in the average ability group was selected on the basis of having a child classified, by teacher judgment and group intelligence test, as mentally average. The subject of the interview with the parent was the one child--mentally retarded or average ability. No attempt was made to assess the relative abilities of other children in the families of either group though it was known in some cases that siblings in the retarded group were also retarded. There was no record of any child in the average ability group having siblings classified as mentally retarded.

Since the size of the sample of the retarded group represents a much higher ratio in its total population than the size of the average group in the average ability population, it may be assumed the responses from the parents of the retarded group would be more representative of this group in general than would be the case for the parents of the average ability group. Another condition which limits the representativeness of the average ability group is the fact that it was chosen to match a selected sample of the population. Hence, reference to the average ability group is not intended to imply "representativeness" in the general population.

Another limiting factor is that the experiences of child rearing were obtained in a single interview situation. It is not assumed in this study that all the basic attitudes

and feelings regarding child rearing were elicited or expressed in the single interview. Furthermore, there could be little doubt that the parents in both groups were influenced by a preconception of what would be proper and fitting in a discussion of their children. Reluctance to divulge information of a guilt provoking nature was expected.

While these are factors or conditions which detract from the direction and depth of feelings and attitudes, they are prevalent in both groups and should not distort the significance of the findings. The material revealed is what the parents feel they can safely discuss, on which they would be willing to seek counsel from the school, and about which the school may be able to offer some guidance.

The relative strength of a feeling or attitude is determined by its frequency of mention. This method suffers the weakness of failing to register hidden meanings, references, tonal qualities, inferences, and suppressed attitudes. Even so, the material is often sampled indirectly and is revealed in a more acceptable context. Consequently, the problems and satisfactions as studied in this investigation relate more to the outward expression rather than the dynamics of the experience.

Classification of problems and satisfactions into major and minor categories has been done for convenience of scoring. There is no a priori assumption of the relative importance of the categories. The major categories are

merely broad headings under which responses of such general nature can be grouped. They are not necessarily independent of each other. The minor categories are the more specific ways in which the parents have expressed their feelings and attitudes. In scoring, when a problem or satisfaction cut across more than one category, it was either divided to fit the topics under which its many facets could be described, or scored under the single heading that offered the best description. The fact that the major or subcategories are not scaled imposes the burden of determining significance by comparing the weight of frequency of mention between each comparable category in the retarded and average groups.

#### Definition of Terms

Mentally retarded children are those defined by California school law<sup>8</sup> and qualified by a school psychologist for placement in a special training class. In this case, the children in the retarded group selected for discussion by their parents were those with individual intelligence quotients between 33 and 80.

The average ability children were those who on the California Test of Mental Maturity obtained intelligence quotients between 86 and 116 which is within the range of plus or minus one standard deviation on the instrument. These children were selected on the basis of information

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<sup>8</sup>State of California, Education Code, Section 9801.

from cumulative records and recommendations of teachers or administrators.

A problem is a statement by the parent of concern or an expression of conflict with which the child under discussion is associated in either a cause or effect relationship. In time sequence, the problem was considered valid if related to the circumstances of rearing the child at any point during his life or concerned with his future.

A satisfaction is a statement by the parent of appreciation, approval, or gratification with which the child under discussion is associated in either a cause or effect relationship. As in the case of a problem, it may refer to any point in the child's life or his future.

Major categories have reference to the main headings or general areas under which individual problems or satisfactions are classified. The subcategories are the more specific topics that describe under the major category how the parent views the child.

Directed interview in this study has reference to a systematic plan whereby the interviewer "directed" the parent to express her experiences and feelings regarding child rearing problems and satisfactions in at least seventeen predetermined sensitive areas.

Parent is used as a general title to designate each individual who was interviewed irrespective of blood or legal relationship.

### Outline of Following Chapters

Chapter I has introduced the problem and its limitations, and indicated its importance in relation to adjustments in home and community life. Chapter II presents a review of the literature on factors associated with parent-child relationships and concomitant conditions in families where mental retardation exists, including studies that reflect problems and satisfactions in rearing children classified as mentally retarded and compared with the experiences and feelings reported by parents in rearing non-handicapped children. In Chapter III is presented descriptive data concerning the groups studied in this research, and Chapter IV is concerned with the methodology used in doing the research and in interpreting the data. Chapter V presents the findings of this study as they relate to certain variables in the child population. Chapter VI presents the findings in terms of certain variables in the parent populations. Chapter VII is devoted to a summary of the study, the conclusions based on the findings, recommendations for further research in the field, and implications for education. The Appendix contains the full list of major and subcategories with examples to illustrate the classification of problems and satisfactions. Included is a sample of a recording to illustrate the kind of material from which the scores were obtained.

## CHAPTER II

### REVIEW OF THE LITERATURE

Various studies on parent attitudes and child rearing practice attempted to identify or establish a cause-effect relationship between the way parents understand, feel about, and treat their children on the one hand, and the way these children evolve physically, socially, and emotionally on the other hand. Because problems stimulate research, it is not unusual that so much attention has been given to the difficulties in the parent-child relationship. Thus it is that there are investigations relating to overprotection and rejection of children by their parents; findings on the influence of parental practices and attitudes on children's behavior and development; and comparisons between parents and mental hygiene experts concerning the significance of problem behavior in children. Only recently has there been any major undertaking that would permit an analysis of the positive and satisfying aspects of child rearing. Up to the present investigation there has been no published report of a systematic study in which both the positive and negative experiences in rearing mentally retarded children are considered.

A review of related literature over the past quarter of a century establishes primarily the paucity of systematic research concerned with any aspect of relationship between parent and mentally retarded child. What is available may be credited mainly to the initiative of the social work discipline which has appraised the significance of the life-time problem confronting parents who must cope with the reciprocal effects of retardation in their children.<sup>1</sup> The full scope or range of expressed feeling involved in the care and training of a retarded child is permitted only when due consideration is given to the many influences which mold the relations and reactions.

In terms of family understanding parents must realize that their responsibility lies not only with the defective child, but with each other, with their married home life and with their other children. Not only the parents, but the siblings, uncles, aunts, and grandparents must be helped to understand and accept the problems.<sup>2</sup>

Thorne and others<sup>3</sup> emphasize the importance of the stable home environment by pointing out the close relationship between the behavior of the mental defective and the

<sup>1</sup>Winifred Wardell, "Case Work with Parents of Mentally Deficient Children," American Journal of Mental Deficiency, LII (1947), 93.

<sup>2</sup>Margaret Richards, "The Retarded Child in a State School and the Problems He Presents from a Parent's Viewpoint," American Journal of Mental Deficiency, LVIII (1953), 56-57.

<sup>3</sup>Frederick C. Thorne and Jean S. Andrews, "Unworthy Parental Attitudes Toward Mental Defectives," American Journal of Mental Deficiency, L (1946), 411.

stability of the environment. Where imbeciles and morons are able to continue in the community, it has been found they are protected by an adequate home environment. As community resources for the care and education become increasingly available for the more stable defectives who have adequate parents protecting them, institutions for residential care will be limited more and more to custodial cases and emotionally unstable types who are unable to adjust in the community.

Thorne<sup>4</sup> stresses the importance of making detailed studies of the parent-child relationships of mental defectives in order to determine the factors which contribute to maladjustment. Schumacher<sup>5</sup> is another who stresses the importance of coping with the parental attitudes and anxiety by helping the parents, by removing the seriously disturbed persons from the child's environment, or by transfer of the child to a more stable environment. Levy<sup>6</sup> designates the condition of maternal overprotection as being rather typical of the relationship of mothers with deformed or defective children. Wardell<sup>7</sup> finds that if a family is overprotecting

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<sup>4</sup>Ibid.

<sup>5</sup>H. C. Schumacher, "Contribution of the Child Guidance Clinic to Problems of Mental Deficiency," American Journal of Mental Deficiency, L (1945), 277-282.

<sup>6</sup>D. M. Levy, Maternal Overprotection (New York: Columbia University Press, 1943), p. 69.

<sup>7</sup>Winifred Wardell, "The Mentally Retarded in Family and Community," American Journal of Mental Deficiency, LVII (1952), 234.

the mentally retarded child it is usually well fortified with reasons why it is doing so. Some parents are even more unrealistic by denying that any retardation exists and by finding a variety of reasons for the handicapped person's difficulties. Kanner<sup>8</sup> views the parental reactions with greater circumspection by recognizing different levels of adjustment to the condition in their children. These are:

1. Mature acknowledgement of actuality makes it possible to assign to the child a place in the family in keeping with his specific peculiarities.

2. Disguises of reality create artificialities of living and planning which tend to disarrange the family relationships.

3. Complete inability to face reality in any form leads to its uncompromising denial.

A recent study by Grebler<sup>9</sup> on eleven cases of children with I.Q.'s below 75 analyzed the problems of their parents and delineated them from problems of parents of normal children. It was shown that parents of mentally retarded children were exposed to more trying experiences than the parents of the normal children. She concluded that:

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<sup>8</sup>Leo Kanner, "Parents Feelings About Retarded Children," American Journal of Mental Deficiency, LVII (1953), 382.

<sup>9</sup>Anne Marie Grebler, "Parental Attitudes Toward Mentally Retarded Children," American Journal of Mental Deficiency, LVI (1952), 475-83.

(1) many of the experiences of frustration by parents of the mentally retarded children are due to elements inherent in the child's condition and limitations imposed by the outside world; (2) parents react to this frustration in terms of their own personality difficulties; (3) the parents' reaction to the condition of mental retardation was interwoven with their general attitude toward the child. She pointed further that parents who tend to condemn the outer world for the child's condition also tend to reject the child. Those who react with feelings of guilt and condemn themselves show ambivalence towards the child, and those who do not express any blame show acceptance of the child. She also takes the position that it is because of unfavorable parental attitudes that mentally retarded children show behavior problems. Thorne<sup>10</sup> describes this type of reaction as an "unworthy" parental attitude and reports on a study of parental relations with children committed to a state institution for the mentally deficient. Here it was found that the longer the period of institutionalization, the less attention was received from the parents or relatives. When intelligence level was considered, no significant differences were discovered in the amount of attention received by idiot, imbecile, and moron groups.

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<sup>10</sup>Thorne and Andrews, op. cit., p. 411.

Wardell<sup>11</sup> also reports on experiences in dealing with parents of institutionalized children. In this case, she was concerned with parental anxieties and expressed the observation that extra therapeutic case work rewards in its help to the parent, and in its contribution to a greater ease of institutional adjustment for the child. In a later writing she<sup>12</sup> recognizes and discusses the effect of the attitude of the community in helping or hindering the family in its adjustment to the mentally retarded child. Whenever the family thinks that its standing in a community has become precarious because of the mentally retarded member, instead of facing the real issue of disharmony in the family, the less gifted member is blamed. Sheimo<sup>13</sup> subscribes to this point by emphasizing that the attitudes and pressures from other children and neighbors, both toward the defective child as well as toward the parents, add to and aggravate existing inner turmoil and sense of dissatisfaction. A guilt and anxiety reducing approach to the parent would be for the person counseling the family to have the attitude that parents would have to be "superhuman" to derive the same degree of

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<sup>11</sup>Wardell, "Casework with Parents of Mentally Deficient Children," pp. 91-97.

<sup>12</sup>Wardell, "The Mentally Retarded in Family and Community," pp. 229-42.

<sup>13</sup>S. L. Sheimo, "Problems in Helping Parents of Mentally Defective and Handicapped Children," American Journal of Mental Deficiency, LVI (1951), 46.

satisfaction from a defective child as from a more normal child. Teska<sup>14</sup> encourages the clinician to accept the parents' rationalization of the subnormality as long as it indicates acceptance of subnormality as well as recognition of it. Thus the parents' explanation which attributes the retardation to brain injury may help to remove the social stigma from the parent.

Westlund and Palumbo<sup>15</sup> report on the parental attitudes in parents with crippled children. They discuss the tendency toward increased parental rejection of the child as the severity or chronicity of the debility increases. According to Thorne's<sup>16</sup> index of acceptance, this tendency does not apply to institutional cases of mentally deficient children. Roe<sup>17</sup> in a study of cerebral palsied children in the family substantially corroborates for the cerebral palsied as a type what has been found with the mentally retarded in the areas of parental feelings and actions including guilt, overprotection, rejection, and inability to adjust to the

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<sup>14</sup>Percy T. Teska, "Some Problems in the Adjustment of the Mentally Handicapped," Journal of Consulting Psychology, XI (September, 1947), 278.

<sup>15</sup>N. Westlund and A. Palumbo, "Parental Rejection of Crippled Children," American Journal of Orthopsychiatry, XVI (1946), 271-81.

<sup>16</sup>Thorne and Andrews, op. cit., p. 418.

<sup>17</sup>Harvey Roe, "The Psychological Effects of Having a Cerebral Palsied Child in the Family" (unpublished doctoral dissertation, Teachers College, Columbia University, 1952).

fact that the child is handicapped. Coughlin<sup>18</sup> takes a somewhat different position by holding that these parental attitudes are problems no different from those of parents of so-called "normal" children. The differences, if found, would be the consequence of the disability's bringing deep-seated feelings to the surface, which otherwise might have suppressed. She found in studying the attitudes of parents of fifty-one orthopedically handicapped children that undesirable attitudes were more frequently displayed by the mothers than by the fathers. This finding was also discovered in a recent pilot study,<sup>19</sup> on trainable mentally handicapped children in Illinois. Each parent was interviewed in the fall and spring of school year 1953-54 to compare the attitudes of mothers with attitudes of fathers. The findings suggested the fathers were not so emotionally involved in the children's retardation as were the mothers. Teska<sup>20</sup> mentions there is better acceptance by parents of mentally handicapped when the child is both physically handicapped and mentally retarded or is obviously a biological accident.

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<sup>18</sup>Ellen W. Coughlin, "Some Parental Attitudes Toward Handicapped Children," Child (Washington, D. C.: United States Department of Labor, 1941), pp. 6, 41-45.

<sup>19</sup>Superintendent of Public Instruction, State of Illinois, Report on Study Projects for Trainable Mentally Handicapped Children, November 1, 1954.

<sup>20</sup>Teska, op. cit., p. 278.

The parents' acceptance of the subnormality comes earlier in the child's life and there is not as likely to be as much pressure on him to achieve up to the standards of the average group. Teska<sup>21</sup> holds that the feebleminded child is likely to be more seriously harmed than a normal child by lack of parental confidence, sympathy, and understanding. The difficulty increases as the shortcoming is one which may be hereditary, hence reflecting upon the parent by possibly carrying the weight of a social stigma. Since the family is such an important part of the child's environment, especially during the early formative years, the adjustment of the parent is considered very significant. The subnormal child, it is explained, especially during the preschool and early school years, is so seldom a credit or source of joy to his parents, that this fact is likely to be at once the cause of his parents' frustration and humiliations and the recipient of the harmful effects. Walker<sup>22</sup> states that the emotional structure of the parent must be relatively sound to withstand psychiatric disturbances. The defective child may arouse feelings of accusation in both parents which would greatly jeopardize the intactness of the home. She adds,<sup>23</sup> however,

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<sup>21</sup>Ibid., pp. 276-77.

<sup>22</sup>Gale H. Walker, "Some Considerations of Parental Reactions to Institutionalization of Defective Children," American Journal of Mental Deficiency, LIV (1949), 112.

<sup>23</sup>Ibid.

that the intellectual level of the parent is a factor in identification with the defective child where the less intelligent parent finds it easier to relate to the child.

Reporting on a parent education project in Flint, Michigan, Popp and others<sup>24</sup> listed the concerns of twenty-two parents of severely retarded children. Among the problems experienced were the need for special training facilities; problems of insecurity, hostility, undesirable habits, and sexual feelings in the child; recreational outlets and social experience for the children; and better understanding by the parents of such things as compulsive disorders and brain injury, and family and community relationships. Nugent,<sup>25</sup> Horsefield,<sup>26</sup> Rautman,<sup>27</sup> and Johnstone<sup>28</sup> emphasize the importance of facilities and services including foster home placement programs, parent and public education, and home training to help the parents come to a better understanding of the broader implications of each child's mental

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<sup>24</sup>Cleo Popp, Vivien Ingram, and Paul Jordan, "Helping Parents Understand Their Mentally Handicapped Child," American Journal of Mental Deficiency, LVIII (1954), 530-34.

<sup>25</sup>M. A. Nugent, "Home Training and Teaching of Mentally Deficient Children by Parents in Home," American Journal of Mental Deficiency, XLV (1940), 104-09.

<sup>26</sup>E. Horsefield, "Suggestions for Training Mentally Retarded by Parents in the Home," American Journal of Mental Deficiency, XLVI (1942), 533-37.

<sup>27</sup>A. L. Rautman, "Mental Deficiency as a Problem in General Practice," Wisconsin Medical Journal, XLI (1942), 771-76.

<sup>28</sup>E. L. Johnstone, "What Should We Do with the Mentally Deficient?" Mental Deficiency, XXX (1942), 296-302.

capacity. Among certain groups, it is as Sheimo<sup>29</sup> found in his clinical experience: parents are not lacking as to some idea of their child's intellectual level even though the parental behavior toward the child may be inconsistent with the knowledge.

Coleman,<sup>30</sup> reporting another therapy project with parents of mentally retarded children who attend a private school in Los Angeles, goes into more detail about the specific problems raised by the parents. This group was of lower middle class socioeconomic status with an average educational level of tenth grade. Among the major problems they observed were:

1. Acceptance of themselves as parents of mentally deficient children without feeling guilty or devaluated.
2. Acceptance of the mentally retarded child.
3. Adjusting the parental level of aspiration consistent with the child's actual abilities.
4. Over-indulging the child and making all kinds of special concessions for him.
5. Relations with normal siblings.
6. Sexual problems of the mentally deficient child.
7. Keeping the child in the home or the decision to place him in an institution.

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<sup>29</sup>Sheimo, op. cit., pp. 44-45.

<sup>30</sup>James C. Coleman, "Therapy with Parents of Mentally Deficient Children," American Journal of Mental Deficiency, LVII (1953), 700-04.

8. Providing for the child's future.
9. Providing things for the child to do in the home.
10. Things the parents might do to help the school.

A study of how the parent views the action of the culture--the neighbors, school, family, and friends--should throw some light on the extent to which the parent himself feels at variance with the demands which society imposes indirectly on him through the retarded child. If the parent did not need the approval of society through meeting these standards, he would tend toward unawareness or unconcern for them.

American parents send their children to school, to nursery school or kindergarten or first grade, to measure up and to be measured against their contemporaries. . . . How does my child stand in relation to his age mates? becomes the only question which can be asked with any hope of an intelligible answer. . . . When the school, like the pediatrician and the child health center, can offer American parents only a relative standard, parents cling to it; they punish and reward in its name.<sup>31</sup>

Sarason<sup>32</sup> points out that the culture of the garden variety defective has not been studied and analyzed in a systematic manner. In their own cultural milieu the behavior of these children would not appear unusual. It is when they are judged by the values of other cultural settings and forced to adjust to situations such as the school in which

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<sup>31</sup>Margaret Mead, And Keep Your Powder Dry (New York: William Morrow and Co., 1942), p. 103.

<sup>32</sup>Sarason, op. cit., p. 162.

they lack interest and necessary social and intellectual skills that their functioning becomes "inadequate." One aspect of the culture is the way it is presented to the child through the parent. A study by Mickelson<sup>33</sup> on the adequacy of child care by feebleminded parents failed to establish any particular relationship between degree of the mother's retardation and adequacy of child care. However, there were other factors which may have been important. Among them were the facts that the parents were under social agency supervision and were residing in rural areas. The fact of rural residence is considered significant by Cohen.<sup>34</sup> He found that adjustment of mentally retarded boys to foster home placement in rural areas was better than adjustment in urban areas. However, the location of the home seemed to have little effect on the girls' adjustment. Cultural factors in child rearing practices in family constellations as they affect variations in behavior would appear to be equally applicable in the study of special groups such as the mentally retarded. Writings of Benedict,<sup>35</sup> Dubois,<sup>36</sup>

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<sup>33</sup>p. Michelson, "The Feebleminded Parent: A Study of 90 Cases," American Journal of Mental Deficiency, LI (1947), 644-53.

<sup>34</sup>Jacob Cohen, "Survey of a School Program for Family Care of School Age Children," American Journal of Mental Deficiency, LI (1947), 508.

<sup>35</sup>R. Benedict, Patterns of Culture (Boston: Houghton Mifflin Co., 1934).

<sup>36</sup>C. Dubois, The People of Alor (Minneapolis: University of Minnesota Press, 1944).

Kardiner,<sup>37</sup> Mead,<sup>38</sup> and Whiting<sup>39</sup> illustrate the increasing attention given to the relation between child training practices and behavioral patterns. While cultural anthropology has not given equal attention to the problems of child training practices and mental retardation, it would seem logical that a study of similarities and differences between parents of retarded and average ability children may yield information bearing on the effect of intellectual deviation as a key factor in problems and satisfactions in rearing the children.

One of the few systematic studies of parental attitude to retardation<sup>40</sup> classified parents according to degrees of awareness of retardation or disability. Forty-four case records (twenty-four boys and twenty girls) classified as mentally retarded (I.Q.'s above 34 and below 70) were examined. The study limited the cases to those in which at least one parent was living with the child at the time of testing and to those situations in which the case records contained interviews with one or both parents at intake and at the

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<sup>37</sup>A. Kardiner, The Individual and His Society (New York: Columbia University Press, 1939).

<sup>38</sup>M. Mead, Coming of Age in Samoa (New York: William Morrow and Co., Inc., 1928).

<sup>39</sup>J. Whiting, Becoming a Kwoma (New Haven: Yale University Press, 1941).

<sup>40</sup>Marguerita M. Stone, "Parental Attitude to Retardation" (Master's thesis, Washington, D. C.: The Catholic University of America, 1947).

time of interpretation. The parents were studied at intake in terms of three sets of criteria: (1) considerable awareness; (2) partial awareness; and (3) minimal awareness. The same breakdown at interpretation (of retardation), e.g. considerable awareness, etc., was used. The result of the study showed the following:

1. Mental retardation tended to isolate the parents from fellow parents and make them feel guilty.

2. The child was used negatively in problems of marital adjustment.

3. Each parent blamed the other marital partner.

4. The social stigma and blame from others make it difficult for the parents.

5. The child may feel the ridicule of his playmates and may fail to make a social adjustment.

6. Parents of boys were better able to accept the fact of retardation. (There is a question of whether this could be classified a significant trend.)

Mental retardation represented to these parents varying degrees of feeling: (1) psychic pain of the parents--thinking and talking about the children is painful; (2) symbolic meaning to parents--close identity with their children makes the parents feel as if they were defective; (3) the retarded child as a marital problem--the child may be the source or just another irritating factor; (4) non-acceptance in a circle of acquaintances--social stigma, etc.; (5) competitive

culture--mother does not feel free to love her child unconditionally unless it measures up to the age norm of its contemporaries; and (6) limited permission to love--the pleasure of mothering--achieving a sense of value from being able to do so much for the child.

A later study by Gilroy<sup>41</sup> dealt with parent attitudes in relation to the adjustment of their mentally retarded children. The case records of nine boys and six girls between the ages of five and twelve and within the I.Q. range of 50 to 70 were analyzed to afford data describing the social adjustments in the cases studied. This study did not attempt to judge the adequacy of the adjustments but only to describe them as seen relatively by the parents or as viewed more objectively by the investigator. The parents were seen at least on two occasions in the clinic and it was during these interviews concerning the children that their "attitudes" were expressed. This study revealed that among the factors which may influence the children's adjustments were: "Parental attitudes, sibling relationships, school expectations, and play relationships with siblings and other children."<sup>42</sup> Behavior differences described by the parents included "assertiveness, disobedience, enuresis, stubbornness,

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<sup>41</sup>Patricia Ann Gilroy, "The Social Adjustments of Fifteen Mentally Deficient Children" (Master's thesis, Washington, D. C.: Catholic University of America, 1947).

<sup>42</sup>Ibid., p. 81.

negativism, and temper tantrums. Developmental differences . . . involved either one or a combination of physical, mental or emotional irregularities . . . (until) . . . difficulties in school adjustments . . . were recognized by the school, the parents had not been aware of any differences. . . ."43 The study showed that the home adjustments of the mentally deficient children tended to vary with the degree of parental understanding, awareness and acceptance they received there. "Children who were allowed to function more or less within their limited capacities seemed to present little concern to the parents. . . . This seemed to be true with those parents who had little awareness of their children's retardation and the implications involved."44 In terms of the relations of the mentally retarded with normal ability children, none of the children in the study had satisfactory relations. They preferred to play alone or were rejected by the other children. They were thought to be too aggressive, slow or destructive.45 The sibling relations were better when the siblings were younger. With higher age level, a threatening competitive factor entered to produce some rebellion or negativism.46 Roe's study47 of parents of cerebral

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<sup>43</sup>Ibid., pp. 82-83.

<sup>44</sup>Ibid., p. 84.

<sup>45</sup>Ibid., p. 85.

<sup>46</sup>Ibid., p. 86.

<sup>47</sup>Roe, loc. cit.

palsied children shows that in many respects this type of physical handicap has an effect similar to retardation in the dynamics of parent-child relations. One hundred and thirteen individual interviews were held with eighty parents (forty-two mothers and thirty-eight fathers) of forty-six cerebral palsied individuals of whom twenty-three were under and twenty-three were eighteen years of age or older. There was strong evidence to indicate that the fact of the handicap in the child had a great and lasting effect on both mother and father and upon their attitude toward the child. Like parents of mentally retarded, there were indications of unrealistic parental management of the child due to ignorance or inability to accept and adjust to the child's handicap. Some parents expressed feelings of guilt. Others were over-protective or had tendencies toward "rejection." The supportive effect of the father was found to be especially important to the mother and in the handling of the child.

One of the problems of great interest is that of the effect of the severely retarded child on his parents and siblings, and the attitudes that parents have developed as a result of having a retarded child in the family. In line with this interest is a report<sup>48</sup> of the first year of a two-year study project of trainable mentally handicapped children in Illinois. There were 198 children enrolled in twenty-two

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<sup>48</sup>Superintendent of Public Instruction, State of Illinois, loc. cit.

classes in twelve districts. The study covered the following areas:<sup>49</sup>

1. The intellectual status of the children.
2. An evaluation of the behavior of the children.
3. Changes in parental attitude.
4. Incidence of trainable mentally handicapped.
5. Attitudes of school administrators.
6. The characteristics of the children who were recommended for school placement as well as those who were excluded.
7. The cost of operating classes.
8. The curriculum.

The procedure used in making the study of parent attitudes was the "directed" interview.<sup>50</sup> Each parent was interviewed separately in the fall and spring of school year 1953-1954. Attitudes of mothers were compared with attitudes of fathers. Discussions centered primarily on the topics of school, community, family, and life plans for the child. This study revealed that most of the parents had hopes that the school would help the retarded child even in academic skills, the area in which the severely retarded child is likely to be most limited. In the spring interview the mothers had even higher aspirations for the academic development of their children. The fathers expected more

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<sup>49</sup>Ibid., p. 8.

<sup>50</sup>Ibid., p. 33.

achievement only in the area of speech. Acceptance of the retarded child in the neighborhood was not reported to be a problem by the parents. It was not felt, either, that the presence of the child affected the selection of a place of residence or vocation, although about half of the parents indicated that the child was an additional financial burden. The effect on the parents of school enrollment of the child was indicated by an increase in P. T. A. attendance by the mothers. There were no increases in the social participations of the fathers. Aspirations of at least partial self-sufficiency for their retarded children at a later age were held by both mothers and fathers. There was considerable unfamiliarity with institutions and strong biases against them. The area of highest disagreement between mothers and fathers occurred on matters pertaining to the discipline of the child.<sup>51</sup>

Mothers' understanding of their mentally retarded children was studied by means of a "directed" interview approach by Rosen.<sup>52</sup> The mothers of thirty-six retarded children (twenty-six boys and ten girls) with I.Q.'s between 40 and 80 were chosen for the study after they had met the criteria of: (1) being able to admit their children were

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<sup>51</sup>Ibid., pp. 33-42.

<sup>52</sup>Leonard Rosen, "Selected Aspects in the Development of the Mother's Understanding of Her Mentally Retarded Child," American Journal of Mental Deficiency, LIX (1955), 522-28.

retarded; (2) no longer looking for a cure; and (3) trying to act constructively for their children's present and future welfare. The children were all ambulatory, had no physical stigmata of mental retardation, had never been placed in a training school for mentally retarded, and had never been reported to have severe behavior problems. The parents were American born of average socioeconomic status. The marital status of each family was intact.

Using a system of classification of interview material patterned after John Dewey's analysis of problem development<sup>53</sup> Rosen arranged the responses of parents according to five "developmental phases." These were: (1) awareness of the problem; (2) recognition of the problem; (3) seeking for cause; (4) seeking for solution; and (5) acceptance of the problem.<sup>54</sup> It was found that there was no significant correlation between the intelligence and schooling levels of the mothers with estimated chronological ages of the children when awareness and recognition of their retardation occurred. This research failed to show that the child's level of intelligence was a factor affecting awareness and recognition by these parents.<sup>55</sup> This finding is not in agreement

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<sup>53</sup>John Dewey, How We Think (New York: D. C. Heath and Co., 1933), p. 72.

<sup>54</sup>Rosen, op. cit., p. 523.

<sup>55</sup>Ibid., pp. 524-25.

with Gilroy.<sup>56</sup> The factors that led to recognition according to the Rosen study<sup>57</sup> were in order of importance: (1) slowness in developmental aspect of the child; (2) poor behavior; and (3) school failures. Like Sheimo's observation,<sup>58</sup> these parents were able to estimate the mental level of their retarded children with a fair degree of accuracy.<sup>59</sup> In spite of the frequent mention by other writers of the significance of sibling relationships, most of the mothers in this group did not report any unusual problems due to the presence of retarded children when there were siblings.<sup>60</sup> However, the fact of having a retarded child caused the majority of mothers to fear the re-occurrence of mental deficiency should they have more children.<sup>61</sup> The discrepancy in this thinking was indicated by the fact that more than half felt there was a physical basis for the retardation even though only three of the children had a physical basis for their handicap.<sup>62</sup> Mental retardation for these mothers was symbolized by slowness of behavior. Knowing the cause of

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<sup>56</sup>Gilroy, op. cit., p. 4.

<sup>57</sup>Rosen, op. cit., p. 524.

<sup>58</sup>Sheimo, op. cit., pp. 44-45.

<sup>59</sup>Rosen, op. cit., p. 526.

<sup>60</sup>Ibid.

<sup>61</sup>Ibid.

<sup>62</sup>Ibid., p. 525.

the retardation did not seem to be essential to the mother's acceptance of her child's handicap. The two factors primarily responsible for impeding acceptance of retardation in their children was reported to be divided equally between those mothers who felt their own feelings were the greatest obstacle and by those who explained the difficulty in relation to the child's behavior.<sup>63</sup> In general, the attitudes of the mothers were positive toward the schools when there was acceptance of the retardation. Hostile feelings arose mostly in conjunction with the recognition of difficulties in teaching the children.<sup>64</sup> This finding appears significant in view of the fact that the schools ranked highest in frequency of referring mothers to sources of help.<sup>65</sup> The medical profession, on the other hand, came in for more criticism. Evidence of the need by physicians to know more about the problem of mental retardation is indicated in the frequency with which parents turn to them for help. The mothers reported the majority of physicians reflected evasiveness, disregard for the mother's feelings, or lack of knowledge.<sup>66</sup> In general, the conditions of child rearing which are conducive to ego development in the child and to the formation

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<sup>63</sup>Ibid., p. 526.

<sup>64</sup>Ibid., p. 527.

<sup>65</sup>Ibid., p. 527.

<sup>66</sup>Ibid., p. 528.

of attitudes toward self and others are such that if as Rosen's research shows<sup>67</sup> the timing of the parents' awareness and recognition of the retardation occurs at the child's most critical formative stage, the result of the parents' observation may be a subtle alienation of the delicate and highly essential physical and emotional gratification of the retarded child. The effect can be that when the child fails to respond in a typical way the reciprocal emotional interdependency is threatened. If maladjustive behavioral patterns have been acquired before the formation of attitudes toward self and others has crystallized, they seem to have a more insidious influence on development than when such patterns are acquired later.<sup>68</sup>

Because of their methodology and findings concerning the rearing of "normal" children, the research by Jersild and associates<sup>69</sup> and Del Solar<sup>70</sup> has special significance to this investigation. The Jersild study included interviews with 544 urban families primarily of middle class status who

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<sup>67</sup>Ibid., p. 524.

<sup>68</sup>Sarason, op. cit., p. 135.

<sup>69</sup>Arthur T. Jersild and others, Joys and Problems of Child Rearing (New York: Bureau of Publications, Teachers College, Columbia University, 1949).

<sup>70</sup>Charlotte Del Solar, Parents and Teachers View the Child (New York: Bureau of Publications, Teachers College, Columbia University, 1949).

were encouraged to discuss their children on the basis of problems and joys in rearing them. All children (571 boys and 566 girls) in the families were considered in the study. The analysis of the interviews resulted in the classification of satisfactions under thirty-five major headings and 639 subcategories. The subjects of the Del Solar study were thirty-six children included in the Jersild group. Thirty-five mothers and twenty-three fathers of these children were interviewed, and the responses were compared with the children's teachers. The subjects were of the middle or upper middle classes. Ages of the children ranged from five years and seven months to twelve years and one month. I.Q.'s were from 110 to 138 with a mean of 128.<sup>71</sup> This study differed from the larger study in that the parent was asked to comment only on a certain child. The average number of items reported per child in this study was 40.8; in the Jersild study it was 22.8. In addition to the interview, the parent and the child's teacher were asked to respond to a special check list. There was a rank order correlation of .75 between the frequency of mention of the major "satisfaction" headings of the Jersild and the Del Solar groups and a corresponding correlation of .68 for the "problem" headings. When corrections were made for differences in procedure, the correlations became .83 and .78 respectively. Approximately 90 per cent of the references to satisfactions and

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<sup>71</sup>Ibid., p. 5.

problems were classified under twelve major headings.<sup>72</sup> More parents of the Del Solar study discussed their children's difficulties in social relationships and intellectual shortcomings. The larger group discussed more frequently problems concerned with living quarters, and their children's relationships with relatives. These outcomes, though, may be interpreted as reflecting differences in interview procedure as well as the samples used.<sup>73</sup> There was evidence from both studies to show an inclination for parents from low socioeconomic circumstances to give less emphasis than the high social class groups to qualities within the child himself. They would rather emphasize the problems or satisfactions afforded them by the characteristics of their spouse or their relatives and feelings relative to living quarters.<sup>74</sup>

#### Summary

Up to this writing, there has been no systematic study reported in the literature in which both problems and satisfactions of rearing mentally retarded children are compared with the experiences of parents in rearing a similar group of average ability children. Most of the research that has been done tends to view parent-child relationships in terms of the adjustment of the child. Because studies

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<sup>72</sup>Ibid., p. 16.

<sup>73</sup>Ibid., p. 17.

<sup>74</sup>Ibid., p. 18.

originate from problems, it is not unusual that emphasis should have been given to difficulties of relationship. Consequently, the factors responsible for the selection of the populations--children taken on the basis of referral to social agencies, clinics, or institutions--should be considered in the interpretation of the findings. When writings consider other samples, the selective factor is frequently the expression of some determination which forms the matrix of community groups, e.g., the various local associations for retarded children. Hence, studies of parent attitudes based upon these groups should be cognizant of two significant conditions: (1) the socioeconomic level of the groups with which parents of the majority of "garden variety" mentally handicapped children cannot feel at ease or identify, and (2) the condition that the parents in these organized groups are already supporting an effort to cope with the manifestations of mental retardation in their children. What is known about mental retardation as a "state-of-being" as a dynamic property in the family relations wherever the conditions exist?

In the available literature is the suggestion that mental retardation tends to threaten or weaken the structure upon which parents build their love for their children. The failure of the child to offer the medium through which the parent may indirectly attain personal ideals must be dealt with in some manner. The methods of coping with the

implications of mental retardation has been described in ways ranging from denial of the condition or rejection of the child to outright acceptance of the child with or without recognition of the condition. Various factors that have been considered as determinants of parental attitudes are:

- (1) stability of the home;
- (2) intelligence level of the parents;
- (3) level of intelligence of the child;
- (4) attitude of the community toward the mentally retarded;
- (5) pressures of other children and neighbors;
- (6) sibling relations;
- (7) cultural influences;
- (8) economic pressures;
- (9) the time of recognition by the parents of the child's intellectual deviation;
- (10) problems associated with the age levels of mentally retarded children;
- (11) the effect of the child's adjustment;
- and (12) community resources including educational provisions for the mentally retarded children.

## CHAPTER III

### COMPOSITION OF THE STUDY POPULATIONS

#### The Kern County Situation

Kern County, California is the general political unit from which the cases for this study were chosen. Comparable in size to the State of Massachusetts, Kern County ranks third in size among the fifty-eight counties of California. Its 8,000 square miles are roughly divided equally into desert, mountain, and valley areas. Agricultural products and oil are the two major sources of income. A study of its economy<sup>1</sup> showed that as of September, 1953, Kern County ranked sixth in assessed valuation in the State of California. The median family income in 1950 was \$3,156. Among the 32 per cent of families in the county earning less than \$2,000 per year was the sizeable farm labor population maintained to till and harvest nearly three and one-half million acres of land. The size of the farming operations is indicated by the fact that only a half million acres are in farms of less than 1,000 acres each. Of the total labor

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<sup>1</sup>Kern County Board of Trade, "Statistical Summary of Kern County" (Bakersfield, California, 1954). (Mimeographed.)

force, 24 per cent is engaged in agriculture, 18 per cent in professional and technical work, 16 per cent in clerical and sales, 15 per cent in semi-skilled, 12 per cent in skilled and 11 per cent in unskilled work.

The population of 228,309 in 1950 represented an increase of 69 per cent during 1940-1950 decade. This was approximately 16 per cent greater than the average for the State. Comparatively young, this population had a median age of 27.0 years as compared with 32.1 for the State. In racial composition, only 6.4 per cent of the Kern County population was non-white--almost identical with the State. In education, though, the median school years completed by persons twenty-five years of age or over was only 9.9 compared with 11.6 for the State.

School enrollment in the sixty elementary and secondary schools of Kern County during school year 1953-54 accounted for an average daily attendance of 58,127. In this number, 44,704 were in attendance in fifty-five elementary and unified school districts. Twelve of these elementary and unified school districts enrolled more than two-thirds of the children. There were thirty classes throughout the county established and operated especially for mentally retarded children. The approximate enrollment of 400 children represented almost one-half the estimated incidence (2 per cent of the population) of mental retardation among the group of children served. The children in the mentally

retarded group of this study were drawn from eleven of the nineteen districts in which the special classes were located.

Selection and Composition of Mentally Retarded  
and Average Ability Groups of Children

Children selected for the mentally retarded group were those who had been given individual psychological examinations and placed in special training classes for mentally retarded minors. Except for two cases, all of the children were classified as educable and able to profit in the direction of social and economic competency. Their enrollment in the special classes ranged in time from less than one to more than six years. All children were enrolled in the special classes with the consent of their parents. The subjects were selected from eleven of the nineteen school districts operating classes for mentally retarded children. The final selection of cases included a group of fifty American born children--thirty-five boys (including seven who were non-white) and fifteen girls. The distribution according to sex was consistent with the ratio of boys to girls in the total known mentally retarded population.

The selection of subjects in the average ability group was achieved by pairing with the individuals in the retarded group. The conditions for matching were:

1. The child's I.Q. on the California Test of

Mental Maturity<sup>2</sup> must have been within the range of plus or minus one standard deviation on the instrument or from 84-116.

2. The child had to be of the same sex as the child matched in the retarded group.

3. The child had to match according to racial stock.

4. The ages had to be similar.

5. The child could be accepted in the average ability group only when there was a record of no mentally retarded sibling.

6. Cultural and economic backgrounds had to be similar.

7. The marital status of the child rearers had to be similar.

8. The educational levels of the child rearers were required to be as nearly alike as possible.

These conditions introduced such a quantity of variables that pairing of the subjects was difficult to accomplish. The final selection of individuals in the average ability group represented the best reduction from a pool of more than two thousand candidates. Table 1 shows the distribution of the two groups in terms of I.Q. and social class status.

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<sup>2</sup>Elizabeth T. Sullivan, Willis W. Clark, and Ernest W. Tiegs, "California Short-Form Test of Mental Maturity" (Primary Intermediate and Advanced S Form; Los Angeles, California Test Bureau, 1950).

TABLE 1

## DISTRIBUTION OF I.Q.'S ACCORDING TO SOCIOECONOMIC STATUS

I.Q.	I & II		III		IV		V		Total		Total
	M	F	M	F	M	F	M	F	M	F	M & F
A. Mentally Retarded Group											
77-80	0	0	2	0	6	1	1	0	9	1	10
73-76	0	0	0	0	1	0	3	2	4	2	6
69-72	0	0	1	0	0	1	2	0	3	1	4
65-68	1	0	2	1	1	2	0	1	4	4	8
61-64	0	0	0	0	2	0	1	0	3	0	3
57-60	1	0	2	0	0	1	1	1	4	2	6
53-56	0	1	0	0	2	1	1	1	3	3	6
52 and below	2	0	2	2	1	0	0	0	5	2	7
Total	4	1	9	3	13	6	9	5	35	15	50
Mean I.Q. = 64.5											
B. Average Ability Group											
113-116	1	0	1	1	1	0	0	0	3	1	4
109-112	1	0	3	1	1	2	1	0	6	3	9
105-108	0	0	2	2	1	1	0	0	3	3	6
101-104	1	0	1	0	1	2	1	0	4	2	6
97-100	0	0	1	2	2	0	3	1	6	3	9
93-96	1	0	0	1	4	0	0	1	5	2	7
89-92	0	0	2	0	0	0	2	0	4	0	4
85-88	0	0	2	0	1	0	1	1	4	1	5
Total	4	0	12	7	11	5	8	3	35	15	50
Mean I.Q. = 101											

Key: M = Male  
F = Female

The widest discrepancy between the two groups appears in the skewness toward higher social class levels in the average ability group. Twenty-four per cent of the subjects in the mentally retarded group were in class III as compared to 38 per cent in the average ability group. In class IV of the mentally retarded group there were 38 per cent as compared with 32 per cent in the average ability group. When the two groups are considered in relation to the distribution of I.Q.'s from their means, there is a high degree of similarity both in weight of scores and linear distance in both directions from the mean I.Q. of 64.5 for the mentally retarded and the mean I.Q. of 101 for the average ability group.

In Table 2 the age distribution of the subjects in the mentally retarded and average ability groups shows the widest disparity in the nine to ten and eleven to twelve age brackets. Where 32 per cent of the mentally retarded group ranged in age from nine to ten, the comparable percentage in the average ability group was eighteen. The percentages for the eleven to twelve age group were 26 and 48 respectively. When considered in relation to their means, there was a high degree of similarity for both boys and girls with the tendency of the mentally retarded group to be older in the age brackets from thirteen and above. Girls in both groups were slightly older than the boys. Percentage of cases below and above the age bracket in which the mean ages occurred

TABLE 2  
AGE DISTRIBUTION OF THE SUBJECTS

Sex	Years of Age					
	8 and below	9-10	11-12	13-14	15-16	17 and above
A. Mentally Retarded Group						
Males	5	12	8	6	1	3
Females	1	4	5	3	1	1
Total	6	16	13	9	2	4
Mean age for males = 11.6						
Mean age for females = 12.0						
B. Average Ability Group						
Males	5	6	18	5	0	1
Females	2	3	6	3	1	0
Total	7	9	24	8	1	1
Mean age for males = 11.3						
Mean age for females = 11.8						

were for the mentally retarded group 44 and 30; for the average ability group the percentages were 32 and 20 respectively. Seventy per cent of the mentally retarded group was twelve years or younger in age. Eighty per cent of the mentally average group was twelve years of age or younger.

Comparison of the ordinal sequence of the mentally retarded and average ability groups is shown in Table 3. In this attribute the two groups appear highly similar. Among the boys the disparity in the seven steps goes up to four cases in just two instances--the only child and second birth

TABLE 3  
ORDINAL SEQUENCE OF THE SUBJECTS

Sex	Ordinal Sequence						
	Only	1st	2nd	3rd	4th	5th	6th or Above
A. Mentally Retarded Group							
Male	6	14	8	2	2	0	3
Female	0	4	5	2	4	0	0
Total	6	18	13	4	6	0	3
B. Average Ability Group							
Male	2	13	12	2	3	1	2
Female	2	6	5	2	0	0	0
Total	4	19	17	4	3	1	2

order. In the case of the girls, the birth order difference between the two groups does not exceed two cases until the fourth ordinal sequence where the discrepancy is four cases. In the mentally retarded group 74 per cent of the subjects were only, first, or second born children in their families.

In the average ability group the comparable percentage is 80. In both groups nearly 50 per cent of the children were only or first born. Approximately three-fourths of the children in the mentally retarded and average ability groups were twelve years of age or younger and second born or higher in ordinal sequence.

The siblings of the subjects in the retarded and average ability groups were counted for record purposes if they were living in the same household with the subject or had been reared with the subject in the present family. There appears to be a discrepancy in Table 4 under the column "none" in the mentally retarded group where one female is reported to have had no siblings, whereas, in Table 3 under the "only" column for the same group no female was reported to be an only child. The answer to this condition is that the child was counted without siblings because she was being reared in the present union of a family where there were no other children. In the average ability group the additional case in the "none" column for males in Table 4 is explained by the death of an earlier offspring before the subject was born. Reference to the frequency of siblings brackets for mentally retarded and average ability males shows a distribution that is highly similar both as to the distribution between brothers and sisters and to their frequency. With the girls, however, the average for the retarded group is considerably higher--2.66 as compared to

TABLE 4

## NUMBER OF SIBLINGS OF THE SUBJECTS IN THE PRESENT FAMILY

Sex	Frequency of Siblings									
	None	1-2		3-4		5-6		7 and Above		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
A. Mentally Retarded Group										
Male (N = 35)	6	19	16	4	6	0	3	0	0	
Female (N = 15)	1	10	11	2	2	0	0	0	0	
Total	7	29	27	6	8	0	3	0	0	
Mean siblings for males = 2.65										
Mean siblings for females = 2.66										
B. Average Ability Group										
Male (N = 35)	3	19	15	6	6	1	0	1	0	
Female (N = 15)	2	12	7	1	0	0	0	0	0	
Total	5	31	22	7	6	1	0	1	0	
Mean siblings for males = 2.83										
Mean siblings for females = 1.80										

1.80 for the average ability group.

Composition of the Parents of Mentally  
Retarded and Average Ability Groups

Table 5 gives the distribution of differences in age between the child rearer and the child. It should be pointed out that the parent-child age difference was computed for each subject and the person who was raising him irrespective of relationship. Furthermore, the computation was based upon the age of the "parent" with whom the interview was held, or upon the mother in case both parents were reporting. Consequently, the age differences of fourteen years or less for each of the boys in the mentally retarded and average ability groups measure the time distance between the child and a foster mother in one case and a stepmother in the other case. When viewed in terms of the sex of the child in the mentally retarded group, two-thirds of the parents of boys were twenty-nine or less years older than these children; whereas, with the girls two-thirds of the parents were thirty or more years older. The parents of the two groups of boys were very similar in relation to the distribution of age differences. Three-fifths of the parents of average ability boys were twenty-nine or less years older than their children. Among the girls in the average ability group, four-fifths of the parents differed in age twenty-nine years or less.

When the ages of the parents of the mentally retarded

TABLE 5

PARENT-CHILD AGE DIFFERENCES ACCORDING  
TO THE SEX OF THE CHILD

Sex	Age Differences								Total
	-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	
A. Mentally Retarded Group									
Male (N = 35)	1	10	9	3	7	2	2	1	35
Female (N = 15)	0	2	1	2	7	2	0	1	15
Total	1	12	10	5	14	4	2	2	50
B. Average Ability Group									
Male (N = 35)	1	5	11	4	10	2	1	1	35
Female (N = 15)	0	2	6	4	0	3	0	0	15
Total	1	7	17	8	10	5	1	1	50

and average ability groups are compared, the obtained mean ages are almost identical in both groups (Table 6). Fathers are approximately four years older than the mothers. The distribution of parents' ages according to the sex of the child shows for the retarded group of boys nineteen fathers out of thirty-four who were below their mean age bracket. Eighteen of thirty-five mothers were below their mean age

TABLE 6

## DISTRIBUTION IN AGES OF PARENTS ACCORDING TO THE SEX OF THE SUBJECT

	Parents' Age													
	29 and Below		30-34		35-39		40-44		45-49		50-54		55 and Above	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
A. Mentally Retarded Group														
Males (N = 35)	1	8	7	10	11	7	5	3	4	4	4	2	2	1
Females (N = 15)	0	2	0	1	3	3	5	5	3	2	1	1	1	1
Total	1	10	7	11	14	10	10	8	7	6	5	3	3	2
Mean age of fathers = 41.44														
Mean age of mothers = 37.75														
Key: F = fathers; M = mothers.														
B. Average Ability Group														
Males (N = 35)	0	7	9	9	7	4	9	10	7	3	0	1	3	1
Females (N = 15)	0	1	2	5	5	5	4	3	1	1	1	0	1	0
Total	0	8	11	14	12	9	13	13	8	4	1	1	4	1
Mean age of fathers = 41.63														
Mean age of mothers = 37.02														
Key: F = fathers; M = mothers.														

group. For the girls in the mentally retarded group the comparable ages of the fathers included only three out of thirteen who were below the mean age group; for mothers, three out of fifteen. Among the parents of the average ability group, there was a slight tendency for both fathers and mothers of the boys to be older than their counterparts in the retarded group. Sixteen fathers and mothers out of the total group of thirty-five in either case were younger than their mean age group. Parents of the girls, on the other hand, reversed the tendency with seven fathers out of fourteen and six mothers out of fifteen ranging in age below the obtained means for their groups. The fathers and mothers in the mentally retarded and average ability groups averaged forty-one and thirty-seven years of age respectively and were the parents of the children in the samples where the mean ages were between eleven and twelve.

The socioeconomic status of the parents is considered in Table 7. The classification system adapted from Hollingshead<sup>2</sup> shows a distribution that takes into account social class level as well as occupation. Since the parents of mentally retarded children were interviewed on the basis of having children enrolled in special classes, the distribution of cases according to socioeconomic levels follows reasonably well the class and occupational composition of such parents

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<sup>2</sup>August B. Hollingshead, Elmtown's Youth (New York: John Wiley and Sons, Inc., 1949), p. 459.

TABLE 7

## SOCIOECONOMIC STATUS OF THE PARENTS

Occupational Classification	Class Levels				
	I & II	III	IV	V	Total
A. Mentally Retarded Children					
1. Professional, semi-professional, managerial, small business	5	3	1	0	9
2. Farm owners	0	1	0	0	1
3. Clerical-Sales	0	1	1	0	2
4. Skilled, semi-skilled	0	7	11	0	18
5. Farm tenants	0	0	0	0	0
6. Laborers, unskilled	0	0	6	14	20
Total	5	12	19	14	50
B. Average Ability Children					
1. Professional, semi-professional, managerial, small business	4	7	0	0	11
2. Farm owners	0	5	0	0	5
3. Clerical-Sales	0	3	0	0	3
4. Skilled, semi-skilled	0	4	12	0	16
5. Farm tenants	0	0	0	0	0
6. Laborers, unskilled	0	0	4	11	15
Total	4	19	16	11	50

throughout the country. The one occupational classification "Farm Tenants" failed to designate any of the parents in either group because the massive and specialized farm operations in the county do not countenance farm tenantry in the "share cropper" sense. Instead, there is a large body of farm laborers, which together with other unskilled workers, comprise 35 per cent of the Kern County labor force. The comparable percentage is slightly higher with 40 for the retarded group, and lower with 30 for the average ability group. The professional and technical classification finds the parents in the retarded group identical with the county ratio--18 per cent. The average ability group is higher at 22 per cent. In the clerical and sales classification which accounts for 16 per cent of the county's labor force, only 4 per cent were so classified in the parents of the retarded group, and only 6 per cent in the parents of the average ability group. The opposite trend is observed in the skilled and semi-skilled classification where the expected percentage might have been 27 based upon the county figure, but turned out to be 36 and 32 respectively for the two parent groups. The somewhat higher occupational classification is also observed in the comparison of class levels of the average ability group with the mentally retarded group. With parents of the latter group, the mode including 38 per cent of the cases occurs at Class IV, while the same condition applies at Class III in the other group. In general, the parents of

the mentally retarded and average ability children were similar in socioeconomic status--a condition, which in conjunction with the factor of educational level, was considered of extreme importance in obtaining comparative information through the interviews.

The educational levels of the parents of the mentally retarded and average ability groups are depicted in Table 8. In general, it is to be noted the mean educational levels of the mothers in both groups were quite similar. Fathers differed to a greater extent, but the effect of this difference is not assumed to be of as much significance since the interviews were conducted primarily with the mothers. Considered in relation to the median educational level of 9.9 for the adult population of Kern County, the mean education of 8.40 for fathers and 9.04 for the mothers of the retarded group would seem to indicate comparable groups. When the retarded and average ability groups are compared with each other, it is observed that more than half the parents in each group fall within the educational range between seventh and twelfth grades. Wives have higher education than their husbands where the difference is most pronounced: among the parents of mentally retarded boys. In the comparison of mothers of the boys in the retarded group with boys' mothers in the average ability group, two-thirds and three-fourths of the cases respectively came within the seventh to twelfth grade educational level range.

TABLE 8

## DISTRIBUTION OF PARENTS' EDUCATION ACCORDING TO THE SEX OF THE SUBJECT

Sex	Grade Level											
	3 and Below		4-6		7-9		10-12		13-15		16 and Above	
	F	M	F	M	F	M	F	M	F	M	F	M
A. Mentally Retarded Group												
Male (N = 35)	7	1	3	8	10	11	8	12	2	1	3	2
Female (N = 15)	1	0	2	3	6	5	1	4	2	1	0	2
Total	8	1	5	11	16	16	9	16	4	2	3	4
Mean education of fathers = 8.40												
Mean education of mothers = 9.04												
B. Average Ability Group												
Male (N = 35)	2	1	2	3	9	10	17	17	3	3	2	1
Female (N = 15)	0	0	1	0	7	7	5	6	1	2	0	0
Total	2	1	3	3	16	17	22	23	4	5	2	1
Mean education of fathers = 9.98												
Mean education of mothers = 9.98												

Key: F = father; M = mother.

The fact of marital stability is described in Table 9. The most conspicuous condition appears in the mentally retarded group where nearly half the children were being raised under the influence of situations provided by other than natural parents. However, forty-one of the children were being reared by their natural mothers as compared with forty-six in the average ability group. Divorce was almost three times as frequent among the parents of the retarded as among the parents of the average ability children. The composition of the parents of retarded children in terms of marital unity for the study sample reflects a condition which has been observed in the larger mentally retarded population in the county. Such discrepancies as occur in the marital status of the two parent groups represent the reduction of the disparity to its minimum among the available candidates in the average ability population.

Except for the higher degree of local residential stability among the parents of the retarded starting at the thirteenth year of residence (see Table 10), each time group contains a higher proportion of the average ability group parents down to the three to four year bracket. Approximately one-third of the parents of the retarded children resided in their present neighborhoods two years or less as compared to about one-fourth of the parents of the average ability group. On the other hand, greater stability of residence is indicated at the other extreme for parents of the

TABLE 9

## MARITAL STATUS OF THE PARENTS

Child Being Reared by:	Marital Record of Child's Natural Parents		
A. Mentally Retarded Group			
Natural parents	27	Mother	Father
Mother-Stepfather	9	4	Death 2
Father-Stepmother	2	14	Divorce 14
Mother only	5	1	Separation 1
Father only	1	3	Unknown 3
Other relatives	4		
Foster parents	2		
Total	50	22	20
B. Average Ability Group			
Natural parents	43	Mother	Father
Mother-Stepfather	2	3	Death 0
Father-Stepmother	2	5	Divorce 5
Mother only	1	1	Separation 1
Father only	0	1	Unknown 1
Other relatives	2		
Foster parents	0		
Total	50	10	7

TABLE 10  
 LENGTH OF RESIDENCE IN THE LOCAL COMMUNITY OF PARENTS OF THE  
 MENTALLY RETARDED AND AVERAGE ABILITY GROUPS

Group	Years								
	2 and Below	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17 and Above
Average Ability	12	9	9	7	6	3	0	1	3
Mentally Retarded	17	6	5	3	3	3	2	4	7
Total	29	15	14	10	9	6	2	5	10

Mean length of residence, average group = 6.69

Mean length of local residence, retarded group = 9.61

retarded where about one-fourth have lived in their local neighborhoods thirteen years or more. This is in contrast to the other group where less than one-tenth resided in their neighborhoods for a comparable length of time. There may be some question as to the significance of any length of residence which exceeded the age of the child about whom the interview was held. This condition prevailed mostly in the retarded group.

### Summary

The composition of the children and parents of the mentally retarded and average ability study population has been presented. Viewed in the social and economic setting in which family events occur, the two groups have been analyzed as to their essential characteristics. After carefully pairing individuals from the average ability population with individuals in the mentally retarded sample, the two groups were then studied to ascertain, aside from intelligence of the children, their degree of resemblance. Thirty-five boys and fifteen girls in each group were the subjects for discussion by their parents. Among the factors considered in the children were their I.Q.'s in relation to social class levels, their ages, ordinal sequence, and number of siblings. Among the parents were considered such variables as parent-child differences, parent ages, socioeconomic status of the parents, their educational levels, marital stability, and stability of residence in the local community. Except for

the variable of intelligence, to the extent the children, their parents, and their situations were alike in the retarded and average ability groups, to that much greater degree could differences in reported problems and satisfactions be associated with the concomitants of the child's level of intelligence. The final selection of the average ability children represented the reduction from more than 2,000 candidates. The two groups were matched as closely as the resources and limits imposed by other variables would permit.

## CHAPTER IV

### TECHNIQUE AND PROCEDURES

This study has endeavored, by use of the directed interview method, to obtain from parents or parent substitutes information relating to problems and satisfactions of rearing mentally retarded children, and to compare these findings with information from parents of a similar group of average ability children. The purpose of the comparison has been to identify those experiences which seem common to parent groups irrespective of variances in the intellectual levels of their children and to identify and determine the level of significance when differences occur. The use of the interview as the method most appropriate for this investigation was a decision reached after a careful consideration of alternate techniques. If, for example, the questionnaire method had been employed, there would have been the common difficulty of incomplete returns in addition to the major limitations inherent in such systems of gathering data. The best approach might have been the determination of basic feelings of parents through prolonged counseling sessions. Since this method was not feasible from the standpoint of time

economy for the parent as well as the interviewer, the directed interview technique was selected as most feasible in terms of obtaining information from designated parents in sufficient detail as to permit a statistical and descriptive analysis of the results.

#### Selection of the Study Groups

The children in the mentally retarded group were chosen from the special training classes in eleven elementary school districts. Each of the children had received individual psychological examinations by credentialed school psychologists, and the intelligence quotients were those derived from the most recent administration of the Stanford-Binet, Form L.<sup>1</sup> The distribution of cases according to sex followed approximately the sex ratios in special training classes throughout Kern County. The final selection of thirty-five boys and fifteen girls represented an average of five parents interviewed from each of the districts. The districts were distributed among the three major geographical areas of the county--desert, mountain, and valley regions. The sample represented about one-eighth of all children enrolled in special training classes in Kern County, and about one-sixteenth of the estimated mentally retarded population of elementary school age. Only one interview was thrown out

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<sup>1</sup>Lewis M. Terman and Maud A. Merrill, Measuring Intelligence (New York: Houghton Mifflin Co., 1937).

of the sample because of the mental condition of the parent. The other four interviews were eliminated either because of faulty recordings or because of unusual conditions which were too difficult to match in the average ability group. The attributes of the fifty final choices in the mentally retarded group fixed the conditions that had to be duplicated as closely as possible in the selection of the cases for the average ability sample.

Members of the average ability group of children, their parents, and their life situations were paired except for I.Q. with the individuals of the retarded group to the best extent permitted by the limitations of choice in the population and the practical limitations of time and resources of the investigator. The decision to use for comparative purposes a sample of average ability children was based upon three considerations. First, a companion study of problems and satisfactions of rearing mentally accelerated children<sup>2</sup> eliminated such a group for comparative purposes in this study. Secondly, use of the average group by definition would include responses from a sample best suited to yield typical reactions. Finally, the selection of children from the average ability range reduced chances of error in classifying the child's group level of intelligence where

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<sup>2</sup>Nathan S. Leichman, "Problems and Satisfactions in Rearing Mentally Accelerated Children" (unpublished doctoral dissertation, University of Southern California, 1955).

by random sampling alone there would be two correct choices out of three. This factor was considered of special significance, because the intelligence quotients obtained by use of the California Test of Mental Maturity<sup>3</sup> were not considered as reliable as those obtained by individual examination of the mentally retarded group. Consequently, the final determination of the designation of average ability represented the chance factor advantage and agreement in test results and teacher judgment.

#### Interview Procedure

The decision to make electrical recordings of the interviews was based in part on the findings of a study by Betts.<sup>4</sup> He found that most non-electrically recorded data were incomplete since the methods used were unreliable. In his study, Betts used the strict criterion of an electrical record of grade school children's oral compositions and compared the relative completeness and accuracy of notes taken down by court reporters, longhand reporters, shorthand reporters, and phoneticians. He concluded that these reporters could not keep pace with the conversation of the children without missing many significant items of usage. The

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<sup>3</sup>Sullivan, Clark and Tiegs, loc. cit.

<sup>4</sup>Emmett A. Betts, "An Evaluation of Certain Techniques for the Study of Oral Composition," Research Studies in Elementary School Language, No. 1 (University of Iowa Studies in Education, No. 2, n.d.), pp. 7-35.

additional responsibility as well as distraction of the interviewer manually recording the conversation posed problems and limitations which the electrical recorder overcame.

The Dictaphone Time-Master dictating machine with foot pedal control and desk microphone was used. The Dictaphone, because of its ease in handling, economy in operating, inconspicuousness in recording, and adaptability in making typescripts from the recordings, was chosen in place of the tape recorder. Altogether, about two hundred dictabelts containing fifty hours of sound recorded interviews were obtained from the two parent groups. When transcribed, this material amounted to approximately one thousand single-space typewritten pages. It was from the typescripts that the determinations were made of problems and satisfactions in rearing the children.

Arrangements to conduct the interviews with the parents were made through the child's teacher, the principal, or director of curriculum. Except for the support of administrative and teacher personnel in each district, few parents of the average ability group would have met their appointments. This problem did not exist to the same degree with parents of the mentally retarded group. These parents in nearly all cases expressed appreciation that the interviewer would listen to their accounts. In contrast, the most typical terminal statement of the other group of parents was: "I hope this will be of help to you." This reaction was

felt to be a characteristic in the group rather than a variable resulting from interview procedure.

To strengthen the association of the study with a school research function, all interviews were held on school premises in the districts in which the subject children were enrolled. In an effort to prevent systematic interviewing biases, parents of mentally retarded and average ability children were alternately scheduled when possible. Other conditions pertaining to the external influences on interviewing results were considered in making the situations uniform. A decision had to be made on whether or not to accept the reports when both parents came in for the interview or when the father reported in lieu of the mother. There were eight double interviews in the average ability group and three in the mentally retarded group. Five fathers in the average and three fathers in the retarded groups reported in place of the mothers. Since it was possible to match one with the other up to the limit of the number of father or double interviews in the retarded sample, and since such a practice is supported by the finding of Del Solar<sup>5</sup> in a comparable study that reports submitted by fathers are, in many respects, similar to those of mothers, it was decided to retain these results.

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<sup>5</sup>Charlotte Del Solar, Parents and Teachers View the Child (New York: Bureau of Publications, Teachers College, Columbia University, 1949), p. 54.

When the parent reported for the interview, the first step was to explain its purpose and to stress the school's obligation to the interviewee for contributing time and information to a research project. It was explained that problems and satisfactions of rearing children who were enrolled in special training classes would be compared with the reported experiences of parents of a similar group of children enrolled in the regular grades. With the understanding that the subject of the interview would be the designated child, each parent was urged to convey the positive as well as the negative side of rearing the child and to touch on those conditions, situations, or relationships that could have had any bearing on the child as the parent pictured him. The offer of holding this information in confidence had the effect of impeding rapport by the indirect implication that the parent would divulge facts, attitudes, and feelings about which she would later feel guilty. The better solution was to let the request for confidence initiate from the parent at whatever point guilt feelings arose, and to mitigate these feelings through support and modal references. The same casual approach was used in reducing anxieties associated with the recording of the interview. There was the incidental remark that the dictating machine, which would make a sound-record of the discussion, was a convenience to the interviewer and the parent in freeing them from the distraction of note taking. There was very little observed tension

about the use of the Dictaphone, and no parent refused to be recorded.

The first step preparatory to a discussion of problems and satisfactions was to obtain from the parent what was described as "census information." (See Appendix A.) This "Face Sheet for Parent Interview," which was later used in the descriptive and statistical treatment of the data, contained those factors and attributes pertaining to the subject child, the parents, and their situations. The filling in of the Face Sheet was also useful in dissipating initial interview tensions and in setting the tone of the discussion to follow.

Table 11, which contains an outline of the major categories and subcategories, was used in classifying the interviews. This list was adapted from a more detailed classification scheme used by Jersild in his study.<sup>6</sup> Personal communication with him on his methodology<sup>7</sup> brought the suggestion that comparative findings would depend upon a choice by the parent of responding to the same topics made available to the others. Parents should be exposed to a basic set of conditions which would be assumed to stimulate discussion according to their relative stimulus values. One

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<sup>6</sup>Arthur T. Jersild and others, Joys and Problems of Child Rearing (New York: Bureau of Publications, Teachers College, Columbia University, 1949).

<sup>7</sup>Personal communication dated September 10, 1953.

TABLE 11

PROBLEMS AND SATISFACTIONS IN REARING MENTALLY  
RETARDED AND AVERAGE ABILITY CHILDREN

- 1.0 Feelings about having offspring and being a parent figure
  - 1.01 Having child as planned
  - 1.02 Size of family
  - 1.03 Spacing of children
  - 1.04 Parent's health in relation to parenthood
  - 1.05 Change in values in relation to parenthood
  - 1.06 Feelings of personal adequacy in relation to parenthood
  - 1.07 Expression of a general feeling or attitude
- 2.0 Reflection of self, spouse, or family member in child
  - 2.01 Physical resemblances to self or blood kin
  - 2.02 Resemblances of spouse or his kin
  - 2.03 Resemblances in personality traits or conduct of self or kin
  - 2.04 Resemblances in personality traits or conduct of spouse or his kin
  - 2.05 Resemblances in intellectual traits or characteristics of self or kin
  - 2.06 Resemblances in intellectual traits or characteristics of spouse or his kin
  - 2.07 Other
- 3.0 Extent of convenience or inconvenience in rearing of child
  - 3.01 Effect on social life of parent figures
  - 3.02 Work involved in care of child
  - 3.03 Time required for care and supervision of child
  - 3.04 Other effects of more general nature
- 4.0 The condition of family finances
  - 4.01 Effect in relation to attention parents can give the child (time)
  - 4.02 Effect on extent of physical care of children (food, clothing, shelter)
  - 4.03 Effect on planning for future of child (education, special instruction, etc.)
  - 4.04 Effect on social outlets of family (entertainment, etc.)
  - 4.05 Effect without reference to child
- 5.0 Feelings about the physical aspects of the living quarters
  - 5.01 Adequacy in size (house and grounds)
  - 5.02 Adequacy in facilities and appurtenances
  - 5.03 Attitudes covering appearance of abode
  - 5.04 Housing in general--pleasant, unpleasant, neighborhood--location

TABLE 11--Continued

- 6.0 Reflections on the social and moral conditions of the community
  - 6.01 Availability of social, cultural, and religious associations and services (clubs, libraries, churches, etc.)
  - 6.02 The quality or condition of social outlets
- 7.0 The child's ability to cope with the external conditions of contemporary living
  - 7.01 Physical hazards (fire, traffic, etc.)
  - 7.02 Legal requirements (misdemeanor, etc.)
  - 7.03 Moral conduct (right and wrong)
  - 7.04 Management of money
- 8.0 The child's competency and responsibility in personal routines
  - 8.01 Feeding, elimination, sleeping, dressing, grooming, cleanliness, etc.
  - 8.02 General
- 9.0 The child's competency or responsibility in the home
  - 9.01 Helpfulness about the house or grounds
  - 9.02 Care of personal property
  - 9.03 Use of time
  - 9.04 Quality of workmanship
  - 9.05 Acceptance of responsibility outside of home (job, etc.)
- 10.0 Attributes of the child's social maturity
  - 10.01 Social insights
  - 10.02 Social skills--getting along
  - 10.03 Future ability to earn living and get along
- 11.0 Qualities or conditions of child's relationship with self, spouse, or other relatives or members of household
  - 11.01 Relationship with self (interviewee)
  - 11.02 Relationship with spouse
  - 11.03 Relationship with other children in family
  - 11.04 Relationship with other members of the household
  - 11.05 Family unit as a whole--happy, unhappy
- 12.0 Circumstances pertaining to child's health and physical maturation
  - 12.01 Condition of health and robustness
  - 12.02 Rate of physical (including sexual) maturation
  - 12.03 Physique (build)
  - 12.04 Physical attributes (example: color of eyes)
  - 12.05 Motor efficiency (dexterity, etc.)
  - 12.06 Sensory efficiency (seeing and hearing)
  - 12.07 Health practices and information

TABLE 11--Continued

- 13.0 The child's intellectual attributes
  - 13.01 Degree of intelligence
  - 13.02 Breadth of intellectual abilities--wide or narrow
  - 13.03 Speed of intellectual activity--alertness--grasp things
  - 13.04 Qualitative aspects of intelligence--memory, retention, understanding, judgment
  - 13.05 Desire to learn, acquire knowledge, curiosity, etc.
  - 13.06 Ability to create, originate, etc.
  
- 14.0 Special interests and activities
  - 14.01 Choice and extent of passive or vicarious experiences (movies, T.V., books, comic books, etc.)
  - 14.02 Choice and extent of active participatory experiences (sports, etc.)
  - 14.03 Choice and execution of individual special interests (art, music, collections, etc.)
  
- 15.0 Personality traits and attributes
  - 15.01 Qualities associated with motivation
  - 15.02 Qualities associated with control
  - 15.03 Qualities associated with character traits
  - 15.04 Qualities associated with morality
  - 15.05 Qualities associated with introversion
  - 15.06 Qualities associated with extroversion
  - 15.07 Qualities associated with level of maturation
  - 15.08 Qualities associated with emotionality
  - 15.09 Personality in general--pleasing, pleasant, happy, easy going, etc.
  
- 16.0 Feelings about the school
  - 16.01 Progress and achievement of the child
  - 16.02 Deportment and discipline of the child
  - 16.03 Effort of child
  - 16.04 Peer relations--people his own age
  - 16.05 Child's liking for school
  - 16.06 Teacher's relationship with child
  - 16.07 School offerings--curriculum
  - 16.08 Methods of teaching
  - 16.09 School placement of the child
  - 16.10 Continuation of schooling, desire expressed by parents
  - 16.11 General
  
- 17.0 Relations with doctors, dentists, medical treatment, etc.
  - 17.01 Adequacy of medical resources or treatment
  - 17.02 Child relationships with doctors, nurses, specialists, etc.
  - 17.03 Cost of medical care

would know a parent's feeling only if the feeling had been sampled. It was necessary, therefore, to establish a list of main areas appropriate to this study and use them consistently in the interviews. The list of seventeen major categories represented what the writer considered to be sufficiently general to cover both positive and negative statements which would be made by the parents. The plan of using "balanced" terms to permit classification of problems and satisfactions from a single list of major and subcategories was evolved with the purpose of viewing these feelings from common reference points. For example, subcategory 1.02 "Size of Family" could be marked as a satisfaction when the parent makes such a statement as, "I like it just the way it is-- two boys and a girl. Just the right size family." On the other hand, size of family becomes a problem when the parent remarks, "We were never able to have as many children as we would have liked." The final list of subcategories containing eighty-seven items was developed empirically to fit the growing body of information from the interviews. The list was not fixed until the last interview had been scored.

During the first ten interviews the writer used a three point scale (below average, average, above average) based upon the seventeen major categories, following the completion of the directed interview. The results of the scale responses were so obviously inconsistent with the reactions in the interview and with the known attitudes of

these parents, that the method was abandoned. It became obvious at this point that parents' "real" feelings about their children could be sampled better through interview than scale or questionnaire methods.

During the interviews, the parent had the opportunity to see the list of main topics for discussion. No point was made of following the topics in any particular order or to go over the list with the interviewee in a formal manner. The topics or main areas were taken as introduced by the parent and feelings about the category were considered sampled. When expression of feeling or attitude in some areas failed to occur on the volition of the parent, the interviewer introduced the category with a general question or leading statement such as, "What about Mary's health and development?" or, "I fail to recall if we said anything about Mary's health and development." The interview was concluded when each parent's feelings and attitudes had been sampled on all seventeen major categories and when the parent indicated through words or action that all had been said. The previous training and experience of the interviewer was considered important in obtaining significant and reliable data. The interviews ranged in time from one to one and one-half hours.

#### Classifying Problems and Satisfaction

After typescripts had been made of each of the inter-

views used in the mentally retarded and average ability groups, the writer classified from the context of the written material the major and subcategory designations of problems and satisfactions as coded in Table 11. The typescripts of the interviews of the parents of the mentally retarded and average ability children were mixed so that systematic scoring biases would not tend to concentrate in one group. There was sufficient flexibility in developing subcategory items as to prevent the forcing of problems or satisfactions into predetermined designations. The final list of eighty-seven subcategories represented the number of items by which the scored problems and satisfactions were classified.

Standards of scoring were rigid in order to reduce errors of interpretation. Three types of statements were recognized. A statement of a problem or concern, a worry or dissatisfaction had to give evidence in the context of the situation that the parent was emotionally involved. A chronological account of the subject child was not considered adequate in itself for scoring one way or another. This type of report was accepted as a neutral or factual statement and had been omitted from the descriptive and statistical treatment of the data. The third type of statement was the expression of satisfaction, pleasure, or joy which in context represented for scoring purposes the opposite of the problem. It was not assumed, however, that the presence of a problem in a particular subcategory eliminated the same item in

terms of the expression of a satisfaction, or that the opposite condition would prevail. Each problem or satisfaction was scored according to its frequency of mention, either by repetition or by change of form in a different context. It was by means of the frequency of mention of the different subcategory items that some objective measure of significance could be applied. In the mentally retarded group one example of a problem and satisfaction is given for the subcategory which had the highest score under each of the seventeen major categories to follow.

1. Feelings about having offspring and being a parent figure.

Subcategory: 1.06, Feelings of personal adequacy in relation to parenthood.

Case: MRDL

Problem: "I felt more sorry for him and too protective of him. I'm sure of that now as I look back."

Subcategory: 1.02, Size of family.

Case: MRGC

Satisfaction: "Yeah, I'm glad (about the size of my family) because I'm not lonesome or something."

2. Reflection of self, spouse, or family member in child.

Subcategory: 2.04, Resemblances in personality traits or conduct of spouse or his kin.

Case: MRBO

Problem: ". . . All of a sudden he wasn't interested (in church) any more. . . . He just can't be bothered. . . . They do just exactly like their father. . . . I think that religious training is very important."

Subcategory: 2.01, Physical resemblance to self or blood kin.

Case: MRAS

Satisfaction: "When the youngster looks like you and is your little boy and your hair matches, and particularly when they are an attractive child, I think they are a little easier to accept."

3. Extent of convenience or inconvenience in rearing of child.

Subcategory: 3.02, Work involved in care of child.

Case: MRRM

Problem: "Yes, he'll make out for a while, but I've got to get another wife to help take care of him."

Subcategory: 3.01, Effect on social life of parent figures.

Case: MRHM

Satisfaction: "In regard to being ashamed or reluctant to take him to public places, well, that's one thing that has never concerned us in the least. You know, I think he has better table manners than other children."

4. The condition of family finances.

Subcategory: 4.02, Effect on extent of physical care of children.

Case: MROW

Problem: "He's supposed to (wear eye glasses) but I haven't had the money yet to get them changed."

Subcategory: 4.02, Effect on extent of physical care of children.

Case: MRBF

Satisfaction: "Now he's (husband) working steady so we can give her an allowance."

5. Feelings about the physical aspects of the living quarters.

Subcategory: 5.01, Adequacy in size (house and grounds).

Case: MRFJ

Problem: "We're in a very small place for six children. We're in a trailer, a one room trailer, and I don't think there is enough room."

Subcategory: 5.01, Adequacy in size (house and grounds).

Case: MRMC

Satisfaction: "This house is on the \_\_\_\_\_ Dairy Farm. Right down there, that's where I live. It's pretty convenient because we have all kinds of room."

6. Reflections on social and moral conditions of the community.

Subcategory: 6.02, The quality or condition of social outlets.

Case: MRJS

Problem: "She needs the practice (speech). And of course we don't have too many neighbors for her to play with to practice."

Subcategory: 6.02, The quality or condition of social outlets.

Case: MRBS

Satisfaction: "I couldn't ask for nicer neighbors."

7. The child's ability to cope with the external conditions of contemporary living.

Subcategory: 7.02, Moral conduct (discerning between right and wrong and complying with moral standards).

Case: MRDC

Problem: ". . . He isn't the same and he is disturbed over it (taking things). He said it doesn't make him happy, (that) he won't do it any more, (that he doesn't ) know why he does it."

Subcategory: 7.01, Physical hazards.

Case: MRJR

Satisfaction: "He's always been careful, you know, just little things that other kids wouldn't even think about."

8. The child's competency and responsibility in personal routines.

Subcategory: 8.01, Feeding, elimination, sleeping, dressing, grooming, cleanliness, etc.

Case: MRLG

Problem: "She doesn't comb her hair. I have to comb it. She never primps. I have to button her skirts in the back."

Subcategory: 8.01, Feeding, elimination, sleeping, dressing, grooming, cleanliness, etc.

Case: MRJH

Satisfaction: "When he comes in from school the first thing, he'll go and hang up his clothes. He'll change his clothes."

9. The child's competency or responsibility in the home.

Subcategory: 9.01, Helpfulness about the house or grounds.

Case: MRRH

Problem: "She don't like to work. That's aggravating, too."

Subcategory: 9.01, Helpfulness about the house or grounds.

Case: MRHN

Satisfaction: "When she gets home she's right there to help with whatever there is to do."

## 10. Attributes of the child's social maturity.

Subcategory: 10.02, Social skills.

Case MRTT

Problem: "If he can overcome the feeling of fear and the desire to play--to get into a group and not be afraid of a group of children, there'll be a lot come of it."

Subcategory: 10.02, Social skills.

Case MRJC

Satisfaction: ". . . That's the one thing that has really been outstanding. I mean she has gotten along with the neighbor children. They get along and they like \_\_\_\_\_."

## 11. Qualities or conditions of child's relationship with self, spouse, or other relatives or members of household.

Subcategory: 11.03, Relationship with other children in family.

Case: MRDV

Problem: "I had to send the second daughter to Santa Ana because she yelled at her (the subject) constantly and would tell her, 'you're nuts, you're crazy, you don't know anything.'"

Subcategory: 11.03, Relationship with other children in family.

Case: MKGD

Satisfaction: "They (the other children) think a lot of him. I know the little girl says, 'Mother, I don't stop to think about \_\_\_\_\_ not being as normal as other children.'"

## 12. Circumstances pertaining to child's health and physical maturation.

Subcategory: 12.01, Condition of health and robustness.

Case: MREW

Problem: "He's taking some medicine for it once a day for his bones. If he plays with other kids he's going to get rough and the others is going to get rough, so if he was to break his arm again, my old man would go crazy."

Subcategory: 12.01, Condition of health and robustness.

Case: MRJP

Satisfaction: "He's always had very good health."

13. The child's intellectual attributes.

Subcategory: 13.01, Degree of intelligence.

Case: MRBC

Problem: "I knew he was slow about learning . . . but it didn't worry me too much until he started to school and I saw he couldn't do school work."

Subcategory: 13.04, Qualitative aspects of intelligence.

Case: MRAR

Satisfaction: ". . . He'll go ahead and fix it, fix it the way it should be and anything that he wants to remember, he can remember."

14. Special interests and activities.

Subcategory: 14.01, Choice and extent of passive or vicarious experiences.

Case: MRJC

Problem: "I used to bring library books home but it don't do any good. He just leaves them there."

Subcategory: 14.03, Choice and executive of individual special interests.

Case: MRBW

Satisfaction: "She's doing awfully good in sewing."

## 15. Personality traits and attributes.

Subcategory: 15.08, Qualities associated with emotionality.

Case: MRMH

Problem: "She can get mad at the drop of a hat and over nothing."

Subcategory: 15.02, Qualities associated with control.

Case: MRRA

Satisfaction: "If his father sends him to do something, he does it without complaining or anything."

## 16. Feelings about the school.

Subcategory: 16.09, School placement of the child.

Case: MRGC

Problem: "I see lots of kids that seems they're not normal, you know, just acting, doing, you know funny things like that, and it seems he (the subject) gets ideas. When he goes home he has silly ideas, doing faces like the other kids or . . . and he wasn't like that before."

Subcategory: 16.01, Progress and achievement of the child.

Case: MRJS

Satisfaction: "I think Mrs. \_\_\_\_\_ has really helped her, because when she started school she was still printing . . . now she's writing real well."

## 17. Relations with doctors, dentists, medical treatment, etc.

Subcategory: 17.01, Adequacy of medical resources or treatment.

Case: MRBF

Problem: "The head nurse of this hospital . . . told us if we didn't take him out of that hospital he'd starve to death because they didn't have time to feed him."

Subcategory: 17.02, Child relationships with doctors, nurses, specialists, etc.

Case: MRBS

Satisfaction: "All this time \_\_\_\_\_ was just thrilled with the doctors and all the nurses."

#### Reliability of the Method of Scoring

Jersild and his co-workers<sup>8</sup> tested the adequacy of their method of classification of interview data by means of comparing the classification of the same set of interviews by independent workers. Since her sample was also a part of the Jersild study, Del Solar<sup>9</sup> based the reliability of her system of classification upon the findings in the larger study. The present study, being as it is an extension of the Jersild methodology, has the basis for accepting the highest level of his reliability as an index of the lower level of consistency for the findings reported in Chapters V and VI. Jersild reported<sup>10</sup> in the analysis of thirty-six interviews agreement between two workers in 538 instances with respect to both the main and the subcategory in which items were classified. There was disagreement in forty-two instances on both the main and the subcategory. When considering these items which were marked for classification by both workers, there was an agreement of 93 per cent.

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<sup>8</sup>Jersild, op. cit., pp. 10-14.

<sup>9</sup>Del Solar, op. cit., pp. 11-13.

<sup>10</sup>Jersild, op. cit., pp. 10-12.

However, when instances of items classified by one worker and not by the other are treated as disagreements, the percentage of agreement falls to 72 per cent. If one assumes the interviewer is in the best position to know what was intended by a statement, and if his marking of a statement is arbitrarily accepted, the percentage of agreement becomes 84 per cent. The foregoing findings were substantially the same for the classification of "Problems" as for the classification of "Satisfactions."

It is assumed by this investigator that the level of reliability of his scores is higher than the reliabilities represented in the Jersild and Del Solar studies. The present study has the advantage of classified responses based upon recorded interviews. Furthermore, this study did not require such a detailed and definitive classification since it was possible to reduce to fewer than half the number of major categories and fewer than a fifth the subcategories employed in the Jersild work. This was accomplished by merging similar major and subcategories and by eliminating the items which were not relevant to this investigation. While in some cases the effect of this revision led to a more general classification of the parent's reaction, the disadvantages were more than offset by the greater confidence with which one could classify the individual items. The average number of problems per parent interview by Del Solar was 12.6; for satisfactions, 27.8. In the Jersild study the

averages were fourteen for problems and 33.3 for satisfactions. Strict scoring standards in the present study reduced, for example, the total number of problems and satisfactions in the average ability group to a ratio of less than half reported in the Del Solar group. Another condition adding to greater reliability for this study is the fact the writer was responsible for both the interviewing and the scoring of his materials. It is believed these advantages combined should have reduced the chances of error in scoring to less than those reported by Jersild and Del Solar.

#### Treatment of the Data

After the interviews had been scored, the information on the "Face Sheet" and the coded information on the typescript were transposed to an "Individual Statistical Summary Sheet" (see Appendix B) for each child. The data from the "Individual Statistical Summary Sheet" then were grouped according to the selected characteristics being studied in the child, parent, or family situation. The results of these groupings are presented in Chapters V and VI.

Any consideration of statistical treatment of the data had to take into account the fact that subcategory items would have to be treated as scores. The study was planned to yield comparative data based upon the frequency of mention of problems and satisfactions by parents of mentally retarded and of average ability children. Since the

scores could not be treated as independent events, the null hypothesis was not applicable to the determination of significance of difference based upon the ratio relationship between obtained problems and satisfactions in the two sets of data. A more appropriate scheme might have been the use of the system of correlated proportions except for two major limitations: (1) the procedure would determine significance only on the basis of the presence or absence of a score by either individual in a matched pair; and (2) the system would have required a much larger sample than was available in the present study.

The plan finally chosen would be both sensitive (up to a certain point) to intensity of feeling as represented by frequency of mention, and to the significance of difference between two sets of scores in matched pairs. The determination of the significance of difference by the sign test<sup>11</sup> is explained by the formula:

A and B represent two materials or treatments to be compared (mentally retarded and average ability groups)

X and Y = measurements made on A and B (scores obtained on categories and sub-categories)

N = number of pairs of observation

$(X_1, Y_1), (X_2, Y_2) \dots, (X_n, Y_n)$

$X_1 - Y_1, X_2 - Y_2 \dots, X_n - Y_n$

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<sup>11</sup>Wilfred J. Dixon and Frank J. Massey, Jr., Introduction to Statistical Analysis (New York: McGraw-Hill Book Co., Inc., 1951), p. 324.

$r$  = number of times the less frequent sign occurs. If some of the differences are zero due to ties or failure to respond, they will be excluded and the sample size reduced.

Since the sign test as used in this study was not sufficient to show all the relationships as set forth in Chapter I, supplementary quantitative measurements were used for their descriptive values. Chosen for their simplicity and adequacy, mean scores for major categories with percentage scores based upon the total for their sets of data, met the requirements of the study. The sign test established the level of confidence with which obtained differences could be accepted. The direction of the greater frequency between pairs in sets of data was indicated by the symbols MR for mentally retarded or AA for average ability. Thus MR.01 is used to indicate that greater frequency occurs in the mentally retarded sample and the difference is significant at the 1 per cent level. The symbol MR or AA under the  $r$  column in the statistical tables to follow indicates merely the direction of higher frequency based upon the obtained mean scores. The three quantitative values--sign test, mean scores, and percentage scores--presented together show the direction and level of significance of difference between the mentally retarded and average ability groups, the comparative frequencies in the categories between one set of data and another, and the comparative position of each category in terms of the total frequency of its group as viewed in the same relation with other categories in the same set of data or in the

matched group. The scores and their differences as presented in the chapters to follow are those from the minimum number of categories which, carried through two sets of data, would account for at least two-thirds of the scores in their respective groups. The categories omitted are too low in frequency to have descriptive value. Inclusion of the 10 per cent level of significance of difference seems justified in view of the low number of cases and of the roughness of sampling. It was possible to compute significance of difference between scores on the subcategories in the few instances when the number of cases was high enough to yield such results. It was found that by including the subcategory, the degree of significance of difference was higher than the same index applied to the total score for the major category. The effect of definitiveness, then, is usually to establish statistical differences in more relationships and with greater confidence. Inability to use subcategory findings in the instances when critical values of  $\bar{x}$  were computed on major categories only, further substantiates the importance of indicating those differences rated at the 10 per cent level of confidence.

#### Summary

Electrical recordings from which typescripts were made of interviews with parents concerning their problems and satisfactions in the rearing of fifty mentally retarded

children were compared with the responses similarly obtained from parents of average ability children paired with the mentally retarded group. The interview procedure utilized a technique of directed sampling of reactions from seventeen major categories of topics designed to provide a general designation for any problem or satisfaction that would be associated with the responsibility of rearing the child. Reports of the parents were scored and given detailed classification according to the frequency of mention of specific problems and satisfactions. Coded according to a system indicating by whole number the general or major category, and by decimal the specific or subcategory, the final list contained eighty-seven items among which were distributed the positive and negative statements of the parents. By analogy with other studies using similar methodology, the level of reliability of scoring in this study was estimated at better than 90 per cent. Treatment of the data utilized the sign test to determine the level of significance of difference between references to the mentally retarded and average ability groups in the various obtained scores. Additional quantitative data were used to describe the relative position of the frequency of responses among the categories within groups as well as between groups.

CHAPTER V  
PROBLEMS AND SATISFACTIONS IN RELATION TO  
CERTAIN CHARACTERISTICS OF THE  
CHILD STUDY POPULATIONS

Parents of the mentally retarded children reported a total of 891 problems and 759 satisfactions. In the average ability group, parents reported a total of 400 problems and 569 satisfactions. These scores converted to averages per parent interview are 17.8 and 15 in the mentally retarded group for problems and satisfactions respectively. The comparable average scores for the average ability group are eight and eleven. Viewing the responses of the two groups, parents of the mentally retarded reported more problems than satisfactions; parents of the average ability group reported more satisfactions than problems in rearing their children. While these scores, taken at face value, may indicate an inverse relationship between problems and satisfactions in the comparison of the two parent groups, it is at the same time an observed fact that parents of the mentally retarded children not only verbalized more problems, but also verbalized more satisfactions in the rearing of the subject children.

The characteristics of the score frequencies also merit consideration from the standpoint of the descriptive adequacy of the subcategories as "balanced terms." The fact of the inverse relationship of problems to satisfactions in the two subject groups indicates the classification of child rearing problems has not tended to fix the direction of the problems-satisfactions relationship. Otherwise, there would have been little interpretive value of viewing together those responses of a positive or negative nature.

Appendix C shows the distribution of scores obtained from both parent groups. In only six major categories did the scores for satisfactions exceed the scores for problems reported by parents of the retarded groups. These categories, in general, were concerned with expressed pleasure that the community was a good place in which to live, the child was adequate in taking care of his personal needs, and he was helpful in the home. More joys than problems were derived from the child's social maturity, his relationship with members of the family, and from the fact of his special interests and activities. In the average ability group where the direction of responses was toward a higher frequency of satisfaction, only six major categories failed to follow this pattern. The categories in which the frequencies of problems were higher than the frequencies of satisfactions concerned, primarily, those areas in which the presence of the child affected the parent's child rearing plans or

concept of herself in the role of parenthood, in the extension of self or projection of others through the child, and by the limitations imposed upon the parent's personal life because of the duties inherent in raising the child. There was also greater dissatisfaction with the financial condition of the family and concern about the child's health and maturation along with more expressed worries regarding his personality traits and characteristics. It is noted the direction of frequency in scores is the same for the mentally retarded and average ability groups in those categories of satisfactions which exceed the problems in the mentally retarded groups. It is also noted the direction of frequency in scores is the same for the mentally retarded and average ability groups in those categories of problems which exceed the satisfactions in the average ability group. There is agreement between the mentally retarded and average ability groups in the direction of problems--satisfactions ratios in twelve of the seventeen major categories. The remaining five categories in which the ratios are reversed, include items which give the higher frequency of problems in the mentally retarded group. These categories reflect the parent's concern with the physical aspects of her living quarters, of the child's ability to cope with environmental demands or hazards, attributes pertaining to the child's intelligence, schooling, and medical care.

The report of the findings in this chapter will be

concerned with that aspect of the study which makes a critical analysis in relation to differential characteristics of the subject children. Among these differential characteristics are variances in I.Q. levels, sex of the child, chronological age level, birth order, and number of siblings. Each category in which quantitative measurement indicated interpretive value was analyzed to provide an index of the relative frequency of the problem or satisfaction within each group, the relative proportion of the category score to the total problems or satisfactions score for each of the total groups, and the degree of significance of difference between the mentally retarded and average ability samples.

#### Total Groups

Table 12 takes each major category and includes those subcategories on which significant differences were obtained, and shows the quantitative relationships between the total sample groups. The five major categories of problems in the mentally retarded group are in rank order, concern about the child's schooling, his health and physical maturation, his personality traits, social maturity, and relations within the family. In the average ability group the five major problems in rank order of frequency of mention are personality traits, schooling and health and physical maturation, relations within the family, and feelings about being a parent figure. Therefore, it is observed the rank order of problems

TABLE 12

DIFFERENCES IN PROBLEMS AND SATISFACTIONS BETWEEN TOTAL GROUPS: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	Problems					Satisfactions				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Percentage X	Mean X	Percentage X		Mean X	Percentage X	Mean X	Percentage X	
1	.7	4.2	.7	8.8		.3	2.1	.3	2.5	
2	.3	1.9	.2	2.8	MR	.2	1.1	.1	.9	MR
3	.7	3.9	.2	2.0	MR	.2	1.4	.1	.8	MR
4	.6	3.3	.3	3.5	MR		.3	.2	1.9	AA.05
5	.4	2.3	.4	5.6		.1	.9	.6	5.3	AA.01
6	.2	1.1	.2	2.8		.2	1.6	.4	3.2	AA
7	.9	5.3	.3	3.8	MR	.2	1.2	.3	2.6	AA
8	.4	2.4	.3	3.3	MR	.6	3.9	.3	3.0	MR
9	.3	1.9	.2	2.5	MR	2.2	14.7	.9	8.3	MR.01
9.01										MR.05
10.	1.2	6.6	.2	2.5	MR.01	1.3	8.4	1.2	10.6	MR
10.02					MR.01					
11	1.1	6.1	.8	10.4	MR	1.7	11.4	1.4	12.0	MR
12	3.8	21.4	1.1	13.8	MR.01	1.3	8.5	.6	5.5	MR.01
12.01					MR.01					
12.05					MR.01					MR.05
13	.8	4.5		.3	MR.01	1.0	6.6	.5	4.2	MR
13.01					MR.01					MR.05
14	.2	.9		.8	MR	.6	3.7	.7	6.0	AA
15	2.2	12.6	1.8	22.2	MR	1.8	12.1	1.6	14.3	MR
15.08					MR.05					
16	3.5	19.6	1.1	13.6	MR.01	3.2	20.8	2.0	18.0	MR
16.09					MR.01					MR.01
17	.4	2.0	.1	1.3	MR	.2	1.3	.1	.9	MR

contains four out of the first five which are mutual concerns for both parent groups. Viewed as percentages of the total responses in their groups, these five categories account for two-thirds of the problems mentioned by each parent group. More than twice the percentage of problems of social maturity was expressed by parents of mentally retarded as compared with parents of average ability children. On the other hand, more than twice the percentage of problems concerned with having offspring and being a parent figure was expressed by parents of the average ability group. In all cases when there were differences between the two parent groups in the mention of problems, the differences were in the direction of a higher frequency by the retarded groups. In the major category ten concerned with the social maturity of the subject, the difference was significant at the 1 per cent level. More specifically, parents of mentally retarded children identified the problems in the area of social skills. While the health of the child ranked at the top of the list of concerns by both parent groups, the higher frequency of mention by parents of the retarded children yielded a difference significant at the 1 per cent level (major category 12). Also significant at the 1 per cent level which gave more specific designations to the health concerns were subcategories 12.01, condition of health and robustness, and 12.05, motor efficiency and dexterity. In the area of the child's intellectual attributes (major category 13) the difference

was significant at the 1 per cent level. Parents of retarded children specified particularly the degree of brightness (subcategory 13.01) as the item causing most concern. The difference on personality traits and attributes was significant at the 5 per cent level when subcategory 13.08, emotionality, was considered individually. The school, which ranks highest in the concerns of parents of the mentally retarded (major category 16), received an obtained difference in scores significant at the 1 per cent level. Also significant at the same level, subcategory 16.09, school placement of the child, specifies the item about the school which is in the forefront of parental concerns in the retarded group.

The seven major categories of satisfactions in the mentally retarded group are in rank order, pleasure with the school, the child's responsibility in the home, personality traits, child's relations with members of the family, his social maturity, health, and intellectual attributes. In the average ability group, the rank order of the seven top frequencies of satisfactions are the school, personality traits, relations with members of the family, social maturity, responsibility in the home, special interests and activities, and health. Five out of seven major categories of satisfactions leading in the frequency of mention are found in both parent groups. In terms of percentages of the total responses in their groups, these seven categories account for approximately three-fourths of the satisfactions mentioned

by each parent group. Except in one major category, special interests and activities, the remaining six categories contained a higher frequency of responses from the parents of the retarded children. The total list of seventeen major categories contained, as a matter of fact, only five major categories in which the scores were higher for the average-ability group. These responses occurred in the areas concerned with family finances, physical aspects of the living quarters, social and moral conditions of the community and the child's ability to cope with his environment. In major category 4, family finances, the difference in the direction of more satisfactions reported by parents of the average ability children was significant at the 5 per cent level. The same direction of difference which was significant at the 1 per cent level occurred in major category 5, physical aspects of living quarters. The remaining categories which were found to be significantly different all yielded scores in the direction of greater frequency for the mentally retarded group. Major category 9, child's responsibility in the home, at the 1 per cent level of significance of difference, more specifically identified the parent's pleasure with the fact of the child's helpfulness about the house or grounds. On major category 12, child's health, etc., the difference was at the 1 per cent level, and the subcategory 12.05, motor dexterity, was the single item indicative of the specific reference upon which the strength of the difference

was obtained. Major category 13 failed to obtain a statistically significant difference in the responses given to all its subcategories taken together, but when limited to the satisfactions reported on the child's degree of brightness (subcategory 13.01) the difference between the groups was significant at the 5 per cent level. A similar condition prevails on category 16, school, where the difference is statistically significant only on subcategory 16.09, school placement of the child.

By inspection (Table 12), it can be seen that in general those categories which were sensitive to problems were also sensitive to satisfactions. In four instances, parents of the mentally retarded group reported problems and satisfactions in the same categories at a frequency significantly higher than the average-ability group. This occurred on major category 12, child's health, subcategory 12.05, motor efficiency, subcategory 13.01, degree of intelligence, and subcategory 16.09, school placement of child. These findings may indicate that when a parent has experienced concern in the rearing of her child, she is more sensitive to, and is more cognizant of, the conditions or circumstances which offer relief from anxiety and conflict. Ordinarily expected, too, are the guilt feelings which would tend to be assuaged by reporting satisfactions. For example, parents were able to express concern about the intellectual limitations of their children who were mentally retarded

while maintaining a strong defense of their brightness by expressing pleasure in the level of intelligence observed. The presence of a problem does not negate the expression of a satisfaction. The preponderance of satisfactions by parents of the retarded group could hardly be interpreted as evidence of greater joy in rearing a mentally retarded child. More likely could one interpret these results to imply greater scope, more complexity, and a higher degree of emotional involvement in the feelings parents bear their mentally retarded offspring. A better analysis should be made when variables other than intelligence are controlled and tested.

#### I.Q. Levels

If the responses of the parents are analyzed in relation to the I.Q. levels of their children, what differences and characteristics would be noted in the problems and satisfactions reported? An attempt to answer this question is made by comparing responses based upon children in both groups whose I.Q.'s are on the extreme ends of their distributions: The mentally retarded with I.Q.'s of 65 or higher as compared with the average ability children whose I.Q.'s are 97 or lower; and the mentally retarded whose I.Q.'s are 64 or lower as compared with the average ability children whose I.Q.'s are 99 or higher.

Problems. Table 13 reports the findings based upon problems reported and analyzed according to I.Q. levels of

TABLE 13

DIFFERENCES IN PROBLEMS ACCORDING TO I.Q. LEVELS OF SUBJECTS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	MR IQ's 65 or Higher AA IQ's 97 or Lower (N-12)					MR IQ's 64 or Lower AA IQ's 99 or Higher (N-17)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	1.2	6.8	.5	7.0	MR	.8	3.5	.9	11.7	AA
10	1.8	10.7	.5	7.0	MR	1.1	4.9	.3	3.6	MR.05
11	1.8	10.7	.6	8.2	MR	.8	3.8	.8	9.5	
12	1.1	6.3	1.2	16.5	AA	6.5	30.1	1.0	12.4	MR.01
13	.2	1.5	.1	1.2	MR	1.3	6.0			MR.05
15	2.8	16.5	1.0	14.1	MR	1.9	8.9	1.5	18.2	MR
16	3.6	20.9	1.0	14.1	MR	3.8	17.6	1.4	17.5	MR

the children. Two-thirds or more problems responses in both groups occurred in seven major categories from a sample of twelve in the closer range of I.Q. pairs, and sample of seventeen in the wider range of I.Q. pairs. Arranged according to their frequencies, the scores for the mentally retarded group indicate a rank order of problems starting with the school and followed by concern for the child's personality traits, his social maturity and relationship with other members of the family, the parent's feelings about having children and being a parent figure, the child's health, and his intellectual attributes. The rank order of scores for the average ability group whose I.Q.'s were 97 or lower showed concern for the child's health to rank highest in frequency of mention. The other concerns in rank order are personality traits and school, relationship with members of the family, feelings about having children and being a parent figure, child's social maturity, and intellectual attributes. The average ability group scored a higher frequency in only one major category: Concern for child's health. Except for this difference, the pattern of the proportional distribution of scores appeared to be generally similar. No statistically significant differences were obtained.

When the wider extremes of I.Q.'s in the two groups are considered, certain differences emerge which may characterize with greater accuracy the comparative concerns of parents whose children are more likely to reveal their

deficiencies. In contrast to the greater concern for the health of the average ability children whose I.Q.'s were 97 or lower, the highest ranking concern of parents of the lower I.Q. level mentally retarded children definitely places health in this position. Other concerns in descending order in the rank are the school, personality traits, intelligence, social maturity, having offspring and relationship of child with other members of the family. Responses about children whose I.Q.'s were 99 or higher followed the general pattern of responses concerning average ability children whose I.Q.'s were 97 or lower. Problems on personality and school tended to be higher, and concern for the child's health slightly lower. In only one category, feelings about having an offspring, etc., did the parents of the higher I.Q. average children obtain a larger score than the paired group. The important differences, though, appear in the effect on responses when the lower I.Q. level mentally retarded are discussed. Problems of social maturity are greater at the 5 per cent level of confidence. Concerns for the child's health differ at the 1 per cent level of significance, and problems posed by the intellectual attributes account for a difference which is significant at the 5 per cent level.

Summary. In general, parents are concerned with the same things in their children. The differences appear in the degree of concern. The more alike children are in intellectual level, other factors being equal, the more similar seem

to be the problems parents experience in child rearing. When the gap between the I.Q. level of the mentally retarded and average ability groups is widened, the more pronounced in terms of parental problems is the effect in the retarded group. Concern for the child's manifestations of intellectual inferiority and social immaturity is expressed with concomitant worries about the child's health and physical development.

Satisfactions. Table 14 reports differences in the satisfactions discussed by the same groups from which the problems above were derived. Would distance between the retarded and average ability groups expressed in the I.Q. levels of the children result in significant differences in the satisfactions reported? The nine major categories which were sensitive enough to be included in Table 14 help answer this question. Approximately 80 to 90 per cent of the total responses for each of the samples was included in the nine major categories. Only three of these categories are different or in addition to the ones used for problems in Table 13. In the 65 and plus I.Q. mentally retarded group, the rank order of satisfactions according to their frequency of mention are personality and school, child's competency in the home, relationship with members of household and health, social maturity and intellectual attributes. The order of frequency of scores for the 97 or lower I.Q. group is very similar except for major category 10, social maturity,

TABLE 14

DIFFERENCES IN SATISFACTIONS ACCORDING TO I.Q. LEVELS OF SUBJECTS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OR DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	MR IQ's 65 or Higher AA IQ's 97 or Lower (N-12)					MR IQ's 64 or Lower AA IQ's 97 or Higher (N-17)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
5			.7	6.2	AA.05	.2	.9	.4	3.3	AA
8			.7	5.5	AA	.9	4.4	.5	3.8	MR
9	1.3	16.6	1.1	9.0	MR	2.9	17.7	1.2	10.0	MR.10
10	.6	7.3	1.2	9.7	AA	2.2	10.9	1.5	12.0	MR
11	1.0	12.5	1.0	8.3		2.1	10.3	1.8	14.4	MR
12	1.0	12.5	.5	4.1	MR	2.0	10.0	.6	5.3	MR.10
13	.5	6.2	.8	6.9	AA	1.4	7.1	.6	4.8	MR
15	1.4	17.7	1.8	15.2	AA	2.3	11.5	1.6	12.9	MR.05
16	1.4	17.7	1.7	14.5	AA	3.1	15.3	2.4	19.6	MR

which ranks third in the list of satisfactions. Feelings of pleasure in the living quarters, and satisfaction in the child's responsibility in personal routines are additional entries in the list of pleasures reported by the parents of the average ability group. Whereas six of the seven categories of problems gave a higher frequency to the upper level mentally retarded group, six of the nine satisfactions categories give a higher frequency to the lower level average ability group. But in only one case, major category 5, living quarters, is the difference statistically significant. The two cases in which the greater frequency was expressed by the retarded sample included satisfaction with the child's responsibility in the home and his health. It was observed previously that health was the only concern in the average ability sample which outscored the concern in the mentally retarded group. The satisfactions scores of the major categories upon which there were also problems scores reveal a reversal (except for major category 11, which is a tie) of the majority trend tendencies.

The lower level mentally retarded versus higher level average ability group presents a different picture. In every instance the mean score of the retarded group is higher than the scores obtained by reference to the higher level retarded group. School still ranks at the top, followed by responsibility in the home, personality, social maturity, relationship with other members of the family, health, intelligence,

personal routines, and living quarters. The pattern of the frequency of scores of the upper level average ability group by inspection appears highly similar to the frequency of scores pertaining to the lower level average group. Observed differences are that the school holds a strong first place in reported satisfactions and considerable strength is picked up by the upper level average group on the matter of satisfactory relationships in the family. However, the average group outscored the retarded group in one major category only--5, living quarters--which was also the area in which a statistically significant difference was found in the comparative group. What was observed as the direction of the higher scores on major categories 9 and 12, responsibility in the home and health, in the higher level retarded group, is now observed with greater confidence as a difference at the 10 per cent level of significance. Satisfactions pertaining to the child's personality are observed to be different at the 5 per cent level of significance.

Summary. The variations in problems and satisfactions responses by parents of mentally retarded children based on the I.Q. levels of the subjects appear to be much greater than the variations of responses by parents based upon I.Q. levels in the average ability group. On a continuum scale of I.Q.'s represented by the distance of plus or minus one standard deviation, the choice of intellectual level of the group, i.e., lower or higher level mentally

retarded, seems to have more effect on the problems and satisfactions reported, than differences noted when comparisons are made with either lower or higher average ability groups. Significantly higher scores on problems were made by the lower level I.Q. mentally retarded group on the areas of the child's social maturity, his health and physical maturation, and his intellectual attributes. When satisfactions were compared, the lower level of the average ability group derived significantly more pleasure from the physical aspects of their living quarters. In the lower level retarded group there were strong tendencies toward more satisfactions concerning the child's competency and responsibility in the home, his health and physical maturation, and a statistically significant difference toward more frequent expression of pleasure in the child's personality attributes.

#### Sex Differences

If the responses of the parent are considered in relation to the sex of the subject child, what differences or characteristics of problems and satisfactions would be noted?

Problems. Table 15 analyzes the problems responses in the boy and girl groups. Major categories 2, reflection of self, etc., in child; 6, social and moral conditions of the community; 9, responsibility in the home; 14, special interests; and 17, medical treatment were omitted because their scores were too low to permit a differential analysis.

TABLE 15

DIFFERENCES IN PROBLEMS ACCORDING TO SEX OF THE CHILD: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	Boys (N-35)					Girls (N-15)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Percentage X	Mean X	Percentage X		Mean X	Percentage X	Mean X	Percentage X	
1	.8	4.2	.8	9.8		.6	4.1	.5	6.4	MR
3	.8	4.0	.2	2.1	MR	.5	3.6	.1	1.8	MR
4	.6	3.1	.2	2.7	MR	.5	3.6	.4	5.5	MR
5	.5	2.4	.4	5.2	MR	.3	1.8	.5	6.4	AA
7	1.0	5.4	.2	2.8	MR	.7	5.0	.5	6.4	MR
8	.5	2.8	.3	3.1	MR	.1	.9	.3	3.6	AA
10	1.2	6.6	.3	3.1	MR.05	1.1	7.7	.1	.9	MR.01
10.02										MR.05
11	1.1	5.8	.8	9.4	MR	1.0	6.8	.9	12.7	MR
12	3.7	19.3	1.4	16.8	MR	4.1	27.6	.5	6.4	MR.01
12.01										MR.05
12.05										MR.05
13	.7	3.6		.3	MR.01	1.1	7.2			MR.10
13.01					MR.01					
15	2.4	13.0	1.8	22.0	MR	1.7	11.3	1.7	22.7	
15.08					MR.10					
16	4.1	21.1	1.1		MR.05	2.2	14.9	1.0	13.6	MR
16.09					MR.01					

Among the mentally retarded boys, the six ranking problems were school, health, personality, social maturity, relationship with members of family, and coping with external conditions of contemporary living. Personality ranked first in the average ability groups, followed by health, school, social maturity and being a parent figure, and living quarters. Taken as a total group, the mentally retarded boys rated approximately twice as many problems reported by their parents as did the average ability group. In all cases where differences were obtained in scores, the direction of difference for each category of problems was toward a higher frequency in the mentally retarded group. In major category 10, social maturity, the difference was significant at the 5 per cent level. While major category 13, intelligence, did not rank in the first six concerns, it was sufficiently high in relation to the score obtained by the average ability group as to be significantly different at the 1 per cent level. The concern, more specifically, was identified in the area of degree of intelligence. While major category 15, personality, taken as a whole fails to obtain a difference which is statistically significant, subcategory 15.08, emotionality, shows a stronger trend at the 10 per cent level of confidence. The same characteristic is noted in major category 16, school, which is significantly different at the 5 per cent level, while in subcategory 16.09, school placement, the difference can be accepted with greater

confidence at the 1 per cent level. Significant differences were obtained in those four areas of problems in the mentally retarded group which account for 44 per cent of the responses.

Among the girls in the retarded group the relative frequency of problems scores was lower than the boys' except in major category 12, health, which ranked highest of the total list. There is also more frequent mention given to concerns about the girls' intellectual attributes. Otherwise, the distribution of scores rather generally follows the patterns in the boys' group. Of the six categories of highest frequency, five were also listed in the boys' group. Problems of girls in the average group, except for major category 12, were highly similar in rate of frequency to their counterparts in the boys' group. Major category 5, living quarters and 8, personal routines, were the only areas in which average girls scored higher in problems than did the mentally retarded girls.

Measured in terms of the statistical significance of the difference in higher frequency of mention concerning problems of the mentally retarded girls, the obtained differences for major category 10, social maturity, at the 1 per cent level, and subcategory 10.02, social skills, at the 5 per cent level, may be viewed in conjunction with similar findings in the boys' group. Health in major category 12 yielded differences significant at the 1 per cent level, and at the 5 per cent level for subcategories 12.01, health

and robustness, and 12.05, motor efficiency. Intellectual attributes in major category 13 at the 10 per cent level failed to obtain as strong a difference as found between the boy groups. Altogether, statistically significant differences were obtained from three areas of concern accounting for approximately 40 per cent of the responses pertaining to the mentally retarded girls, but only 7 per cent pertaining to the average ability girls.

Summary. Parents of mentally retarded boys and of mentally retarded girls are significantly more concerned with their children's social maturity than the comparative groups of parents of average ability children. While the direction of greater concern for their children's health is present in the parents of both sexes of mentally retarded children, the difference is statistically significant only with the girls. Intelligence, which as a concern is highly different in the boy group, appears as only a strong trend in the girl group possibly because the sample was too small to give a more definite index. Problems of emotionality which appear as a strong trend with the mentally retarded boys, and school problems, particularly school placement where the difference is highly significant, fail to find corresponding differences between the girl groups.

Satisfactions. References to satisfactions in relation to the sex of the child are reported in Table 16. Major

TABLE 16

DIFFERENCES IN SATISFACTIONS ACCORDING TO SEX OF THE CHILD: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Boys (N-35)					Girls (N-15)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	.3	2.1	.3	2.5		.3	2.4	.3	2.2	
4		.3	.2	1.9	AA.10		.5	.3	2.2	AA
5	.1	.9	.6	5.3	AA.01	.3	1.9	.8	6.5	AA
9	2.2	14.7	.9	8.3	MR	1.8	13.0	.4	3.3	MR.01
10	1.3	8.4	1.2	10.6	MR	.8	5.8	.9	7.6	AA
11	1.7	11.4	1.4	12.0	MR	1.7	12.1	1.5	12.5	MR
12	1.3	8.5	.6	5.5	MR.01	1.0	7.2	1.1	9.2	AA
12.05					MR.05					
13	1.0	6.6	.5	4.2	MR	1.0	7.2			MR.01
13.01										MR.10
14	.6	3.7	.7	6.0	AA	.5	3.9	1.0	8.1	AA
15	1.8	12.1	1.6	14.3	MR	1.5	11.1	1.9	15.8	AA
16	3.2	20.8	2.0	18.0	MR	3.2	23.2	2.7	18.5	MR
16.09					MR.05					

categories 9, responsibility in the home, and 14, special interests, are the only additional areas not covered in the previous discussion of problems. Five of the seven highest ranking satisfactions categories were also included in the six highest problems categories for mentally retarded boys. Pleasure in the child's responsibility in the home and his intellectual attributes account for the other two satisfactions areas. Six of the seven leading satisfactions of the average ability group were those included in the retarded group. School ranked highest for both boys and girls as a reference of pleasure by their parents. By inspection it can be seen that scores were generally higher for problems than for satisfactions in the mentally retarded boys' group. On the other hand, the score relationship was just opposite in the average ability group. The effect of this tendency is observed in the direction of higher frequency of pleasure by the average ability group parents in major category 4, conditions of family finances, where the difference may be accepted at the 10 per cent level of confidence and in major category 5, living quarters, where the difference was significant at the 1 per cent level. On major category 14, special interests, the satisfactions score was slightly higher for the average group. All other obtained differences in satisfactions categories among the boys were in the direction of a higher frequency for the mentally retarded boys. These differences were statistically significant at the 1 per cent

level for major category 12, health, particularly as the references were directed primarily to the child's motor efficiency, and subcategory 16.09, school placement, statistically significant at the 5 per cent level. In one major category, 16, school, subcategory, 16.09, placement, parents of mentally retarded boys mentioned both problems and satisfactions with frequency sufficiently higher as to be statistically significant. The categories from which statistically significant differences have been derived accounted for approximately 30 per cent of the total responses of satisfactions from the mentally retarded and average ability groups.

Among the mentally retarded girls, the seven ranking satisfactions categories were the same as for the mentally retarded boys. In general, the score ratios and distributions are very similar. The biggest deviation occurs in the relative position of major category 10, social maturity, where the frequency was considerable lower in relation to the comparative frequencies of the other categories. Five of the seven major categories with highest scores for mentally retarded girls also apply with the average ability group. Taken as a total group, the frequency of satisfactions responses by the parents of the average group is only slightly lower than the frequency for the satisfactions concerning the mentally retarded children. The result of the closeness of the scores has been that the direction of greater frequency

was obtained by the average ability group in six major categories. These included family finances, living quarters, social maturity, health, special interests, and personality. Statistically significant differences, though, were derived by higher scores pertaining to the retarded group in satisfactions of child's responsibility in the home (1 per cent level), and intelligence (1 per cent level). These two major categories accounted for approximately 20 per cent of total satisfactions responses of the mentally retarded girls and only 3 per cent on the average ability girls. In no category of satisfactions for boys and girls in which a statistically significant difference was found in one group could a statistically significant difference in either direction be found in the other group.

Summary. Parents of mentally retarded boys and girls according to the frequency of mention of problems are significantly more concerned about the social behavior of their children than are parents of comparable average ability children. The same holds true with concern for the relative intellectual attributes of both sexes in the retarded group. Other important differences do not occur in both boy and girl groups at a statistically significant level. The confidence with which greater concern for school and the child's personality traits can be said to characterize parents of mentally retarded boys does not apply to mentally retarded

girls. On the other hand, the difference in the greater concern for the mentally retarded girls' health and physical maturation does not characterize to that degree problems relating to mentally retarded boys' health. But where health was not uniquely a reported problem with mentally retarded boys, parents report significantly more satisfaction on this subject. It is noted also that even though problems associated with the school typify responses of parents of the retarded boys, the parents differ just as significantly in the higher frequency of satisfaction concerning the school. Satisfactions in the average ability boy group reported on family finances and physical aspects of living quarters may reflect the somewhat better economic status of these parents. Just as school was both a problem and satisfaction to parents of mentally retarded boys, the mentally retarded girls' intellectual attributes constituted problems and satisfactions to their parents. Particularly pleased were the parents of these children with the help they received in the home.

#### Age of Child

What would be the characteristics and differences of problems and satisfactions reported by parents when mentally retarded and average ability children are considered in relation to the factor of their age levels? To analyze this problem, pairs of thirteen retarded and average ability children ten years of age or younger were studied in conjunction with reports on pairs of such children twelve years of age

or older.

Problems. Reports on problems of the two age groups are given in Table 17. Six major categories were found to be sufficiently sensitive to have discriminative value. Viewed as to their gross characteristics, the total problems score for mentally retarded children in the younger group was approximately twice as high as the problems score for the average group. This ratio was essentially the same for the problems scores of the older age children, too. The six categories, representing about two-thirds of the problems listed by each of the parent groups, given in the rank order of scores for the retarded group are school, health, personality, social maturity, being a parent figure, and relationship with other members of the family. In the average ability group personality and school represent the two major concerns. However, no score by the average group reaches or exceeds the comparable score in the retarded group. Obtained differences at the 10 per cent level of significance are noted at major category 10, social maturity, and 12, health.

Distribution of problems in the older age groups maintains the order of the two top concerns. A noticeable drop occurs in major category 15 where the direction of higher frequency changes to the average ability children.

Summary. There is a noticeable trend in the reports of parents of younger age mentally retarded children to show

TABLE 17

DIFFERENCES IN PROBLEMS ACCORDING TO AGE OF THE CHILD: MEAN AND PERCENTAGE  
 SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION  
 AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Ten years or Younger (N-13)					Twelve Years of Older (N-12)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	1.5	7.3	.9	9.4	MR	.9	5.7	.3	4.0	MR
10	2.1	10.4	.4	3.9	MR.10	1.0	6.2	.4	5.0	MR
11	1.2	5.8	.8	8.7	MR	1.5	9.4	.8	9.9	MR
12	3.5	17.7	.8	8.7	MR.10	3.5	21.9	1.1	12.9	MR
15	2.9	14.6	1.8	18.9	MR	1.2	7.8	2.2	26.7	AA
16	3.3	16.5	1.2	12.6	MR	3.1	19.3	1.5	17.8	MR

greater concern about the social maturity and health and physical maturation of these children than shown by parents of average ability children. The same areas of concern when studied in the older age groups reveal scores in the average ability group which are very similar to those obtained in the younger group. The difference in the direction of the higher score reflects a sizeable drop in the score frequency for the area reported by the parents of the retarded children. While the difference is not statistically significant, the fact of the change in direction with a corresponding decline in the score for the retarded or major category 10 may possibly indicate the gradual dissipation of concerns about the mentally retarded child's social maturity and health as he grows up.

Satisfactions. Except for major category 9, responsibility in the home, substituted for major category 1, the satisfactions reported in Table 18 are sensitive to the same areas as the problems discussed above. Considering the total distribution of satisfactions scores in the age group of ten years or less, the score of the retarded group was slightly higher with 56 per cent of all the satisfactions reported by both groups. In the older age group, the scores of satisfactions were almost identical for the retarded and average samples. In rank order, the satisfactions of parents of younger mentally retarded children are school, health, relationship with members of family, social maturity, personality,

TABLE 18

DIFFERENCES IN SATISFACTIONS ACCORDING TO AGE OF THE CHILD: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Ten Years or Younger (N-13)					Twelve Years or Older (N-12)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
9	.8	5.8	.8	6.8		3.2	19.7	1.4	9.0	MR.05
10	1.4	9.5	1.2	10.9	MR	1.2	7.3	1.6	10.0	AA
11	1.5	10.6	1.8	15.6	AA	1.7	10.8	2.0	12.7	AA
12	1.8	12.7	.7	6.1	MR	1.2	7.8	.5	3.2	MR
15	1.3	9.0	2.1	18.4	AA	2.3	14.5	1.7	9.0	MR.10
16	3.8	26.5	1.7	15.0	MR	2.2	13.5	3.5	22.2	AA

and responsibility in the home. These and corresponding satisfactions in other groups each account for approximately two-thirds of the total scores in their respective samples. Personality traits, relationships with other members of the family, and school are the three ranking satisfactions of the younger average ability group. It is to be noted that in social maturity and health which constituted definite problems as reported by the same group of parents, these areas with the school are the three which also have the higher satisfactions scores. Analysis of the five major categories which were used in the consideration of both problems and satisfactions, shows that all but one score in the satisfactions reports by the average younger group were higher than the corresponding scores for problems. In the retarded group this trend was reversed, with only two satisfactions categories obtaining scores higher than the corresponding frequencies for problems. None of the differences in satisfactions between the mentally retarded and average ability samples in the younger age group were satisfactorily significant.

Responsibility in the home, personality, and school in that order indicate the leading satisfactions reported by parents of older mentally retarded children. In the average ability sample, school, relationship with other members of the family, and personality rank highest. The characteristics of the responses between the two parent groups indicate

a difference in the direction of retarded children on major category 9, responsibility in the home, which is significant at the 5 per cent level. Reference to Table 16 reveals this category to be a reaction particularly to girls. As in the case of the younger group, the scores for the retarded children were higher on major category 12, health. However, on major category 15, personality, the trend was reversed with the difference in higher frequency in the older age retarded sample significant at the 10 per cent level. Higher frequencies for satisfactions reported by parents of the average ability sample occur as reversals in trends in major category 10, social maturity, and 16, school.

Summary. Mentally retarded children who are below ten years of age appear to constitute a bigger problem for their parents than such children who are twelve years or older in age. The particular areas in which the parents' concerns differ most from concerns of parents of average children are those pertaining to the child's social maturity and his health and physical maturation. However, the parents of the mentally retarded expressed more concern in all categories of problems for both age groups except in the area of personality where parents of average ability children indicated more difficulties.

According to the satisfactions reported by both parent groups, the same areas except one which were used to describe the problems also proved adequate to describe the positive

attributes of the children. No statistically significant differences were obtained in the comparisons of the younger group. In the older group, significant differences were obtained in the more frequent mention of pleasure by parents of the retarded on the child's competency and responsibility in the home (particularly girls), and on personality traits and attributes.

### Ordinal Sequence

Would the birth order of the retarded child have any bearing on the way parents report problems and satisfactions associated with rearing him? This problem was studied by analyzing the responses of fourteen pairs of parents whose children were first born or only children and comparing these responses with those of parents of seventeen pairs whose children were second born or in other ordinal position.

Problem. Table 19 takes up the problems phase and shows the characteristics and differences between parents of retarded and average ability children who are the first born or only child in the family as compared with parental responses when the child is second born or of other birth sequence. The gross distribution of scores reveals approximately two-thirds of the problems in each ordinal sequence grouping came from parents of the mentally retarded children. The six categories represent about two-thirds of the problems responses by each of the parent samples. Arranged according

TABLE 19

DIFFERENCES IN PROBLEMS ACCORDING TO ORDINAL SEQUENCE OF SUBJECT: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	First Born or Only Child (N-14)					Second Born or Other Birth Order (N-17)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
10	.8	4.4	.1	.7	MR.10	.6	4.8	.3	4.1	MR
11	1.4	7.7	1.4	14.2		.8	5.7	.8	10.7	
12	3.7	21.0	1.0	9.9	MR	2.5	18.5	1.1	14.8	MR
13	.8	4.4			MR.05	.8	6.2			MR.05
15	2.2	12.5	2.5	24.8	AA	1.8	13.7	1.5	20.5	MR
16	2.3	12.9	1.3	12.8	MR	3.6	27.3	1.0	13.9	MR.10

to rank order in the first born or only child mentally retarded sample, the problems include concern for the child's health, schooling, personality, relationship with members of the family, social maturity and intellectual attributes. In the average ability sample personality problems rank highest, followed by relationship with members of the family, and school. Personality traits and attributes is the only area in which the higher frequency of scores was obtained by the average ability groups. On the subject of the child's social maturity parents of the retarded reported more problems, indicating a difference at the 10 per cent level. The difference at the 5 per cent level on concern for the child's intellectual attributes establishes this aspect of the retarded child's development as a condition for greater concern by his parents. However, it should be noted that statistical differences were obtained on scores accounting for less than 10 per cent of the total responses in the retarded group and less than 1 per cent in the average ability group. The areas in which no statistically significant differences were found are the ones describing the highest frequencies of problems in both parent groups.

When the birth sequence is second or any other order, the three top concerns are the same as obtained for first born children. There is the difference, though, in the reversal of order in major categories 16, school, which now holds first place, and 12, health, which takes second place

in the hierarchy of problems. The pattern of frequency of response in the comparable average ability group still maintains concern for personality problems in the top position. Health and school follow in that order. The child's relationship with members of the family which placed second in the order of concerns in the first born-only child group, now ranks fourth. It should be noted that in both groups there was a tie in the rate of frequency of the score and that the drop in the second born-other ordinal sequence represents less expressed concern by both parent groups even though there were more children in the families with whom the retarded child's association might have been the occasion for conflict. Where differences occurred, these were all in the direction of higher frequency for problems in the retarded group. Concern for first born-only mentally retarded children at the 5 per cent level of significance was repeated with the second born-other ordinal sequence group. The consistency of difference in both groups even to the point of identical scores tends to rule out any assumption that birth order would effect significant differences in the problems responses of parents of retarded children concerning their intellectual attributes. Greater concern at the 10 per cent level of significance in the area of schooling for the retarded child may bear some relationship with more occasion for educational comparisons within the family. The sizeable drop in frequency on problems of the child's

personality in the average ability group reestablishes the direction of concern in the mentally retarded sample. The significance of such change, though, would more likely be sought in what has happened within the average rather than retarded groups since in both cases the trend in frequency was downward as the child held other than first position in birth order.

Summary. Compared with the responses of parents whose subject children were of average ability, first born or only children in the family, responses of parents of a comparable group of mentally retarded children indicated significantly more concern with their children's social maturity. When the same comparison was made in the second or other ordinal sequence group, no statistically significant differences were obtained though the direction of greater concern still applied to the retarded sample. On problems of intellectual attributes, parents of mentally retarded children were significantly more concerned without regard for ordinal sequence. There was a strong indication that when the mentally retarded child was second born or other ordinal sequence, his parents would be more concerned about his schooling. There is no indication from the responses of either group of parents that mental retardation associated with birth order makes any difference in the comparative number of problems reported in the area of family relationships.

Satisfactions. Table 20 presents the satisfactions responses in relation to ordinal sequence of the child. The distribution of scores in all categories in the first born or only child group shows more references were made on retarded children. The ratio of satisfactions was 54 per cent as compared to 46 per cent in the average group. The comparative distribution in the second born or other ordinal sequence is 60 and 40 per cent. As in the case of problems, the mentally retarded samples also obtain higher frequencies in reported satisfactions. The eight categories which were sufficiently sensitive to characterize the satisfactions responses of both parent groups included approximately 75 to 85 per cent of all responses. Leading satisfactions reported by parents of mentally retarded children who were first born, etc., were included in the same areas descriptive of their leading problems. Pleasure in the child's helpfulness in the home, satisfaction in the school, and in the child's relationship with members of the family name but three. In the average sample, pleasure in the school, in the child's social maturity, and his responsibility in the home indicate ranking satisfactions. In the area of school references, the problems score was correspondingly high. It should be noted that satisfactions references by the average sample exceed the frequency of references by the retarded sample in the areas concerned with adequacy of living quarters and the child's social maturity. In each of these cases the differ-

TABLE 20

DIFFERENCES IN SATISFACTIONS ACCORDING TO ORDINAL SEQUENCE OF SUBJECT: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF  
DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	First Born or Only Child (N-14)					Second Born or Other Birth Order (N-17)				
	MR		AA			MR		AA		
	Mean X	Per- centage X	Mean X	Per- centage X	Direction Difference	Mean X	Per- centage X	Mean X	Per- centage X	Direction Difference
5			.6	4.6	AA.10	.2	1.8	.7	8.2	AA
9	2.7	18.0	1.4	11.4	MR	1.8	13.3	.7	8.2	MR
10	.9	6.2	1.9	15.4	AA.10	1.1	8.0	.8	8.8	MR
11	2.1	13.7	1.1	8.6	MR	1.6	12.4	1.0	11.6	MR
12	1.6	10.9	.6	5.1	MR	.8	5.8	.5	6.1	MR
13	1.4	9.5	1.0	8.0	MR	.6	4.9		.7	MR
15	1.4	9.5	1.1	8.6	MR	1.4	10.7	1.2	14.3	MR
16	2.5	16.6	2.5	20.0		3.8	28.9	1.4	16.3	MR

ence is significant at the 10 per cent level. In all other categories the references made by the retarded group exceed those made by the other group though the differences are not statistically significant. One of these categories, 9, responsibility in the home, was not sensitive in the consideration of problems. Now it appears as a leading satisfaction by both groups. Reference to the child's intellectual attributes which failed to register as a problem in the average ability sample gained considerable strength as a satisfaction. A very noticeable increase by this group also occurred in major category 16, school.

School resumes its leading position as a source of satisfaction in the references of parents whose mentally retarded children are second born or other birth order. Responsibility in the home, relationships with members of the family and personality follow in that order. Except for the decline in satisfactions on the child's responsibility in the home, the same major categories hold the leading positions in the average ability group. The higher frequency of reference by this group to satisfactions associated with their living quarters continues the trend noted in the first born or only child sample. On category 10, social maturity, the trend changes to a higher frequency for the second born, etc., retarded sample primarily because of the drop in scores in the average group.

Summary. Birth order of the child is considered as a factor in differentiating problems and satisfactions reported by parents of retarded and average ability children. Among the differences which may bear some relationship to birth order is the higher frequency of reported problems of social maturity by parents of first born-only children. Another strong trend appears in the direction of more problems reported in the area of the child's schooling by parents of second born or other birth order mentally retarded children. In these two major categories one may question whether or not the obtained differences reflect the influence of the number of siblings in the family as much as the ordinal sequence of the mentally retarded child. The one category, 13, intellectual attributes, which yielded a substantial difference in the direction of more problems by parents of the retarded in both ordinal groupings, presents more conclusive evidence that birth order of the child is not a key factor in this area of concern, at least. Where the effect of having a mentally retarded child might have yielded feelings of guilt, anxiety, or resentment, lack of sensitivity in major category 1, feelings about having offspring and being a parent figure leaves such feelings undifferentiated in the comparisons of the two ordinal sequence groups. Concern over the child's relationships with members of the family suggests that while the scores in the first born, etc., ordinal group are substantially higher than those in the

comparative group, the change, if related to ordinal sequence, occurs in the same ratio with responses from parents of both average and retarded children. Hence the influence of birth order, if any, appears to have equal effect in this case without regard for the intellectual level of the child.

There is a more significant trend for parents of first born-only average ability children to express pleasure over their living quarters when compared with the paired parents than is observed when such comparisons are made in the next ordinal group. The same observation may be made for the area of social maturity except that the higher frequency shifts to the mentally retarded sample of the second born or other ordinal group. This condition strengthens and lends support to evidence that birth order of the child may be a factor in the expression of pleasure in the social maturity of mentally retarded children.

#### Number of Siblings

How does the parent view the mentally retarded child in relation to the number of siblings in the family? The answer to this question would extend the information just explored in the consideration of birth order. To analyze this condition, the responses of twenty pairs of parents of subjects who had two siblings or less were compared with the responses of thirteen pairs of parents whose subject children had three siblings or more.

Problems. Table 21 presents the quantitative differences in problems between parents of the retarded and average ability children under the two conditions based upon the number of siblings. Better than 80 per cent of the total problems responses in the low sib group were named in the ten major categories which were sensitive to these responses. Between 75 and 80 per cent of the total problems in the higher sib group were named in the same categories. Roughly three-fourths of the problems in each sib group came from parents of the mentally retarded children. The rank order of problems by parents of retarded children in the low sib group is the school, health, personality, social maturity and coping with external conditions of contemporary living. Next follow being a parent figure, convenience of rearing the child, relationship with members of the family, intelligence, and reflection in child. In the comparative average ability group, each of the category scores are lower, with personality, health, school, and being a parent figure the four ranking concerns. Since the scores are all higher for the retarded sample, the obtained differences apply in the direction of significance for this group. The difference at the 10 per cent level on major category 3 indicates that parents in this group are likely to view the task of rearing a retarded child as much more burdensome than parents view the rearing of an average ability child. The difference at the 1 per cent level establishes concern

TABLE 21

DIFFERENCES IN PROBLEMS ACCORDING TO NUMBER OF SIBLINGS: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Two Siblings or Less (N-20)					Three Siblings or More (N-12)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	1.4	6.1	.7	8.4	MR	.1	.5	.4	6.1	AA
2	.5	2.4	.3	4.2	MR	.1	.5			MR
3	1.4	6.1	.1	1.8	MR.10	.3	2.0	.3	5.0	
7	1.7	7.4	.4	5.4	MR	.2	1.0	.2	2.0	
10	1.8	7.9	.2	2.4	MR.01	1.0	6.4	.3	4.9	MR
11	.9	3.9	.6	7.7	MR	1.6	10.4	.7	11.0	MR
12	5.2	22.9	1.3	15.5	MR.05	2.9	18.8	1.2	18.3	MR
13	.7	3.1		.6	MR.05	.6	3.9			MR
15	2.5	11.1	1.8	22.0	MR	1.8	11.9	1.2	18.3	MR
16	4.0	17.5	1.2	14.9	MR	4.0	25.7	.6	9.8	MR.05

for the retarded child's social maturity as a definite problem for these parents. On health and intellectual attributes, the significance of difference at the 5 per cent level confirms the critical nature of these two areas of the low sib group.

In the higher sib group, the top three concerns of parents of the retarded children are the same as given for such parents in the lower sib group. The biggest deviations occur in the pronounced decline in the frequency of most of the scores. In only one major category, 11, relationship with members of the family, is there an increase in the score. The scores of the average ability group, on the other hand, not only resemble the distribution established for average children in the lower sib group, but also compare closely with the rate of frequency in that group. While the effect in most cases was a sizable change in the ratio of scores between the retarded and average samples, the change was large enough to effect a reversal only in the direction of greater frequency for problems in the average sample on major category 1, being a parent figure. A difference at the 5 per cent level on major category 16, school, establishes a significantly higher rate of concern in just this one area.

Summary. Parents of mentally retarded children who have no more than two siblings report significantly more

problems in the areas of convenience of rearing the child, social maturity of the child, his health, and his intellectual attributes. Except for problems of convenience of raising the child, all of these concerns were reported with greater frequency than they were in the comparative average sample in the three siblings or more group. However, concerns about the retarded child's schooling was the only area in which statistically significant differences were obtained in the higher sib group. The primary differential characteristics between the results obtained on the two sib groups seem to be characterized best by their rate and distribution of scores; for example, the average ability samples are observed to be highly similar in obtained scores. The mentally retarded sample, on the other hand, differs widely in both rate and distribution of scores. Such being the case, these factors lend credence to the possibility of some relationship between the number of siblings in the family and the kinds and number of problems reported.

Satisfactions. Table 22 shows satisfactions responses in relation to the number of siblings in the family. From 80 to 90 per cent of all satisfactions responses are included in the ten major categories. Approximately 60 per cent of the total satisfactions responses in each sib group came from parents of the mentally retarded children. There were only two cases in which the majority of scores were

TABLE 22

DIFFERENCES IN SATISFACTIONS ACCORDING TO NUMBER OF SIBLINGS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Two Siblings or Less (N-20)					Three Siblings or More (N-13)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
6	.4	2.1	.3	2.7	MR	.1	.6	.7	8.2	AA.05
8	.9	4.8	.4	3.1	MR.10	.3	2.1	.3	3.6	
9	2.8	14.9	1.0	7.7	MR.10	1.3	9.1	1.2	13.6	MR
10	1.7	9.1	1.6	12.3	MR	1.2	8.6	.7	8.2	MR
11	1.8	9.9	1.1	8.4	MR	1.7	11.8	.6	7.3	MR
12	1.6	8.5	.8	6.5	MR	1.3	9.1	.3	3.6	MR.05
13	1.3	7.2	.9	6.9	MR	.6	4.3	.4	4.5	MR
14	.5	2.9	1.0	7.7	AA	.9	6.5	.5	5.5	MR
15	2.5	13.3	1.9	14.6	MR	1.5	10.2	1.1	12.7	MR
16	3.2	17.1	2.3	17.6	MR	4.2	29.6	1.1	12.7	MR

obtained by the parents of the average ability children. Those occurred in the lower sib group on major category 14, special interests and attributes, and in the higher sib group on major category 6, reflections on the social and moral conditions of the community. Leading satisfactions reported by parents of the retarded in the low sib group include school, responsibility in the home, personality, relations with members of the family, social maturity, health, and intelligence. In the comparable average group, school also ranks highest as a satisfaction. The order of other satisfactions in this sample also includes personality, social maturity, relationships with family members, responsibility in the home and special interests and activities. Differences in the direction of higher frequencies by the mentally retarded sample occur at the 10 per cent level of significance on satisfactions with child's responsibility in personal routines and responsibility in the home.

Satisfactions responses by the retarded sample in the three sib groups indicate a decline in frequency except for major categories 14, special interests and activities, and 16, school. Such a comparison with mean scores in the two sib retarded sample shows the biggest drop in major categories 9, responsibility in the home, 13, intelligence, and 15, personality. School still leads as a source of pleasure. In the average ability group in the three sib situation, the rate of responses indicates a drop in fre-

quency in all categories except 9, responsibility in the home, and 6, social and moral conditions of the community. Major category 9 as the leading satisfaction is followed by pleasure in the child's personality and schooling. The significant difference of higher frequency by the average ability sample on expression of pleasure in the social and moral conditions of the community represents a reversal of the trend in the two sib groups. The more frequent reference by parents of the retarded to concern for the child's health and physical maturation yields a difference which is significant at the 5 per cent level. However, this difference is in the same direction of the score ratio in the lower sib group.

Summary. The problem has been to establish evidence of the relationship of the number of siblings to differences in problems and satisfactions reported by parents of retarded and average ability children. A more frequent mention of pleasure by parents of retarded children in the child's responsibility in personal routines appears as a significant characteristic of small families. Helpfulness in the home also appears to be an item of appreciation of such parents in their children at a level of difference which increases as the families become smaller in size. Health, which appears as a significant pleasure of parents of retarded children in the three sib group, may be questioned in terms of

the relationship influence of size of family. The statistical difference occurs with only a slight shift in the score ratio between the retarded and average samples which resemble their counterparts in the two sib group.

### Summary

Five conditions were considered in relation to the intellectual classification of two groups of children. These conditions were I.Q. level, sex, age, ordinal sequence, and number of siblings of the subject children who were designated as mentally retarded or of average ability. Parents of fifty mentally retarded and fifty average ability children were asked to discuss the problems and satisfactions they experienced in rearing these boys and girls. Their responses were classified under seventeen major categories and described under eighty-seven subcategories either as being problems or satisfactions. The responses were tabulated according to their frequency. Determinations were made of the significance of difference between the frequency of mention of problems or satisfactions by the parents of mentally retarded children and the parents of the comparable group of average ability children. To provide for a better description of the characteristics of the two groups, responses were converted to average scores and percentage scores. It was thereby possible to augment the determination of the presence or absence of statistically significant

differences by direct inspection of the data. Through these methods the responses of the parents were analyzed according to characteristics in the child populations to see what effect, if any, such characteristics would have on the way parents would view their children. Table 23 brings together the separate analyses and describes each group in relation to the proper category which fits the problem or satisfaction reported in greater frequency either by the parents of the mentally retarded or average ability children. Statistically significant differences up to the 10 per cent level are included whenever obtained.

Major category 1, feelings about having offspring and being a parent figure, might have reflected the disappointment, feelings of guilt or resentment by parents to a degree sufficient to differentiate between the effect of having a retarded or normal ability child. Such was not the case. While there were more problems expressed about mentally retarded children, the differences between groups were not statistically significant. The most striking characteristic appears in the absence of a satisfactions trend by either retarded or average groups under any of the headings. These parents were not inclined to describe the positive values in the sense of personal fulfillment. Such feelings might have been reflected through the opportunity to express a sense of reincarnation or perpetuity in category 2, reflection of self, spouse, or family member in

TABLE 23

SELECTED CHARACTERISTICS OF CHILD GROUPS: DIRECTION AND LEVEL OF SIGNIFICANCE  
OF DIFFERENCE BETWEEN PROBLEMS AND SATISFACTIONS RESPONSES OF  
PARENTS OF RETARDED AND AVERAGE ABILITY CHILDREN

Category	I.Q. Level		Sex of Child		Age of Child		Ordinal Sequence		Number of Siblings	
	+65 -97	+64 +99	Male	Female	10 or Less	12 or More	1st or Only	2nd or Higher	2 or Less	3 or More
1.0 Feelings about having offspring	PMR	PAA		PMR	PMR	PMR			PMR	PAA
2.0 Reflection of family in child									PMR	PMR
3.0 Convenience in rearing child			PMR	PMR					PMR.10	
4.0 Family finances			PMR SAA.10	PMR SAA						
5.0 Living quarters	SAA.05	SAA	PMR SAA.10	PAA SAA			SAA.10	SAA		
6.0 Social-Moral aspects of community									SMR	SAA.05
7.0 Coping with contemporary living			PMR	PMR					PMR	

TABLE 23--Continued

Category	I.Q. Level		Sex of Child		Age of Child		Ordinal Sequence		Number of Siblings	
	+65 -97	-64 +99	Male	Female	10 or Less	12 or More	1st or Only	2nd or Higher	2 or Less	3 or More
8.0 Personal routines	SAA	SMR	PMR	PAA					SMR.10	
9.0 Responsibility in home	SMR	SMR.10	SMR	SMR.01		SMR.05	SMR	SMR	SMR.10	SMR
10.0 Social maturity	PMR SAA	PMR.05 SMR	PMR.05 SMR	PMR.01 SAA	PMR.10 SMR	PMR SAA	PMR.10 SAA.10	PMR SMR	PMR.01 SMR	PMR SMR
10.02 Social skills				PMR.05						
11.0 Relations with family members	PMR	SMR	PMR SMR	PMR SMR	PMR SAA	PMR SAA	SMR	SMR	PMR SMR	PMR SMR
12.0 Health and maturation	PAA SMR	PMR.01 SMR.10	PMR SMR.01	PMR.10 SAA	PMR.10 SMR	PMR SMR	PMR SMR	PMR SMR	PMR.05 SMR	PMR SMR.05
12.01 Condition of robustness				PMR.05						
12.05 Motor efficiency			SMR.05	PMR.05						

TABLE 23--Continued

Category	I.Q. Level		Sex of Child		Age of Child		Ordinal Sequence		Number of Siblings	
	+65 -97	-64 +99	Male	Female	10 or Less	12 or More	1st or Only	2nd or Higher	2 or	3 or
13.0 Intellectual attributes	PMR SAA	PMR.05 SMR	PMR.01 SMR	PMR.10 SMR.01			PMR.05 SMR	PMR.05 SMR	PMR.05 SMR	PMR SMR
13.01 Degree of intelligence			PMR.01	SMR.10						
14.0 Special interests			SAA	SAA					SAA	SMR
15.0 Personality Traits	PMR SAA	PMR SMR.05	PMR SMR	SAA	PMR SAA	PAA SMR.10	PAA SMR	PMR SMR	PMR SMR	PMR SMR
15.08 Emotionality			PMR.10							
16.0 Feeling about the School	PMR SAA	PMR SMR	PMR.05 SMR	PMR SMR	PMR SMR	PMR SAA	PMR	PMR.10 SMR	PMR SMR	PMR.05 SMR
16.09 School Placement			PMR.01 SMR.05							

child. It was, as can be seen, sensitive only as a problem reference under both groupings of number of siblings. Category 3, extent of convenience or inconvenience in rearing of child, also lacking in sensitivity, did, however, indicate that parents who have a mentally retarded child in a small family are likely to consider his rearing more bothersome than when the family is larger. Category 4, the conditions of family finances, probably reflects the more favorable financial circumstances in the families of average ability children. The same characteristic is noted under 5, feelings about the physical aspects of the living quarters. Furthermore, parents of the average ability children in situations of three or more siblings expressed significantly more pleasure in the social and moral conditions of the community.

In turning their attention to the subject child, parents of the mentally retarded expressed in category 7, child's ability to cope with the external conditions of contemporary living, a higher rate of concern for both boys and girls, but not to the extent that concerns were significantly higher than in the average sample. Personal routines of the retarded child afford pleasures to the parent more frequently in the small family than in the large family situations. References by parents of retarded children appear with greater frequency than by parents of the average group in the expression of pleasure in the child's competency or

responsibility in the home. These expressions of satisfaction occur under each of the headings used to characterize the groups. The direction of difference is toward a higher frequency as the I.Q. distance is widened between retarded and average ability children. When viewed in relation to the sex of the child, retarded girls significantly yield more references of pleasure than average girls in this area. In terms of the child's age, the difference is significantly greater in the older age group than in the younger age bracket. Ordinal sequence is not established as having a differential effect in the responses of the parents. Taken in relation to the size of the family, though, responses by parents of retarded children in small families indicate a significantly higher trend of pleasure in the child's assumption of home duties. In the area of social maturity, category 10, the direction of higher frequency in problems occurs in the comments of parents of the retarded children in each group heading. These parents report significantly more problems in the lower I.Q. child group. These differences are obtained in both male and female samples and thereby fail to indicate that sex is a factor in the problems responses. The age of the child appears as a factor bearing relationship to the more frequent mention of problems in the younger child group. This trend is also observed more with first born or only children than with children born in other birth order. There is a question of whether or not

this difference should be associated with birth order or number of siblings in the family. Since the difference between retarded and average samples was highly significant in the situations where there were two siblings or less, the two factors--first born or only child and few siblings--would seem to go together in the interpretation of the comparatively higher rate of social maturity problems of mentally retarded children reported by their parents. The child considered in his relations with members of his family, also reveals the tendency of problems to be more prominent among the retarded group. The exceptions occur under the ordinal sequence heading. It is to be noted that compensatory satisfactions in the retarded samples counterbalance problems references when sex of the child or number of siblings is considered. However, none of these differences were large enough to represent statistical significance.

The health of the retarded child was of great concern to the parents. Particularly in the lower level I.Q. sample of the retarded group, health problems were not only significantly different, but opposite in the direction of greater frequency of the comparative sample. Since problems in health and physical maturation caused so much concern, it was also the occasion for rejoicing when improvements were made or problems overcome. This tendency can be noted especially in the highly significant difference of satisfactions for boys in the retarded group. The correspondingly

high difference in the frequency of health problems for retarded girls is not counterbalanced with the positive weight of compensatory satisfactions. This fact suggests the possible interpretation of continuing concern. The evidence tends to support the relationship between greater concern and the younger age of the child. In the smaller size families, health stands as a significant concern among these parents. The appreciation of health in the retarded sample, however, occurs with significant frequency in only the larger size families.

The characteristics of the positive and negative responses on the child's intellectual attributes resemble the patterns in the health category. Concern for the retarded child's intellectual difficulties was prominent except in the consideration of relationship with age of the child. There was more concern with such problems in the lower I.Q. sample of the retarded group. Parents of these children were concerned more with the intellectual difficulties of boys than of girls. Comments of a positive nature were associated primarily with the girls. The ordinal position of the child does not yield differential data in itself. The significance of the greater frequency of problems in the references to retarded children might better find an explanation in the relation to size of family than to birth sequence.

Special interests and activities represented in

category 14 registered, primarily, reactions from the average ability group. The area was not particularly sensitive to either group of parents, and the direction of greater frequency tends to favor the expression of satisfaction in the special interests and activities in both boy and girl samples of the average group. No statistically significant differences appear to indicate differential qualities in this area of concern between the parents of the retarded and average ability children. The next category, 15, personality traits and attributes, did yield results of a positive or negative nature under each of the headings studied. Both lower and higher I.Q. levels of the retarded group obtained more problems references than their paired groups, but these differences were not statistically significant. The expression of pleasure in the positive attributes of personality in the more severely retarded did show a compensatory reaction by the significantly higher reference made by their parents. When the comments about the children were analyzed in terms of the distribution of problems or satisfactions references in relation to the sex of the child, it was found problems of emotionality among the boys were mentioned with sufficient frequency to indicate a trend which did not occur with the girl sample. The factor of the child's age shows that when children ten years old or younger were compared with their pairs, there was a higher frequency of satisfactions in the average ability

group. However, these differences were not statistically significant. The twelve year or older age group yielded a reversal in these score trends where the expression of satisfaction in the retarded child's personality traits was frequent enough to show a statistical difference. The average ability sample in the first born or only child sequence also represented more problems than did the retarded groups. In all the remaining considerations of problems or satisfactions under ordinal sequence or number of siblings the majority of scores in either case was obtained by the mentally retarded. The concerns appear greater and the parents express more satisfaction in the positive attributes of their children. These findings, though, are based upon reports which failed to yield statistically significant differences.

The topic or area of the school was expected to elicit strong reactions from both parent groups. The positive and negative reactions from parents of the retarded children almost completely over-shadowed the responses in the average group. The two cases where the direction of higher frequency was obtained by parents of average children were in the expression of satisfactions relative to school in the lower ability sample in the average group, and in the sample of children who were twelve years of age or older. The over-all score pattern resembled the profile for category 13, intellectual attributes. The differences

were statistically significant for the higher frequency of school problems, particularly placement concerns, for mentally retarded boys, and for compensatory satisfactions in the same area. What may be indicative of a trend of greater concern for retarded children of second or other birth order, appears as a major difference in the three siblings or more sample. It is noteworthy that no statistically significant differences were found in relation to the age of the child and his adjustment in school.

## CHAPTER VI

### PROBLEMS AND SATISFACTIONS IN RELATION TO CERTAIN CHARACTERISTICS OF THE PARENTS REPORTING

Certain characteristics which differentiate the child rearers and their situations are now brought together and considered in relation to the expressed problems and satisfactions concerning their children. Among the factors to be studied in these relationships are parent-child age differences, social class status, education level of the parents, their marital stability, and length of residence in the local community.

#### Parent-Child Age Differences

Problems. Table 24 presents seven major categories which were sensitive to problems in the analysis of the influence of age difference between parent and child. From 65 to 80 per cent of the total classified responses was included in these categories. The data were obtained from thirteen pairs of parents who were not more than twenty-four years older than the subject children, and from twelve pairs

TABLE 24

DIFFERENCES IN PROBLEMS ACCORDING TO PARENT-CHILD AGE DIFFERENCES: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	Parent-Child Age Difference 24 Years or Less (N=13)					Parent-Child Age Difference 28 Years or More (N=12)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	1.1	4.8	.2	1.9	MR	.7	3.9	1.0	9.4	AA
10	1.5	6.8	.2	1.9	MR	1.0	5.9			MR.10
11	1.2	5.4	1.1	13.6	MR	.7	4.4	1.3	12.6	AA
12	5.5	24.1	1.0	12.6	MR	3.3	19.7	1.4	13.4	MR
13	.8	3.4	.1	1.0	MR	.7	4.4			MR.10
15	2.7	11.9	2.1	27.2	MR	1.7	9.9	2.2	21.3	AA
16	5.8	25.8	1.3	16.5	MR	2.8	16.7	1.0	9.4	MR

of parents who were not less than twenty-eight years older than the subject children.

In the twenty-four year classification, the difference in score frequency is represented by a higher rate of problems expressed in each of the categories by parents of mentally retarded children. The order of frequency in the column for retarded children is first, school, followed by health, personality, social maturity, relationship with family, etc. It is observed that personality, school, social maturity, and health follow in that order with the average ability group. While score differences between the retarded and average ability children appear sizable, e.g., major category 12 health and 16, school, the score trends do not yield statistically significant differences in this parent-child age difference bracket.

When the parent-child age difference is increased to twenty-eight years or more, there results a drop in each of the problems categories for the retarded group. In terms of corresponding percentages, this drop amounts to approximately an 18 per cent decrease in problems scores. The distribution characteristics of problems scores for the average ability group reveal three reversals in trend directions and more conclusive indices of trend tendencies where they exist. Taken in rank order, the leading problems indicated in the retarded sample are health, school, personality, social maturity, etc. In the average group personality ranks first,

followed by health, relationship with family members, etc. The higher frequency of problems in the average group on major category 1, feelings about having offspring, is the result of the decrease in the references of the retarded sample as well as the increase in the average ability references. The same trends are observed in the higher frequencies in major categories 11, relationship with members of the family, and 15, personality. Differences in the direction of greater frequency in the retarded sample were obtained at the 10 per cent level of confidence on major category 10, social maturity, and 13, intelligence. It should be noted these differences occurred in spite of the corresponding drop in scores.

Summary. In terms of frequency of mention, parents who are not more than twenty-four years older than their mentally retarded children report a greater number of problems in all of the sensitive areas than are reported by parents in the average group with whom they are paired. None of these differences, though, carry the weight of statistical significance. The twenty-eight year age difference bracket yields a noticeably different trend. First, the mean scores for each of the categories take a drop in comparison with such mean scores in the other group. Inversely, there are comparable increases in the mean scores of the average ability sample. Indication of real differences

between the retarded and average ability samples occurs in the area of the retarded child's social maturity and intellectual attributes.

Satisfactions. The characteristics and differences in references to satisfactions are given in Table 25. The references are classified under the eight categories which were sensitive to approximately three-fourths of the total responses by each parent group. Sixty per cent of the satisfactions responses in the twenty-four year age bracket were made by parents of the retarded children; the remaining 40 per cent were yielded by references from parents of the average ability children. The corresponding percentage ratios in the twenty-eight year bracket were 48 and 52 per cent. Ranking highest in a list of satisfactions in the twenty-four year bracket of the retarded sample was major category 9, child's competency and responsibility in the home. There followed pleasure in the child's relationship with members of the family, satisfactions with his schooling, his personality, social maturity, etc. The responses from the paired average ability sample were lower in frequency for each of the major categories except 4, living quarters, and 16, school. It was the topic of the school that elicited the most expressions of pleasure in this group. Other ranking pleasures were personality of the child, his relationship with members of the family, etc. The only

TABLE 25

DIFFERENCES IN SATISFACTIONS ACCORDING TO PARENT-CHILD AGE DIFFERENCES: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Parent-Child Age Difference 24 Years or Less (N=13)					Parent-Child Age Difference 28 Years or More (N=12)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
5			.2	1.3	AA	.1	.6	1.3	9.3	AA.05
9	3.8	19.9	1.1	8.9	MR.05	2.2	16.2	1.3	9.3	MR
10	1.9	10.2	1.3	10.8	MR	.8	6.2	1.9	13.4	AA.10
11	2.6	13.8	1.6	13.3	MR	1.1	8.1	2.1	14.5	AA
12	1.5	8.1	.2	1.9	MR	1.2	8.7	.8	5.8	MR
13	1.8	9.8	.8	6.3	MR	1.0	7.5	.8	5.8	MR
15	2.5	13.0	1.8	14.6	MR	1.6	11.9	1.4	9.9	MR
16	2.6	13.8	2.7	22.1	AA	2.1	15.6	2.2	15.1	AA

statistically significant difference was obtained on major category 9, responsibility in the home, where the direction of greater frequency was in the retarded group.

In the twenty-eight year age difference bracket, scores for satisfactions in the retarded group were lower, except for major category 5, living quarters, than the comparable scores of the retarded in the other age difference bracket. The first two ranking scores, major categories 9, responsibility in the home, and 16, school, followed the same order as the comparative retarded group. School, in this bracket, was again the leading satisfaction of the average sample. Other satisfactions included pleasure in the areas of the child's relationship with members of his family, in his social maturity, and in personality. Except in topics concerned with the school, the child's personality and intellectual attributes, the frequency of the expression of satisfaction was generally greater by those parents in the wider age difference average group than by their counterparts in the narrower age difference bracket. The reflection of this trend is observed by the direction of greater frequency of satisfactions in the average sample at the 5 per cent level of significance on major category 5, feelings about the physical aspects of the living quarters, and at the 10 per cent level of significance on major category 10, attributes of the child's personality.

Summary. The factor of parent-child age difference was considered in relation to the differences in expressed problems and satisfactions between parents of mentally retarded and average ability children. Thirteen pairs of parents who were not more than twenty-four years older than their children were viewed as to their characteristics and differences. Twelve pairs of parents who were not less than twenty-eight years older than their children were studied in the same relationships. The results of these individual comparisons were then viewed in the broader implications of trends and tendencies associated with the age difference factor between the two brackets of parents. In general it can be said that parents in the narrower bracket experience and report more problems than the comparable average sample in those areas of concern which were sensitive in either group. There was less expressed concern by the parents of retarded children in the twenty-eight year age difference bracket, but in a majority of cases greater concern by the corresponding average pairs. The differences between the two parent groups were more discriminative and the direction of higher frequency in the retarded sample established with greater confidence in the concerns for the children's social and intellectual immaturity. Turning now to consideration of satisfactions responses, parents of the twenty-four year age bracket generally indicate a higher frequency of positive references which on the topic of the child's competency and

responsibility in the home occurs as a statistically significant difference. The expression of greater satisfaction in their living quarters establishes for the average sample in the twenty-eight year bracket a difference which is significant at the 5 per cent level of confidence. This finding follows the trend noted in the other age bracket. The average sample also scores in the area of joy in the child's social maturity which at the 10 per cent level of confidence described the extent to which this area also stood as a problem with the retarded sample in the same bracket.

#### Social Class Status

Do parents of different social class status reflect identifiable characteristics or trends in the way problems or satisfactions are reported on mentally retarded or average ability children? To answer this question, the differences in responses between parents of higher social status (Classes I, II, and III) are analyzed in relation to the differences in the references of parents of lower social class status (Class V).

Problems. Table 26 considers eight major categories which were sensitive to problems reported by the parents in the two social status classifications. It can be observed that subcategories were included whenever they yielded statistically significant differences. These references of either a negative or positive nature accounted for 70 to 85

TABLE 26

DIFFERENCES IN PROBLEMS ACCORDING TO SOCIAL CLASS STATUS OF PARENTS: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Class I, II, III (N=17)					Class V (N=13)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	1.3	5.8	1.0	9.8	MR	.8	.3	5.1	AA	
3	1.4	6.3	.2	1.7	MR	.3	3.0	.2	2.6	MR
10	1.8	7.9	.6	5.7	MR.10	.3	3.0	.2	3.9	MR
10.2					MR.05					
11	1.1	5.0	1.2	11.5	AA	1.2	11.4	.5	7.8	MR
12	5.1	22.9	1.2	12.7	MR.01	1.0	9.8	1.1	18.2	AA
12.01					MR.01					
13	1.1	4.7		.6	MR.05	.8				
13.01					MR.05					

TABLE 26--Continued

Cate- gory	Class I, II, III (N=17)					Class V (N=13)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
15	3.6	16.4	2.3	23.0	MR	1.2	12.1	1.2	19.5	
16	3.6	16.4	1.1	10.9	MR	3.5	34.8	.8	14.3	MR.10
16.01					MR.10					
16.09										MR.05

per cent of the total responses made by each parent sample in all seventeen major categories. These references were obtained from seventeen pairs of parents in the higher social group and thirteen pairs of parents in the lower social group. Considering the ratio of distribution of problems between the mentally retarded and average in the higher social class group, the percentages were 68 and 32 respectively as compared to 60 and 40 in the lower social class group.

Leading concerns by parents of the retarded children in the upper social group are health, personality and school. Others were social maturity, convenience in rearing of child, feelings about having offspring, relationship with members of the family and intellectual attributes. In the average ability sample, only the score on relationship with family members exceeds the responses in the retarded group. Leading, though, in the frequency of reference to problems in the average sample is the topic of the child's personality traits. Other prominent concerns such as school, health, relationship with family members and having offspring are very similar in the frequency of their reference. Major category 10, social maturity yielded a difference significant at the 10 per cent level where the direction of higher mention of problems occurred in the retarded sample. The specific nature of the social maturity concern is indicated by subcategory 10.02, social skills, where the difference

was significant at the 5 per cent level. Health, which has been one of the ranking problems among retarded children, is not only the leading concern of parents in the higher social class level, but also the concern which differs most significantly from such references by parents with whom they are paired. The child's condition of health and robustness specifies the particular nature of this worry. The child's intelligence, especially the relative degree of his brightness, appears as a statistically significant difference in the more frequent mention of problems in the retarded sample. Subcategory 16.01, progress and achievement of child, also yields a difference which is significant at the 10 per cent level.

In Class V, health is no longer the prime worry of the parents of retarded children. School takes this position and is followed by the topics of personality and the child's relationship with members of the family. Intelligence and references to problems of having offspring and being a parent figure scarcely receive mention at all. The responses from parents of the average ability sample in this group were generally less frequent than the responses from the average sample in the higher social class group. Nevertheless, two categories, 1, having offspring and being parent figures, and 12, health, received higher frequencies when compared with the scores of their pairs. Though these trends failed to yield statistically significant differences,

they are noteworthy because they indicate a reversal in previous score trends, and in the case of major category 12, health, a rather important reversal in view of the responses by parents in the higher social group. Noteworthy because of lack of references to major category 13, intelligence, Social Class V appears to attribute few problems to the intellectual attributes of the child himself. This result bears consideration because the difference between the two parent samples in the higher social class bracket was significant at the 5 per cent level. There may be good reason to question the implication of the comparatively high score by the retarded sample on major category 16, school, where a difference at the 10 per cent level, and on subcategory 16.09, school placement, at the 5 per cent level, may have absorbed some of the references which would have had more direct bearing on the parent's concern for the child's learning difficulties.

Summary. Parents of the higher social classes generally express more concern about their children than do parents in the lower social class. Parents of the higher social classes who have retarded children usually view the characteristics of these children with more concern than parents of average ability children of comparable social status. The most prominent concern of parents of retarded children in the upper group is the worry about the child's

health and robustness. This difference was statistically significant at the 1 per cent level. Other problems with greater frequency in this group were those concerned with the child's social skills and his relative brightness, both different at the 5 per cent level of significance. The child's progress and achievement in school was revealed by these parents as an area of significant concern, though the comparative difference with the average group was not as great as in some of the other areas. The fact that health in the Class V group is not such a great concern by the parents of either the retarded or average ability children, and that social maturity and intelligence scarcely register as problems in this group, throws into bolder relief the expressed concerns and their differences among parents in Class I, II, and III.

Satisfactions. Table 27 presents nine major categories which were sensitive to satisfactions reported by the parents in the upper or lower social classes. The references were distributed between the mentally retarded and average ability samples in both social class brackets in the order 58 and 42 per cent respectively. Between 80 and 90 per cent of the satisfactions references were classified for each of the samples reported here. Leading satisfactions in reference to the retarded children in the upper social class families are school, child's responsibility in

TABLE 27

DIFFERENCES IN SATISFACTIONS ACCORDING TO SOCIAL CLASS STATUS OF PARENTS: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Class I, II, III (N=17)					Class V (N=13)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	.5	2.9	.2	1.4	MR	.3	2.6	.3	3.7	
5		.3	.6	5.1	AA.05	.2	1.9	.8	9.3	AA
9	2.7	15.2	1.2	9.2	MR	1.7	14.2	.8	9.3	MR
10	1.8	10.2	1.3	10.1	MR	.5	4.5	.9	11.1	AA
11	2.2	12.2	1.8	13.8	MR.05	1.2	9.7	.9	11.1	MR
12	1.9	10.6	.7	5.5	MR.10	.5	4.5	.6	7.4	AA
13	1.4	7.9	.3	2.3	MR	.3	2.6	.4	4.6	AA
15	1.8	10.2	1.8	14.3		1.1	9.0	.6	7.4	MR
16	2.8	15.5	2.6	20.3	MR	4.8	40.6	1.4	16.7	MR.10

in the home, his relationship with members of the family, etc. School also ranks in first place with the comparative average group. Other leading pleasures in this group were personality and the child's relationship with members of the family. The only area in which the responses of the average sample exceeded the retarded occurred in major category 5, living quarters, where the difference was significant at the 5 per cent level. Differences at the 5 and 10 per cent levels were obtained by the retarded sample in major category 11, relationship with members of the family, and 12, health.

In Class V, only major category 16, school, yielded for the retarded sample more responses than obtained by such parents in the upper social group. School, which held first place, was followed by pleasures in the child's responsibility in the home, and his relationship with members of the family. It is observed this follows the order of the leading satisfactions in the comparable group of parents of the other social class bracket. Parents of the average ability children in Class V responded to most of the topics in such a way as to give a fairly even distribution of satisfactions. The one noticeable deviation in the appreciably higher score in major category 16, school, which in spite of its frequency was small enough for the retarded sample to obtain a difference which was significant at the 10 per cent level. Areas in which references to pleasures were more

prominent in the average sample of Group V included living quarters, social maturity, health, and intelligence. The satisfaction with living quarters continues the trend which was observed as a significant difference in the companion group. Social maturity reverses the trend; health changes the trend where the difference was significant at the 10 per cent level. There is also a reversal of trend in the higher frequency of the average sample on major category 13, child's intellectual attributes.

Summary. In the upper bracket of social class status, parents of mentally retarded children reported more problems than satisfactions. With parents of the average ability children, more satisfactions than problems were mentioned. Class V parents of mentally retarded, however, indicate fewer problems than satisfactions as do the matching parents of the average ability group. As a matter of fact, parents in Class V gave scarcely more than one-half the responses named by parents in the higher group.

Among the findings which merit special reference is the fact that upper class parents are more articulate and find more ways to express both problems and satisfactions in rearing either retarded or average ability children. But when the comparison is between a parent of a retarded child and a parent of an average ability child in the upper group, the same kind of trend is noted. Significant differences in the direction of more problems by the retarded sample is

found in the areas of the child's social maturity, his health, his brightness, and his progress and achievement in school. The school is also an area of concern for parents in Class V, particularly in reference to the retarded children. Otherwise, the differences appear to be very slight. Lower class parents of either retarded or average ability children in terms of expression of problems, do not seem to be as worried or involved in the complexities of child rearing as do the parents in the higher group.

Responses in the satisfactions classification indicate many of the same trends. Where health had been named as a prime concern by parents of the mentally retarded in the higher group, health was also named as a major source of satisfaction. Where school had been identified as a significant problem in the lower group, it was also significant as a source of satisfaction. Pleasure in their living quarters was the only area in which the average sample yielded positive responses frequently enough to show statistical significance in the upper group. The trend by this group to have more problems references on the child's relationship with the family has its sequel in the more frequent expression of satisfaction by parents of the retarded in their children's relations with members of the household.

#### Education Level of Parents

Of what significance is the parents' education level in the characteristics and differences of expressed concern

or pleasure in the rearing of mentally retarded and average ability children? The answer to this question was sought by analyzing the references from fourteen pairs of parents of eighth grade or less education and comparing these responses to those made by nineteen pairs of parents who had tenth grade or higher education.

Problems. Table 28 presents seven major categories which were sensitive to problems in both the lower and higher education brackets of parents. These categories contain from almost 60 to 80 per cent of the total problems references in each of the parent samples. In the lower education group, 64 per cent of all expressed problems came from parents of the mentally retarded children; the remaining 36 per cent came from parents of the average ability sample. In the higher education bracket the distribution of problems was 70 per cent for parents of the retarded and 30 per cent for parents of the average ability children.

The lower education level parents reporting on the problems of raising retarded children verbalized problems more often, except in major category 3, convenience of rearing the child, and major category 1, feelings about having offspring, than did the paired parents of the average ability children. In all cases except major category 16, school, mean scores were apparently similar in the two parent samples. Problems relative to the retarded child's schooling was the

TABLE 28

DIFFERENCES IN PROBLEMS ACCORDING TO EDUCATION LEVEL OF PARENTS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Eighth Grade or Below (N=14)					Tenth Grade or Above (N=19)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	.3	2.4	.3	4.3		1.4	6.3	1.2	13.1	MR
3	.1	1.2	.3	4.3	AA	1.5	7.0	.2	1.8	MR.10
10	.9	7.1	.2	3.2	MR	2.3	10.6	.4	4.8	MR.01
12	1.8	14.9	1.0	14.9	MR	4.5	20.7	1.3	14.9	MR.05
13	.6	4.8			MR	1.2	5.3		.6	MR.05
15	1.4	11.3	1.1	17.0	MR	3.4	15.7	1.7	19.6	MR
16	3.0	25.0	.9	13.8	MR	3.1	14.2	1.1	12.5	MR

leading category in this group. Health and personality followed. In the comparative average sample, the order of leading concerns included personality, health, and school.

Parents who had completed at least the tenth grade expressed more problems in nearly all the categories in comparison with parents in the lower education bracket. The difference between the retarded samples is especially noticeable. Reference to retarded children by their parents shows that health, followed by personality difficulties in the child, his schooling, and social maturity designate the top concerns. Personality and health in this sample of the average child references follow the same order as the comparable scores in the lower education bracket. The scores do follow the same trends except for major category 1, feelings about having offspring, where there is a sizable increase, though not a statistically significant difference; in the score yielded by the upper education bracket of parents on major category 3, convenience of rearing the child, upper education level parents indicated more problems which were determined to be significant at the 10 per cent level. Even with greater confidence (at the 1 per cent level) could the direction of higher frequency by the retarded sample on major category 10, social maturity, be accepted as a true difference between the two samples. Health concerns and verbalized problems on the child's intellectual attributes are also areas in which the greater mention in the retarded

sample yields a difference which may be accepted with confidence.

Summary. Parents whose education does not exceed the eighth grade generally express fewer problems than parents with tenth grade or higher education. This finding applies to parents of the retarded as well as to parents of the average ability children. Furthermore, the average ability sample generally expressed less concern about their children than did the retarded sample. There were no categories in the lower education group in which statistically significant differences were obtained. In the higher education group, statistically significant differences in the direction of more problems in the retarded sample were found in the following areas: Extent of inconvenience in rearing the child, attributes of the child's social maturity, circumstances pertaining to the child's health and physical maturation, and the child's intellectual attributes. It is noted that all of these major categories except 3, convenience of rearing the child, extend and establish with more confidence the trends observed in the comparable categories of the lower education group. The characteristics of the distribution of scores and trend tendencies resemble the distribution of problems between the upper and lower social classes. This kind of distribution one might expect, since education is an important item in the determination of social class status.

Satisfactions. Satisfactions expressed by the parents of the two education levels are shown in Table 29. Eight of the seventeen major categories were sufficiently sensitive to comments of a positive nature as to be discriminative between the retarded and average ability samples as well as between the lower and upper education levels. The categories contained from about 70 to 85 per cent of the total satisfactions references yielded by each of the parent samples. Roughly two-thirds of the expressions of pleasure were made by parents of the retarded children in each of the education level brackets.

Except in the two categories where there were ties--social maturity and health--the parents of retarded children in the lower education sample expressed more satisfaction in the rearing of their children than did the parents of paired children. School again ranks first in the order of appreciation. Pleasure in the way the child assumes responsibility in the home, in how he gets along with members of the family, and in his personality are other leading joys in the retarded group. It is observed that in spite of lower scores in the paired average sample, the same categories listed above also cover the prime satisfactions in this group. There are, however, no differences between the retarded and average samples in the lower education group which yield indices of statistical significance.

TABLE 29

DIFFERENCES IN SATISFACTIONS ACCORDING TO EDUCATION LEVEL OF PARENTS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	Eighth Grade or Below (N=14)					Tenth Grade or Above (N=19)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
8	.6	3.8	.3	3.4	MR	.9	5.2	.1	1.1	MR
9	2.9	19.2	1.1	12.8	MR	2.1	11.8	.8	8.7	MR
10	.9	6.1	.9	10.3		1.7	10.0	1.4	14.2	MR
11	1.9	12.2	.9	10.3	MR	2.1	12.1	.6	6.6	MR.10
12	.6	4.2	.6	6.8		1.7	10.0	.8	8.2	MR
13	.5	3.3		.9	MR	1.4	7.9	.5	4.9	MR
15	1.4	9.4	.9	7.7	MR	2.0	11.5	1.3	13.1	MR
16	4.5	29.6	1.5	17.9	MR	3.0	17.3	1.8	19.1	MR

In the higher education group, total references of satisfactions by parents of the retarded and the average children were higher in frequency than such references in the lower education group. Exceptions to this trend are observed in individual categories such as 9, responsibility in the home, and 16, school, listed in the mentally retarded sample. Also declining in score frequencies in the average sample are major category 8, responsibility in the home, and 11, relationship with members of the family. Nonetheless, the observed trend is that parents of retarded children express more satisfactions than parents of average ability children in each of the categories. Only major category 11, relationship with members of the family yielded a difference which was statistically significant.

Summary. As a general rule, parents of mentally retarded children in either the lower or upper education brackets expressed more problems and satisfactions than did parents of the average ability children. Parents of the retarded expressed more problems than satisfactions, but parents of the average ability children mentioned more satisfactions than problems in rearing their children. The major differences between the retarded and average samples occurred in the higher education level, especially in relation to the problems reported. Significant differences in problems were found in the areas of inconvenience of rearing the child,

social maturity, health, and intellectual attributes. In the satisfactions classification, only relationship of the retarded child with members of the family afforded satisfactions in the upper education bracket sufficient to differ significantly from the average ability sample.

#### Marital Stability

Would expressed problems and satisfactions according to their frequency indicate a relationship to the stability of the family in which the retarded and average ability child is being reared? This problem was studied by analyzing the responses of two classifications of parents designated as being in a "broken" or "intact" home. There were ten pairs of parents in the "broken" homes and nineteen pairs in the "intact" classification.

Problems. Table 30 shows differences in problems according to the marital stability of the parents. Only seven major categories were discriminative enough to include from approximately 60 to 80 per cent of the total problems references of each sample. In the broken family situation, the distribution of total problems references resulted in a 67 and 33 per cent division between parents of the retarded and average ability children respectively. The comparable division of problems scores in the intact home situation was 70 and 30 per cent.

TABLE 30

DIFFERENCES IN PROBLEMS ACCORDING TO MARITAL STABILITY OF PARENTS: MEAN  
AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	"Broken Homes" (N=10)					"Intact Homes" (N=19)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
1	.4	2.5	.9	11.5	AA	1.0	4.7	.6	7.0	MR
10	.4	2.5	.8	10.2	AA	1.7	8.1	.3	2.9	MR.10
11	.8	4.9	.6	7.7	MR	1.4	6.4	1.1	11.8	MR
12	1.9	11.7	.8	10.2	MR	4.2	19.6	.8	9.4	MR.05
13	.7	4.3			MR.10	1.2	5.6		.6	MR.05
15	2.6	15.9	1.3	16.7	MR	3.1	14.2	2.4	27.1	MR
16	3.2	19.6	1.4	17.9	MR	5.2	24.3	.9	10.6	MR.05

In the broken home classification, the direction of higher frequency, except in major categories 1 and 10, indicated parents of mentally retarded children experienced and expressed more problems in rearing such children than parents of average ability children did in bringing up their offspring. Feelings about having offspring and being a parent figure and concerns about the child's social maturity were expressed more frequently by the average sample. The only difference, though, in which one could accept the direction with confidence occurred in major category 13, intelligence. Viewed according to frequency of mention, top problems of the retarded in the broken home situation were school, personality, and health. The first two were also the top problems in the average ability sample. The "broken" home classification is not observed to be particularly discriminative in the verbalized responses of the parents.

Families in which there is no record of marital instability present a different picture. In all categories represented, responses by parents of the retarded are greater in number than such references by the paired parents. The school, health of the child, and his personality have been scored the leading concerns about children in the retarded sample of the intact home classification. As a matter of fact, all categories in this group are observed to have higher scores than are obtained for the comparable retarded sample in the broken home situation. These

references yielded a difference at the 10 per cent level on social maturity, and at the 5 per cent level of significance on major categories 12, health, 13, intelligence, and 16, school. There were only two categories, 11, relationship with members of the family, and 15, personality, where increases in scores in the average sample occurred over the comparable scores obtained by such parents in the broken home classification. In general, the differences in the expression of problems in intact homes suggest parents of mentally retarded children view these boys and girls with more concern than do comparable parents of average ability children.

Summary. Parents who have experienced death, divorce, or separation in their marital relationships were compared with parents whose families were intact. The comparisons were based upon problems references made by matched pairs of parents of mentally retarded and average ability children. Thus it was possible to ascertain how the samples differed within a classification such as "broken" homes, as well as between classifications--"broken" homes versus "intact" homes. The findings indicate no great differences between the pairs of parents in the "broken" homes group. There was a difference great enough on concern for the retarded child's intellectual ability to suggest a significant trend in this one area. Generally though, the pattern and distribution of responses were rather similar. The apparent

difference occurs when the responses of "intact" homes are analyzed. What may seem to be a paradox may reflect a greater sensitivity and sense of child rearing responsibility by these parents. The deviating child in such families where there is a minimum of other conflict situations may receive the full brunt of parental anxiety and solicitude, whereas other worries in the "broken" homes may tend to diffuse existing concerns and minimize the problems of the retarded child.

Satisfactions. Table 31 presents the characteristics and differences in satisfactions in the nine major categories which were sensitive to about 75 to 90 per cent of the total responses in each of the samples in the "broken" homes or "intact" homes classifications. In the broken home situation, the majority of satisfactions responses were made by parents of the average ability children. The areas which provided the greatest satisfactions in the retarded sample of the broken homes were the child's responsibility in the home, school, personality, relationship with members of the family, and intellectual attributes. In the average ability group of this classification, the leading satisfactions included child's relationship with members of family, school, personality, responsibility in the home, and social maturity. The only major category from which a difference of statistical significance was obtained (at the 10 per cent level) occurred

TABLE 31

DIFFERENCES IN SATISFACTIONS ACCORDING TO MARITAL STABILITY OF PARENTS: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	"Broken Homes" (N=10)					"Intact Homes" (N=19)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Percentage X	Mean X	Percentage X		Mean X	Percentage X	Mean X	Percentage X	
5	.1	.8	.9	5.8	AA.10	.2	1.0	.6	5.6	AA
7	.3	2.5	.2	1.3	MR	.2	1.0	.5	5.0	AA.10
9	3.3	27.3	1.6	10.3	MR	1.9	11.4	.7	6.6	MR.05
10	.6	5.0	1.5	9.7	AA	1.5	8.6	1.0	10.0	MR
11	1.4	11.6	2.9	18.7	AA	1.6	9.5	1.0	9.6	MR
12	.5	4.1	.6	3.9	AA	1.2	7.1	.6	6.1	MR.05
13	1.1	9.1	.6	3.9	MR	1.3	7.7	.3	3.0	MR
15	1.6	13.2	1.8	11.6	AA	2.2	12.9	1.6	15.6	MR
16	1.9	15.7	2.6	16.8	AA	4.6	27.1	1.6	15.2	MR

in the direction of higher frequency of satisfactions reported by parents of the average sample on the physical aspects of the living quarters. It is noted that on major category 13, child's intellectual attributes, the higher frequency in reported satisfactions on retarded children is the same area in which the higher frequency of problems by the same parent group yielded a statistically significant difference (at the 10 per cent level).

In most categories (except 7 and 9) parents of mentally retarded children in intact homes reported a greater number of pleasures in rearing such children than did the parents of retarded children in the broken homes classification. It will be observed the same trend applied in the consideration of problems. The rank order of leading satisfactions concerning retarded children where families were intact included the school, the child's personality traits, his competency and responsibility in the home, relationship with members of the family, etc. In only two cases do references by parents of the average sample in this classification exceed the frequency of positive responses related to the retarded children. These occurred in major category 5, living quarters, where the difference was not statistically significant, and in major category 7, the child's ability to cope with the external conditions of contemporary living, where the difference was significant at the 10 per cent level. Top satisfactions by this group were expressed in

the areas of school, personality, social maturity and relationship with members of the family. The expression of more satisfactions on retarded children occurred on the topic of the child's responsibility in the home, where the difference was significant at the 5 per cent level. Such a difference was also expressed by parents of the retarded on the subject of the child's health.

Summary. When the positive and negative responses about mentally retarded and average ability children are compared in relation to the condition of marital stability, it is observed that parents of retarded children in intact homes not only express more difficulties in rearing these children, but also have more ways of articulating their positive reactions. The higher frequencies of responses by parents of the retarded sample have yielded more conclusive differences in the intact home situations than in the "broken" home group. The implication of such a finding need not be that mentally retarded children are both more troublesome and satisfying at the same time. Rather it may be interpreted that parents of such children in the intact home classification "feel" and express more concern because of the conflicts inherent in the child's condition; their appreciations could mean the verbalized release from feelings of guilt and anxiety. For example, concern for the lack of intellectual ability in the retarded child occurs as statistically significant differences in both "broken" and "intact" home

situations. But on the other hand, both of these groups report more satisfactions on this topic than the matched parents in the average ability samples. Health of the retarded child was also a topic with expressions of problems and satisfactions reported significantly more often than such reports by the parents of the average ability children. It is suggested that by the characteristics of the responses of parents of children in the retarded sample, the complexity of his situation in the intact family would tend to cast his differences in bolder relief than in those situations where the retarded child's deviating attributes are diffused with or submerged in more basic, if not more far-flung, concerns for the survival and welfare of the whole family unit.

#### Length of Local Residence

Would length of residence in the local community be reflected in the distribution of the problems and satisfactions reported by parents of mentally retarded and average ability children? To study this question, the responses of the parents were analyzed in relation to two sets of relationships chosen arbitrarily for convenience of statistical analysis: First, a comparison of the responses of thirteen pairs of parents who had lived in the local community five years or less is made with nine pairs of parents of seven years or more residence; second, fourteen pairs of parents of which those representing the mentally retarded had resided

in the local community four years or less, and those representing the average ability, six years or more, were compared with thirteen pairs of which those representing the retarded had five or more years of local residence, and those representing the average ability, four years or less.

Problems. Table 32 presents the differences in problems reported by parents who had been in local residence five years or less as compared to those whose local residence had been seven years or more. In these two groups of parents, only six categories accounted for 65 to 75 per cent of the total problems expressed by each of the samples. In the five year residence group, the problems were divided between the retarded and average samples in the order of 70 and 30 per cent. The seven year residence group is almost identical in its distribution of scores.

Each of the major categories yielded for the retarded sample in the five year group, scores that were higher than the comparable average sample. Leading problems in the retarded sample are health, school, personality, and relationship with members of the family. The comparable average ability group included the same leading categories except in the rank order of health, personality, school, etc., concerns. It is observed only two major categories obtain differences which are statistically significant. These are intellectual attributes at the 5 per cent level, and school

TABLE 32

DIFFERENCES IN PROBLEMS ACCORDING TO PARENTS' LENGTH OF LOCAL RESIDENCE: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Five Years of Less (N=13)					Seven Years or More (N=9)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
10	.8	4.1	.2	1.9	MR	2.2	11.8	.2	3.0	MR
11	1.1	5.8	.7	8.7	MR	1.2	6.5	.8	10.2	MR
12	4.2	22.6	1.7	21.4	MR	3.3	17.6	.5	7.3	MR
13	.9	4.9			MR.05	1.0	5.3	.1	1.5	MR
15	2.8	14.8	1.5	19.4	MR	1.7	8.8	2.1	27.7	AA
16	4.1	21.8	1.1	13.6	MR.10	4.7	24.7	1.3	17.5	MR

at the 10 per cent level.

In the seven years or more residence group the retarded sample in each of the major categories except 15, personality, obtained more problems references than the comparable average ability group. School ranked highest in the retarded group, followed by health, social maturity, personality, and relationship with members of the family. None of the observed differences between the two parent samples yielded statistically significant differences, however.

Summary. Length of residence in the local community, when comparing a group of parents with less than five years with one of more than seven years, does not seem to be important in the distribution of problems scores. It is true statistically significant differences were obtained in the direction of higher frequencies by the retarded sample in the five year group on major category 13, intelligence, and 16, school. It is noted, however, highly similar scores were obtained in the seven year group, though the differences were not statistically significant. It may be that the point of division of the two residence periods occurred well-into a plateau of effect if time in local residence is important. A time division below the five year period would test this theory.

Satisfactions. Table 33 shows the distribution and characteristics of differences in the satisfactions references of the retarded and average ability samples in the two length-of-local-residence periods. Between 70 and 85 per cent of the total satisfaction responses of each of the samples is contained in the eight major categories selected to represent the responses that would differentiate the two groups. All but major category 6, social and moral conditions in the community, were indicated as greater satisfactions by the retarded sample in the five year group. These positive references gave school the leading position, followed by gratification in the child's responsibility in the home, relationship with members of the family, personality, health, etc. The comparable average sample also placed school satisfactions in first position, followed by responsibility in the home, social maturity and personality. Health, which has frequently obtained sizable scores both as a problems and satisfactions reference, now yields a difference at the 10 per cent level, favoring a greater frequency in the retarded sample. Personality also obtains such a difference. Altogether, 70 per cent of the satisfactions are given by parents of the retarded, and the remaining 30 per cent by parents of the average ability children.

The seven years or more local residence group is about equally divided in satisfactions references between the retarded and average samples. The result is that three of the eight major categories have higher scores in the

TABLE 33

DIFFERENCES IN SATISFACTIONS ACCORDING TO PARENTS' LENGTH OF LOCAL RESIDENCE:  
 MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION  
 OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Cate- gory	Five Years of Less (N=13)					Seven Years or More (N=9)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
6	.2	1.1	.3	3.6	AA	.1	.8	1.0	6.8	AA.10
9	3.3	16.2	1.3	15.2	MR	2.0	14.3	.7	4.5	MR
10	1.5	7.5	1.2	14.3	MR	1.6	11.1	1.1	7.5	MR
11	2.4	11.7	.5	6.2	MR	1.4	10.3	2.1	14.3	AA
12	1.8	9.1	.4	4.5	MR.10	1.2	8.7	.8	5.3	MR
13	1.5	7.2	.3	3.6	MR	.3	2.4	.3	2.3	
15	2.2	10.6	1.2	13.4	MR.10	2.2	15.9	2.7	18.0	AA
16	4.5	22.3	1.8	20.5	MR	2.4	17.5	2.1	14.3	MR

average sample. School, personality, responsibility in the home, social maturity, etc., name the order of frequency of leading gratifications in the retarded sample. Personality, school and relationship with family members, social maturity, etc., name the rank order of the more important areas in the average sample. The only major category which obtains a statistically significant difference (at the 10 per cent level) is the area of pleasure in the social and moral conditions of the community. This finding continues the direction and establishes with greater confidence the tendency of older residents to verbalize the positive feelings they bear toward their communities.

Summary. When two groups of parents were compared in terms of their verbalized problems and satisfactions in rearing mentally retarded and average ability children, the analysis of their responses on the basis of the length of their residence in the local community yielded few signs that this characteristic was significant in the way they viewed their children. It is true that statistically significant differences were found in some areas. Problems references about mentally retarded children in the five years or less residence group, differed significantly from such responses about average ability children in the topical areas of intelligence and the school. However, direct inspection of the data reveals that while gross scores for these areas in the seven

years or more residence group were almost identical with those of the comparative residence group they failed to obtain statistically significant differences. The most significant finding in these comparisons may be represented by the fact that the five and seven year groupings fail to give an adequate differentiation based on the time factor. In terms of satisfactions responses, there is some indication that longer term residents of the community who are parents of average ability children, may find greater satisfaction in the social and moral conditions of their communities than parents of retarded children. More indicative, perhaps, is the fact that satisfactions are more clearly differentiated in the five years or less group. The ratio 70 to 30 per cent represents the division of responses between the retarded and average samples, while 49 to 51 per cent represents the comparable division of such responses in the seven years or more length of residence group.

Problems. Table 34 takes the length of residence factor and studies the problems in relation to certain conditions of the time element which would tend to differentiate between the matched pairs as well as between the sets of data. It was suggested previously that the division of the two groups based upon less than five or more than seven years may have included cases in both groups in which the time affect had reached its plateau. To some extent this question may be answered by the present arrangement to study

TABLE 34

DIFFERENCES IN PROBLEMS ACCORDING TO SELECTED CONDITIONS OF PARENTS' LENGTH OF LOCAL RESIDENCE: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Category	MR Four Years of Less AA Six Years or More (N=14)					MR Five Years or More AA Four Years or Less (N=13)				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
11	1.2	8.1	.4	5.3	MR	1.2	6.1	1.1	13.5	MR
12	3.3	21.8	1.0	14.9	MR.10	4.2	20.8	1.1	13.5	MR.10
13	.5	3.3			MR	1.1	5.3			MR.05
15	2.6	17.5	1.1	17.0	MR	2.5	12.1	2.3	28.8	MR
16	1.3	8.5	1.4	21.3	AA	4.8	23.9	.7	8.7	MR.05

the length of residence extremes: Four years or less residence of the retarded sample versus six years or more in residence by the average sample as compared with the responses when the length of residence conditions are reversed to five years or more for the retarded and four years or less for the paired average ability group. Five major categories were found to be sensitive to slightly below 60 to 70 per cent of the total problems expressed by each of the samples. In the sample of fourteen pairs the distribution of problems references between the retarded and average samples is in the order of 69 and 31 per cent. The comparable distribution in the group of thirteen pairs is similar with 72 and 28 per cent.

Only one major category, 16, school, gave the direction of higher frequency to the average sample in the fourteen pair group. Mention of the child's health problem ranked highest in the order of scores in the mentally retarded sample of four years or less in residence. Others included personality problems, concerns associated with the child's schooling, relationships with members of the family, etc. School, as a concern, led in the average sample, followed by personality and health problems. The higher mention of the retarded child's health troubles yielded a difference which was significant at the 10 per cent level.

All of the higher mean scores in the thirteen pair sample were obtained by problems references of the retarded

sample. Only major category 15, personality, was lower in this sample than the mean scores for each of the major categories for the retarded sample in the other residence group. School, health, personality, etc., were leading concerns expressed by the parents of five or more years residence. Personality in the average sample, followed by health and relationship with members of the family, specifies the leading concerns of these parents. Health, which differed at the 10 per cent level of significance with parents of retarded children in the fourteen pair group, still maintains the trend tendency in the thirteen pair group. The retarded child's intellectual difficulties which were noted as a trend in major category 13 of the four years or less in residence sample, now yields a difference in the same direction which is significant at the 5 per cent level. The most noteworthy change occurs in major category 16, school, which reverses the direction of higher frequency and establishes (at the 5 per cent level) this area as a focal point of parental concern for retarded children in those situations in which the family has been a resident of the local community for at least five years.

Summary. Health of the retarded child is of significant concern to the parent irrespective of length of residence in the community. His intellectual difficulties emerge in the remarks of the parent at a level which differs

significantly when the family has lived in the local community five years or more. Parents of average children scarcely mention intellectual problems in their children irrespective of the residence factor. It appears likely that when parents of the retarded children establish some degree of permanency in the community, they are more likely to reflect on the intellectual shortcomings in the mentally retarded children. Concerns for the child's schooling provide discrimination data, too. The fifth year of residence by parents of the retarded children seems to establish the turning point in terms of the relative importance of this factor in problems trends. Up to a certain point, schooling of the retarded child becomes a more critical problem with his parent as the family becomes more firmly established in the community.

Satisfactions. Table 35 shows the characteristics and differences in expressed pleasures in eight categories accounting for 75 to 85 per cent of the total responses in each sample. Distribution of scores in the fourteen pair group was in the order of 45 and 55 per cent for the retarded and average ability samples, respectively. In the thirteen pair group this distribution was 67 and 33 per cent.

In the fourteen pair group, the major categories are equally divided between the retarded and average samples in the greater frequency of satisfactions references. The rank

TABLE 35

DIFFERENCES IN SATISFACTIONS ACCORDING TO SELECTED CONDITIONS OF PARENTS' LENGTH OF LOCAL RESIDENCE: MEAN AND PERCENTAGE SCORES IN SENSITIVE CATEGORIES AND INDICATION OF DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE

Gate- gory	MR Four Years or Less					MR Five Years or More				
	MR		AA		Direction Difference	MR		AA		Direction Difference
	Mean X	Per- centage X	Mean X	Per- centage X		Mean X	Per- centage X	Mean X	Per- centage X	
3			.3	2.2	AA	.5	3.0			MR.10
9	1.4	12.6	.8	6.0	MR	2.5	14.3	1.0	11.1	MR.05
10	.5	4.6	1.4	11.0	AA	1.5	8.7	.6	6.8	MR
11	.9	7.9	2.1	16.5	AA	2.2	12.2	.8	9.4	MR
12	.6	5.3	.3	2.7	MR	1.3	7.4	.6	6.8	MR.10
13	1.3	11.9	.7	5.5	MR	1.5	8.2	.5	5.1	MR
15	1.5	13.9	1.9	14.3	AA	2.1	11.7	1.1	12.0	MR
16	3.1	29.1	2.1	16.5	MR	3.7	20.9	2.5	27.3	MR

order of the retarded sample includes satisfaction in the child's schooling, his personality, his responsibility in the home, intellectual attributes, etc. In the average sample the top satisfactions were school, relationship with members of the family, personality, social maturity, etc. None of the differences in the categories were statistically significant.

When the local residence was five years or more for parents of the retarded, and four years or less for parents of average ability children, the differences were more pronounced. All of the mean scores of the retarded sample in this group are larger than such scores for the other retarded sample. School, responsibility in the home, relationship with members of the family, personality, etc., are the leading positive references. On the average sample, school, personality, responsibility in the home, etc., lead the list. Statistically significant differences in the direction of higher frequency of mention by the parents of retarded children occur (at the 10 per cent level) on major category 3, convenience of rearing child, (at the 5 per cent level) on major category 9, responsibility in the home, and 12, health.

Summary. When short term residents representing the retarded are compared with long term residents representing the average ability children, the obtained differences are not statistically significant. When the conditions are

reversed, significant differences emerge. Up to a certain point, the more established the families of mentally retarded children become, the more pronounced are the expressions of pleasure in such aspects of child rearing as the convenience of raising the child, his responsibility in the home, and his health. It is not here suggested that length of residence stands alone as a contributing factor to the differential characteristics of the kinds or degrees of feeling represented in the problems or satisfactions statements. Rather, the obtained differences can be better understood when the presence or absence of an aspect of a total situation can be ruled in as relevant or ruled out as irrelevant. Length of residence appears relevant in the determination of difference between the reports of parents of mentally retarded and average ability on the problems and satisfactions they experience in bringing up these offspring.

#### Summary

The expressed problems and satisfactions in the rearing of mentally retarded and average ability children have been analyzed in relation to six characteristics in the parent group. These characteristics were: (1) Parent-child age differences; (2) Social status; (3) Education level; (4) Marital stability; (5) length of local residence; and (6) Selected conditions of residence.

Table 36 brings together the findings relating to the individual characteristics of the parent groups, and presents the direction of greater frequency, i.e., the retarded or average ability group, with the level of significance of difference when obtained, for problems and satisfactions. Thirteen of the major categories were found to be sensitive to some aspect of the parent groups. The areas in which there were too few responses to be discriminative were major category 2, reflection of self, spouse, or family member in child, and 4, the condition of family finances. There were also major category 14, special interests and activities, and 17, relations with doctors, dentists, medical treatment, etc. Among the major and subcategories items selected as being discriminative, the mentally retarded were indicated to have more problems in seventy-one instances as compared to eleven situations in which the average ability group had the higher score. The outcome on satisfactions was very similar. The retarded group had the higher score in sixty-eight situations as compared to twenty-seven for the average group. Again, caution should be used in generalizing from the satisfactions scores. The same tendencies previously attributed to parents of retarded children should apply equally as well in the present context. Restated, it has been observed that where parents experience emotional conflict in certain areas of child rearing, either because of their greater sensitivity to the situations upon which

TABLE 36

SELECTED CHARACTERISTICS OF PARENTS: DIRECTION AND LEVEL OF  
PROBLEMS AND SATISFACTIONS RESPONSES OF PARENTS OF RETA

Category	Parent-Child Age Differences		Social Status of Parents		Education Level of Parents	
	24 Years or Less	28 Years or More	Class I, II, III	Class V	Eighth or Less	Tenth or Above
1.0 Feelings about having offspring	PMR	PAA	PMR SMR	PAA		PMR
3.0 Convenience in rearing child			PMR	PMR	PAA	PMR.10
5.0 Living quarters	SAA	SAA.05	SAA.05	SAA		
6.0 Social-moral aspect of community						
7.0 Coping with contemporary living						
8.0 Personal routines					SMR	SMR
9.0 Responsibility in home	SMR.05	SMR	SMR	SMR	SMR	SMR
10.0 Social maturity	PMR SMR	PMR.10 SAA.10	PMR.10 SMR	PMR SAA	PMR	PMR.01 SMR
10.02 Social skills			PMR.05			
11.0 Relations with family members	PMR SMR	PAA SAA	PAA SMR.05	PMR SMR	SMR	SMR.10
12.0 Health	PMR SMR	PMR SMR	PMR.01 SMR.10	PAA SAA	PMR	PMR.05 SMR

TABLE 36

DIRECTION AND LEVEL OF SIGNIFICANCE OF DIFFERENCE BETWEEN  
 ONSES OF PARENTS OF RETARDED AND AVERAGE ABILITY CHILDREN

Social Status of Parents	Education Level of Parents		Marital Stability of Parents		Length of Local Residence		Selected Conditions of Residence		
	Class V	Eighth or Less	Tenth or Above	Broken Homes	Intact Homes	5 Years or Less	7 Years or More	MR-4 Years AA+6 Years	MR+5 Years AA-4 Years
PAA		PMR	PAA	PMR					
PMR	PAA	PMR.10					SAA	SMR.10	
SAA			SAA.10	SAA					
					SAA	SAA.10			
			SMR	SAA.10					
	SMR	SMR							
SMR	SMR	SMR	SMR	SMR.05	SMR	SMR	SMR	SMR.05	
PMR SAA	PMR	PMR.01 SMR	PAA SAA	PMR.10 SMR	PMR SMR	PMR SMR	SAA	SMR	
PMR SMR	SMR	SMR.10	PMR SAA	PMR SMR	PMR SMR	PMR SAA	PMR SAA	PMR SMR	
PAA SAA	PMR	PMR.05 SMR	PMR SAA	PMR.05 SMR.05	PMR SMR.10	PMR SMR	PMR.10 SMR	PMR.10 SMR.10	

TABLE 36--Continued

Category	Parent-Child Age Differences		Social Status of Parents		Education Level of Parents	
	24 Years or Less	28 Years or More	Class I, II, III	Class V	Eighth or Less	Tenth or Above
12.01 Condition of robustness			PMR.01			
13.0 Intellectual attributes	PMR SMR	PMR.10 SMR	PMR.05 SMR	SAA	PMR SMR	PMR.05 SMR
13.01 Degree of intelligence			PMR.05			
15.0 Personality traits	PMR SMR	PAA SMR	PMR	SMR	PMR SMR	PMR SMR
16.0 Feelings about the school	PMR SAA	PMR SAA	PMR SMR	PMR.10 SMR.10	PMR SMR	PMR SMR
16.01 Achievement			PMR.10			
16.09 Placement				PMR.05		



they are reporting or because of guilt feelings, the problems they express are very often counterbalanced by strong expressions of pleasure in the same attributes of the child which had been identified as the source of the conflict.

How satisfying has been the experience of parenthood? This question has at least a partial answer in the responses to major category 1, feelings about having offspring and being a parent figure. In general it is noted that negative feelings about parenthood are more prominent among parents of mentally retarded children when the parent-child age difference is minimal, when the parents are from higher socioeconomic circumstances, have the better education, and enjoy intact marital relations. In other words, more problems references about rearing mentally retarded children tend to come from the parents who have definite economic, social, and educational advantages. Among the average ability samples, this trend tended to be reversed: There were more problems when the parent-child age differences were wider, when the parents were from the lower socioeconomic circumstances, and when the unity of the family had been broken by death, divorce, or separation of the spouse. None of these differences, however, were found to have statistical significance. Another aspect of the meaning of child rearing is reflected in responses to major category 3, extent of convenience or inconvenience in rearing of child. Here it is observed that all social classes of parents of retarded

children tend to view the duties inherent in bringing up these children as somewhat more burdensome than parents of comparable samples of average ability children. The difference, though, is more pronounced with the better educated parents who are more inclined to express the limitations imposed upon them by the duties of looking after their retarded children. Up to a certain point, the longer the family of the retarded child has been established in the community, the more inclined such family is to report favorably upon the convenience of rearing the child. The same trend, though not with statistical significance, is observed with the average sample when conditions are similar. Major category 5, feelings about the physical aspects of the living quarters, extends the considerations of external influences on parental responses. It is noted that in this area only satisfactions references were obtained by the average ability samples. In each case where the difference was statistically significant in the comparison with the paired retarded sample, the trend was also present in the alternate situation. Whereas parents of average ability children tend to view their living quarters with significantly more pleasure in the wider age difference sample, the same trend was also revealed, though not with statistical significance, in the narrower age difference bracket. The higher socioeconomic levels were significantly more satisfied with their living quarters than comparable parents in

the retarded sample. This finding represented a strengthening of the trend also observed in the Class V sample. The average group also differs significantly in the "broken" homes classification, but the higher frequency is also present in the "intact" homes situation. Very little consideration was given to the social or moral conditions of the community represented in major category 6. Where this aspect was introduced to any appreciable extent, only the association with length of local residence tended to show distinct trends. Perhaps reflecting another aspect of their living circumstances, the parents of the average sample again show significantly more pleasure or pride in the neighborhood when they have been longer term residents in it. Even when these parents have lived in the community for a shorter length of time, they take more satisfaction in the social outlets than do the parents of retarded children.

Up to this point attention has been given to the circumstances associated with the responsibilities of rearing the children. Attention is now directed to the child himself and the effect he seems to have on his parents. The child's ability to cope with the external conditions of contemporary living was not indicated as a particularly important reference. It was not sensitive as a problems reference, and yielded satisfactions scores with sufficient strength to be included in only one condition--marital stability of parents. In the intact home, parents of average

children reflect significantly more pleasure in their children's ability to take care of themselves and meet the hazards and temptations of contemporary living (major category 7). Such a trend (not statistically significant) is noted for the retarded sample in the "broken" homes classification. Reaction to the area of the child's competency and responsibility in personal routines failed to bring forth any noteworthy results. The topic was not sensitive to problems by either parent group, and was used to classify satisfactions only when the education level of the parent was considered. In this case the direction of higher frequency by parents of the retarded in both education brackets was their satisfaction in the fact the children did so well in taking care of their personal needs. However, these trends were not statistically significant.

The child's competency or responsibility in the home is conspicuous as an area in which only satisfactions by parents of retarded children are listed. It is noteworthy that such trends occurred in each characteristic studied in the parent groups. The most pronounced differences which were statistically significant occurred in the higher rate of pleasure in the retarded samples where the parent-child age differences were minimal, where the children lived in intact homes, and where the families tended to be long term residents in their communities. The social maturity of the child tended to be an area which reflected both the positive

and negative side of parental reactions. Each of the characteristics of the parent groups studied, except under the heading of selected conditions of residence, yielded in one or the other alternate samples, more references to problems by the mentally retarded children. These problems were significantly different from the comparable average samples in the situations where the parent-child age difference was maximal, where the families were of higher socioeconomic status, higher education level, and where the marital status of the parents was intact. There was significantly greater satisfaction expressed by parents of average ability children when the parent-child age difference was maximal. Also more satisfactions were expressed by these parents (though not statistically significant) in the lower social class, broken home, long term residence situations.

Relations of the retarded child with members of his family was both a source of worry and satisfaction to his parents. When the parent-child age differences were minimal, there seemed to be more problems. There were also more concerns in the lower social class situation. These trends in the retarded samples (though not statistically significant) merit special consideration because the direction of higher reference in the same categories is the opposite of the trends in the comparative groups where in each case parents of average ability children reported the greater number of problems. The education level of the parent does

not appear to reveal differences in problems either in the relationship between the retarded and average samples. Parents of retarded children report more difficulties than the paired parents in each of the alternate situations representing marital stability, length of local residence, and selected conditions of residence. There is no difference from these trends alone that marital stability has an effect in the way these parents view the retarded child in terms of family relationships. Only by indirection, i.e., problems counter-balanced by satisfactions, are there indications that the stress of these problems may be felt more keenly in "intact" homes where the families have been residents in their communities for at least five years. The satisfactions afforded by the children indicate that upper class parents verbalize significantly more pleasure from their retarded children than do parents of retarded children in the lower social group.

Health is relegated almost entirely to the problems and satisfactions references on retarded children. Only in Social Class V covering both problems and satisfactions and the broken home situation covering only satisfactions, are the scores higher in the average samples. In terms of health worries, the stress is reflected primarily by "upper" class, "well" educated, stable families. The greater concern for the retarded child's health is present irrespective of length of residence in the community. Where there was anxiety,

there was usually a corresponding joy. The satisfactions were significant among the parents of the retarded who were of the "upper" social class, "intact" homes, and who could be designated as long term residents of their communities.

Not once are references to problems of the child's intellectual attributes indicated as a primary concern of the average ability group. This finding would not seem unusual except for the fact that only once did the average ability group yield a greater satisfaction score in this area. The intellectual level of the retarded child is indeed a condition of vital concern to his parents. The lines are more clearly drawn. The problems increase as the gap is widened between the age of the child and the age of his parent. These concerns are largely typical of the higher social classes, of the better educated stable families who are long term residents in their communities. What has been said about the problems can generally be said about the satisfactions except that none of the differences are statistically significant. Personality, which usually ranked in the top three concerns as well as in the top three satisfactions, failed to show distinct differences between the retarded and average samples. There is an observed tendency for problems in general to be more pronounced among the retarded group. There is also some indication that to a less degree the concerns by the parents of the retarded tend to follow the pattern associated with the area of intellectual

attributes. In short, the more advantageous their situation in terms of social and economic position, the more likely parents are to view the retarded child's personality with concern.

The school is a vital source of reference by both parent groups in their expressed problems and satisfactions. There is little doubt that most parents have experienced some degree of negative feeling about the school and its program. Among the parents of the mentally retarded, school has been experienced as an obstacle through which their children cannot successfully pass. The higher class parent's most significant worry is about the retarded child's lack of progress and achievement in his academic work; the lower class parent is more concerned with the child's placement. The problems are significantly greater in the reports of parents who have maintained intact marriages, and who may be classified as stable residents of their communities. Satisfactions paralleled the problems but did not reflect such definitiveness either between pairs of samples or alternate groups.

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

It has been the purpose of this study to determine:

- (1) What problems and satisfactions parents of mentally retarded children report in rearing these boys and girls; and
- (2) How these concerns and pleasures differ from those reported by parents of average ability children. Greater insight into the practical operations of the home, the interaction of the subject child within the family circle, the school and community, and the forces which affect child rearing practices were within the province of this investigation. The values of such findings are to be measured in the more "intelligent" ways in which parents, educators, doctors, psychologists, social workers, and others work together toward more effective methods of coping with mental retardation on the local scene--in the home, the public schools, and community life in general. From a research standpoint such problems have been scarcely touched. Viewed in terms of social needs, one has but to look at contemporary trends. Witness the rapid increase in the organization of parent groups for retarded children, state subsidies for the

operation of public school classes for both educable and trainable mentally retarded, and the inclusion of mentally handicapped adults for vocational rehabilitation entitlements under Public Law 113. It is past the time when the local agency can use the survey of need as the basis for deciding the merit of such programs. In many cases the statutes already contain mandates for public service. Not least affected are the public schools which are certainly far from well equipped to assume this long overdue responsibility.

#### Method Used in the Study

Parents of fifty mentally retarded children were paired with the parents of a comparable group of average ability children. These parents were interviewed concerning the problems and satisfactions they experienced in raising the subject children. Each of the interviews was electrically recorded and transcribed to typescripts. The statements of the parents were analyzed and classified under a list of seventeen major categories which contained eighty-seven items or subcategories. Each problem or satisfaction was scored according to its frequency of mention. The relative frequency of reference to a problem or satisfaction was its indication of degree of concern or pleasure. The responses of the parents were tallied and the scores compared between each pair of parents. The determination of the level of

significance of difference between responses of parents of the retarded and average ability children was based upon the critical value of  $\underline{r}$  for the sign test. Since the sign test could not provide an index of the relative prominence of a problem or satisfaction within its sample population, the mean score was used. It was thereby possible to weigh comparative frequencies from a single point of reference. The additional use of percentages scores made possible the direct comparison of problems and satisfactions within each sample.

#### Findings

Parents of mentally retarded children reported more frequently the problems and satisfactions of rearing these children than did the parents of the average ability group. According to the frequency of mention, retarded children afforded more problems than satisfactions; the average ability children, more satisfactions than problems. In the retarded group, the leading problems were in the areas of: (1) the child's health and physical maturation; (2) his schooling; (3) personality traits and attributes; (4) intellectual attributes; (5) child's relationship with members of the family; and (6) his social maturity. The rank order of leading satisfactions were in the areas of: (1) the school; (2) the child's competency or responsibility in the home; (3) personality traits and attributes; (4) child's relationship with members of the family; (5) his social maturity;

(6) health; and (7) intelligence.

In the average ability group, (1) personality, (2) school, (3) health, (4) relationship with family members, and (5) feelings about having children and being a parent, name the top concerns of these parents. Their leading satisfactions are: (1) school; (2) personality; (3) relationship with family members; (4) social maturity; and (5) the child's competency and responsibility in the home. The following observations seem appropriate:

1. In general parents of mentally retarded children indicate their primary child rearing problems in the topical areas which also cover the leading satisfactions.

2. Generally, the parents of average ability children report major concerns in the same categories which describe their top satisfaction.

3. There is considerable agreement between parents of the retarded and average ability children in the problems and satisfactions reported by both groups.

4. The differences between the two parent groups are most significant when the comparisons permit a direct problems to problems or satisfactions to satisfactions analysis.

5. The frequency of reported satisfactions to some degree appears to be a function of the problems reactions and another way of corroborating the relative stress which the parent has experienced in raising the child. Satisfac-

tions in this sense represent release from tension, anxiety, and feelings of guilt.

To describe what the problems and satisfactions are serves the purpose of establishing the subject matter of the study. Simple differentiation between the two parent groups shows, merely, in what topical areas the two groups are alike or different. The next logical step is to show the conditions or situations with which the obtained differences may be related. This later step was undertaken by studying the responses in conjunction with alternate situations representing certain qualities or attributes of the subject children and the parents reporting. Among the differential qualities or attributes of the subject children are I.Q. level, sex, chronological age level, birth order, and number of siblings. The characteristics of the parents include the consideration of such factors as parent-child age differences, social class status, education level of the parents, their marital stability, and length of residence in the local community. Each of these characteristics is viewed in relation to the seventeen major categories of problems and satisfactions under which the responses were classified:

1. Feelings about having offspring and being a parent figure.

In none of the selected characteristics of either the child or parent groups were the differences in problems or satisfactions references between mentally retarded and

average ability children found to be statistically significant. The area served almost entirely as a topical reference for problems. These problems related mostly to feelings of adequacy in child rearing. Among the mentally retarded samples, there were higher frequencies of problems when the more "intelligent" retarded children were compared with the less intelligent average children. There were more problems, in comparison with the average group, among the girls. The age of the child was not indicated a factor, but there was a difference in the direction of more problems when the parent-child age difference was minimal. Smaller families, higher social classes, better educated parents reported more negative feelings about having offspring and assuming the responsibilities of parenthood.

2. Reflection of self, spouse, or family member in child.

This area was lacking in sensitivity to either problems or satisfactions references. Only in the consideration of the factor of number of siblings did the mentally retarded samples report more problems.

3. Extent of convenience or inconvenience in rearing of child.

This major category was found to be useful mainly as a problems classification. Such problems by the retarded samples were statistically significant in small families of the better educated parents. The sex of the child was not

determined significant in this area of concern. Length of residence bore a positive relationship to the expression of satisfactions by parents of mentally retarded children.

4. The condition of family finances.

The economic situation of the family was sensitive to problems and satisfactions references only when the sex of the child was considered. The expression of more problems by parents of the retarded children failed to indicate basic differences between boys and girls. There was, however, a statistically significant difference in the higher frequency of satisfactions by parents of average ability boys.

5. Feelings about the physical aspects of the living quarters.

The much happier situation of the parents of average ability children is reflected in the positive references about their living quarters. These occur with statistical significance among the families of the lower I.Q. average ability children, among boys, first born or only children whose parents are much older than they are. These are the "upper" social class parents and those whose marriages have suffered because of death, divorce or separation.

6. Reflections on the social and moral conditions of the community.

Parents in either group were not inclined to be critical of their neighborhoods. Rather, there were positive

statements made by long term residents who were the parents of the average ability children in large families. These parents expressed approval, particularly of the quality or condition of social outlets, at a statistically significant level. The area was sensitive to the retarded sample just once when the direction of higher frequency of satisfactions was obtained in the small family situation.

7. The child's ability to cope with the external conditions of contemporary living.

Worries about the retarded child's ability to look out for himself in either a physical or social sense appears more frequently when the child is studied in relation to his sex, or in relation to the number of siblings in the family. However, none of these concerns show a statistically significant difference from the trends of the corresponding average samples. Only in the expression of satisfactions of average ability children who live in intact families do such differences appear.

8. The child's competency or responsibility in personal routines.

Some differentiation occurs, though not with statistical significance, in the problems reported in relation to the sex of the child. More problems are reported for retarded boys as compared to more expressed problems for average ability girls. This category has its main value in the classification of satisfactions. Parents of mentally

retarded children report significantly more satisfactions in the small family situations. Their education level does not show differentiation in the greater number of satisfactions reported by either parent sample. The I.Q. level of the child, though sensitive to both retarded and average samples, did not indicate differences which could be accepted with confidence.

9. The child's competency or responsibility in the home.

This was especially sensitive to the positive references of parents of mentally retarded children. The area did not register any significance in the problems comments by either parent group. The satisfactions, mostly about the child's helpfulness about the house or grounds, which were reported in greater frequency for retarded children, revealed some significant characteristics in several relationships with attributes of both parent and child samples. The parents of mentally retarded children express with significantly greater frequency, the pleasure of the child's helpfulness in the home: (1) among the boys and girls who are the most retarded; (2) particularly girls; (3) who are twelve years or more in age; (4) such children reside for the most part in families where there are few siblings and (5) where the parent-child age difference is minimal; and (6) the marital status of the parents is more intact and the families are more likely to be long term residents of the community.

## 10. Attributes of the child's social maturity.

Comments on the social maturity of the children indicated this area was critical in terms of the problems of mentally retarded boys and girls, and a basis for expressions of pleasure by both parent groups. Parents of the retarded youngsters indicated more concern with significant frequency in those situations when: (1) the child was among the lowest in I.Q.; (2) he was ten years or less in age; (3) he was first born or the only child; or (4) he lives in a small family of two or less siblings. Also were the problems of social maturity of retarded children mentioned with significantly higher frequency (5) when the parent-child age difference was maximal; (6) where the family was of the "upper" social class; the parents (7) better educated; and (8) where the marital status of the parents was intact. According to the responses of the parents of average ability children, expressions of their pleasure in the social maturity of such children occurred with greater frequency than did those of parents of the retarded at a level of statistical significance in those situations where the youngster was the first born or only child, and where there was maximal difference in the parent-child age relationship. The sex of the child did not differentiate between the social maturity problems of mentally retarded boys or girls, although in both cases they differed significantly from their paired samples.

11. Qualities or conditions of child's relationship with self, spouse, or other relatives or members of household.

The child's relationship with members of the family constituted problems and satisfactions for both groups of parents. The direction of problems in either group failed to yield differences that could be considered statistically significant. In two cases, the more frequent reports of satisfactions in the relationships of retarded children could be accepted with confidence. These occurred among the better educated higher social class parents.

12. Circumstances pertaining to child's health and physical maturation.

Health and physical maturation, particularly robustness and motor efficiency, have proven to be vital topics in the discussion of problems and satisfactions by both groups of parents in each of the samples arranged according to selected characteristics of the children or the child rearers. The highest incidence of problems of the retarded are reported in this category. Trend tendencies suggested by differences in comparison with average samples indicate the relevancy of several factors in the higher rate of problems among the retarded children. It is suggested in these findings that concern for the retarded child's health: (1) increases among the lower I.Q. levels of retarded children; (2) particularly among the girls; and (3) among children who are

ten years or less in age and (4) who reside in families where there are not more than two children; these families (5) tend to be of the "upper" social classes, and (6) higher education levels; (7) and the marital status of the parents is more likely to be intact. Length of local residence is not indicated as a differential factor even though the experience of problems is statistically significant in the direction of greater frequency for the retarded children. It is well to note that parents of retarded children reported satisfactions with significant frequency in some of the same categories in which their problems yielded significant differences. The expressed satisfactions were more prominent: (1) when the children were those of lowest I.Q.; (2) particularly in (3) intact families of (4) the "upper" social classes. It seems likely these are the parents who are not only sensitive to the health problems of their children, but also to the health gains made by them. In other situations significant differences emerged with the indication that parents of retarded children express more satisfactions in relation to the health of the retarded child: (1) who is a male; and (2) resides in a large family, (3) which is a stable unit in the community.

### 13. The child's intellectual attributes.

Degree and qualitative aspects of intelligence were the items of special importance in the general area of the child's intellectual attributes. The area was of primary

concern to the parents of the retarded children. In only two cases were the conditions sensitive to a higher frequency of responses by parents of the average group. Both of these were satisfactions which failed to yield statistically significant differences. The data suggest the relationship of several factors in the positive and negative reports on the retarded youngster. Associated with statistically significant higher frequencies of problems are the conditions that such concerns become more prominent: (1) the lower the I.Q. of the child; (2) in families of two or less children; (3) when the parent-child age difference is maximal; and (4) among families of the "upper" social classes; also, (5) among the better educated parents of (6) stable residence in the local communities. When the sex of the child was considered, the obtained differences of the paired boy and girl samples were statistically significant, but there was insufficient evidence to suggest basic differences between the two sexes in frequency of problems reported. The same observations apply to the conditions of ordinal sequence of the retarded child and the marital stability of his parents. Where problems were expressed more often by parents of the retarded, there usually followed a corresponding higher reference to pleasure. Only one, satisfaction in certain intellectual attributes of retarded girls, occurred at a level which was statistically significant.

#### 14. Special interests and activities.

This category was relatively unimportant as a reference for either parent group. It was sensitive only to statements of satisfactions in the consideration of the factors of sex differences and number of siblings. The obtained differences were not statistically significant.

15. Personality traits and attributes.

Parents of mentally retarded and average ability children had much to say in both a positive and negative vein regarding the personalities of their children. In the majority of cases more problems were mentioned about the retarded samples, but in only one case was the difference significant. This difference occurred in the specific reference to emotional difficulties among the boys. However, these parents expressed significantly more joys in those situations: (1) where the child's I.Q. was in the lower levels of the retarded group; (2) when the child was twelve or more years of age; and (3) when the family had been a resident of the community for five or less years. In general, a study of the references by parents of the assets and liabilities in the personalities of retarded and average ability children does not show basic differences associated with certain characteristics belonging to either the children or their parents. The most significant finding in these results may be the fact of lack of clear differentiations between the two groups in spite of the high frequency of problems and satisfactions.

## 16. Feelings about the school.

Topical references for problems and satisfactions generally concerned such aspects of the child's school experiences as his progress and achievement, his liking for school, relationship with the teacher, and his placement in the school program. The subject of the school was vital to both parent groups and an important source of differentiation between the problems of the retarded and average ability children. Differences indicating trend tendencies in the direction of greater concern by parents of the retarded occur: (1) more with boys than with girls; (2) in the larger families; (3) where the marital status of the parents is intact; and (4) where the families have been stable residents of their communities for five or more years. The factor of social status fails to discriminate any basic differences in problems between the "upper" and lower social group, though parents in either sample reflect significantly more concerns than parents of the average ability children with whom they are paired. The reaction of satisfactions responses by these parents has been the rather typical pattern of expressing correspondingly high positive reactions to the same conditions with which problems trends have been associated. These satisfactions, though, failed to meet the test of statistical significance except in one case. This occurred in the higher frequency of expressed satisfactions in the special class placement of the mentally retarded boys. It

is of interest to note that satisfactions relative to the average children were expressed with higher frequency in those situations in which parent-child age differences were considered, in the "broken" homes, among children of the lower I.Q. in the sample, and who were chronologically older.

17. Relations with doctors, dentists, medical treatment, etc.

The fact that medical attention failed to register as a sensitive area indicates that parents of the retarded children in this study did not reflect through positive or negative statements the identification of values which would place the position of the medical agency any where near the level of the school. It is true that parents expressed great concern with the retarded child's health and development, but these worries were generally not embellished with references to the obligations or services of medical agencies or personalities.

### Conclusions

The data of this study suggest that parents of intellectually retarded and average ability children generally view as important the same problems and satisfactions in rearing such children. When significant differences are reported, they are indicated in the relationship of comparative degree of concern. It may be said that parents of the retarded children as a group reflect more anxiety, worry,

concern, and irritation in coping with the needs of such children than do parents of average ability youngsters. This is not unusual or surprising. On the other hand, such parents indicate by the frequent mention of the positive attributes that they are willing to view with gratification those details in the child's life which parents of average children take for granted or do not experience. What better indication of the need to respect the child than to take the area by which he is identified (low intelligence) and find in it elements by which he can be praised! The factor of compensatory reaction should receive careful attention from the standpoint of its utility in education. Instead of viewing these reactions as avoidance mechanisms, it might be better for the doctor, educator, psychologist, social worker, and others to respect the right of the parent to maintain such mechanisms in the interest of more harmonious parent-child relations. To train parents to accept mental retardation in their children need not require the elimination of the rationalizations by which the condition has been made tolerable.

There is a corollary in the consideration of the implication of socioeconomic and educational influences. The data indicate parents in the upper levels view with greater concern the needs, assets, or shortcomings of their retarded children than do parents of such children in the lower levels. Careful thought should be given to purposes

and methods of parent education with the lower social classes. Would not the program of parent education, which is useful in helping "upper" classes cope with mental retardation in their children, serve to create anxiety in the lower class parents?

Mental retardation means different things to different people. The educator may view the condition in terms of a statistical position on an I.Q. scale, the layman may confuse it with poor mental health, or the physician may view it as delayed physical development. The parent, on the other hand, sees the child as a member of a family. It is well to know that some of these children do not deviate from what their parents consider normal. In the family circle the child is a personality who affects, and is affected by, other members of the household. The fact of intellectual retardation, even when recognized, has much less of an all-inclusive meaning to these parents than to others who are able to be more objective. If the child fails to make adequate progress in some of his school work, the reason is not usually explained in terms of his lack of ability. Poor health, lack of educational opportunity, and inability to concentrate, are but a few of their characteristic ways of viewing his difficulties. The real challenge of the professional worker is for him to be equally as analytical about the child's assets and liabilities in the framework of the dynamics of the family. Teaching parents to accept their

mentally retarded children should proceed with the understanding that parents have the need to be loved by their children. Acceptance of the retardation is acceptance of an individual who is retarded. The educator or other professional person who deals with groups of mentally retarded children should keep in mind that: (1) there are many kinds and degrees of mental retardation which mean (2) different things in different ways to different people; but to parents (3) the child is a total personality whose retardation, if recognized, (4) is only one aspect of the whole being, and (5) because the parent needs to be loved by the child she (6) finds it easier to accept the limitations imposed by the condition when the child can respond to love with love. The heavy weight of the satisfactions responses by the parents is the most positive assurance that parents want to find better solutions to concerns which have caused a great deal of stress.

At first it may seem paradoxical that parents who typify family stability should be among those who reflect the most stress in the rearing of retarded children. Since the degree of the child's retardation is usually represented by the distance of the deviation from a mean or average position in some scale of values, retarded children, in a relative sense are more different from parents in stable homes than from parents in less stable surroundings. The child, say with an I.Q. of 75, who is a member of a

professional family may be subject to the effects of much parental anxiety about his inability to respond adequately in such surroundings; on the other hand, this child in a family of laborers may not experience any of these concerns. As one mother put it, "She's the brightest of them all." It seems logical in view of these considerations that educational planning for the retarded child which fails to take into account the child's relative situation in his family might just as well disregard his retardation in the first place. There is questionable value in the diagnosis of mental retardation for educational purposes unless environmental factors are considered as integral parts.

Curriculum planning for mentally retarded children should be cognizant of the critical needs reflected by the parents. Social maturity, health and physical maturation, and personality have been designated as the areas of significant concern. If the educational program is to be comprehensive, guidance of the child and of his family should be a vital part of it. Judging by the way parents of the retarded responded to the interviews, they need and appreciate counseling.

More research in this area may lead further into the dynamics of the parent-child relationship. It would seem worthwhile to follow up the present investigation with another series of interviews which might go into the more remote aspects of the relationships. One outcome in itself

which could justify this research is the development of a parent-child adjustment index which would provide an economical and reliable method of appraising the home situation. This adjustment index could be applicable to the study of children and their parents irrespective of educational qualifications. There would be merit in doing longitudinal studies covering a span of years. More informally, teachers or administrators may find use in the list of categories as a guide to regular parent conferencing.

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## APPENDICES

## APPENDIX A

## FACE SHEET FOR PARENT INTERVIEW

Name (Child) \_\_\_\_\_ Present Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_ I.Q. \_\_\_\_\_ Brain Damage? \_\_\_\_\_  
 Birth Place \_\_\_\_\_ Telephone \_\_\_\_\_  
 Color \_\_\_\_\_ Sex \_\_\_\_\_ Religion \_\_\_\_\_  
 School Grade \_\_\_\_\_ Present School \_\_\_\_\_

Name of Relatives	Age	Birth Place	Address	Occupational Status or School Grade
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Father

Mother

Siblings	Birth Date
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Other Marriages by Parents	Date	Place	Death or Divorce and Date	Living with Present Mate
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Children of Birth Above Unions	Birth Date	Birth Place	Address	Occupation or School Grade
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Others in Present Household	Age	Relationship
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Comments:

Length of Time in State	Length of Time in County	Length of Time in Neighborhood
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APPENDIX B

STATISTICAL SUMMARY

<u>Child</u>	<u>Parents</u>	<u>Or Guardians</u>																
Name _____	Reporter(s): Male ( ) Female ( )																	
Sex _____	Age _____																	
Age _____	Educ. _____																	
Race _____	Occup. _____																	
Grade _____	Relation to child _____																	
School _____	Marital Status _____																	
I.Q. _____	_____																	
P/H _____	_____																	
Siblings at home:	Years Residence: Local ___ County___																	
M _____ F _____	State _____																	
Ordinal position of child _____	Socio-economic status _____																	
<table border="0" style="width: 100%;"> <tr> <td>P</td><td>S</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td><td>c/o</td><td>Tot.</td> </tr> </table>			P	S	01	02	03	04	05	06	07	08	09	10	11	12	c/o	Tot.
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## APPENDIX C

TALLY OF PROBLEMS AND SATISFACTIONS  
CLASSIFIED BY MAJOR CATEGORIES

Category	Mentally Retarded Prob.	Retarded Sat.	Average Ability Prob.	Ability Sat.
1.0 Being a Parent	37	15	33	15
2.0 Family Resemblances	17	8	11	5
3.0 Convenience, Rearing Child	35	8	9	6
4.0 Family Finances	31	2	14	12
5.0 Living Quarters	18	8	21	29
6.0 Community, Social Aspects	9	11	12	17
7.0 Contemporary Living, Coping	47	9	15	16
8.0 Personal Routines	20	32	12	19
9.0 Responsibility in Home	17	105	10	47
10.0 Social Maturity	48	72	12	60
11.0 Relations with Family	53	86	43	61
12.0 Health & Maturation	189	65	53	30
13.0 Intellectual At- tributes	55	53	2	24
14.0 Interests & Activities	10	25	3	38
15.0 Personality Traits	113	90	87	78
16.0 School	174	160	58	105
17.0 Medical Care	18	10	5	7
Totals	891	759	400	569

## APPENDIX D

## EXAMPLES OF PROBLEMS

A. Problems

Category 1: Feelings about having offspring and being a parent figure.

1.01: Having child as planned.

Once you've had one you hate to--Dr. L.--said we'll go have some more and I said "No, thank you. I would have that fear of it striking twice in the same family."

1.02: Size of family.

I wanted a family of five, but I didn't have but one.

1.03: Spacing of children.

She can't understand why she had to be the last one at home, and all the rest of them had so many to play with, she says how did it happen she had to be the last one. She says don't you know anyone who has children my age? You see, we have older friends, and, of course, they don't have children her age.

1.04: Parent's health in relation to parenthood.

But I was very ill all the time after. I was in bed a year after he was born.

1.05: Change in values in relation to parenthood.

He makes me very nervous, very nervous.

1.06: Feelings of personal adequacy in relation to parenthood.

Well, I was stumped, I didn't know just how to give him the correct answer.

1.07: Expression of a general feeling or attitude.

We always have (let him get by with sloppy speech) around the house. He figures everyone else is the same. I suppose that was a bad mistake.

Category 2: Reflection of self, spouse, or family member in child.

2.01: Physical resemblances of self or blood kin.

She's a little subject to colds like her mother.

2.02: Resemblances of spouse or his kin.

Nothing reported.

2.03: Resemblances in personality traits or conduct of self or kin.

I believe he's slightly nervous. I've always been sort of that way (mother).

2.04: Resemblances in personality traits or conduct of spouse or his kin.

He probably has his bad temper from his father.

2.05: Resemblances in intellectual traits or characteristics of self or kin.

We realize he is slow. I am not too intelligent myself.

2.06: Resemblances in intellectual traits or characteristics of spouse or his kin.

My husband just said B-- was slow like he was when he was young.

2.07: Other

I think there is something that causes him to be that way. I went to the doctor with him and he told me it could be hereditary.

Category 3: Extent of convenience or inconvenience in rearing of child.

## 3.01: Effect on social life or parent figures.

She likes to go to the movies--and sometimes we used to go when I'd rather stay home, but for the sake of the child.

## 3.02: Work involved in care of the child.

Yeah, well, problems--it was a lot of work, that's about all I can tell you, a lot of work to raise nine children.

## 3.03: Time required for care and supervision of child.

But it's a form of entertainment when you're talking with them. So they demand attention all the time. I mean the kind of attention, talking with them all day long. I talk with that one whereas she's been out with the other children half of the time.

## 3.04: Other effects of more general nature.

He has a terrific urge to see how his tongue works.

## Category 4: The condition of family finances.

## 4.01: Effect in relation to attention parents can give the child (time).

It would have been better if I stayed home. I can see that but I have to keep working.

## 4.02: Effect on extent of physical care of children (food, clothing, shelter).

We've had financial difficulties from time to time. We've had you might say a struggle just to keep things going with a large family and trying to buy a home and have things the way we'd like to have them.

## 4.03: Effect on planning for future of child (education, special instruction, etc.)

Of course our planning for his future and college. We haven't made any definite plans yet financially because we haven't been able to.

4.05: Effect without reference to child.

No, not exactly adequate. I mean, I wouldn't have taught if they had been adequate.

Category 5: Feelings about the physical aspects of the living quarters.

5.01: Adequacy in size (house and grounds)

No, she doesn't have a room for herself.

5.02: Adequacy in facilities and appurtenances.

He enjoys making things, but we don't have the facilities really.

5.03: Attitudes covering appearance of abode.

It's not painted. The walls are smoked up pretty bad.

5.04: Housing in general--pleasant, unpleasant, neighborhood--location.

When we moved to Stockton in forty-seven, we moved into an older neighborhood with no children.

Category 6: Reflections on the social and moral conditions of the community.

6:01: Availability of social, cultural, and religious associations and services (clubs, libraries, churches, etc.).

Nothing reported.

6.02: The quality or condition of social outlets.

The thing that bothers me most is that he has no challenge in his friends.

Category 7: The child's ability to cope with the external conditions of contemporary living.

7.01: Physical hazards (fire, traffic, etc.).

(They don't know the difference). They're just apt to walk up to some guy on the street and go with him as they would with the wife and I. For that reason I have to hold off on a lot of things I'd like to have him do because I worry about what he's going to do, who he's going to talk to.

7.02: Legal requirements (misdemeanor, etc.)

And one time he broke some windows, over there at the schoolhouse. Just climbed the fence and tossed a rock through the windows.

7.03: Moral conduct (right and wrong).

I want her so much to have good morals, good habits and have everybody else think that she is too.

7.04: Management of money.

Nothing reported.

Category 8: The child's competency and responsibility in personal routines.

8.01: Feeding, elimination, sleeping, dressing, grooming, cleanliness, etc.

She don't like to get ready to go to bed so early, what I don't like, she won't go wash up until 11:00 o'clock.

8.02: General

Nothing reported.

Category 9: The child's competency or responsibility in the home.

9.01: Helpfulness about the house or grounds.

He's not enthusiastic at all about chores. He will protest and I think succeed in getting out of them more than normal.

9.02: Care of personal property.

He does it to the point of being an old maid about some things. Taking care of his things, keeping his toys; he's never been a child to break his toys or lose them or have them mislaid. He keeps them in order in the boxes they belong in.

9.03: Use of time.

Yes, but I don't think he has enough to do in the summer time. He's all right during school.

9.04: Quality of workmanship.

J--is not a perfectionist and that was one thing that we have worried about a little bit. She is perfectly willing to do it enough to do it well, but not perfectly.

9.05: Acceptance of responsibility outside of home (job, etc.).

Nothing reported.

Category 10: Attributes of the child's social maturity.

10.01: Social insights.

They retaliate by doing and saying derogatory things, and then it's easy for her to feel that they're childish when she needs to look to herself.

10.02: Social skills--getting along.

He doesn't like all children. I mean I think he doesn't. I think he gets bored with most children.

10.03: Future ability to earn living and get along.

He's very good at all that, but he neglects what his father considers he is going to need in the future.

Category 11: Qualities or conditions of child's relationship with self, spouse, or other relatives or members of household.

11.01: Relationship with self (interviews).

We bicker! I yah-yah at her a lot. And she'll yah-yah back at me and I don't like it.

11.02: Relationship with spouse.

When P-- came home from China, he resented him very much. He says--Tell that man to go back to China.

11.03: Relationship with other children in family.

Not anything to brag about. The elder boy teases the young one and the young one cries more easily when he's teased by the older one.

11.04: Relationship with other members of the household.

When he lived with his grandfolks, he was the apple of their eye and was allowed to do everything that he wanted. He became accustomed to being waited on.

11.05: Family unit as a whole--happy, unhappy.

I guess he (husband) was on to them (children) quite a bit and all of them got afraid of him, you know, and kinda stayed out of his way.

Category 12: Circumstances pertaining to child's health and physical maturation.

12.01: Condition of health and robustness.

She is and the doctor thinks she always will be anemic, which I am also.

12.02: Rate of physical (including sexual) maturation.

He has a tendency to bully smaller children. We've felt that part of that is due to the fact that he is physically small.

12.03: Physique (build).

Yes, I think it does have some effect on it. I think she is somewhat conscious of the fact that she is taller and the other children don't fail to point that out.

12.04: Physical attributes (example: color of eyes).

Her eyelid droops and I thought it was she had a weak eye. She was awfully self-conscious of it.

12.05: Motor efficiency (dexterity, etc.).

But we did have a problem with his feet he had a hard time learning to walk.

12.06: Sensory efficiency (seeing and hearing).

We have to be careful of her eyes. She wears glasses. We can't let her watch television too much.

12.07: Health practices and information.

Eating was a very serious problem. As for body health is concerned and probably as a result of these poor eating habits, I have a great deal of trouble with L-- with constipation. In fact I've had him at doctors and nutritionists all over the country.

Category 13: The child's intellectual attributes.

13.01: Degree of intelligence.

She'd come home just worried to death because she hadn't been getting along as well as the other children. That's why I think she isn't too bright.

13.02: Breadth of intellectual abilities--wide or narrow.

"Abstract thinking" wasn't up to par, and then I went to Dr. --- after that.

13.03: Speed of intellectual activity--alertness--grasps things.

I tell her to do something and show her how and five minutes later she's forgotten because it never registered in the first place.

- 13.04: Qualitative aspects of intelligence-- memory, retention, understanding, judgment.

His imagination isn't as good as his brothers.

- 13.05: Desire to learn, acquire knowledge, curiosity, etc.

He has recently developed scientific interests and it's been rather difficult to provide him with the right kind of book to continue with these interests.

- 13.06: Ability to create, originate, etc.

Nothing reported.

Category 14: Special interests and activities.

- 14.01: Choice and extent of passive or vicarious experiences (movies, T.V., books, comic books, etc.).

But now this past month some of these other girl friends she has--they like to go to the show. So they get together. Well we permit it. I think it's all right. But I just don't like them to do it too much so they just think they have to go or else.

- 14.02: Choice and extent of active participatory experiences (sports, etc.).

The scout master quit and they have no supervision and John quit too--I tried to talk him into going back. He said no, he didn't want to be in Boy Scouts.

- 14.03: Choice and execution of individual special interests (art, music collections, etc.).

He started model airplanes, ships and he gets almost done with them and his interests will change to something else and they're left undone.

- Category 15: Personality traits and attributes.
- 15.01: Qualities associated with motivation.  
Now there we have a little trouble--dish washing.
- 15.02: Qualities associated with control.  
I naturally have more trouble with all of them managing them alone. They simply don't mind me as well as they do their daddy.
- 15.03: Qualities associated with character traits.  
One thing that had annoyed me considerably was his stubbornness. He gets on a track and he stays there.
- 15.04: Qualities associated with morality.  
He's a big liar too.
- 15.05: Qualities associated with introversion.  
When she was small she was always a little bit on the timid side with strangers.
- 15.06: Qualities associated with extroversion.  
Nothing reported.
- 15.07: Qualities associated with level of maturation.  
Sometime I wish she were a little more kiddish.
- 15.08: Qualities associated with emotionality.  
He was a little funny. I think he's a funnier child than my others have been.
- 15.09: Personality in general--pleasing, pleasant, happy, easy going, etc.  
He's an easy going boy. Easy to get along with.

Category 16: Feelings about the school.

16.01: Progress and achievement of the child.

We were a little worried because she's the youngest one in her class. We didn't know whether she would make the adjustment right or not.

16.02: Deportment and discipline of the child.

It wasn't trouble that--nasty or mean things, but just mischief you know--talking out of turn and that sort of thing.

16.03: Effort of child.

They know he knows his work but he just doesn't dig right in and do it.

16.04: Peer relations--people his own age.

He was being pushed around. There was a group of kids that were pretty rough. They gave John a bad time.

16.05: Child's liking for school.

He didn't like school until junior high. He always said he didn't care about school.

16.06: Teacher's relationship with child.

She enjoyed her math until they changed teachers recently. She didn't understand fractions and went up and asked him to explain and she said he told her she just didn't understand a lot of it.

16.07: School offerings.

She dreads starting school because she says so much is repetition of what went the year before.

16.08: Methods of teaching.

I think the schools have a great amount of homework that I don't approve of.

16.09: School placement of the child.

I think that he'd been better off if he'd been left there at home in that school there at home.

16.10: Continuation of schooling, desire expressed by parent.

She's twelve years old now and I don't know whether it would be wise to send her to high school or not.

16.11: General.

They didn't have enough teachers there in --- school and they just let a few of the, sit back. L-- had a bad start.

Category 17: Relations with doctors, dentists, medical treatment, etc.

17.01: Adequacy of medical resources or treatment.

Dr. M-- told us to have his tonsils taken out, that would get rid of it. We had them out, the same thing happened.

17.02: Child relationships with doctors, nurses, specialists, etc.

L-- has a fear of needles amounting to hysteria.

17.03: Cost of medical care.

We spend thousands of dollars. I shouldn't say that, but we have spent quite a lot.

## APPENDIX D

## EXAMPLES OF SATISFACTIONS

B. Satisfactions

- Category 1: Feelings about having offspring and being a parent figure.
- 1.01: Having child as planned.  
Nothing reported.
- 1.02: Size of family.  
The only thing, I wanted a flat dozen and didn't get them. No, I've always been proud of my children.
- 1.03: Spacing of children.  
Nothing reported.
- 1.04: Parent's health in relation to parenthood.  
Nothing reported.
- 1.05: Change in values in relation to parenthood.  
But then we definitely appreciated her because as I say we were sort of finished with the care of the others at the time.
- 1.06: Feelings of personal adequacy in relation to parenthood.  
Being the only child, I don't think we've pampered her. I've denied her lots of things. I try to provide things that are good for normal healthy children.
- 1.07: Expression of a general feeling or attitude.  
Well, I just had the pleasure that I was married and I was brought up to have a family and brought up with that religion that we were supposed to as they came to take care of them and took it for a pleasure.

- Category 2: Reflection of self, spouse, or family member in child.
- 2.01: Physical resemblances of self or blood kin.  
When the youngster looks like you and is your little boy and your hair matches, and particularly when they are an attractive child, I think they are a little easier to accept.
- 2.02: Resemblances of spouse or his kin.  
Nothing reported.
- 2.03: Resemblances in personality traits or conduct of self or kin.  
Well, my dad's a very meticulous person. All due respects, my dad really is. I mean he's a man over 75--and today, things are just so in his drawer. Even a younger man isn't that way, and John is that way.
- 2.04: Resemblances in personality traits or conduct of spouse or his kin.  
Well, he takes after his daddy because his daddy is always jolly and happy.
- 2.05: Resemblances in intellectual traits or characteristics of self or kin.  
Nothing reported.
- 2.06: Resemblances in intellectual traits or characteristics of spouse or his kin.  
She likes to sing. Her mother is musically inclined.
- 2.07: Other.  
Nothing reported.
- Category 3: Extent of convenience or inconvenience in rearing of child.
- 3.01: Effect on social life of parent figures.

We never go any place that we don't take Bob because we haven't ever had anybody and we've never had baby sitters. Just like I say--Bobby came when we were older and we feel like we haven't missed everything like younger people do and must do a lot of things.

3.02: Work involved in care of child.

Nothing reported.

3.03: Time required for care and supervision of child.

Most kids take up all the working hours just looking after them. J., you hardly know he's around.

3.04: Other effects of more general nature.

He never gave us any trouble.

Category 4: The condition of family finances.

4.01: Effect in relation to attention parents can give the child (time).

Nothing reported.

4.02: Effect on extent of physical care of children (food, clothing, shelter).

Yes, everything a child wants. I mean we haven't been rich, but I mean I know that I've given my children more than the average kids.

4.03: Effect on planning for future of child (education, special instruction, etc.).

I believe that we can see him through college if he wants to go to college, of course.

4.04: Effect on social outlets of family--entertainment.

We can go just about anywhere we want to. He doesn't mind staying home. In fact I think he'd rather, now that we have T.V.

4.05: Effect without reference to child.

We are very comfortably situated now.

Category 5: Feelings about the physical aspects of the living quarters.

5.01: Adequacy in size (house and grounds).

We just recently this fall moved to a different place--large living room, dining room, kitchen. It has only two bedrooms, but since there are only three of us, that's adequate now.

5.02: Adequacy in facilities and appurtenances.

We have an electric stove, frigidaire, hot water and cold water. We haven't got an automatic washer but I have a wringer. I do the washing with it and I have a toilet and a bathtub--always had it in the house.

5.03: Attitudes covering appearance of abode.

Nothing reported.

5.04: Housing in general--pleasant, unpleasant, neighborhood--location.

When we moved to Kern County last year we got into a newer neighborhood with a lot of children in it.

Category 6: Reflections on the social and moral conditions of the community.

6.01: Availability of social, cultural, and religious associations and services (clubs, libraries, churches, etc.).

They've had a summer program nearly every summer since we've lived there.

6.02: The quality or condition of social outlets.

But they had children to play with in the neighborhood. That makes such a difference.

It really does, because where they go and come continuously in your home it helps them to make adjustments.

Category 7: The child's ability to cope with the external conditions of contemporary living.

7.01: Physical hazards (fire, traffic, etc.).

When all the boys in the troop went over a cliff he was the only one that stayed up there, he was the only one that had a rope to bring the first boy up with. . . .

7.02: Legal requirements--misdemeanor, etc.

Yes, he's never been in any kind of trouble at all. None of my boys have.

7.03: Moral conduct--right and wrong.

Everybody tells me she does. (Have good morals and good manners).

7.04: Management of money.

Nothing reported.

Category 8: The child's competency and responsibility in personal routine, habit training.

8.01: Feeding, elimination, sleeping, dressing, grooming, cleanliness, etc.

When he was little he ate a bigger breakfast than I did.

8.02: General.

Nothing reported.

Category 9: The child's competency or responsibility in the home.

9.01: Helpfulness about the house or grounds.

In fact, when there's so much work to be done, I find that she goes in and will help me do it without me asking.

## 9.02: Care of personal property.

She's had pets all her life. Dogs, cats, anything. She's very faithful to her pets.

## 9.03: Use of time.

Well, in things that interest her, yes. She reads avidly and her music is of tremendous importance to her, and she uses that time very well.

## 9.04: Quality of workmanship.

He's very good at growing vegetables.

## 9.05: Acceptance of responsibility outside of home, job, etc.

He had a little enterprise of his own for a while . . . bicycle delivery service . . . that he worked up himself. He had papers printed and took them around and told about his business. He was in with another boy . . . and for quite a while he was earning money in the neighborhood--they had his telephone number down and they would send him to the grocery store. . . . He made quite a bit of money that way.

## Category 10: Attributes of the child's social maturity.

## 10.01: Social insights.

Well, I think she has a very good sense of justice. She has a good sense of understanding other people.

## 10.02: Social skills--getting along.

She has always mixed well with other kids.

## 10.03: Future ability to earn living and get along.

When he gets up to the proper age he can support himself adequately and enter society in a normal manner.

- Category 11: Qualities or conditions of child's relationship with self, spouse, or other relatives.
- 11.01: Relationship with self.  
I take him up there and when he catches a fish, it tickles him to pieces.
- 11.02: Relationship with spouse.  
The children all think a great deal of their dad. He plays with them and takes them with him.
- 11.03: Relationship with other children in family.  
He's always been very good with his sister. I don't have that fighting problem that other mothers do. When he was little, he seemed to want to protect her, lead her by the hand. She thinks he's all right.
- 11.04: Relationship with other members of the household.  
They get along fine. Never hear them having words. I think she thoroughly enjoys her cousin's company.
- 11.05: Family unit as a whole--happy, unhappy.  
Yes, everything we do, we do together. We don't go anywhere at all that we can't take our daughter with us.
- Category 12: Circumstances pertaining to child's health and physical maturation.
- 12.01: Condition of health and robustness.  
She's thin looking but she has never had any sicknesses that have thrown her at all.
- 12.02: Rate of physical (including sexual) maturation.  
A little on the small size but now she's growing by leaps and bounds.

## 12.03: Physique.

She was a little doll. She's a very good-looking youngster.

## 12.04: Physical attributes (example: color of eyes).

Nothing reported.

## 12.05: Motor efficiency.

She has very good coordination.

## 12.06: Sensory efficiency.

(Better grades) I think it's because her hearing has improved so much.

## 12.07: Health practices and information.

She is fully aware of what we term the facts of life.

## Category 13: The child's intellectual attributes.

## 13.01: Degree of intelligence.

She's smart to my notion, I mean to most kids, girls like that.

## 13.02: Breadth of intellectual abilities--wide or narrow.

Nothing reported.

## 13.03: Speed of intellectual activity--alertness --grasps things.

Yes, she's good. She learns quick.

## 13.04: Qualitative aspects of intelligence--memory, retention, understanding, judgment.

She has a far better memory than I have. She can remember little incidents that we've forgotten. Things that people have given her or said to her through the years. She's always had a great imagination.

- 13.05: Desire to learn, acquire knowledge, curiosity, etc.

We bought him a chemistry set and he's very interested in it and every once in a while he goes over to our family physician who allows him to watch in the lab work and practically anything he doesn't know about is a challenge.

- 13.06: Ability to create, originate, etc.

He likes his art. I don't think he's particularly an artist, but he's original in what he does. I mean, the things like the Christmas cards he made, I'd never seen one quite like it before but it was good.

Category 14: Special interests and activities.

- 14.01: Choice and extent of passive or vicarious experiences (movies, T.V., books, comic books, etc.).

He now has the ability to invent entertainment for himself when he's by himself. It's a great deal better now than it was before.

- 14.02: Choice and extent of active participatory experiences (sports, etc.).

She takes that in every Saturday morning and she has her skating lessons which she enjoys very much and I'd rather have her do that than go to shows so much. It's good exercise.

- 14.03: Choice and execution of individual special interests (art, music collections, etc.).

He gets quite a bit of music out of his trumpet. And then the Dairy Delight had one where you color the pictures and he got first prize on this week's contest.

Category 15: Personality traits and attributes.

- 15.01: Qualities associated with motivation.

Nothing reported.

15.02: Qualities associated with control.

The thing we noticed more than anything was his conformity to our standards. He's often what we call an ideal kid. He never was one to be malicious. He was interested, but he was obedient.

15.03: Qualities associated with character traits.

He's very responsible. I can depend on him. In fact I leave Jackie with him once in a while when I go to the grocery store, and I depend on him. I wouldn't do that unless I thought he was entirely trustworthy.

15.04: Qualities associated with morality.

D. was very honest about it. He came home and he admitted it.

15.05: Qualities associated with introversion.

After he started to school he's never been shy. He's always had a leading role in the plays in school.

15.06: Qualities associated with extroversion.

I think you might say she's a leader.

15.07: Qualities associated with level of maturation.

From the time he was about twelve, he would always sit and listen to grownups talk. That's one characteristic about him and he's still that way. He can do it all day.

15.08. Qualities associated with emotionality.

I like his disposition very well. He's not a sassy child.

15.09: Personality in general--pleasing, pleasant, happy, easy going, etc.

If it doesn't come easily, he just doesn't do it. Quite an easy-going boy. (Personality)--He's much more on an even keel.

Category 16: Feelings about the school.

16.01: Progress and achievement.

I think she's done wonders in her writing and stuff here. I mean better than she has at the other schools.

16.02: Deportment and discipline.

The teachers that I have spoken to have all told me the same thing; that she's very quiet in school. They never hear a peep out of her.

16.03: Effort of child.

School work comes before anything. If there's home-work to be done it's got to be done the minute she hits home. She'll grab a sandwich, run into her room and do her home-work.

16.04: Poor relations--people his own age.

In talking to her teachers, they all have stressed the fact that children do like Mildred. She has a lot of friends.

16.05: Child's liking for school.

Yes, I think she's always enjoyed school.

16.06: Teacher's relationship with child.

I guess we've been very fortunate.

16.07: School offerings.

I think everything is being done for him that can be done (by the school). All the change in the world has come over him.

16.08: Methods of teaching.

I can certainly appreciate the teacher giving him an opportunity to run for that office even though he did lose, and he has been chosen a couple of times to appear in those spelling bees that he used to have when he was with the other school. He likes when he's given a chance to do something that's over and above average. That seems to make him feel good and we always recognize that.

16.09: School placement.

He explained it (special class placement) to my husband, and he was very well satisfied with it.

16.10: Continuation of schooling.

Nothing reported.

16.11: General.

I think they're wonderful I give credit to the teachers at Hawthorne School. They're wonderful teachers for my children.

Category 17: Relations to doctors, dentists, medical treatment, etc.

17.01: Adequacy of medical treatment.

Her dental treatment has been very good and always has.

17.02: Child relationships to doctors, nurses, specialists.

(Has he been a good patient?) Yes, very good with both doctors and dentists.

17.03: Cost of medical care.

Nothing reported.

## APPENDIX E

SAMPLE INTERVIEW WITH THE MOTHER OF A  
MENTALLY RETARDED BOY

- I: . . . would you say that it had taught him to avoid doing that thing over again?
- S.: Yes, . . . just burned right down in the rug like this with a flame of fire and left nothing but the exposed wires. But it didn't teach the lesson.
- I: He didn't learn from that experience, then.
- S.: No. Anyone else would have frightened. In fact, there isn't any fear. For instance, if the dog is angry the child is uneasy. But it's not a warning. So, therefore, a feeling of a threat going around is very fascinating but there is no fear.
- I: He would walk out into the pathway of a truck or a car?
- S.: I think so. So it means for the parent constant supervision. Not only, I tried, but tried and it is simply not normal fear or caution. That makes it still more hazardous.
- I: Is there anything in which he exhibits a certain amount of caution? For example, do you let him take a bath by himself?
- S.: Yes. And he enjoys many things to the utmost. I think the emotions of these youngsters are raw, and therefore, they are extremely happy or extremely unhappy. However, I think that regardless of their mental status that they need love and affection and security, because well, the average person just wouldn't put up with that sort of thing. They couldn't. But because it's your youngster after one of those episodes, you can hold them and give them that security that makes them know that they are loved and appreciated. Even in spite of some of the things that you can't really hold them responsible for.
- I: In what way does his behavior or his lack of ability to control himself affect P. and her relationship with him?
- S.: Well, first, she becomes disturbed when he destroys something of hers. She doesn't appreciate that. Naturally, however, she manages to adjust to the situation

remarkably well and it is simply a fact that . . . we understand A. because A. just doesn't understand.

I: Is that the way you've taught her? That she is to accept the difference?

S.: Yes, and she does and the neighborhood children do. The neighborhood children, when A. would get out of the yard, would immediately come and say that A. was out and I'm trying to get him back. Would you come and get him for me, or in other words they are all very helpful and they all have a very nice attitude. Any of the youngsters that were close enough around because we went to no end of trouble to answer any questions that they would ask us as intelligently as we could on their level. So everyone . . . I mean, they would ask if A. was injured and we would say yes, that the injury was in the brain and that it could happen to any youngster, that's why we were so careful of cars and that sort of thing because a head injury could . . . that type of youngster, but that wasn't the way A. was injured, he was injured when he was born, and we have tried to give all of those simple explanations and some of the answers that the youngsters give would sort of surprise you. For instance, one of A.'s classmates at the school in having an explanation like that said, "How could God do a thing like that?" I think that was surprising because he was attending that school and could talk to that effect. . . that some other youngster . . . I thought was very good and very understanding. He said something or other about, he was talking in this jargon, and so he had understood about A. and everything and so finally he came up to me and he said, you know, R. this kid speaks Spanish, I can't understand anything he says. Nevertheless, they included him wherever they could, they included him in their toys, such as there would be a tricycle for the ambulance driver, there would be a wagon for the victim, and A. would always be in there. And there would be a . . . whenever he could be included, he was included. But he could not be included in a great many things.

I: In competitive sports?

S.: No.

I: Well, that shows kids can be fairly understanding.

S.: It sure does, and when we went into a neighborhood, I noticed the curious gazes of several of the youngsters who were listening to the jargon he was . . . we called

him the senator, you know, because he sound like he is making a campaign speech . . . and so I thought well those youngsters are wondering so I simply explained that A. was to play in his back yard because of the hazard of the street situation, and that they were welcome to come in and I explained what had happened to A. to the best of my ability and asked if they would help me, in case he did get out of the yard by letting me know. And they said they'd be only too happy to and they were very good about everything, which I think is another thing that we can do as parents, rather than concealing it because there is your public education, and many of the neighbors have come to me and said that they never understood the situation at all and they were very grateful for having it explained to them.

I: Could you say something about the grown-ups? We've been talking about the children.

S.: Yes. Well, I know that you get a variety of responses from adults, and of course, the ones who do seek you and ask and things like that are the ones who are interested in becoming more understanding, while we do have the parents, let's face it, the people that just feel like these youngsters are just not in the human race. But . . .

I: Have you run across any of that in your own experience?

S.: Well, I was helping at the fair one time at the crippled children's booth, and this lady came up to me and said, "Now, I would like to know, in this cerebral palsy, how they claim that that is an injury. How, this is just to make parents feel better, is it not?" And then I tried to give her the explanation of cerebral palsy to the best of my ability and why it was considered an injury and an accident so far as anything goes wrong such as disease in pregnancy and various things would affect the youngster and her comment was "Well, now I always tell my children that I brought them into the world perfect and so they have me to thank for that." And so I asked her if she really thought she deserved all of that credit. I couldn't help feeling that so many people are so smug about the fact that their youngsters are perfect and of course . . . They think "This is what I did!" And there is no doubt you like to brag about your children. That is natural because they are part of you. However, it is time that the public realized that these things happen and have no respect for age or financial, educational . . . anything else. . . . They're no respector

of persons at all. They happen to anyone and can happen. And another thing it can still happen to you with strokes and accidents, and that sort of thing. It can be that you are not what you are today, so I think that gives a little more humility and understanding than many people register. However, I certainly have met with nothing but help along the way. The only thing is that some of my friends voice the theory that I try to do too much, physically, in some of these things. They feel that way, more or less protective. Other than that it has been complimentary.

I: What have been the primary problems in rearing A., back through the years as you look back on them?

S.: Well, in looking back, I think that it would be that at first we worked and worked and worked because we felt that it would . . . that by exposure and all we would be able to help him develop to the best of his ability. Not to expect too much of him but to try and give him a happier childhood by introducing more things and as soon as he found out that they were fun that he would enjoy them. The most discouraging thing about those things was that they were developed only . . . that no matter about the amount of time that you spent and worked hard at any amount of development, a certain amount of exposure helps and a certain amount of training helps. And I feel that he is . . . that we can take him out to dinner and be proud of him at those times and that we can do a great many things where he is included. And I feel that he has been very much happier being at home. I think that it would be a very . . . I worry when I say these things don't pay off to too great an extent. I don't mean that because I don't believe that if he had been placed in an institution that there would have been any . . . nearly the accomplishment, but the accomplishments are so small in comparison to the effort, that is what I meant.

I: In other words, continued exposure to that sort of thing wouldn't help or result in any appreciable change, more than what he's ready for?

S.: That's right.

I: The point of diminishing returns is encountered much sooner than with other children.

S.: Yes, but there is a tremendous satisfaction in some of these youngsters, and it teaches unselfish love because there's nothing to brag about and you can work and work

and work and now see . . . but I still say a person who has a retarded youngster really has experienced true unselfish love there.

I: Provided they have ever been able to come to terms with their problems.

S.: Yes, that's true, and provided that they don't resent it. Some people resent it, but if you don't resent it, I think that there is that . . . well, any child strengthens and deepens oo a point, but there is that satisfaction, I think, of understanding, that is quicker with a retarded child than with others.

I: What has been the most significant change in you that you can see has taken place?

S.: Well, it wasn't anything . . . I had always had more or less some of these feelings because I had chosen work that dealt with the handicapped. However, I have noticed in doing speech therapy there was a tremendous satisfaction because you could see the results. And you could be so happy about the fact that this person has been helped. Would you state that question again?

I: Well, you can look at other people's problems and understand them pretty well because you see the emotions they are experiencing. But when you have a problem yourself, you're confronted with it and you have to make some rationalizations or justifications in terms of why it happened to you. Well, now . . .

S.: Well, I don't feel singled out, I had to realize, too, that since I had had no childhood diseases and had been particularly healthy that it isn't . . . so many people think it might be a result of various deficiencies and that sort of thing. Physically . . . I do feel the better physical condition you're in, the better chance you have for a happy, happy baby. There isn't any doubt about that. However, in this case, I had led an unusually healthy life and then, of course, this was complicated in that everything went wrong. Did you want the history there? Well, in the first place, I had asked if I should continue my speech therapy during the pregnancy because I was dealing with children and I had never had any childhood diseases and at that time this particular doctor felt that it was fine to continue, and of course, I did get the German measles during pregnancy, and A. was born on August 28th. During Easter vacation, I had attended a Speech Conference, and that was when I came back with German measles

and my doctor assured me that I would probably have a blind child. He did not offer any alternative as to what to do about the situation. He just simply said it was the worst thing that could ever happen but that there was nothing to do about it. I believe now that they take these youngsters if the religion allows. But at that time either he didn't know about it or else it wasn't legal. There was no choice offered, and then, of course, he was in a transverse position, which means that he was lying right straight across which, of course, again I was assured was the worst thing that could happen, as there was a good deal of danger of injury to the mother and to the child. But he assured me he would take him caesarean if the position did not change. And two doctors agreed that the position was transverse. He did say he did think he would start in natural labor and that he might be able to change. However, when natural labor started . . . perhaps I shouldn't say this on a recording, but we do have doctors who . . . he excused himself to deliver another baby and then, even knowing the hazards and the danger, he did not return but went to a luncheon club and several other things in the meantime, and did not return until it was too late to take the child caesarean. I do not feel that I blame the doctor for my youngster. The measles alone could have done it. However, I do think that there should be, in the medical profession, a little higher degree of . . . The fact that birth ordinarily is such a simple affair, but when complications are there I think that they should be there and attending to the job and so I do think that negligence was there. However, that's neither here nor there and you don't go around harboring those feelings. . . . In view of the research for some of these youngsters, you realize that when a youngster is in a transverse position, when a doctor struggles and can't get them, and calls in another doctor and they use forceps, and they give oxygen, it is amazing that both mother and child could pull through. And it is also one of those things that you feel many of the things could be avoided. Now, we don't feel that the condition, that the retarded child . . . how shall I say it? . . . in other words, that many of these youngsters could be prevented. I feel in certain cases that some of these youngsters, with research they will find that they can. . . . Well, your rh factor and many of those things which they are more careful about, they do abort in case of diseases during the first few months of pregnancy, and different things of that type, which I think is progressing with research.

I: Well, you have quite a history there. It's a wonder that either one of you came out of that.

S.: Well, it was in the books. I think when you start checking the list of causes for youngsters like this, I think you hit everyone. So you see, if . . . well, we had anticipated a defective child, actually. There was the warning that we might or might not have a blind child but with all these things . . . however, in view of the way he started out, of the fact that for the first three years he couldn't retain food, he couldn't nurse, couldn't sleep, it's an absolute miracle that he's as far along as he is.

I: How did you manage during those years?

S.: I don't know. I really don't. You just get the strength to . . .

I: What about feeding him?

S.: No, with bottle feedings, you'd give him a bottle and maybe work for an hour to get three ounces down, which he would immediately lose, and then you would start all over again. And I had a very fine husband who just simply, well, we took turns. My parents came down and relieved us when the strain got too great and we lived some way through that period and I frankly don't know. I don't think we could do it again. But it was a constant day and night proposition.

I: Aside from the fact that it was difficult to get him to eat, has he had any other health problems?

S.: No, he hasn't. He's a remarkable sturdy fellow. The only complications that he's had have mainly been due to his injuries. He still can't sleep. The gentleman next door says, "I leave for work at three and A. seems to be up and enjoying life." I just wonder when he sleeps. But he's unable to relax enough to . . . I feel that's a very important thing right there. Many people think that a retarded child is dull and slow and so many of us who have retarded children have found the opposite, that they are hyperactive and more difficult because they are more nervous, more tense, more everything than the average youngster. But I think that people who have mongoloid children have an entirely different problem. There, too, in the sense that they are just different from these youngsters. The education . . . I mean, the degree of raising them is less difficult, really.

- I: Well, a brain injury child does present a different problem.
- S.: Yes, that's what I mean, the emotional tension.
- I: I remember back, I guess it was in 1951, talking with you when you had intimated there was not agreement between you and your husband concerning what A. should do or shouldn't do. Do you remember? Now you give me the impression that there had been a pretty important change in your husband in terms of his acceptance.
- S.: Yes, I can't help noticing lately, too, some of these things--perhaps from pride in a father's first son. I think women as mothers accept these things more readily and also due to the fact that we are educated people, used to associating with a certain class of people. I think that acceptance of the youngster is a little harder than in a lower social status, actually, as far as fitting in with your friends and your friends' children. I think that it is very difficult for a man and I think he is deserving of a great deal of credit in actually enjoying many of the things that many people couldn't laugh at. . . . because I mean I think we are accepting him as a standard and we can laugh at those things that are typical of his mental age, and that we can enjoy.
- I: Could you say a few things about the things that cause you to be amused?
- S.: Not offhand. I could with a little thought there because some of the things are particularly amusing and are typical of the youngster, but I can't think of any specific instances. One thing that I think you mentioned before . . . one time when everyone was disagreeing as to what was the difficulty, while I was in San Francisco, I had taken him out for a little walk and we came to this weight machine and it had "Your problems answered here." I thought, well, that will be fine, and I said, "A., we'll see what you weigh, and also find the answer to your problem." So I turned to the thing that said "What is my greatest talent," and the answer was "Your ability to keep a secret." So I thought that was quite true--no one knew the answer so far as he was concerned. That is quite typical of some of the things that we laugh at as a joke.
- I: You were talking about some of these things that he can do and that give you satisfaction and pleasure. Are there things around the house that he can do for himself, or for the family?

S.: Yes, and I feel like the school has been of such great value there. In the first place, A. was the type who ignored everything and everyone for a while. But since he has been going to the school, why I feel that he now wants to be part of things, and you can see this progress. When you look back and realize how he ignored people so completely and now he wants to be a part of things, you can see this progress. So I think he would be completely bored and not know what to do with himself; but by offering him various things, why he can do a great many things for himself. He can look at a book and he can play records, and he can ride a tricycle; he can hang up his own clothes. He notices things, and he has his chores like putting out the milk bottles. He is included and he is part of . . . I can't help feeling that with my daughter it has made her much kinder, much more thoughtful, less materialistic person because we realize that some of the things that might upset some people don't need to upset us; that they are things that can be replaced. We try to take very good care of our things and we try to teach others to take care of their things, but in case of accidents, we feel like we have to understand. I think she has developed a maturity that . . . I can notice kindness and understanding in her. . . .

I: Yes, frequently children are cruel. . . .

S.: Because nobody explains. If they do have an explanation, then they are not so cruel. If you simply go around not explaining anything and they don't understand, well, then, naturally . . .

I: Children are primitive, which doesn't necessarily mean that they're mean or inconsiderate. They can just as readily understand. You can assume that if they have a logical explanation in terms they can understand they will be willing to accept.

S.: The thing that I feel that was brought out in the meeting the other night was that as parents, too, I think we certainly don't need to have some of the people who follow us have the same experience. There is much that can be done in prevention and the more that is understood. . . . In looking into, medically . . . at the time A. was born . . . into all the various things, there was not very much offered that a person could do. Gradually there is more being offered and I think with study and research many people need not have this experience . . . I think that with these youngsters, we are getting more and more on the right track by having

these schools. Even though it's a very, very hard job at home, I think that everyone is entitled to a happy childhood, and regardless of whether the youngsters are going to be self-sufficient when he so-called graduates from school or whether he will have to be cared for, I think that he will be able to meet his individual problems better, by having a love and understanding of family life, than to be one of many, regardless of his condition, if he is aware of it at all. If he disrupts the family so that everything is centered around him, then I think it is wrong. I think it's very wrong, because if your're a family I think you should be divided into four. I mean we are divided into four equal parts and we each have our rights and that sort of thing; so that I feel that sometimes families that have retarded children do make a mistake in that everything is centered around the retarded child. And I also feel that parents in working out these problems, they should associate with and help other parents. I feel that some people get to the point where they associate too much with negative things and they can't quite make the adjustment to a normal life because that becomes their whole life and they are associating with just that side of it. And that is very important to get away into interests that are not related to retardedness, interests that are purely hobbies or expressions, and some parents do make that mistake of being too centered in this field, and this cause. The cause is great but the individual family is the thing that is important, as a whole.

I: Could you say something about A.'s schooling? What have been his experiences there and what are your own feelings about his training?

S.: Well, I don't feel that I could have done it at all without schooling. In fact, I know I couldn't. I feel that school has been the greatest help. I feel that the teachers are excellent, and that they are receiving exactly the type training they should get. That they are . . . in visiting some of the private schools I was a little disappointed to see youngsters who had never been to school, had never seen any other of the youngsters, and they were fourteen, and that they were laboriously trying to get them to repeat their ABC's and that type of education. I don't think it will do that type of youngster any good at all . . . being special, being happier, being able to do more things, being able to understand yourself, I think and all these various forms of expression that they have at school helps a great deal. And well, I just can't say enough for the fine training and the excellent schooling.

I: Are there changes you would like to suggest?

S.: Well, over there they certainly have the right idea, in this particular school. In visiting your county schools in your Point 1 program, I think you have an excellent program there in getting the youngsters to be able to do more and in getting better adjusted. Well, it's just very important to these youngsters to be able to do the simple things. While the academic program, other than the fact of reading simple directions and that sort of thing, just isn't as important because they don't have the capacity for it and it's very much a waste of time. It would frustrate a person who is not mentally capable by giving them academic work, while giving them things they can really gain satisfaction from and their families can gain satisfaction from is a wonderful, wonderful thing. Also the fact that not many parents could take normal children around twenty-four hours a day and of all the parents who need special help, parents of handicapped children do. And so it is a way of sharing their burdens, too. It's very helpful because no one can do it alone. The time spent in school is certainly constructive, we feel that the youngster is gaining a great deal and it gives you an opportunity to replenish yourself and to face things with a little fresher viewpoint. I know that parents who have children who are perfectly all right can't just have them around all the time. They're anxious for school to start, too. So naturally the situation is heightened. I do feel very badly . . . oh, someone called up from Taft who had a youngster. The youngster must have been around twelve and they had never been able to go on a vacation together. There's no place for these youngsters and it certainly seems like there should be some place the youngsters could enjoy where the parents could leave them knowing they would be cared for and refresh themselves that way. I feel vacations and being a normal person yourself is quite important. You can't possibly lead the life that you would. I think that is why these schools and doctors and some of those people have to give these people a little help, a little something . . . before. You have a doctor who comes and sees a youngster that's sick and you can tell the doctor feels the child would be better off not to live. But whether he's right or whether he's wrong the parent wants the child to live and he needs the psychological factor of the doctor being of help and being of service and doing all he can. Yet you can't condemn people for helping to alleviate suffering, either. It's emotional with you.

- I: There is the tendency on the part of other people to want to help the parent. . . . You have indicated several ways that you yourself . . .
- S.: Well, you can't have any experience and not gain from it, and especially one of this type. I feel . . . however, I think one of the things that is hardest is when your friends in order to be cheerful and optimistic will say, "Oh, he'll outgrow it. It will certainly be all right. Never worry about things . . ." I think that is almost harder than when a person says you really have a problem there and let us help you with it by our understanding and our appreciation and various things. People are very, very wonderful when they do understand but many people won't bother to understand, or to let you explain. They close themselves.
- I: I suppose there are people who are so afraid of such an emotional subject they would rather pass it off as quickly as possible.
- S.: To avoid unpleasantness, yes. But there is always a positive approach. Physical resemblance, there, when the youngster looks like you and is your little boy and your hair matches and particularly when they are an attractive child, I think they are a little easier to accept than some of those who show the lack of mentality.
- I: . . . physical characteristics?
- S.: Yes. Very definitely. But, when you see tousled curls and an attractive child, I think that they are sometimes less trainable than others that look so much worse. But they're easier to love. There's something about looks. It's easier for an attractive person to get by and I think you can enjoy a great many things that you don't think you can enjoy, too. And I think they can be included in a great many places that people don't feel that they can be, once you start out on your own. It may take a little courage but it can be done and I think it's good for everyone.